Second 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.

SECOND 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 I.

REPORT.

Presented to Parliament by Command of His Majesty.

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WARRANT OF APPOINTMENT.

I hereby appoint—

Sir Mackenzie Dalzell Chalmers, K.C.B., C.S.I.,
Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin.,
Sir Horatio Shephard,
T. A. Bramsdon, Esq., M.P.,*
William H. Willcox, Esq., M.D.,

to be a Committee to inquire into the law relating to coroners and coroners' inquests, and into the practice in coroners' courts.

And I appoint—

Sir Mackenzie Dalzell Chalmers to be Chairman, and John Fitzgerald Moylan, Esq., to be Secretary of the said Committee.

(Signed) H. J. GLADSTONE.

Whitehall,
15th December 1908.

* Now Sir Thomas Bramsdon.

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SECOND REPORT.

To the Right Honourable Herbert John Gladstone, M.P., one of His Majesty's Principal Secretaries of State.

Sir,

We, the undersigned, appointed by you to inquire into the law relating to coroners and coroners' inquests, and into the practice in coroners' courts, have the honour to report as follows:—

I.—Introductory.

We have held thirty-three meetings and have examined sixty-nine witnesses. Before commencing to take evidence we addressed a number of questions (*see* Appendix No. 1 to the first volume of Evidence) to the coroners of England and Wales inviting their opinions on certain points which suggested themselves at the outset of our inquiry. We received answers to these questions from two hundred and seventy-five coroners. An abstract of the answers will be found in the Appendices to the second volume of Evidence.

By your letter of the 24th December 1908, to our Chairman, you further requested us to inquire into the question of deaths resulting from the administration of anæsthetics, and also into the question of the danger arising from the use of flannelette in articles of clothing. We have taken a considerable amount of evidence on these questions, and we propose to embody our conclusions in separate reports to you.

The law relating to coroners is antiquated. Much of it dates from the thirteenth century, and is of great historical interest, but it is not well suited to the changed conditions of modern life. On the whole we have been astonished at the good work done by coroners with out-of-date and imperfect machinery. The discharge of their frequently very painful duties is effected with little friction, and we attribute this to the good sense, tact, and good feeling shown by the great majority of coroners in their dealings with the public. But we think that the performance of their duties would be made easier, and the system in general rendered more efficient, if the law relating to coroners was amended and brought more into line with modern requirements. We suggest amendments in many details. Some of our suggestions would require direct legislation, but the greater number could be carried into effect by an enactment giving to some central authority a general power to make rules of practice and procedure. There is at present no rule-making authority or power for the coroner's court.

II.—Office of Coroner.

1. The judges of the High Court are coroners by virtue of their office, but there appears to be no instance of an inquest being held before a judge. The duties of the coroner are discharged by three classes of coroners, namely, county coroners, borough coroners, and franchise coroners. The total number of coroners at present, taking individuals and not jurisdictions, is 330, made up of 200 county coroners, 76 borough coroners who are not also county coroners, and 54 franchise coroners who are not also county or borough coroners. The total number of coroners' jurisdictions is 360, but several coroners hold two or more coronerships.

Franchise Coroners.

Franchise coronerships are inconvenient and anomalous. They were created by charters from the Crown, granted either to an individual or a corporation. The appointment, the terms of tenure, and the remuneration of a franchise coroner appear to depend on the provisions of the charter, or on prescription, which implies a lost grant. In most cases the right of appointment is incident to the lordship of a manor, while the duty of paying the coroner has by usage devolved upon the county council. In two cases at least the right to appoint is in dispute, and the coroner is appointed by both claimants. In one case a limited company under the Companies Acts has the right of appointment. The county of Huntingdon may be cited as a county

Q. 140–86.
Q. 6809–14.
Q. 11,462–3.
Q. 10,389.

where there is no county coroner, but five franchise coroners, who receive from the county council salaries varying from 12*l.* to 24*l.* For the liberty of Romney Marsh, in Kent, four justices appointed annually constitute the coroner, but most of the duties attaching to the post appear to be performed by an assessor paid by fees. For the University of Oxford Convocation elects two coroners, whose jurisdiction extends only to matriculated persons and their servants. For the rest of the inhabitants of Oxford the city coroner acts. In the case of certain franchises the office of coroner is incident to some other office. In the franchise of Corsham Manor, in Wiltshire, the bailiff elected by the tenants of the manor is the coroner. The Governor of the Isle of Wight is *ex officio* coroner for the island, but, by the terms of his patent, has power to appoint deputies who act. Whether those deputies can lawfully appoint deputies to act for them in case of illness or absence seems a question open to some doubt. Primâ facie a franchise coroner has no power to appoint a deputy, and the Coroners Act, 1892 (55 & 56 Vict. c. 56), which provides for the appointment of deputy coroners, applies only to county and borough coroners. In some cases a prescriptive right to appoint a deputy appears to have been acquired, as, for example, by the lord of Walton-le-Dale Manor, who is ex officio coroner and appoints a deputy.

Q. 179–86. Q. 206–7. Q. 5046–54. Q. 6720–4. Q. 959–63. Q. 10,397–402. Q. 6806–8.

One or two franchise coroners are unpaid, and the remuneration attaching to many is very small; but, on the other hand, the coroner for the City of London, who is appointed by the Common Council, receives a salary of 1,250*l.*, and the coroner for Westminster, who is appointed by the Dean and Chapter, a salary of 564*l.*

Q. 1828.

The districts of franchise coroners are for the most part exceedingly inconvenient. They constitute islands in the jurisdiction of the county coroners. This is particularly the case in Norfolk, where, for example, one franchise coroner's district is scattered over the county and consists of twenty-three patches of exclusive jurisdiction (*see* Appendices to the second volume of evidence). We have had evidence that mistakes occur as to the proper coroner to hold an inquest in cases where there is a disconnected and scattered franchise district intermixed with the districts of county coroners. It may be mentioned that in London the Savoy portion of the Duchy of Lancaster Liberty constitutes a separate coronership, with a salary of 4*l.* per annum. The district, which is entirely enclosed by the Westminster district, contains no coroner's court, mortuary, or post-mortem room. In practice the difficulty arising from their absence has been got over by appointing the coroner for Westminster coroner for the Savoy also, and bodies lying in the Savoy are removed to the Westminster mortuary. While this arrangement continues the Savoy is treated as part of Westminster, but the strict legality of this convenient and sensible practice might be doubted. The City of London, besides appointing and paying its own coroner, appoints the coroner for the borough of Southwark, who, however, is paid by the County Council.

Q. 10,387–91. Q. 6716–9. Q. 6739–48. Q. 8410–4. Q. 4979–85. Q. 1821–35.

Speaking generally, we think that franchise coronerships ought to be abolished as vacancies occur and their districts merged in the county coronerships. Special provision would perhaps require to be made for one or two special cases. The City of London would no doubt wish to retain its power of appointing the coroner for the City; but, as regards Southwark, we think that if the City is to continue to appoint the coroner for the borough it should also pay him. There may also be exceptional cases, such as the Scilly Isles, where it would hardly be possible for a county coroner on the mainland to act in the islands. A saving would also be required for the coroner for the King's household, who, in section 42 of the Coroners Act, 1887, is inaccurately classed as a franchise coroner.

Q. 5462–3. Q. 6716. Q. 6798–800. Q. 7626–35. Q. 10,392–5. Q. 1835–6. Q. 142. Q. 154–5.

Admiralty Coroners.

2. One franchise coroner, the coroner of the Admiralty, calls for special mention. Prior to the Judicature Act, 1873 (36 & 37 Vict. c. 66), the judge of the Admiralty Court was appointed coroner of the Admiralty by the patent by which he was appointed judge. The judge appointed deputy Admiralty coroners at various seaports. These ports appear to have been the Medway River, Plymouth, and Southampton, including the Isle of Wight. In the old days there was great jealousy between the Admiralty coroners and the county coroners. The Admiralty coroner and his deputies had jurisdiction in the case of bodies found below high-water mark, but as soon as the body was brought to land, the county coroner had concurrent jurisdiction, and this led to unseemly conflicts. Since the Judicature Act, the patent of the President of the Probate, Divorce, and Admiralty Division of the High Court has not conferred

Q. 156–78.

on him the office of coroner of the Admiralty, and no deputy Admiralty coroners have been appointed. The county and borough coroners have now complete jurisdiction (*see* s. 7 (1) of the Coroners Act, 1887), and we think that the office of Admiralty coroner should be formally abolished. If this was done the President of the Admiralty Division would still be a coroner ex officio, as being a judge of the High Court, but he would have no power to appoint deputy Admiralty coroners.

Land Qualification of County Coroners.

Q. 48-9. 3. Under section 12 of the Coroners Act, 1887 (50 & 51 Vict. c. 71), a coroner for a county is required to have "land in fee sufficient in the same county whereof he "may answer to all manner of people." No particular amount of land is specified, Q. 60. and it is said that this provision is satisfied if a coroner possesses the freehold of a Q. 5401. grave in a cemetery in the county. We are not aware of any reason for retaining this archaic requirement, originally established by the 14 Edw. III., st. 1, c. 8. A Q. 7612-4. coroner's fitness for his office cannot at the present time be in any way dependent on his holding a nominal amount of land. We recommend that the requirement as to the holding of land by county coroners should be abolished.

Professional Qualifications of Coroners.

Q. 56-9. 4. The office of coroner is one for which, as the law now stands, no professional Q. 108. qualification is required. The majority of coroners at the present time are solicitors, Q. 4973-4. some are barristers, a good many are medical men, and a few have both a medical Q. 6390-1. and a legal qualification, whilst others have no professional qualification at all. A Q. 6711. county or borough coroner is required by statute to be a "fit person," and not an alderman or councillor of the county or borough. What constitutes a "fit person" Q. 47-55. has never been defined, and is apparently left to the discretion of the appointing authority. The law is silent as to franchise coroners.

Q. 5094-132. Having regard to the nature of a coroner's duties, we think that a professional Q. 5686-95. qualification should be prescribed, and that in future no one should be eligible for the Q. 6123-6. office who is not a barrister, solicitor, or medical man.

We think, however, that an exception might be made in favour of persons who are at present acting as deputies without professional qualifications, and doing good service in that capacity.

Deputy coroners should also, we think, be required in future to have the same professional qualifications as coroners, but the like exception should be made in the case of existing deputies.

Remuneration.

Q. 72-79. 5. In early times the coroner discharged his duties without remuneration, but Q. 3742. since the statute 3 Henry VII., c. 2, the office of coroner has, with the exception of one or two franchise coronerships, been a paid office. County coroners are paid by Q. 113-27. salary, the amount of which may be revised quinquennially. Borough coroners, apart Q. 3542-8. from one or two cases where power has been taken by a local Act to pay a salary, Q. 8128-48. are paid by fees, receiving 1*l.* 6*s.* 8*d.* for each inquest, in addition to a travelling allowance of 9*d.* a mile for every mile exceeding two miles they are compelled to travel from their usual place of abode for the purpose of taking an inquisition. Q. 3756-7. Franchise coroners are paid in some cases by fees, but usually by salary.

We are of opinion that the system of payment by fees should be abolished, and that all coroners should be paid by salary. When salaries are substituted for fees, Q. 3741-50. we think that all work imposed on coroners should be taken into account, and that Q. 5938-48. there should be the same power of quinquennial revision as in the case of county Q. 8135-9. coroners (*see* County Coroners' Act, 1860, 23 & 24 Vict. c. 116. s. 4). The tendency Q. 3773-83. of modern legislation is to impose additional duties on coroners, and the rapid growth Q. 10,922-48. of population in certain places involves a corresponding increase of work.

In fixing salaries the number of preliminary inquiries as well as actual inquests Q. 228-31. should be taken into account. At present in many of the cases which are reported Q. 3578-85. to him the coroner holds a preliminary inquiry and, as a result of that inquiry, decides that an inquest is unnecessary. The inquiry may often involve more trouble Q. 5389. and time than holding an inquest, but the trouble and expenditure of time are Q. 8575-6. unremunerated in the case of a borough coroner and his officer, as they are paid Q. 8936-45. only for actual inquests. It is clearly unfair that, when a coroner satisfies himself

that there is no public ground for holding an inquest, and thereby saves unnecessary pain and distress to relatives of the deceased and expense to the community, he should, so to speak, be fined for his good conduct. It is not right to put a coroner (and still less his officer) in the position of having a pecuniary motive for holding unnecessary inquests. Q. 3737–9. Q. 11,493–528.

In connection with the remuneration of coroners we may observe that the law at present makes no provision for clerical assistance. The coroner's court is the only court to which some officer in the nature of a clerk is not attached. Apart from taking depositions and drawing up inquisitions, the coroner has to make various returns, fill up certificates, and in certain cases furnish copies of depositions. We think that in the larger courts a regular clerk ought to be provided, and that in the smaller courts an allowance ought to be made for clerical assistance. Q. 7694–704. Q. 8129–31. Q. 11,467. Q. 10,949–51. Q. 11,478.

Age Limit.

6. Apart from one or two elective franchise coronerships, a coroner holds office during good behaviour. He may be removed by the Lord Chancellor for inability or misbehaviour, and in the case of conviction for certain offences, he may be adjudged by the court to be removed from his office. Practically, a coroner holds office for life unless or until he chooses to resign. The Lord Chancellor would naturally be very loth to remove a coroner merely on the ground of advancing age. The duties of a coroner are such that it is essential to their efficient performance that he should be both mentally and physically alert. To secure this there ought to be an age limit at which retirement is compulsory, and we think that compulsory retirement at the age of 65 should be enforced in the case of all future appointments, save where the Lord Chancellor for special reasons may extend the term of office for a further period not exceeding five years. Q. 81–102. Q. 3806–11.

Pensions.

7. If our suggestion as to an age limit be approved, it follows, we think, that the office of coroner should be pensionable in every case in which it is a whole-time office, *i.e.*, where the coroner devotes the whole of his time to the work and is debarred from practising any other profession. There would then be no hardship in calling on a coroner to retire when he reached the age limit. In districts where the number of inquests is large, it is desirable that the coroner should be required by the terms of his appointment to be a whole-time officer. Q. 3751–4. Q. 3806–16. Q. 6127. Q. 953–8. Q. 1834. Q. 3563–5.

To attach a pension to the office of coroner would not materially increase the burden on the rates out of which the coroner is paid. A pension is in the nature of deferred pay, and experience shows that a prudent man will take a pensionable office at a considerably lower salary than he would a non-pensionable office. The Civil Service superannuation rules under the Superannuation Act of 1869 would perhaps furnish a basis for the calculation of pensions in the case of coroners. Under these rules the amount of the pension depends on the number of years of service, but in calculating the pension there is power where a person enters the service somewhat late in life to add to the period of actual service a certain number of years in respect of professional qualifications. Q. 8094–102. Q. 10,616. Q. 7614–9. Q. 9178–85. Q. 11,469–77.

Time for appointing Borough Coroner.

8. Section 171 (3) of the Municipal Corporations Act, 1882 (45 & 46 Vict. c. 50), provides that a vacancy in the office of borough coroner shall be filled up within *ten days* after it occurs. This is a most inconvenient provision, the time for inquiry being far too short. We incline to the opinion that this provision may be regarded as superseded by section 1 (6) of the Coroners Act, 1892 (55 & 56 Vict. c. 56), which enacts that a council may postpone the appointment of a coroner to fill a vacancy either generally or in a particular case, for a period not exceeding three months from the date at which the vacancy occurs. But as doubts have been expressed to us, we think the point should be made clear by the express repeal of the enactment of 1882. Q. 3818–22.

Number of Deputy Coroners.

9. The Coroners Act, 1892, provides for the appointment of a deputy by every county and borough coroner. As has already been stated, there is no provision for the appointment of a deputy by a franchise coroner, and the status of a deputy for Q. 187–226.

a franchise coroner is very uncertain. Section 1 (1) of the Act of 1892, which governs the matter, appears to contemplate the appointment of only a single deputy, and is so interpreted, with the result that serious inconvenience has sometimes arisen. It has happened that the coroner and his deputy have both been ill at the same time; or the coroner may be absent and the deputy may be ill. A coroner should certainly, we think, have power to appoint a second deputy to act in case of emergency. The conditions under which the second deputy should act is a matter which might be regulated by rules.

Q. 39–42.
Q. 206–14.
Q. 5080–93.
Q. 5510–12.
Q. 6435–8.

Certificate for Deputy of Borough Coroner.

10. Section 1 (3) of the Coroners Act, 1892, provides that in the case of a deputy for a borough coroner, the necessity for his acting in place of the coroner shall be certified on each occasion by a justice of the peace. The certificate must state the cause of absence of the coroner, and must be openly read to the jury at every inquest held by the deputy coroner. This is an exceedingly inconvenient requirement which leads to vexatious delay. No certificate is required in the case of a deputy for a county coroner, and we are of opinion that the provision in question should be repealed. We think that provision should be made by rules for reporting to the local authority the occasions on which any coroner, whether county or borough, acts by deputy.

Q. 217–26.
Q. 5070–9.
Q. 5467–74.

Coroners as Justices of the Peace.

11. Mr. Brooke Little in his evidence stated that, in his opinion, a coroner, or, at any rate, a county coroner, was *ex officio* a justice of the peace, and could act as a justice generally. But there is no judicial decision to that effect, and many authorities consider that it is doubtful whether the coroner is a justice of the peace. The question was discussed in *Davies* v. *Pembrokeshire Justices* (1881), 7 Q.B.D., 513, but in that case the coroner concerned had been appointed a justice in the ordinary way; the argument was that a coroner could not be a justice, and the only point actually decided was that the offices of coroner and justice were not inconsistent, and that there was no objection to a coroner being appointed and acting as a justice. We think that all doubt on the point should be cleared up, and that, if our suggestion as to requiring a professional qualification for the office of coroner is approved, the name of every county and borough coroner should be included in the commission of the peace for his county or borough, unless for some personal reason he desires to be excused. But we confine this recommendation to the coroner, and do not suggest that a deputy coroner should be a justice of the peace.

Q. 61–9.
Q. 3718–27.

There are many arguments in favour of our recommendation. A coroner, as such, is the presiding officer over a court of record, and his experience would tend to make him a useful justice. It would also be a convenience that he should be able to take statutory declarations. Further, the fact that a coronership carried with it the office of justice might to some extent enhance the attractions of the post for good men.

III.—Jurisdiction of Coroner.

Fire Inquests.

12. Under the City of London Fire Inquests Act, 1888 (51 & 52 Vict. ch. xxxviii.)—a private Act—inquests are held in the City of London to inquire into fires occurring within its precincts, if attended by loss or injury, even if no loss of life has occurred. The coroner *may* hold such an inquest in any case reported to him by the Commissioner of the City Police or the Chief Officer of the London Fire Brigade, and *must* hold an inquest if so directed by the Lord Mayor, the Lord Chief Justice, or a Secretary of State. If the jury find that the fire was wilfully and unlawfully caused by any known person or persons, they may find a verdict of arson against him or them, and that verdict has the force and effect of an indictment. Apart from this special Act, a coroner has no jurisdiction to hold an inquest or inquiry in case of a fire, however disastrous, unless the fire causes the death of some person (*R.* v. *Herford*, 3 E. & E., 115), when the circumstances of the fire can of course be investigated at the inquest.

Q. 646–9.
Q. 24–7.
Q. 6112–3.

We have come to the conclusion that the system of fire inquests established by the Act of 1888 has worked well in the City of London, and that the benefit of this

system ought to be extended to the country at large. Both Dr. Waldo, the City Coroner, and Lieut.-Colonel Fox, the Chief Officer of the London Fire Salvage Corps, have been strongly impressed with the utility of the Act. We may also refer to the memorandum appended to Dr. Waldo's evidence. The operation of the Act is both preventive and remedial. The fact that a public inquiry may be held has a deterrent effect on incendiarism, and, if an incendiary fire takes place, an inquest provides additional machinery for detecting and punishing the crime. The police may suspect arson in certain cases, but may not have sufficient evidence on which to found a charge of arson against a specific individual. They have no power to obtain further evidence by summoning witnesses and examining them on oath. They must be satisfied with such statements as the persons they interrogate choose to give. The City Coroner, on the other hand, by holding an inquest, can bring before him any person who may throw light on the circumstances of a fire, and examine him on oath, and in this way can properly obtain material information, which would not be admissible in evidence where a specific individual was charged with arson before a magistrate. As regards accidental fires, the knowledge that an inquest may be held tends to keep property owners up-to the mark in the matter of fire-prevention, fire-extinction, and life-saving appliances, while the holding of an inquest directs attention to these matters, and the evidence often leads the jury to make, by means of riders to their verdict, useful suggestions as to means to be taken to prevent fires in future. The advantage of an inquest in the case of accidental fires applies particularly to factories, institutions, and other places where large numbers of persons are collected together. A further advantage of fire inquests would be the improvement of fire brigades. The men would be stimulated to increased exertions and the attention of local authorities would be called to the need for maintaining their fire brigades in a state of efficiency. Witnesses on behalf of the Manchester City Council gave evidence objecting to the extension of the London Fire Inquests Act, but we think their objections came to little more than a dislike of a novel and unfamiliar procedure. It might be well, however, if the system of fire inquests is to be extended, to begin with an adoptive Act, empowering any county or borough council to adopt for its own district provisions framed on the lines of the City of London Act. If further experience confirmed the utility of fire inquests, the Act might afterwards be made compulsory and thus extended to the whole of England and Wales. The course followed with regard to the notification of infectious diseases, where the adoptive Act of 1889 (52 & 53 Vict. c. 72) was made compulsory by the Act of 1899 (62 & 63 Vict. c. 8), furnishes a precedent. In the case of franchise coronerships there is no doubt a difficulty as regards an adoptive Act, but the difficulty might perhaps be met by authorising the Home Secretary to initiate an Order in Council applying the Act to important franchise districts.

Q. 2025–79.
Q. 6114–5.
Q. 6129–88.
Page 80, Ev., Vol. I.
Q. 8074–127.
Q. 9053–63.
Q. 11,055.
Q. 2067–8.
Q. 4751–972.
Q. 2048.
Q. 6136–90.
Q. 8088–91.

Treasure Trove.

13. The jurisdiction of a coroner with regard to treasure trove has become rather attenuated. When gold or silver articles are found under conditions which make them treasure trove, they at once vest in the Crown, and the coroner's inquisition has no effect on the question of title. Formerly it was thought that where the lord of the manor claimed to have a grant of treasure trove the coroner's inquest could settle the question of title as between the lord of the manor and the Crown; and there were judicial dicta to that effect. The question was directly raised in the case of *Attorney-General* v. *Moore*, 1 Ch. 676 (1893), and, after argument by the Law Officers, it was finally determined that the coroner and his jury were not concerned with the question of title, and that the sole question for them was to determine "who were the finders, and who is suspected thereof." At the present day the only practical advantage of holding an inquest in the case of treasure trove is to find out whether there are sufficient grounds for a prosecution, when the articles constituting treasure trove have been misappropriated or otherwise fraudulently withheld from the Crown.

Q. 403–11.
Q. 707–26.
Q. 780–95.
Q. 769–96.
Q. 5464–7.

In these circumstances we think that no inquest into treasure trove should be held except on the order of the Treasury, and that the coroner should then act as the commissioner appointed and paid by the Treasury. Probably this is a case in which the jury might be dispensed with. All that is required is an inquiry on oath, before a judicial officer, to get at the facts of the case, and to enable the Treasury to judge whether further proceedings should be taken against a specific person or persons.

Q. 796–803.
Q. 7801–5.

Coroner as Substitute for Sheriff.

Q. 7–9. Q. 412–3. 14. When a sheriff is disqualified from acting by reason of interest or otherwise, the coroner takes his place. For instance, if judgment were obtained against the sheriff, the coroner is the officer whose duty it is to execute that judgment. This seems to us to be in every way an inconvenient arrangement. In the first place, a coroner's district does not, as a rule, coincide with a sheriff's jurisdiction. In the second place, the rules and practice relating to the execution of judgments and orders of the High Court are very complicated, and, if the coroner is not a lawyer, he must find himself in great difficulties. Thirdly, the coroner's officer is unknown to the law. As a matter of fact, he is usually a policeman or ex-policeman, and entirely unsuited Q. 414–6. to have charge of the execution of civil process. On the other hand, the high bailiffs of the county court are continually executing civil process, similar to the writs of execution that issue from the High Court, and they have a trained staff at their disposal. We are therefore of opinion that this jurisdiction to act in place of the sheriff should be transferred to the county courts. Special arrangements would have to be made to designate a particular county court which for this purpose would have jurisdiction throughout the sheriffdom.

Again, under the Lands Clauses Consolidation Act, 1845 (8 & 9 Vict. c. 18. s. 39), where land is compulsorily taken for public purposes, the sheriff summons a jury to assess the compensation. If the sheriff is personally interested in the case, the coroner has to summon the jury. Where a coroner happens to be a lawyer he is no doubt competent to exercise this function, but if he is not a lawyer he is likely to find himself in difficulties. Probably in this case the best plan would be to authorise the nearest adjacent sheriff to act in place of the sheriff who was disqualified, and the same suggestion would apply to any other miscellaneous functions of the sheriff, which might otherwise fall to the coroner to execute.

Post-mortem Examination without Inquest.

Q. 231–65. Q. 990–4. Q. 1893. 15. A coroner at present has no power to order and pay for a post-mortem examination except as part of an inquest. We are convinced that it is most desirable that the coroner should, without holding an inquest, have power to order and pay for a post-mortem in cases of sudden death where the cause is unknown, and there is no reason to suspect that the death is unnatural or violent. An inquest is always a painful ordeal for friends and relatives of the deceased. There are many cases in Q. 3581–602. Q. 4435–43. Q. 5669–75. Q. 5956–7. Q. 6257–9. Q. 8347–54. Q. 9012–7. Q. 10,635–6. Q. 10,992–7. Q. 11,502–7. which it is impossible to say definitely what is the cause of death until a post-mortem has been held, but the post-mortem makes everything clear and removes all need for a public inquiry. If an inquest could be dispensed with in such cases, trouble, inconvenience, and expense would be saved all round; the burial order could be given at once by the coroner, and distressing delay obviated. A good example of the case we have in mind is where a person, not under medical treatment, dies suddenly at a railway station and no doctor arrives until life is extinct. It is possible, of course, that he may have died from poison, or from heart disease, or from apoplexy, or from any other cause of sudden death. If the coroner on inquiry finds that there is nothing suspicious about the case, and the post-mortem shows that death was due to (say) heart disease, why need an inquest be held? An inquest should, of course, be held where the inquiry and post-mortem examination disclose not merely sudden death, but unnatural or violent death, or any grounds for suspicion.

Q. 994–1001. Q. 1909–42. Q. 2506–10. Q. 6411. It has been urged before us that if the coroner had this power of directing a post-mortem without an inquest, illegitimate pressure would sometimes be put upon him to exercise it. We cannot admit the force of this argument. In a large number of cases, at present, the coroner holds a preliminary inquiry and then dispenses with an inquest. The result of our suggestion would merely be to add to the number of these cases. Estimates as to the extent to which inquests would be diminished vary, but we Q. 2516. think there is no room for doubt that there would be a considerable reduction and Q. 5018–31. that many unnecessary inquests would be avoided. We would, however, point out that it would be unfair to throw this new responsibility on coroners without making proper provision for the remuneration of no-inquest cases, particularly in the case of a borough coroner who is paid by fees per inquest. Either the coroner should have a fee for a case in which he directed a post-mortem, but held no inquest, or, as we have already suggested, all coroners should be paid not by fees but by salary covering inquiries as well as inquests.

Deaths under Anæsthetics.

16. We propose to report elsewhere on the general question of deaths under anæsthetics, but one matter in relation thereto requires to be dealt with in connection with the law of coroners. Most coroners, it appears, hold that, when a person dies under an anæsthetic given for the purpose of a surgical operation, the death is an "unnatural death" within the meaning of section 1 of the Coroners' Act, 1887, and that the coroner is bound to hold an inquest. Others, however, consider that they have a discretion if, after preliminary inquiry, they are satisfied that the administration of the anæsthetic was necessary or proper, that it was properly given by a competent person, and that death was due to inevitable accident. In the public interest we think that the coroner ought to have this discretion. Every case of death under an anæsthetic ought to be reported to the coroner, whether it occurs in a public institution or a private house. If the coroner on inquiry is satisfied that all due care and skill has been used, we think that it is undesirable that there should be an inquest. Q. 266–7. Q. 2494–9. Q. 3437–57. Q. 3635–78. Q. 3848. Q. 4582–90. Q. 5000–10. Q. 6224–9. Q. 6314–5. Q. 8221–95. Q. 8752–81. Q. 9112–31. Q. 9556–612. Q. 10,711–20. Q. 11,041–54.

Second Inquest.

17. Section 6 of the Coroners Act, 1887, provides that where an inquest has been held by a coroner, and, by reason of fraud, rejection of evidence, irregularity of proceedings, insufficiency of the inquiry, or otherwise, it is necessary or desirable in the interests of justice that another inquest should be held, the High Court, on the application of the Attorney-General, may quash the first inquisition and order a new inquest to be held, and may also order the coroner to pay costs of the application. This is the only proceeding known to the law under which a second inquest can be obtained. In form, at any rate, it is a hostile proceeding against the coroner, which is appropriate enough where the coroner has been in any way to blame, but in very many cases where a new inquest is desirable the coroner is not to blame. Fresh information reaches him which was not produced or available at the first inquest, or the evidence given at the first inquest is afterwards discredited. The coroner may be desirous of holding a new inquest, but he has no power to apply to the High Court himself to be allowed to do so. We think that this power should be given him. The application might perhaps be made on his behalf by the Director of Public Prosecutions. An alternative plan would be to empower the Home Secretary, on reasonable cause shown, to authorise the coroner to hold a second inquest, and to dispense, if necessary, with a second view of the body. As regards view of the body, if the necessity for the jury viewing the body were removed, the coroner having already viewed the body at the first inquest, there would be no need of a view at all at a second inquest. This alternative plan of giving power to the Home Secretary to authorise a second inquest would save both time and expense, and, as the Home Secretary is in touch with the Director of Public Prosecutions, that official would have notice of the proceedings, and could be represented at the second inquest if necessary. Q. 424–34. Q. 588–9. Q. 664–79. Q. 866–80. Q. 5400–1. Q. 548–50.

IV.—Procedure and Practice.

Rules of Procedure.

18. As has been already pointed out, the coroner's court is a court for which there is no authority with power to make rules of practice and procedure, and to prescribe forms. There is no doubt a limited power to prescribe forms given to the Lord Chancellor by section 18 of the Coroners Act, 1887. Apart from this, rules of practice and procedure are either contained in the cast-iron provisions of the statute, or are left to the individual discretion of each coroner, who in this matter is a law unto himself. We think it essential that a wide and flexible power to make rules should be given by statute to some central authority, and we suggest that the rule-making authority might be the Lord Chancellor and the Home Secretary, assisted by a small advisory committee of coroners. A flexible power to make rules is particularly required in the case of coroners, because of the great difference to be found in the conditions which exist as between urban and rural coronerships. In London and in big provincial towns, the number of inquests is large but the coroner's district is comparatively small and compact. He can easily obtain expert medical advice, and he has properly equipped mortuaries and post-mortem rooms. He is in the vicinity of large hospitals, with chemical and pathological laboratories. In the country, on the other hand, inquests are relatively few, but the expenditure of time per inquest is Q. 3526. Q. 8361. Q. 8694–5. Q. 3535. Q. 5934–6. Q. 5600–2.

very much greater than in towns, as the coroner may have to travel long distances. If a difficult case arises, the country coroner usually has to obtain his expert advice from some distant big town or do without it. Hence rules which are appropriate to large cities and towns, would often require much modification to adapt them to the exigencies of rural districts. But where conditions are similar it is important that procedure should be uniform.

Scales of Costs.

Q. 615–26. Q. 5141. 19. The fees payable to medical witnesses for attendance at coroners' inquests were fixed by statute more than seventy years ago, and have remained unaltered to the present day. With the exception, however, of the statutory fees to medical witnesses, every local authority for a county or borough, under section 25 of the Coroners' Act, 1887, fixes its own schedule of fees, allowances, and disbursements in respect of witnesses, juries (in cases where juries are paid), and any other expenses incidental to an inquest. There is neither uniformity nor principle in the various scales adopted.

In the case of other criminal courts the Home Secretary is empowered to make regulations determining the rates or scales of costs, and the conditions under which costs may be allowed (*see* section 5 of the Costs in Criminal Cases Act, 1908, 8 Edw. 7. c. 15).

Q. 1977–81. Q. 5456–61. Q. 7798–800. Q. 8359–61. Q. 10,680–2. Q. 11,554. We think that these local scales of costs fixed under section 25 of the Coroners' Act, 1887, should be abolished, and that the Home Secretary should prescribe scales of costs for coroners' courts in the same way as for other criminal courts. It is to be borne in mind that the coroner, although appointed by the local authority, is nevertheless a Crown officer, removable only by the Lord Chancellor, and his court is a court of record. The costs should therefore be uniform, and should be fixed on similar lines to those in other courts of justice.

Q. 3706–7. At present it appears to be the general practice for the coroner to pay out of his own pocket the fees of witnesses and the other expenses incidental to holding an inquest. He is afterwards recouped by the local authority, except in so far as his payments may be disallowed. We think this is a bad system. The arrangement adopted by a few authorities under which the coroner is supplied in advance with funds for the payment of inquest expenses is, we are of opinion, the right one, and should be extended to every coroner desiring it. The coroner's accounts would, of course, be audited, and any improper expenditure could be surcharged.

Q. 2020–4. Q. 5949.

Exhumation.

20. It sometimes happens that information showing that it is desirable that an inquest should be held does not reach the coroner until after the body of the person to whose death the information relates has already been buried. It then becomes necessary for the coroner to cause the body to be exhumed. In such cases the coroner frequently applies to the Home Secretary for a licence under section 25 of the Burial Act, 1857 (20 & 21 Vict. c. 81), for the removal of the body. It appears to us that the coroner has sufficient power at common law to order the disinterment of a body of his own motion when necessary for the purposes of an inquest, and that probably the only case where an application to the Home Secretary for a licence is requisite is when the exhumation of the body upon which the inquest is to be held may cause interference with other bodies, as, for instance, when the deceased person has been buried in a common grave containing several bodies. In these circumstances we think that it might be well to make rules regulating the conditions under which applications should be made to the Home Secretary for his licence, and it might also be convenient to prescribe a form of exhumation order to be used by coroners when they act on their own initiative in ordering the disinterment of a body.

Q. 335–9. Q. 8691–5.

Removal of Body.

Q. 253. Q. 973–89. Q. 1881–3. 21. There is no property in a corpse. There is some doubt as to the power of a coroner with regard to a dead body, but the probability seems to be that for all purposes incidental to an inquest the coroner has the legal custody of the body on which the inquest is to be held. In support of this it may be noted that the body cannot be buried until the coroner has given his order authorising the burial. It would, however, be well that this point should be made clear.

Q. 455–7. Q. 10,675.

Section 24 of the Coroners Act, 1887, which reproduces a provision of the Public Health Act, 1875, is limited in its terms. It enacts that where a place has been provided by a sanitary or nuisance authority 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 a place for the purpose of the post-mortem examination, and the costs of the removal are to be deemed to be part of the inquest expenses. It seems to us that this power to order the removal of a dead body for the purpose of a post-mortem might with advantage be extended. In many places, especially in a rural district, no proper accommodation for the holding of a post-mortem may be available in the district itself, but there is often a hospital within reach where the post-mortem could be properly and decently conducted. We think that a coroner ought to be able to take advantage of the accommodation provided by hospitals even though the hospital may be situate outside the local limits of his jurisdiction. There is every possible objection to a post-mortem examination being conducted in a private house, particularly if room be limited. We further suggest that adjoining districts might, with the sanction of the Home Secretary, be allowed to combine for the purpose of having a joint coroner's court, mortuary, and post-mortem room. We also think that rules should be made defining the conditions under which a coroner may order the removal of a body to a mortuary when a post-mortem is not required.

Q. 455–71. Q. 10,676–7. Q. 11,012–5. Q. 2477–86. Q. 3539–41. Q. 5652–8. Q. 10,679. Q. 10,986–91. Q. 2565–77. Q. 2594–603. Q. 8696–9. Q. 5441–55.

Backing Warrants, &c.

22. A coroner has power to summon as a witness any person within his jurisdiction who is supposed by him to be capable of giving information likely to assist the jury in arriving at a verdict, and if a person summoned refuses or neglects to attend, can issue a warrant for his apprehension; but, if he desires to compel the attendance of a witness who is outside his jurisdiction, his only course appears to be to apply to the High Court for a Crown office subpœna. It has been suggested to us that coroners' warrants might be made to run throughout the kingdom, on being backed in the same way as justices' warrants for the apprehension of a person charged with an indictable offence can be backed under the Indictable Offences Act, 1848 (11 & 12 Vict. c. 42).

We hesitate to recommend this departure. The procedure is capable of being used oppressively. As far as we can find out it is very rare indeed at present for a coroner to have to resort to a Crown office subpœna. We think, however, that process issued by a coroner should run not only in his own jurisdiction but also in any adjoining jurisdiction.

Q. 69–71. Q. 681–91. Q. 5392–7. Q. 10,638. Q. 692. Q. 9051–2.

Production of Exhibits.

23. Although there is no doubt as to the coroner's power to compel the attendance of witnesses within his jurisdiction, there appears to be some doubt about his power to order the production of exhibits. This doubt should certainly be removed. It is most important that the coroner's power to order the production of lethal weapons, or bottles alleged to contain poison, blood-stained clothes, or other material evidence of crime, should not be questioned. We think that the coroner's powers in this respect should be explicitly declared. Proceedings must be delayed, and valuable evidence must often be lost, if the coroner is compelled to resort to a Crown office *subpœna duces tecum*.

Q. 5395–8. Q. 9047.

Jurors' List.

24. There is no legally prescribed list from which coroners' juries are required to be selected (*see* the Juries Act, 1825, 6 Geo. 4, c. 50. s. 52). As a matter of fact the Parliamentary Voters' List or the Burgess Roll is usually selected as a convenient index to persons liable to be called on to serve, but the coroner appears to have a complete discretion in the matter. When a full jury does not appear, passers-by can be called in to make up the tale. We do not suggest any statutory curtailment of the coroner's discretion in the matter of summoning a jury, because coroners' juries have to be summoned in a hurry, but we think that the matter should be regulated by rules, and that there should be some system under which persons who have been summoned to serve on a coroner's jury should for a certain length of time be exempt from other juries. As the law stands at present, a man might be summoned to attend a coroner's jury and also an assize or quarter sessions or county court jury on the same day and in different places.

Q. 478–85. Q. 1988–94. Q. 2334–49. Q. 3887–92. Q. 9029–33. Q. 6420. Q. 1995–8. Q. 3889–92.

Number of Jury.

Q. 431–3. Q. 477. Q. 2007–9. Q. 3849–86. Q. 8312–17. Q. 8705. Q. 610–13. Q. 3870–1.

25. A coroner's jury may consist of any number not less than twelve and not exceeding twenty-three. If the inquest is likely to be concluded in a single sitting, the usual practice is to swear in thirteen jurymen, but, if it is likely to involve adjournments, fourteen or more are sworn in. As it is necessary that not less than twelve should agree on a verdict, some number in excess of twelve is required to provide against accidents. Seeing that a man can be tried for his life by a petty jury of twelve, we do not think that a greater number should be required for an inquest where the verdict has, at the most, merely the effect of putting a man on his trial. We suggest that not more than twelve jurymen should be sworn and, to meet the case of a juryman dying or becoming incapable of acting before the completion of the inquest, we recommend that the coroner should be empowered to accept a verdict of not less than three-fourths of the jury. We further discuss this recommendation in connection with failure of the jury to agree.

Failure of Jury to agree.

Q. 574–6. Q. 557. Q. 5398–9. Q. 580. Q. 3851. Q. 9034–41.

26. A coroner's jury need not be unanimous, but, as already stated, in order to secure a valid verdict, twelve at least of the jury must agree. If twelve cannot agree on a verdict, the coroner may order them to be kept without meat, drink, or fire until they do agree, and, in addition to this power of compulsion, he may adjourn the inquest to the next assizes for the county or place in which the inquest is held. But if, after hearing the charge of the judge or commissioner holding the assize, twelve of the jury still fail to agree on a verdict, the only course is to discharge the jury without a verdict. The coroner then has to summon a fresh jury and proceed with the inquest *de novo*. This seems to us a futile proceeding, and is probably a relic of the times when it was considered proper to punish a jury for failing to agree on a verdict. The verdict of a coroner's jury is not conclusive for any legal purpose. We are, therefore, of opinion that there is not the same reason as in other cases for insisting on unanimity. We recommend, as already stated, that the coroner should be empowered to accept the verdict of a three-fourths majority, and that if this three-fourths majority cannot be obtained, he should be empowered to discharge the jury and summon a fresh one.

Perverse Verdicts.

Q. 551–4.

27. If twelve of a coroner's jury agree on a verdict, it seems that the coroner is bound to accept their verdict, however insensate it may be. Instances of extraordinary verdicts which coroners have felt compelled to accept are cited in the Report of the Select Committee on Death Certification, 1893, *e.g.* :—

> "The man died from stone in the kidney which stone he swallowed while lying on a gravel path in a state of drunkenness."
>
> "A child three months old found dead, but no evidence to show whether born alive."

Q. 557. Q. 10,647–9.

It is to be noted that the jury are to inquire of and find the particulars required by the Registration Acts to be registered concerning the death (Coroners Act, 1887, s. 4 (4)), and that a coroner who alters the verdict of the jury may be guilty of forgery. In a recent case where the jury insisted on adding a rider which the coroner considered to be unwarranted by the evidence, he offered to attach the rider to the inquisition but refused to make it part of the verdict. As the jury would not give way the coroner, apparently in exercise of a common law power, adjourned the inquest to the assizes, and, under the direction of the judge, acting in his capacity of ex-officio coroner, a compromise was arrived at under which the rider was written in the margin of the inquisition. But, if the jury had held out, they could only have been discharged. There does not appear to be on record any previous case of adjournment to assizes where the jury had not disagreed.

This procedure of adjourning the inquest to the assizes, where the coroner and his jury come into conflict, involves great delay and may lead up to no conclusion. We think that the precedent cited above should not be followed, and that the coroner should take the jury's verdict, whatever it may be, but that he should be empowered, if necessary, to apply to a judge in chambers to set the verdict aside and authorise a new jury to be summoned.

Riders to Verdicts.

28. The law relating to riders by juries to their verdicts appears to be uncertain. Very often riders are both sensible and useful, *e.g.*, when an accident has happened, and the jury by a rider call attention to means for preventing similar accidents in the future. Sometimes, however, it happens that the jury wish to add an unreasonable or mischievous rider. Q. 555–7.

It may be urged that the rider is no part of the verdict, and that the coroner need not record it, but such a refusal on the part of the coroner might lead to unseemly disputes with the jury. It would be better, we think, that riders should be required to be separated from the verdict, and endorsed on the back of the inquisition, and the coroner should be at liberty to record his dissent from the jury's rider, and his reasons for so doing. Q. 10,687.

Medical Witness summoned by Jury.

29. Under section 21 (3) of the Coroners Act, 1887, 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 or other witnesses brought before them, they may, in writing, require the coroner to summon as a witness some other qualified medical practitioner named by them, and further to direct a post-mortem examination, with or without an analysis of the contents of the stomach or intestines, by such medical practitioner. It appears to us that the majority of a coroner's jury should not have the power to select a medical expert, and we think that this provision should be repealed. If the coroner does not conduct an inquest properly, there is an adequate remedy in an application to the High Court, under section 6 of the Coroners Act, 1887. Q. 264. Q. 435. Q. 541.

Payment of Jury.

30. As a general rule, coroners' juries are paid for their services, receiving sums varying from 6*d.* to 2*s.*, with extra fees in some places for special cases; in other places, they are not paid at all. Whether they are paid or not, and, in the former case, the rate of payment depends entirely on the schedule of fees, &c. fixed by the local authority. We think that a uniform scale of payment should be laid down, and that, as jurors are often drawn from a very poor class of people, particularly in rural districts, payment should be the rule. Q. 2010–19. Q. 3893–4. Q. 5611–5. Q. 5961–5. Q. 5998. Q. 6416–8. Q. 8307. Q. 9027–8. Q. 10,721–3.

View of the Body.

31. The law requires, and always has required, that an inquest should be held *super visum corporis*. Unless there is a body, or some identifiable part of a body, there can be no inquest, even though the fact of death can be proved beyond dispute. If a man falls out of a balloon into the sea, in the presence of a thousand spectators, who see him disappear, there can be no inquest until the body is recovered. It is the presence of the body that gives the coroner jurisdiction, and both coroner and jury must view the body at the first sitting of the inquest. The witnesses we have examined are almost unanimous in the opinion that the view by the coroner should be retained. The view is required to identify the body, and, "it is necessary for some official to view, and the coroner is distinctly the right man to do it." Again, in many cases the view by the coroner may be necessary in order that he may appreciate the medical evidence and explain it to the jury. Q. 227, 268–91. Q. 1063. Q. 3895–6, 3910–3. Q. 4548. Q. 5966. Q. 8331–3. Q. 9009. Q. 5254. Q. 5263–4.

As regards the expediency of the view by the jury we find a considerable conflict of opinion. Some coroners think that the view by the jury is of the greatest use. It makes them feel a sense of reality and responsibility in the performance of their duties. They sometimes even notice marks which have escaped attention, and if they have viewed the body they can understand the medical evidence much better. Other coroners think that the view by the jury is a wholly useless formality, and that the medical evidence is quite sufficient. Some coroners have never known a juryman object to viewing the body, others have had constant complaints on the subject. In our opinion, the view by the jury is useful only in very exceptional cases. As a rule it is a most perfunctory ceremony. The body is coffined and only the face exposed. Frequently there is a glass screen between the coffin and the jury. The jury merely file past, often with averted faces. Such a "view" is purely futile. But there are, occasionally, cases in which much might turn on the view, especially where there is a conflict of medical evidence, as, for instance, where there is a doubt as to whether Q. 1064–85. Q. 1999–2002. Q. 6394–8. Q. 3386–92. Q. 5252–3. Q. 5616–25. Q. 6012–19. Q. 8299–300. Q. 8322–30. Q. 10,637. Q. 10,974–85. Q. 5967. Q. 5252. Q. 5265. Q. 4550–60.

Q. 9000–5. a wound was self-inflicted or not, or where a child is alleged to have been killed by starvation and neglect.

Our conclusion is that, as a rule, the view by the jury should be dispensed with, but that the coroner should have power in special cases to require the jury to view. The view would then, of course, be directed to a special object and would not be a perfunctory march past. The coroner should have a discretion to direct a view at any stage of the inquest, and not merely at its commencement.

Fees to Medical Witnesses.

Q. 626–7. Q. 4456–65. Q. 5139–84. Q. 6107–11. Q. 1977–81. Q. 11,554. 32. The fees payable to medical witnesses at inquests are regulated by section 22 of the Coroners Act, 1887, which reproduces the provisions of an Act of 1836. The scale of fees allowed is inadequate, having regard to the scale allowed in other courts. There is great, and, we think, justifiable dissatisfaction in the medical profession with the scale of fees in coroners' courts and the mode of their allocation. We think that the whole matter should be dealt with by regulations, and not by the iron-bound provisions of an old statute.

Q. 4466–9. Q. 5428. Q. 6246–7. At present the fee for attending to give evidence at an inquest is one guinea, and, if the inquest is many times adjourned, and the medical practitioner has to attend on several days, no additional fee is payable. If a post-mortem examination, with or without an analysis of the contents of the stomach, is made, another guinea is allowed. These fees are clearly, in many cases, wholly insufficient, and should be revised when a new scale is made.

Q. 1973–6. Q. 5426–8. Q. 6430. Q. 2426–33. Q. 5402–25. Q. 8354–8. Q. 8969–76. Q.11,540–50. Q. 4444–55. Q. 5909–23. Q. 6219–20, 30. Q. 6334–42. Q. 8977–81. Q. 9409–36. Q. 5423–8. Q. 8361–2. In the opinion of many coroners and local authorities the Act contemplates only one medical witness being called, and makes provision for the payment of only one guinea for a post-mortem, if required, and one guinea for evidence at the inquest. But the medical practitioner who attended the deceased, or was called in at, or immediately after, death, may or may not be the proper person to make the post-mortem examination. In many cases the post-mortem examination can be made effectively only by a pathological expert, but, if such expert is called in, he can at present receive only a guinea for the examination. For expert examinations both skill and practice are required, and the expert who makes them ought to be paid an adequate fee, not only for the examination, but also, separately, for attending to give evidence. On the other hand, a post-mortem examination made by a skilled pathologist will often give no result unless it is supplemented by clinical evidence, and therefore there should be power to summon and pay the medical practitioner or practitioners with clinical knowledge of the case in addition to the expert. The provision of section 21 (2) of the Coroners Act, 1887, which includes the chemical analysis of the contents of the stomach or intestines as part of the post-mortem, is ridiculous, and should be repealed. Except in the simplest cases an analysis is useless unless it is made by a toxicologist with all the appliances of a modern laboratory at his command.

Q. 615–21. Q. 11,551. Q. 1114–33. Q. 8363–5. Q. 10,662. In some cases the local authority includes in its schedule of fees, &c., under section 25 of the Coroners Act, 1887, a fee for an expert analysis, and, where provision is made for such a fee, a coroner may obtain an expert analysis on applying beforehand to the local authority for permission to incur the expense. Other local authorities apparently hold that they have no power to include a special fee for an expert analysis in their schedule, and then the coroner has no alternative but to make application to the Home Office for expert assistance. This, of course, involves delay, which is often prejudicial. We think that the conditions under which a coroner may order an expert analysis should be determined by Home Office regulations, under the Costs in Criminal Cases Act, 1908. Our suggestion is, of course, not intended to limit the powers of the Home Secretary to direct a special analysis by an expert named by him in special cases.

Selection of Medical Witnesses.

Q. 515–24. 33. Under section 21 of the Coroners Act, 1887, where the deceased was attended at his death, or during his last illness, by any legally qualified medical practitioner, the coroner *may* summon such practitioner as a witness. If, however, the deceased person was not so attended, the coroner may summon any legally qualified medical practitioner in practice in or near the place where the death occurred, to give evidence as to the cause of death.

Q. 1137–47. Q. 2417–21. Q. 2444. Q.4358–408. It has been urged that the coroner is bound to summon the medical practitioner who attended the deceased, or was called in to see him after death, and that, if a post-mortem examination is required, the coroner is also bound to employ that medical

practitioner to make it. We cannot accede to that contention. The medical practitioner who was called in to see the deceased may or may not be the proper person to make the post-mortem examination. It is a matter which must be left to the absolute discretion of the coroner, who is the only person who can determine the fitness of the medical practitioner in question to make the examination. Moreover, as we have already pointed out, clinical evidence may be essential to supplement the evidence as to the post-mortem. The coroner is in a difficulty because, if the Act is strictly interpreted, he cannot pay both the medical witness who gives clinical evidence, and the medical witness who makes and gives evidence as to the post-mortem examination. Every coroner should be empowered to call such medical witnesses as may be necessary for the proper determination of the case. In Scotland, the procurator fiscal has a much freer hand as regards medical costs. In the first place he gets a formal written report from the medical practitioner in attendance, for which the fee of one guinea is paid. This very often disposes of the whole case without requiring the medical practitioner's attendance. If a post-mortem is required, he can order anyone he likes to perform it, and can pay him two guineas. If a criminal charge is likely to be involved, two medical men are always present at the post-mortem. If the medical witnesses are afterwards required to come and give evidence they are paid for so doing. We are of opinion that these features of the Scottish system should be adopted in England. We further think that to give to coroners a somewhat wider discretion as to costs—a discretion possessed by all other courts—would go far to remove the friction which sometimes arises between them and the medical profession, and would, on the whole, be conducive to the efficiency of inquests and the public interest.

Q. 8440–69. Q. 8652–5. Q. 8971–83. Q. 10,655. Q. 11,540–50. Q. 1952–6. Q. 2422–33. Q. 3366–73. Q. 5208–19. Q. 5634–44. Q. 5864–6. Q. 6230–1. Q. 3085–169. Q. 3429–32. Q. 5952–5. Q. 6099–103. Q. 6232–4. Q. 8656–72. Q. 8984–6. Q. 10,673–4. Q. 11,005–11.

Medical Fees in case of Institutions.

34. Under section 22 of the Coroners Act, 1887, where an inquest is held on the body of a person who has died in a county or other lunatic asylum, or any public hospital, infirmary, or other medical institution, whether the same be supported by endowment or by voluntary subscription, the medical officer whose duty it may have been to attend the deceased person as an officer of such institution is not entitled to any fee or remuneration for attending to give evidence at the inquest or for making a post-mortem examination. Considerable doubt exists as to what institutions fall within this provision, and the practice of local authorities differs as to allowing or disallowing fees to officers of medical institutions.

We have been unable to obtain from anyone who has appeared before us a defence of this provision on its merits. In the case, at any rate, of the London hospitals, not only the visiting staff, but also the house physicians and surgeons give their services to the hospital without remuneration. We fail to see why a man who gives his services out of charity should be penalised for so doing, by being required to perform a public duty, wholly outside the objects of the charity, without receiving the fee paid to other persons performing the same public duty. In all other courts a medical witness gets costs according to the scale, irrespective of the fact that he may be attached to an institution of a charitable or quasi-charitable nature. We think that this inequitable provision in section 22 of the Coroners Act, 1887, ought to be repealed, and, whatever may have been the original motives of policy for placing officers of medical institutions in a separate class and debarring them from receiving the fees payable to any other medical practitioner, we cannot see any reason whatever at the present time for continuing to deprive them of fees.

Q. 626-34. Q. 1900-8. Q. 3393-9. Q. 3703–17. Q. 5195–207. Q. 10,667. Q. 10,998. Q. 2500–5. Q. 3400–2. Q. 3679–702. Q. 4429–34. Q. 6358–62. Q. 8365–70. Q. 8673–84. Q. 10,668–72. Q. 10,999–11,004. Q. 11,606.

Committals by Coroner.

35. When a coroner's inquisition charges a person with murder or manslaughter, various difficulties arise as regards the committal for trial. In the first place, coroners commit for trial to the assize town of the county or borough for which they act, but there is, almost always, a magisterial inquiry as well as an inquest in a case of murder or manslaughter, and the magistrates occasionally commit to a different assize town. For example, in a recent case of manslaughter on board ship there was a committal by the magistrates to Bodmin Assizes and by the coroner to Exeter Assizes. Both these towns are on the same circuit, but cases have arisen where the coroner has committed to a town on one circuit and the magistrates to a town on another circuit. Witnesses have to be bound over to appear at both places, and counsel briefed at both assizes. Again, the coroner's inquest is generally concluded before the magisterial investigation, and the result may be that, proceedings

Q. 577–9. Q. 597. Q. 810–33.

before the magistrates being still incomplete, the trial on the coroner's inquisition has to be postponed to a subsequent assize. It has been suggested to us that the
Q. 850. coroner should, at the request of the Director of Public Prosecutions, postpone his committal until the magistrates have committed the accused for trial, and the coroner should then commit to the same assize town. If this suggestion be approved, it would involve the adoption of the London procedure, under which witnesses are bound over *de bene esse*, that is to say, they are bound over generally to appear at the assizes, and are afterwards notified of the time and place.

Q. 581-2. Q. 607-9. Q. 613. Q. 837-40. Q. 3874-82. Q. 6071-6. Q. 10,688-96. Q. 11,080-5. When a magistrate commits for trial, an indictment is prepared, which goes before the grand jury, and if they do not find a true Bill the proceedings drop. But when a coroner commits a person for trial the inquisition has the effect of an indictment on which a true Bill has been found. If the grand jury do not find a true Bill, the accused person must still be tried on the coroner's inquisition. The practice is for the counsel for the Crown to offer no evidence, and a formal verdict of "not guilty" is then recorded. This proceeding involves briefing of counsel, and very often the attendance of witnesses, to say nothing of the attendance of the accused, the judge, and the jury. It may be worth considering whether a committal by a coroner should not be put on the same footing as a committal by magistrates. We suggest that these questions might be referred by the Home Secretary for the opinion of the Lord Chief Justice and judges of the King's Bench Division, as they incidentally affect the procedure of the High Court.

Depositions.

Q. 508-11. Q. 881-9. 36. A coroner is required by law to take depositions only in cases where the deceased has been killed under circumstances which amount to murder or manslaughter (*see* section 4 (2) of the Coroners Act, 1887). This is a curious rule, as, till the inquest is concluded, it is often difficult to say whether or not there is evidence to ground a charge of murder or manslaughter. We think that in all cases a full note of the evidence ought to be taken at an inquest. For the purpose of civil rights and civil proceedings it is often of the utmost importance that the evidence should be
Q. 10,665-6. recorded while the facts are still fresh in the minds of the witnesses. It is to be noted, however, that no clerk is provided for the coroner, and he has to take the depositions or the note with his own hand, or to provide a clerk at his own expense. It is difficult for a man to question witnesses, and watch their behaviour, and keep order in the court, while he is writing down the evidence at the requisite length. As we have already said, the coroner ought to be provided with clerical assistance.

Copies of Depositions.

Q. 602-5. 37. Under section 18 (5) of the Coroners Act, 1887, a person charged by a coroners' inquisition with murder or manslaughter is entitled to have a copy of the depositions on paying a sum not exceeding three halfpence for every folio of ninety words.
Q. 920-6. Section 5 of the Prosecution of Offences Act, 1879 (42 & 43 Vict. c. 22.), provides that when the Director of Public Prosecutions institutes or undertakes a prosecution, and gives notice accordingly to the coroner, the coroner is to furnish him with all the documents, &c., including depositions relating to the case. Apart from these enactments, it seems that no one has any right to demand a copy of the depositions from the coroner. The coroner can refuse to give copies, and, if he gives them, there is no scale of costs applicable. We think that the supply of copies of depositions by coroners should be regulated by rules, and that a reasonable scale of costs should be prescribed.

Q. 6036-52. At present it appears to be the law that records relating to inquests are the private property of the coroner. We think this is wrong. A coroner's court is a court of record, and all records ought to belong to the court, and not to the individual coroners. We think that the safe custody and control of coroners' records should be provided for by rules.

Attendance of Coroners at Assizes.

Q. 890-906. 38. Mr. Guy Stephenson, the Assistant Director of Public Prosecutions, suggested that in all cases where a person is being tried for murder or manslaughter in respect of which an inquisition has been taken before a coroner, it should be expressly declared to be the duty of the coroner to attend at the trial, for the purpose of proving the depositions taken before him at the inquest, and he informed us that at present it

is the usual practice to subpœna the coroner to attend. We think that this is a highly inconvenient practice, and that it would be better to provide that judicial notice should be taken of depositions before the coroner, just as judicial notice is taken of depositions before magistrates. The coroner might certify at the end of each deposition whether the accused was or was not present, and whether he had an opportunity of cross-examining the witness. This, of course, would not prevent the defence from calling the coroner as a witness for the purpose of proving any alleged irregularity or invalidity in the proceedings at the inquest.

Seals and Parchment.

39. The Lord Chancellor has power to prescribe forms of inquisition, but, in the case of murder (which includes *felo de se*) or manslaughter, the Coroners Act, 1887, section 18 (1) and (2), requires the inquisition to be on parchment and to be sealed by the jurors as well as signed. We can see no magic in parchment or jurors' seals, and we recommend that this formality should be abolished. It can do no good, and its inadvertent omission has resulted in the quashing of an inquisition (*R.* v. *Whalley*, 1849, 19 L.J., Q.B. 14). Q. 561-4.

Coroner's Officer.

40. The coroner's officer is unknown to the law, although his functions are extremely important. He summons witnesses, attends the court, and, under the direction of the coroner, makes the preliminary inquiries on which the coroner determines whether or not it is necessary to hold an inquest. As a general rule a coroner's officer is either a police officer or an ex-police officer. There is a great preponderance of opinion in favour of employing policemen on the active strength of the force. They are under discipline, and can be punished departmentally for carelessness or misconduct, and their pensions are at stake as well as their places. They are also in close touch with the police force, on whom the coroner has mainly to depend for his information concerning deaths under suspicious circumstances. In London a scale of fees is provided for coroners' officers, and when the officer is a policeman on the strength of the force the fee goes to the police fund, and not to the officer himself. We think that this is a good arrangement which may well be extended to the country at large. From inquiries we have made, the fees received by coroners' officers, even in large courts, are quite inadequate to obtain the services of a good man who has to depend on them for his livelihood, and, if a coroner's officer is underpaid, it is obvious that he is under strong temptation to make illegitimate profits. Q. 484-8. Q. 1006-52. Q. 1848-75. Q. 2319-85. Q. 2773-896. Q. 3550-77. Q. 5711-19. Q. 5993. Q. 7705-10. Q. 8577-83. Q. 10,094-157. Q. 10,952-73. Q. 11,478-98. Q. 11,508-28.

We have had striking evidence (sixth day, Q. 1848-73) as to the inconvenience which arises when coroners' officers have other duties which conflict with their work for the coroner, or (twenty-seventh day, Q. 10,952-73) where an untrained man is appointed by the local authority to the post.

IV.—Miscellaneous.

Consolidation.

41. The Coroners Act, 1887, repealed and re-enacted some 33 statutes, or parts of statutes, relating to coroners. It has been amended by the Coroners Act, 1892, and several of its provisions have been modified by the Local Government Act, 1888. There are also over 30 outstanding enactments relating to coroners, some of which are of general application and may well be included in a Consolidation Act. If the amendments of the law, which we have suggested, be adopted, we think that a fresh Consolidation Act should be prepared, and that all the statutory provisions of the law relating to coroners, so far as they are of general application, should be included in a single enactment. Q. 3528-34.

Cremation Cases.

42. Dr. Herring, the Medical Referee of the London Cremation Company, called our attention to certain difficulties in the working of the Cremation Act, 1902 (2 Edw. 7. c. 8). His chief point was that when a person dies abroad and the body is brought into England, it cannot, under the existing regulations, be cremated unless the coroner considers himself justified in holding an inquest, and certifies in the prescribed form. He further complained of delay in communications with the coroner, and the difficulty he had in getting certain original documents returned. We think these difficulties could be disposed of by means of the regulations under Q. 1661-818. Q. 6603-10.

the Cremation Act which are made by the Home Secretary. We therefore called the attention of the Home Office to Dr. Herring's evidence, and we suggest that the matter should be left to be dealt with by the Home Office.

Certification of Deaths.

Q. 292–324. Q. 347–76. Q. 1164–73. Q. 2835–43. Q. 2892–5. Q. 3605–26. Q. 3917–45. Q. 4470–530. Q. 5267–91. Q. 5535–68. Q. 5748–820. Q. 6254–6. Q. 6450–610. Q. 8514–74. Q. 9132–77. Q. 10,684–6. Q. 11,572–604.

43. The general question of the certification of deaths is outside the scope of our reference, but we would venture earnestly to call attention to the Report of the Select Committee of 1893, to the representations of the London County Council, and to the evidence given on behalf of the Registrar-General. Certain aspects of the question of death certification came before us in evidence as bearing directly on the functions of the coroner. One witness suggested that there was reason to fear that under the present lax system, a certain number of persons might be buried alive, but we are thankful to say we have not had brought before us any authentic cases to bear out this suggestion. Mr. Pepper's evidence on this subject (twelfth day, Q. 4488 *et seq.*) was distinctly reassuring. Still, it is no fault of the law if premature burials do not take place. The present law of death certification offers every opportunity for premature burial and every facility for the concealment of crime.

In connection with the law of coroners we think that two amendments would effect a great improvement. First, a certificate of death should not be accepted from a medical practitioner unless it states that he has, by personal inspection of the body, satisfied himself as to the fact of death. At present he may certify merely on the information given by the relatives, and we have had evidence that many certificates have been carelessly or even recklessly given. Secondly, we think that in every case in which a medical certificate is not given, the death ought to be reported to the coroner. It does not follow that the coroner would hold an inquest, but he ought to be informed of every uncertified death, for the purpose of making inquiry. Under the instructions of the Registrar-General it is usual now for registrars to report uncertified deaths to the coroner. We think that this ought to be made a statutory duty.

Verdict in Cases of Suicide.

44. We think that the verdict of *felo de se* should be abolished. We cannot imagine that the fear of it can have any deterrent effect on persons contemplating suicide. Forfeiture of the suicide's property and burial at the cross-roads have long been abolished (*see* the 4 Geo. 4. c. 52.).

The only effect of retaining this verdict is to induce juries to find a verdict of "temporary insanity" without any evidence to justify it. The verdict of "temporary insanity" is open to the objection that when a man is dead it is impossible to say whether his insanity was of a temporary character or not. We think that in cases of suicide the verdict should simply be that the deceased died by his own hand (stating how). But the jury should be at liberty to add to their verdict that there is no evidence to show the state of his mind, or that at the time of taking his life he was of unsound mind.

Open Court.

Q. 10,412–599.

45. It has been suggested to us by the witness who appeared on behalf of the National Union of Journalists that the coroner's court should be made by statute an open court, and that the coroner should be compelled to give public notice of his sittings, intimating at the same time the nature of the inquest to be held. The Union frankly admitted that the great majority of coroners gave them every facility for attending inquests. As the law stands at present, the coroner has the same power to exclude the public from his court as is possessed by examining magistrates, under section 19 of the Indictable Offences Act, 1848 (11 & 12 Vict., cap. 42). We do not think that any sufficient case has been made out for altering the law and taking away the coroner's discretion. In certain cases no doubt publicity is of the greatest value. For instance, in a recent case where a lady died at a hair-dressing establishment through the toxic effects of the hair-wash used, it was most important to bring to public notice the dangers of tetrachloride of carbon. On the other hand, there are many cases in which no public end is gained by reporting the proceedings at an inquest. The gratification of the public curiosity cannot be weighed for a moment against the intense pain caused to the relatives of the deceased by the disclosure of family matters, which may have nothing to do with the cause of death. The presence of the jury is a sufficient guarantee that the proceedings at the inquest

Q. 3097–278.

are fair and above board. There is a good deal to be said for the Scottish system, under which deaths which would form the subject of an inquest in England are inquired into in private by the procurator-fiscal, who in any case of doubt reports the facts to the Lord Advocate. A public inquest is required only in the case of industrial accidents, or in the case of a death in prison. However, the jury system is so deeply rooted in English life and history, that we do not see our way to advocate any change.

VI.—Conclusion.

46. We have made a considerable number of suggestions for amending the law relating to coroners and their courts, and in conclusion we desire to point out that we attach special importance to three recommendations, namely, the abolition of franchise coroners, the payment of all coroners by salary instead of fees, and the bestowal on a central authority of a power to make rules of practice and procedure.

Finally, we desire to express our appreciation of the services rendered to the Committee by our Secretary, Mr. J. F. Moylan.

We have the honour to be, Sir,
Your obedient servants,

M. D. CHALMERS (*Chairman*).
MALCOLM MORRIS.
H. H. SHEPHARD.
*T. A. BRAMSDON.
W. H. WILLCOX.

J. F. Moylan, *Secretary*,
31st December 1909.

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* Subject to Memorandum attached.

MEMORANDUM BY SIR THOMAS BRAMSDON.

Whilst I have signed the Report and (subject as is hereinafter mentioned) cordially agree therewith, I feel it my duty to make some observations thereon in the public interest.

The main points in the Report are, undoubtedly, that, if coroners are given the power of ordering post-mortem examinations without the necessity of inquests following thereon (paragraph 15), and also, if all coroners hereafter are paid by salary instead of fees (paragraph 5), a great many inquests will be avoided, without in any way impairing the efficiency of the system. This, I feel sure, will be welcomed by the public, and I think importance attaches to the fact that the great majority of the coroners of England and Wales who were appealed to for their views upon the advisability of being empowered to order post-mortems without holding inquests cordially agreed with the proposed alteration.

Whilst I concur in the advisability of the extension throughout the country of the City of London Fire Inquests Act (paragraph 12), I do not concur in the suggestion that, if the system is to be so extended, it would be best to begin with an adoptive Act. My view is that, if the system is a valuable one, which I believe it is, it ought to be universally adopted throughout the country; and I think the evidence given by Lieut.-Colonel Fox, the Chief Officer of the London Fire Salvage Corps, that, if the Act were not made compulsory, "a man who wanted to fire his "premises would choose a locality where the Act did not apply," and that adoptive Acts were very often not adopted "for local and personal reasons," are most powerful arguments. Besides this, there is a tendency on the part of local authorities to be in no hurry to adopt permissive Acts, and in many instances they are not adopted at all, although most valuable in their nature.

As regards paragraph 22, it seems to me that coroners should have full powers for summoning witnesses outside their jurisdiction, and should be placed in the same position as stipendiary magistrates or two ordinary justices constituting a court of summary jurisdiction, so that, if a witness be living outside the boundary of their jurisdiction, as is very often the case, they may be enabled to issue a legal process to compel his or her attendance.

I regret that I do not agree with the concluding portion of paragraph 10, headed "Certificate for Deputy of Borough Coroner," in which it is suggested that provision should be made by rules for reporting to local authorities the occasions on which any coroner, whether county or borough, acts by deputy. The present system of coroners in counties acting by deputy in the case of absence or illness has worked most satisfactorily, and I have never heard of a complaint being made against the system. There is a different system in boroughs, and the Committee suggest, and I agree with them, that county and borough coroners should be placed on the same basis; but I do not agree that there is any necessity for making rules requiring a coroner (whether county or borough) to report to the local authorities when he acts by deputy. This is unnecessary, and it would be irksome and vexatious in practice. I am of opinion that the deputy coroner in boroughs should be placed on the same basis as in counties, and with no further condition attached.

T. A. BRAMSDON.

CORONERS' COMMITTEE.

SECOND 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.

Presented to both Houses of Parliament by Command of His Majesty.

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WARRANT OF APPOINTMENT.

I hereby appoint—

Sir Mackenzie Dalzell Chalmers, K.C.B., C.S.I.,
Sir Malcolm Morris, K.C.V.O., F.R.C.S. Edin.,
Sir Horatio Shephard,
T. A. Bramsdon, Esq., M.P.,*
William H. Willcox, Esq., M.D.,

to be a Committee to inquire into the law relating to coroners and coroners' inquests, and into the practice in coroners' courts.

And I appoint—

Sir Mackenzie Dalzell Chalmers to be Chairman, and John Fitzgerald Moylan, Esq., to be Secretary of the said Committee.

(Signed) H. J. GLADSTONE.

Whitehall,
15th December 1908.

* Now Sir Thomas Bramsdon.

LIST OF WITNESSES.

c (6)2960. 1000. 4/10. E. & S.

DEPARTMENTAL COMMITTEE

ON

CORONERS.

MINUTES OF EVIDENCE.

VOL. II.

At the Home Office, Whitehall, S.W.

EIGHTEENTH DAY.

Tuesday, 25th 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. ROBERT SALUSBURY TREVOR, M.A., M.B., B.C. Cantab., called and examined.

6191. *(Chairman.)* You are a Master of Arts of Cambridge, and Pathological Lecturer at St. George's Hospital?—Yes.

6192. And you also hold appointments at the Belgrave Hospital for Children, the General Lying-in Hospital in York Road, and the Grosvenor Hospital for Women and Children?—Yes.

6193. Your special subject is pathology and forensic medicine?—Yes.

6194. Have you had a large experience in post-mortem examinations?—I have had constant experience. Since November 1900, I have done practically nothing else. I do not practise medicine in the general sense; I do nothing but pathological work.

6195. In connection with coroners, or how?—In connection with my own hospital work and with coroner's work; the coroner's work since about 1905.

6196. Could you give us any idea as to the number of post-mortem examinations you have performed, roughly?—I should think about 2,000 altogether.

6197. *(Dr. Willcox.)* Do you mean that to include all?—I should think so.

6198. *(Chairman.)* At any rate, you have taken part in a very large number?—Yes, I have seen a very large number. I should not like to say how many.

6199. You are of opinion, I suppose, like other witnesses we have had, that work of this sort requires a specialist?—I am of opinion that this work requires a special knowledge, certainly.

6200. And it ought to be performed generally by a practitioner who has confined his attention to that class of work?—I will not say who has confined his attention to that class of work, but who has made a constant study and kept up his knowledge of pathological work.

6201. You think that it should not be undertaken by practitioners who are engaged in midwifery cases?—That I feel very strongly upon, and for this reason: it has fallen to my lot to be asked to make a post-mortem examination in one case at which the practitioner requested to be present. He came in, during the examination, from a lying-in case, in which labour was delayed, and returned to it from the post-mortem room. I do not think that that is quite a safe proceeding from the point of view of the public. I think it is undesirable.

6202. At the same time I suppose you agree that the medical man who has attended the case ought to be present at the post-mortem?—Yes, I think he ought certainly to be given the option to be present.

6203. The information he can give to the pathologist is of great importance?—It is of great importance, and I am of opinion that for such attendance he should get the necessary fee.

6204. Do you suggest then that there should be a special staff of pathologists to do work of this class?—I think that is a most desirable way of arranging matters; that there should be men, specially appointed by some central authority, who would undertake this work and who could be drawn upon.

6205. That they should be men holding appointments in connection with hospitals or some such institutions, I suppose?—Yes, preferably.

6206. The difficulty of carrying it out would be, of course, greater in the country?—I cannot speak from experience of country districts, but only from hearsay, and from my own general reading. I should think it would be difficult to carry out the suggestion that I have submitted of centralising the work and appointing a special pathologist to each particular district; but I think it might conceivably be worked in country districts by having pathologists from the neighbouring towns specially told off for this kind of work.

6207. Do you suggest that they should be paid a salary?—That is my idea, and for this reason that the question of fees for pathological work is not very easy to determine. They depend in my opinion rather upon the amount of work which is going to come in as a routine for the pathologist engaged. If the work is plentiful, a moderate remuneration per case would make it worth his while to take up such work; if the work is scanty, as, for instance, when I first began this work, one case perhaps in four months, the present scale of fees does not really pay a skilled pathologist to give the time to this type of work.

6208. It does not attract?—It is a waste of time and a waste of money.

6209. May I ask how was it that the cases were so few?—Although my name stood upon the London

County Council list, I suppose there was no need for my employment at the time.

6210. It was particular to you?—I have no reason to suppose so.

6211. There were the post-mortems to be performed?—Yes, but the system of using a special pathologist to do these cases had not come so much into vogue then as it has now. That will be perhaps the best explanation. I think a fixed salary would probably meet the question of expense, and would probably lower the expense entailed by the employment of such skilled pathologists.

6212. What is the practice with regard to the dead bodies of persons who are brought into hospital?—I can only speak from experience in the district in which I am situated. The practice there is in cases of bodies brought in dead to employ only those pathologists whose names stand upon the list submitted by the London County Council as being prepared to do such work, to make the examinations on such dead bodies. The result is that if a body is brought into a hospital whose pathologist's name is not on the list, or who has for some reason withdrawn his name from the list, such body is taken away to the public mortuary in the district, and some other pathologist is asked to make the examination. Personally, as a hospital pathologist, I feel that that is not right. Any one holding the office of pathologist at a general hospital is most highly skilled and competent to make such examinations. The only point is that, where such a pathologist is employed, I think he ought to attend the inquest and give evidence. At present, as I daresay you have heard, what happens in ordinary hospital cases is that the pathologist makes the examination and the house physician or the house surgeon goes to the inquest to give evidence; and a young house officer, however skilled in naked eye appearances, and what he sees, may not have sufficient experience to be able to answer some of the more expert questions depending upon these appearances which he may be asked.

6213. The practice of removing the body when it obtains is, I understand, due to the fact that the pathologist of the particular hospital is not on the London County Council list?—I understand that is the reason.

6214. That difficulty would be removed if the London County Council list were amended?—Yes, that difficulty would, I think, be removed if such pathologists were on the list available for this work.

6215. At your hospital they are?—Yes.

6216. And you think they ought to be?—I think the pathologists ought to be available as a body. It is their work.

6217. How is it that they are not put on the list in some hospitals?—I think they were at one time. There were a great many names submitted to the London County Council; but, for reasons which it is difficult to go into at this precise moment, a good deal of pressure was brought to bear in certain quarters of the medical profession, and they withdrew their names from this list. At our hospital the names of the hospital pathologists are on the list only as a temporary measure pending some alteration in the law, inasmuch as it was thought that the fees paid for expert work were quite inadequate.

6218. I do not follow that?—We were placed temporarily on this list because the hospital authorities felt that for the employment of hospital pathologists the ordinary fee of two guineas, which is for the post-mortem and for giving evidence at the inquest, was not a suitable fee and compensation for this special work which such pathologists might give.

6219. You think the fee is not sufficient?—I think it is not sufficient unless one is in constant work. It is obvious that if you are doing these cases three or four times a day, the annual profit would make it worth while.

6220. We have had a great deal of evidence about it, and we have heard that the two-guinea fee is very often exhausted in expenses?—It is in my own case. I always take my own assistant with me for the reason that the treatment of the dead in public mortuaries is not at all what it should be in my experience; and by the time one has paid one's assistant and other people, it does not leave much profit.

6221. You desire, I think, to refer to the want of freezing chambers in this connection?—It is compulsory at present for an identifying witness to go and see the body on the day of the inquest, and sometimes a mother is forced to go and look at the body of her child in summer time, perhaps some four or five days after death, when the body has reached such a stage of putrefaction that it is a most distressing and unpleasant spectacle, and the poor mother comes into court in a condition that is most sad and distressing. I think that some system might be evolved to make this a little less painful.

6222. That could be cured by means of a freezing chamber?—Yes, I think so by some proper freezing arrangement. I have been accustomed always to work in our hospital with a freezing chamber, and I can speak most cordially of the benefits to everybody concerned. It is left to the private and general hospitals to instal such freezing chambers; I think most of them have them now.

6223. And it is not impracticable that they should be general, not of course all over the country?—Not all over the country, but in big towns I think it is certainly most important; you have then a means of preserving material for medico-legal inquiries which may be most important; and, when properly supervised, it could be utilised for other purposes as well. I believe, for instance, that at one London hospital the freezing plant is used to produce cold storage for the hospital larder and so on, and also to make ice for consumption on the premises. So that it can be utilised in that way.

6224. With regard to deaths under anæsthetics, you are of opinion that there should be an independent enquiry in all such cases. You mean independent of whom?—Of any of the medical men concerned in the case. I think there is a feeling now at a good many institutions that it is better for the institution, for the medical men, and for the public, that an independent inquiry should be made.

6225. You refer to cases which occur in hospital or outside a hospital in private practice?—I include both.

6226. Do you mean an independent pathologist?—Yes, an independent pathologist to make the examination.

6227. Do you suggest that the pathologist should be a witness, or should be in the nature of an assessor?—I think it would be better if he was to give evidence as a witness; and I suggest (although I admit the difficulty of the suggestion) that the coroner might have the assistance of an expert anæsthetist to help him in the inquiry. Of course one realises the rather invidious position which that would place such an expert anæsthetist in; but I believe myself the questions which an expert anæsthetist, who alone appreciates the difficulties of each case, could suggest would frequently help to make these inquiries complete, and in a good many cases would help also to place the difficulties of the case clearly before the jury, and sometimes prevent the rather unnecessary blame which is thrown upon the anæsthetist in some cases. It does not often occur, but in some cases they are blamed when nobody can quite realise the difficulties, and when everything has been done that could be done. On the other hand, the anæsthetist would be able to direct the inquiry in such a way as to bring to light any error which had been committed, and so to prevent another mishap in the future.

6228. At present we understand—we have heard from a good many witnesses—that when the anæsthetist or other medical witness is called, the coroner uses his services not only as a witness but as an adviser in the case, and keeps him in court practically through the sitting. Perhaps that is not your experience?—My experience has been, of course, that most of the medical men are kept through the sitting at the inquest; but it is only under rare circumstances that the coroner makes use of them out of the witness box as assessor. It has fallen to my lot to be asked questions by the coroner when I have been sitting in the body of the court, to clear up some doubtful point, but I have not

had very much experience of deaths under anæsthetics. I have examined a few cases for the coroner in my district.

6229. But do you suggest any distinction between deaths under anæsthetics and deaths of other kinds from other causes, from poisoning, for instance, which makes it more desirable that there should be an assessor in the one case than in the other?—I think it is much more advisable in cases of deaths under anæsthetics than, for instance, in cases of deaths under poisons and so on, because the anæsthetic is wilfully administered by a medical man for the purposes of surgical procedure, and, in the interests of the public, a high degree of efficiency in the administration of anæsthetics should be maintained.

6230. (*Dr. Willcox.*) I think you stated that it is very necessary in pathological work that all clinical evidence of the medical man who has attended the case during life should be available?—Yes. I feel quite strongly upon that subject. I think that every medical man, even though he is only called to see the dead body, should be summoned to give evidence.

6231. And do you think it would be a help to you in your work before you made the post-mortem examination, if you could have medical reports of the clinical symptoms during life to guide you?—Yes, I think myself that either before or during the post-mortem examination such a report would be very helpful indeed in a great many cases.

6232. Assuming that the medical man is unable to be present, do you think it is very desirable that the coroner should be allowed to obtain medical reports from medical men and give a fee for them?—I think that as long as such a report was properly paid for, it would be quite a good plan.

6233. At present you know the coroner cannot get a report from a medical man because he is unable to pay a fee?—Yes.

6234. Do you think it would be desirable to give the coroner the power to pay a fee for a medical report?—I think it would. I think that any report obtained should be paid for.

6235. You, as I know, have had very large experience in coroner's work, and I should like to ask you this: In a great many cases on which you make post-mortem examinations, is it not a fact that it is not only skill in opening the body which is required, but also bacteriological and histological work often has to be done in order to elucidate the facts?—I quite agree with that; the use of the microscope for histological and bacteriological work is in some cases essential.

6236. For instance, I believe you have had some inquest cases of glanders?—Yes, I think I have had one. I have examined three cases of glanders, one after the other; one I think was an inquest case.

6237. In such a disease it is necessary, is it not, for special experiments to be made before you can diagnose the condition?—Yes.

6238. And glanders is, I believe, a very infectious disease?—It is a very infectious disease.

6239. So that, from the public point of view, it is most desirable that many of these post-mortems should be worked out in a very thorough manner?—Yes.

6240. When you said that special pathologists, such as hospital pathologists, should be appointed to do a large portion of the post-mortem work, you were referring rather particularly to London?—Yes, I think it would be a much more practical scheme in a large city than in a country district.

6241. We have had evidence from a coroner in the country who said that he appointed the divisional surgeons of police to make all the post-mortems, those gentlemen having had a good deal of post-mortem experience. Do you consider that system in ordinary cases is a safe one?—In suggesting that in all cases it is advisable that the post-mortem should be made by a medical man who has special skill and constant practice in conducting such examinations, I rather had in my mind some police surgeons; I think there are some police surgeons who, from long years of experience, are certainly in the rank of skilled pathologists, and I think they could justify the title.

6242. Ordinary medical men of special experience you consider competent?—Yes, I think in country districts they would be competent.

6243. But such a gentleman as a divisional police surgeon would probably be unable to undertake complicated bacteriological and histological investigations?—Yes, I think quite so; both bacteriological and histological work require every day and constant work at it.

6244. With regard to the personal expenses of pathologists in making the post-mortem for the coroner, is it a fact that these expenses are often more than the fee which is allowed for the post-mortem?—I think that would rather depend upon the individual. I do not think in my experience it is necessary that it should be. If one has to go long distances and long journeys and so on, the expenses would necessarily rise very much, but under ordinary circumstances in the London district I think one can keep within the fee, though it might certainly come up to it.

6245. There would be very little left?—Yes, there would be very little left. I may state that, in my own experience, by some careful economy, I pay away somewhere between a quarter and a half of what I make in coroner's fees in actual expenses, and that does not include the private histological work which I do for my own sake in the elucidation of many of these cases.

6246. Do you find in coroner's cases that very often indeed, the inquest is adjourned, and you have to attend on several occasions?—I have not had a great experience of adjourned inquests, but I have had to attend a few. I have never had to attend more than one adjournment.

6247. Not more than twice altogether?—No. Personally, I am very strongly of opinion that for each attendance there should be a fee. Attendance on an adjourned inquest takes one away from one's own work just as much as on the first occasion, and it is not fair that one should be called upon and get nothing for it.

6248. Do you know whether the reason why a number of names were withdrawn from the county council list of pathologists was because it was felt by the medical profession that the fee was quite inadequate for such specially skilled work?—That was one of the reasons that certainly was brought to my notice. As far as I could understand, the question was almost wholly one of fees.

6249. But there are several hospital pathologists who, in spite of the inadequacy of the fee, wish to help the coroner as far as possible, and have sent their names in, or have kept their names on the list?—Yes, certainly there are. I am afraid I do not know how many, but I am one of them.

6250. You referred to the treatment of the dead bodies after making the post-mortem examination. In order that the body shall present as natural an appearance as possible, it is necessary, is it not, that it should be most carefully sewn up and cleaned?—It requires a skilled man to do such work. Unskilled work, such as one sees, produces appearances which really make one shudder.

6251. In some cases, where there is dropsy, unskilful treatment of the body after a post-mortem might cause a large quantity of offensive fluid to escape from the coffin?—Quite so.

6252. Has it been your experience that the attendants at the mortuaries are sufficiently skilled to treat the body properly after a post-mortem examination?—I think, honestly, I can say no to that. I know of only one attendant who certainly has skill in restoring the body properly, that is to say, reverently and decently, and to make such a body presentable for anybody to come to view.

6253. That is one of the reasons why you take your own assistant with you?—Yes, because I will not let a body I have examined ever return or be seen by the relatives unless I am satisfied with it.

6254. When a medical man fills in a death certificate, do you consider it very desirable that he should satisfy himself as to the fact of death?—Yes, I do, although I admit that it is a very difficult thing to put into practice among the poor.

6255. Do you consider that a medical man who has been through a proper course of training is able to satisfy himself as to the fact of death?—Yes, I think so.

6256. In fact, were it made the law that a medical man, before filling in a death certificate, should satisfy himself as to the fact of death, would there, in your opinion, be any risk of burial alive?—I should think there would be no risk if the medical man was to examine the body first. Personally, I am not a sharer in the dread of premature burial in this country.

6257. In your experience, would it be a great advantage if the coroner had the power to order a post-mortem, and then not be compelled to hold an inquest if it were found unnecessary?—Yes, I am most strongly in favour of that. I think the coroner ought to have the power to give an order for a post-mortem examination. My only point in connection with that statement is that at present I do not understand the Coroners' Act. I cannot see myself that there is any objection, *in certain instances*, to a medical man who is called in to a case, which ends fatally before a diagnosis is arrived at, asking permission of the relatives to make a post-mortem, and on the result of such examination giving a certificate if there is no evidence of anything suspicious. By some I know it is stated that such a course is possible, but this is not in agreement with the views of some coroners.

6258. (*Chairman.*) You mean before the matter gets into the hands of the coroner at all?—Yes, the interpretation put upon it is that such a death should in every case be reported to the coroner.

6259. (*Dr. Willcox.*) In that case that you mention, where a medical man makes the post-mortem on his own initiative, the coroner would have no power to pay him a fee?—No, the medical man would have to get permission and charge his own fees to the relatives. Such a proceeding of course might under certain circumstances be open to a good deal of abuse. That is the reason why it would be desirable, I think, for the coroner to be empowered to order such an examination and to hold a private inquiry. I think that is preferable to a medical man doing it on his own, independently of the coroner.

6260. From your experience do you consider it important, after a death under an anæsthetic, that a post-mortem examination should be made?—Yes, I think it is distinctly desirable.

6261. From your experience of such cases, has the post-mortem examination often shown that there has been no gross neglect on the part of the anæsthetist?—I think I would answer that question in this way: that the post-mortem has often shown appearances and lesions which would certainly have accounted for the death quite apart from the anæsthetic.

6262. In other words, it is an advantage to the anæsthetist himself to have a post-mortem examination?—I certainly think so.

6263. Because the results of the post-mortem examination which you have made have often been to show that the death was due to no lack of care or skill on the part of the anæsthetist?—Yes, certainly.

6264. After a death from chloroform do you consider that microscopic examination of the heart muscle is of value?—I think it would be of value certainly if it was carried out as a routine practice. My own experience rather leads me to say that naked eye examination and fingering the cardiac muscle give a fair indication whether the microscope is going to give you much assistance; but I certainly think that there are some cases in which fatty change would escape observation.

6265. Do you consider the condition of the heart muscle a very important point in the case of a death from anæsthetics?—I do.

6266. If there is a degenerate heart muscle that will often account for the death?—Yes, I think so, certainly.

6267. And show that the person was predisposed, as it were, to die under an anæsthetic?—Yes.

6268. There is just one other very important point. You mention the dangers of post-mortem work from the point of view of sepsis, from the operator carrying away infectious germs. Do you consider that the germs which a medical man would carry away from a post-mortem are more dangerous than those which he would take away if he had been treating a septic surgical case?—I think it would be impossible to give a definite answer to that question. Scientifically speaking, the germs should be equally noxious; but I think in a surgical case where the surgeon has been attending or has left a patient suffering from a surgical ailment, there is much more care used in the application of antiseptics and various other things than there is in ordinary post-mortem work. In the case of a dead subject, it is not very usual for the operator to carry a large supply of disinfectants about with him, and to sterilise very carefully his hands, and so on. Washing is usually considered sufficient.

6269. As a matter of fact, in your opinion the most desirable thing would be for medical men who attend cases of labour to attend no septic cases of any kind?—That would be most desirable theoretically.

6270. But it is hardly practicable?—No. I speak from my own experience in saying that it is one of the most rare things in my own hospital for any member of the obstetrical and gynecological staff to enter the post-mortem room, and it is not very common for the members of the surgical staff to enter the post-mortem room, and, when they do, they never touch anything that is on the table or in connection with the body; they look from a respectful distance. In post-mortem work, in my experience, from what I have seen when practitioners have been present, interest and curiosity prompt them to handle material which under the circumstances they had far better leave alone. Where work is busy, it may so happen that a practitioner is called away at once from the post-mortem room to a case which is open to receive infection, and there is a risk, although I admit that practically it might be difficult to prove such risk.

6271. It might be possible, if medical men spent sufficient time and care, for them to remove that risk by adequate disinfection?—Yes, I think so.

6272. Do you think therefore that a busy medical man who had to attend a septic post-mortem might not give a sufficient amount of time to disinfection to render himself safe?—I think he runs a very grave risk. I firmly hold that view.

6273. (*Mr. Bramsdon.*) Do I correctly understand you to suggest that a post-mortem examination should be made in every case for which a coroner's inquest may be necessary?—I think that is desirable. It always seems to me that an inquest without a post-mortem is a little bit like a play without the principal character.

6274. Would you exclude from those cases deaths from palpable accident?—I think not. My experience has been that many cases that I can recall have shown that the "palpable accident" was produced by disease in the individual.

6275. Will you give us an instance?—An instance is this: A lady was standing on a refuge in the road and a hansom cab was passing by at quite a slow pace. Nobody was quite clear how it happened, but the lady fell and the hansom went over her head. There was a great deal of fuss; the cabman had to appear at the inquest and was asked a lot of very unpleasant questions about his pace and various other things; and at the post-mortem we found a very typical cerebral hæmorrhage. A witness of this so-called accident, whom I happened to know, but who was not present in court, told me that he saw the lady fall, and that fall was typical of the onset of a fit; she collapsed and fell underneath the cab. That was a case of "palpable accident," a run-over case, where we found that the whole cause of the mischief was the onset of an attack of apoplexy. I had another case, almost identical, in an old man. A third case I remember (and a very important one, because a charge of manslaughter might have ensued) was a case where two men had been fighting, and one man struck another a violent blow just below the belt. The injured man retired to an omnibus standing by; he was very sick; he turned very blue and collapsed, and was brought up to the hospital dead. The question of the

blow was discussed by many witnesses. One said it was strong enough to have felled an ox, and another witness said it would not have hurt a fly. The post-mortem examination revealed not the slightest evidence of any injury—no bruise, no mark, no appearance of a blow; but the man had all the symptoms of a typical failing heart; he had very dropsical legs and advanced heart disease, and the excitement of the fight and working himself up into a passion had been too much for him.

6276. Still, do not you think that there may be some cases in which possibly a post-mortem might very properly be dispensed with. Take the case of a burning accident?—Yes, a burning accident, for reasons chiefly connected with proper restoration of the body.

6277. Or take the case of a man run over by a railway train?—There again we may find on a post-mortem something which may have produced the fall under the railway train, or some given disease which might account for the man being in the position he was found in.

6278. Even though he may be cut to pieces?—Yes, even though he may be cut to pieces.

6279. Take the case of a man being caught up in machinery and killed that way?—Yes, of course, that is a case in which perhaps an exception might be made if the man is obviously in perfect health and is seen to be caught up.

6280. Or, say, a colliery accident, in which a number of people are killed?—In the case of a multiple accident where several people are drowned, as in the case of a ship going down, then I do not think it would be necessary.

6281. Would you not then allow the coroner to have a discretion, as he has at the present time?—Yes; I think the coroner should have a discretion, but I would like to see some rule introduced making the holding of a post-mortem much more a matter of necessity than it is at the present time.

6282. You mean that you would not restrict post-mortem examinations, but rather encourage them?—Yes, I would very much.

6283. Especially where anything is to be gained by it?—Yes.

6284. At the same time you would bear in mind the question of expense where it might properly be considered?—Yes, I think in some few cases the expense might be considered.

6285. Do I correctly gather that you think a special pathologist should make post-mortem examinations, and a special pathologist only?—With the exception of men who are constantly employed in such work, such as one of these police surgeons who would practically become a skilled pathologist, I honestly think that a man specially skilled in this work should make every examination.

6286. In a very large number of cases the post-mortem examination might be made by an ordinary practitioner, might it not?—I think it might, but I do not think always to the best advantage from the point of view of the inquiry.

6287. Take cases of valvular disease, or cerebral hæmorrhage, or rupture of an aneurism of the aorta, which are quite obvious?—Yes, they are quite competent to make such examinations; but until you open the body it is impossible to discover whether you are not going to find something else. Then it is often too late to deal with the case properly if the man is not a skilled pathologist.

6288. Have you run across many cases in which such a condition of things existed?—I have come across certain cases in which it would have been difficult to say which was the actual cause of death, from a multitude of lesions of different kinds.

6289. In those cases have they been deaths from natural causes?—Yes, generally—those I have in mind.

6290. Supposing that, as the result of a post-mortem examination, it is palpable that death is due to natural causes, would you not consider that ordinarily sufficient; or do you think it is necessary in the interests of the public that the actual technical cause of death should be ascertained?—I think it is most desirable that the actual cause of death should be ascertained.

6291. So do I; but I am putting it on another basis. Do you think it is necessary?—Yes, I think so.

6292. You will agree, of course, that we cannot hope to arrive at the ideal state?—Yes, I quite agree.

6293. And you also consider, I am sure, that expense must be an item of consideration?—Yes.

6294. And in many cases expense is the only difficulty in getting the ideal condition?—Yes.

6295. That is perhaps one of the primary difficulties in the present case?—Yes. I think myself that fixed salaries, and giving the coroner power to hold a private inquiry, should go far to diminishing expense at the present time.

6296. I do not disagree with you in your views; I am only looking at the probability of Parliament according power, which would cause a lot of expense to be incurred?—Quite so.

6297. Take the case of persons dying in an outlying district; do not you think that ordinarily the country practitioner would be able to make a post-mortem in ordinary cases?—I suppose one would have to admit that he was able to make a post-mortem examination; but I do not think in my experience I should like to put overmuch confidence in the findings as a rule.

6298. I am not dealing with extreme cases; it is ordinary simple cases such as I refer to?—I think one grave objection to practitioners making post-mortems, especially in cases which they have been treating, is the tinge of bias which must necessarily come in as the result of such an examination. In a country district especially, where a medical man is practically the subject of every kind of village gossip, he is a person in the public eye. He treats A.B. for a particular disease, and A.B. we will suppose, is found in the river. This is a case that came within my own knowledge. A.B. commits suicide, throws himself into the river, having been treated by a medical man for rheumatic-gout for two years. The practitioner makes the examination, and finds that the whole mischief was a stone in the kidney.

6299. Have you any evidence of such cases occurring?—I have. This is one particular case that occurred in my experience when I was away on my holiday, in which every single person in the village had not got a good word to say for a very sound and able medical man, simply because a statement had got about that a post-mortem had been made by him on one of his cases and that certain facts had been suppressed.

6300. You get difficulties here and there in cases at all times?—Yes.

6301. And under any circumstances?—Yes.

6302. I am interested in your mention of the freezing chamber. Have you any information as to what the cost of the installation of a freezing chamber amounts to?—I am afraid I have not.

6303. Not approximately?—I am afraid not. I ought to have ascertained it.

6304. Or of the upkeep of it?—I am afraid I cannot give you any figures on the subject.

6305. What is the temperature in the freezing chamber?—We keep ours down to about 32 degrees Fahrenheit in each chamber.

6306. How is it kept up—by ordinary ice?—We have got an elaborate dynamo which works a system of alternate compression and relaxation of carbon dioxide gas in cylinders, and then brine circulates through these chambers, which are constructed to carry, —I think it is four coffins each.

6307. Can you connect it and disconnect it at will?—In our installations the freezing machine works only for the chambers, and I do not think it could be cut off from them. It is only installed for the purpose of cooling those particular chambers and not for anything else.

6308. You do not know whether a system could be obtained which connects and disconnects at will?—I should think it is quite possible.

6309. The advantage of this freezing chamber is, of course, that the body could be kept free from decomposition?—Yes, and in a country district a body could be kept for weeks if necessary.

6310. That was going to be my next question?—Until the pathologist or a medical man has time, or it is convenient for him to attend.

6311. And it would be useful in cases where identification has not been made?—Quite so.

6312. In cases of post-mortems in anæsthetic cases, do you think a hospital surgeon would resent an outsider being called in to conduct the post-mortem?—No, I do not. I think in London, at all events in most hospitals, they would be only too glad to have an entirely independent inquiry. That has been my experience.

6313. Have you made post-mortems at other hospitals?—I have made post-mortems in mortuaries on cases that have died in other hospitals; and I may say that although my name is on the coroner's list to do such special work, in a case that dies under an anæsthetic in a hospital to which I am attached, that body is removed from my hospital and the post-mortem is made by somebody else, so as to have an absolute independent inquiry; and with our own people they welcome such a procedure.

6314. Did I correctly understand you to say that you thought as the result of these independent inquiries in anæsthetic cases, possibly suggestions might be made that might obviate future accidents?—Yes, I think it is quite likely—certainly.

6315. And in that respect they would be very useful?—Very useful.

6316. Are the post-mortem appearances in deaths from anæsthetics obvious, or are they difficult to detect?—The post-mortem examination in my experience of deaths from anæsthetics alone has nothing very definite; the post-mortem appearances are not obvious. The only thing is that if the case is taken early enough you can by smell detect the presence of the anæsthetic.

6317. In general anæsthetics are the appearances identical or different?—There are minute differences, but I do not think they are sufficiently constant to enable one to say: "This is a death from such-and-such an anæsthetic"; or "This is a death from such-and-such another kind of anæsthetic." I am speaking of anæsthetics administered by inhalation.

6318. Have you much experience of post-mortems in anæsthetic cases?—No, not a large experience.

6319. Can you tell me whether the form of death is generally syncope or asphyxia?—I should feel inclined personally to say that it was due as a rule to paralysis of the heart.

6320. In other words, the anæsthetic acts as a depressant on the heart?—Yes.

The witness withdrew.

Mr. Herbert Lightfoot Eason, M.D., M.S., called and examined.

6321. (*Chairman.*) You hold several appointments in connection with Guy's Hospital?—Yes.

6322. Including that of Dean of the Medical School?—Yes.

6323. And that brings you into connection with all questions of medical education?—Principally medical education.

6324. Some years ago, I think in answer to enquiries made by the London County Council on the subject of appointing skilled pathologists to perform post-mortem examinations for inquest purposes, a letter was written by Guy's Hospital to the clerk of the County Council?—Yes, on the 2nd of April 1903.

6325. That letter, I understand, expresses the views that you still hold?—Yes. I have handed in a copy of the letter.*

6326. Do you express the views generally of the staff of Guy's Hospital in your evidence?—Yes, as expressed in that letter. They still hold those general views.

6327. As a witness, you represent the staff of Guy's Hospital, I may take it?—Yes.

6328. The point to which you specially desire to call attention is the want of proper encouragement of the study of forensic medicine?—Yes, it is intimately bound up with the living that can be made from it.

6329. As a matter of fact those who take up forensic medicine, you seem to suggest, make their living by practising medicine?—I think Dr. Willcox can probably help me there. I think Dr. Willcox takes up forensic medicine and also practises general medicine. I doubt if he can make a living from his forensic medicine. He can probably correct me.

6330. In fact, forensic medicine, taken by itself, does not give you a living wage?—No, not under present circumstances.

6331. That, in your opinion, is a great want?—Yes I think so. I might mention that Sir Thomas Stevenson, our late teacher on forensic medicine, whom we have just lost, at Guy's Hospital, was, I think, the last gentleman in London who practised forensic medicine and did not practise general medicine or surgery. The point that I should like to make is that Sir Thomas Stevenson, doing, in addition, analytical work, was always occupied in the particular class of work that he was teaching; that is to say, analytical work enters almost entirely into the toxicological branch of forensic medicine, of which Sir Thomas Stevenson was an acknowledged expert.

6332. Your view is that there is quite enough forensic medicine, with its allied subjects, to occupy a man's mind?—Certainly.

6333. And that at present practically there is no encouragement for a man to take up that line by itself?—Yes.

6334. What do you suggest by way of remedy for that state of things?—I think expert evidence on post-mortems at coroners' inquests must be better paid.

6335. Pathological work?—Yes, pathological work. It divides itself into two main branches: morbid anatomy work and toxicology. It is probable that no one man, either now or in the future, would be equally good at both branches; he might; but I think if there were better remuneration for expert pathological evidence at post-mortem examinations it would attract men to take up that work for itself, and that they would not have to be dependent on other means of livelihood.

6336. The present scale of pay as we know, is, two guineas?—Yes.

6337. That you consider inadequate?—I consider it inadequate for an expert.

6338. Even if he had a large number of cases, you would still think so?—It depends upon how many cases he would get.

Medical Committee, Guy's Hospital, 2.iv.03.

* Sir,—With regard to your letter, dated March 16, 1903, which was referred by the Superintendent of Guy's Hospital to the Medical and Surgical Staff, I have been requested to make the following communication:—

(1) That the Medical and Surgical Staff of Guy's Hospital appprove of the suggestion of the County Council to provide specially skilled pathologists to undertake post-mortem examinations in inquest cases of a special nature.

(2) That they are, however, strongly impressed by the fact that in many cases a safe conclusion as to the cause of death cannot be arrived at from the conditions found post-mortem alone, and that medical evidence as to the preceding illness is thus absolutely essential to a right judgment, and should be obtained whenever possible.

(3) That it is also obvious that in cases of sudden death or persons found dead, the attendance at the post-mortem examination and the evidence at the inquest, of the medical man who first sees the corpse, may be desirable.

(4) That while very willing to afford assistance in the furtherance of the objects of the Council, they are of opinion that it is impossible to secure the services of pathologists of the required standard for the fee of two guineas.

I am, Sir, yours truly,
J. H. Bryant,
Hon. Sec. Med. Com., Guy's Hospital.

G. L. Gomme, Esq.,
Clerk of the County Council.

6339. But you think two guineas insufficient even if he had a considerable number of cases in a day or a week; that the scale is so low that, even assuming he had as many cases as he could properly do, it would not be adequate?—That is my opinion.

6340. What do you suggest?—I think a fee such as five guineas.

6341. More or less, I suppose, depending on the character of the case. Or do you put that as a minimum?—I think it would be an adequate fee as a standard.

6342. There might be cases in which a larger fee should be given?—Yes. I can imagine complicated and extremely difficult cases which might occupy a great deal of time.

6343. But in the present state of things, is there an actual want of men who practise forensic medicine and pathology as a separate study?—I think so. I think I am right in saying that there is no teacher at any medical school in London who is an expert purely in forensic medicine.

6344. You say that the teachers at all the medical schools in London, and also the experts of the Home Office, practise medicine or surgery?—I think I am right in saying so.

6345. You do not object to their practising medicine or surgery?—No, I do not object. I should prefer a specialist for purposes of teaching. My point is that his instruction would have probably very much more weight if he were a specialist.

6346. But why would the fact that he practised medicine or surgery detract from the weight that he would carry as a teacher in forensic medicine?—I think that is a general question which permeates the whole of medicine and surgery; but you have specialists in many branches of medicine and surgery.

6347. It is a subject in which you must specialise; that is what it comes to?—Yes.

6348. What you are ambitious to see is a state of things in which appointments in forensic medicine are full-time appointments?—Yes. Negotiations have been going on between St. Bartholomew's Hospital, St. Thomas's Hospital, the London Hospital, and ourselves, with a view to appointing, if possible, a teacher of forensic medicine who could teach at all those schools; but we feel that that is intimately bound up with the institution of a professorship of forensic medicine at the University of London.

6349. A man who shall practise that branch in London?—Yes. I do not wish to be in any way derogatory to the forensic medicine teachers at the present time who have to practise medicine or surgery; I am merely striving at the ideal.

6350. You suggest in your précis that a great amount of material is wasted at present. What do you mean by that?—It is unorganised. I mean by material, the results of pathological investigations made at the numerous inquests in London.

6351. It is not organised, and therefore as much use is not made of it as might be?—That is what I mean.

6352. You would suggest, of course, that, besides professors and teachers of forensic medicine, there should be a staff of practitioners devoting themselves to that particular branch?—Yes; I think it is the view distinctly of the medical and surgical staff at Guy's, that in many ordinary cases—in fact, in the majority of ordinary post-mortem examinations—the medical practitioner, if properly taught as a student, is competent to make them, but that in cases of difficulty he will require an expert to assist or replace him.

6353. At present, of course, forensic medicine is taken up by every medical student?—Yes. Every medical student is also required—at any rate, for University degrees—to have himself performed post-mortem examinations under his teacher at his medical school.

6354. And that fits him, you think, for dealing with ordinary cases?—Yes.

6355. But there ought to be a more skilled pathologist for special cases?—Yes.

6356. In your opinion that is wanting at present?—Distinctly.

6357. It is largely a question of fees, is it not?—Yes.

6358. With regard, further, to the question of fees, do you think it is unreasonable that no fees should be allowed in connection with the cases of persons who are brought into hospital and who die in the hospital?—Yes.

6359. If a post-mortem is performed in such cases, the person performing it is entitled, in your opinion, to a fee?—To the ordinary fee. In our opinion, he differs in no way from the ordinary general practitioner. He is attached to a private institution, which pays its own rates as any other house or institution does.

6360. (*Dr. Willcox.*) And you consider that the medical officers of hospitals should be paid ordinary fees for attendance at inquests?—I think so.

6361. And for the giving of medical reports?—Yes. It is a great burden on them. The house surgeon in a hospital with a large accident ward, with an inquest being held practically on every accident—that is, on cases which die within a year and a day of the accident—is continually being summoned to make a post-mortem, and to attend at the inquest and give evidence; and he gets nothing for it.

6362. And they should have a fee, you think, for any medical report they send to the coroner?—Yes, certainly.

6363. I take it that you regard forensic medicine—I am speaking from the point of view of an expert witness—as medicine applied for the purposes of law?—Yes.

6364. And it is extremely wide in its application?—Yes, I quite agree.

6365. And very often the expert witness is required to have a very wide knowledge of general medicine as well as toxicology and pathological work?—Yes, I quite agree with everything you say.

6366. And very often it is an advantage to the specialist in forensic medicine to keep in touch with general medicine?—We embark there on the difficult question of specialism. I cannot go the whole way with you.

6367. I am speaking out of my own experience, which is a pretty large one, of this expert evidence. Do you agree with me?—I must agree, with qualifications; because, as I say, the whole question of specialism and the advantages and defects of specialism is too large to discuss here in a short conversation. One knows that a specialist both gains and suffers by his restricted outlook.

6368. Do you think it would be an advantage for a man to be a specialist in forensic medicine, and not to lose touch with general medicine?—I should, I think, be in favour of special teachers in forensic medicine in the same way as we have special surgeons for diseases of the eye, special surgeons for diseases of the ear, and for other kindred subjects. It is a large and important subject; I think it is the duty of the specialist in forensic medicine to keep abreast of ordinary medicine; but it is better that he should be a specialist rather than, in addition, a man who has to spend his life in the rough and tumble of ordinary medical and surgical practice.

6369. Are you aware that in Scotland and on the Continent frequently the professors of forensic medicine have been on the staffs of the hospitals in the places where they have lived?—I am aware of that.

6370. Do you consider the practice of pathological chemistry a subject which would harmonise with toxicological work?—Yes, distinctly.

6371. With regard to the teaching of forensic medicine in medical schools, is as much attention paid to this subject in the curricula of the examining boards as was the case, say, 10 years ago?—The University of London has abandoned a practical examination in toxicological chemistry. I am afraid I am not competent to discuss the merits or demerits of that step; but the fact remains.

6372. Do you consider it very important that a medical student should have adequate teaching in forensic medicine?—Certainly.

6373. (*Mr. Bramsdon.*) I have just one or two questions upon the subject of practicability. I gather

that you suggest that there should be special pathologists appointed throughout the country to deal with the question of difficult post-mortems?—Yes.

6374. Have you thought how that is to be arranged. What I mean is, first of all what would their qualification be if they were appointed now?—Experience.

6375. They would not be required to pass any special examination?—No, I do not think it is necessary.

6376. The qualification would be founded on experience only?—Yes.

6377. Do you think that could be done throughout the country altogether?—I think so.

6378. Would there be any difficulty in the provinces, do you think?—I do not think so; I do not think there would be a large number of experts; I am not thinking of flooding the country with experts. The opinion of our staff is that for the majority of ordinary post-mortems the general medical practitioner is competent; and since, as you have been discussing with Dr. Trevor, with the institution of refrigerating chambers you can always keep a body for some days, it seems to me that it would always be easy to summon from your neighbouring big educational centre an expert, who would probably be there.

6379. Then who do you suggest should make the appointment of those special pathologists in the country?—I am afraid that I am not sufficiently an expert in local government to suggest. I imagine probably, to take the metropolis, the county council; but I have no views on that subject

6380. I am only trying to see if you can help us with a suggestion. That particular point then, perhaps, has not been considered by your body?—No, it would hardly come within the province of a medical school.

6381. (*Dr. Willcox.*) For London it has been suggested that the Home Office, advised by the Presidents of the Royal Colleges of Physicians and Surgeons and other people, should make the appointment. What do you think of that suggestion?—I should certainly prefer the Home Office to the county council. I am merely instancing the county council, as that body addressed us some years ago on this particular subject.

6382. (*Mr. Bramsdon.*) But if the county council had to pay they would probably desire to make the appointment?—That is their custom.

6383. (*Dr. Willcox.*) In country districts, generally speaking, there is a large town in the county with a hospital, from which an expert pathologist could be obtained?—That is my view. There are scattered over the country so many educational centres with universities or with medical schools where they have to teach forensic medicine, that it seems to me that you would get from the teachers at such institutions a sufficient number of experts in that class of work.

6384. (*Mr. Bramsdon.*) Then do I correctly gather that you desire to give coroners power to call in these special pathologists when they thought it necessary?—Yes.

6385. And they might call a special pathologist from some place in another district if a sufficiently qualified man, in their opinion, did not exist in their own neighbourhood?—Yes.

The witness withdrew.

Mr. GEORGE VERE BENSON, M.A., M.R.C.S., L.R.C.P., called and examined.

6386. (*Chairman.*) You are, I believe, county coroner for East Sussex?—Yes.

6387. And you have held the appointment since 1899?—Yes.

6388. And before that what were you?—I was deputy coroner for West Middlesex.

6389. For how long?—I think I was nearly five years there.

6390. Are you a barrister?—Yes.

6391. You are not a medical man?—Yes, I am a medical man also. I was a barrister originally and then I took up medicine.

6392. Yours is a country district?—Yes, including two rather large municipal boroughs, Hove and Eastbourne, and also several other smaller ones.

6393. But generally it is a country district?—Yes. It is roughly about 600 square miles in extent.

6394. With regard to the subject of the view of the body, I understand that you attach considerable importance to that?—Yes. I think as a matter of evidence it is seldom of any importance, but I think it gives more impressiveness and more reality to the inquiry; that it is useful in its effect on the jury and on the public.

6395. And you would regret to see it abandoned?—I would.

6396. And as a matter of fact you have had little difficulty about it in Sussex?—Not the least.

6397. In fact, you think that with such juries as you have, if it was put to their choice they would prefer it?—I think in the country most of them would. I think they would say, "This is a queer sort of inquest; we "have not been allowed to view the body."

6398. You have not found that they are disinclined to view the body?—Not in the least. At the same time there are occasions when it would be convenient to dispense with it; there are cases when it is quite unnecessary and inconvenient.

6399. With regard to the possibility of the coroner holding an inquiry and directing a post-mortem, and then dispensing with an inquest, it has been suggested that that would be a convenient practice?—It would in some cases, but there are considerations pro and con.

6400. What is your chief reason, put shortly, against that suggested alteration? You have reasons, I understand, for doubting whether it would be advisable to give the coroner power to order a post-mortem examination and not to proceed to an inquest. One suggestion that you make is that it would cause delay?—Yes, that is a very important consideration, which would often deter the coroner from making use of this power.

6401. Perhaps you will develop it?—The chief objection that occurs to me is that nothing can be absolutely decided for some considerable time. If I had the power I would probably use it to order a post-mortem, and hold over the question of whether there was an inquest to be held or not. But if it turned out that an inquest had to be held, after all, everybody would be in a worse position than if I had ordered an inquest at once, owing to the delay.

6402. Why should the ordering of a post-mortem cause a delay of more than a day or so?—If you follow out the process which I sketched in my replies to the questions circulated by the Committee; first of all the fullest possible information must be conveyed to the coroner by the police or other messenger—in my county by the police; then supposing I decide to allow a preliminary post-mortem to be made instead of ordering an inquest, after the post-mortem is made the facts must be reported to me again, and I must re-consider the whole question in the light of the information and the report of the post-mortem.

6403. But the report of the post-mortem would either satisfy you as to the cause of death, and there would be an end of the matter; or it would lead you to the conclusion that there must be an inquest?—Yes; but in that case I say there would be much more delay than there would have been had I ordered an inquest when the report was first placed before me; it would add on some 48 hours, I should think. When you add that on to the necessary delay in reporting the matter originally and arranging, it would be an inconvenience in many cases.

6404. It would be an inconvenience, you mean, in obtaining the evidence?—It would be an inconvenience to the friends, the witnesses, the police, and the coroner; because they would not know whether they were to attend an inquest or not; they would not know whether there was going to be an inquest or not. Nothing could be fixed as to the holding of an inquest until some 48 hours later than it would otherwise have been.

It is simply a question of the delay which will often result from the *exercise* of his power, not from its possession.

6405. Is that your only objection to the power being vested in the coroner? The suggestion is only that power should be given—no more?—I have other objections, but I do not consider them fatal to the proposal.

6406. Will you mention any objection that you consider material?—Another objection is that considerable pressure, I am afraid, would be put upon the medical attendant, or the person, whoever it was, who made the post-mortem, to put the most favourable construction upon the appearances and upon what he knows of the case so as to avoid an inquest, especially amongst the well-to-do.

6407. If the medical practitioner who had attended the deceased performed the post-mortem alone, that objection would be a material one?—I think it is a material one.

6408. But supposing that he did not perform the post-mortem, but that it was performed by an independent practitioner, then that objection would not be of much weight, would it?—No, it would not be of much weight. Then again I think that the written report of a post-mortem is not of the same value as an oral statement made in public. There can be no cross-examination; you cannot ask the meaning of anything that is obscure; little suspicious reticences, and so on, cannot be inquired into.

6409. Surely that is a difficulty that could be met. You suggest that there might be cases in which the report left matters in a rather unsatisfactory condition?—Yes.

6410. That, I apprehend, would be a case in which you would immediately order an inquest to be held?—It would depend upon the degree of unsatisfactoriness.

6411. It would be the duty of the coroner, surely, with an unsatisfactory report before him?—If it was obviously and clearly unsatisfactory; but little points on the border line would create difficulty; there would be more pressure upon the coroner to avoid an inquest, especially amongst the well-to-do, and so on, when if he felt absolutely free from pressure he might think it desirable to hold an inquest.

6412. But is it not your experience that in many cases inquests have been held causing considerable pain and inconvenience to the friends and other people, and it has turned out that the cause of death was easily ascertainable, and therefore an inquest was unnecessary?—Yes, many such cases occur, undoubtedly.

6413. I mean cases in which the post-mortem has cleared up any sort of doubt that ever existed?—Yes.

6414. And in which, therefore, the taking of other evidence was wholly unnecessary?—Yes, I quite hold that view.

6415. Surely, therefore, the power of ordering the post-mortem has its conveniences?—Yes, I admit it. I think I said so, but it seems to me to have some drawbacks too.

6416. You have no difficulty with regard to the payment of jurors, I suppose. You pay your jury a shilling?—Yes, a shilling for each case.

6417. And a shilling for each adjournment?—Yes.

6418. And you have no difficulty on that score?—No, I never have any complaints.

6419. With regard to the number of the jury, have you any desire to see a change in the law?—I must confess that I have wavered a good deal on that subject. I think at present I have arrived at the conviction that it is best to keep to the number of 12, so far as the number is concerned. It is only recently that another point has come before me that I have thought of, and that is, as to holding an inquest without a jury at all. That, I think, is worth considering, though I cannot profess to have considered it fully. But with regard to the number, I think on the whole it is best to keep to the traditional number.

6420. And in your country district you have no difficulty in getting the requisite number?—No, there is very seldom any difficulty; the police have never failed to produce a jury and have never complained of any difficulty, except when I wanted an inquest in a great hurry; they have said: "There are very few "jurors in that neighbourhood; I shall have to go "a long way to find them. I am afraid I cannot get "them by this afternoon."

6421. Are you in favour of an alteration as to the unanimity of the jury?—No, I think a verdict of 12, as at present, if you have liberty to call a jury of more than 12, is sufficient.

6422. But I mean as to their unanimity?—I say as long as you get 12 I am satisfied with the present law.

6423. You would not take the verdict of a majority, then?—I do not see any reason for changing the present law.

6424. We have had some evidence with regard to the registration of stillbirths. Have you many cases of that sort in your district?—Not very many. I should say under half a dozen in a year.

6425. Do you think they ought to be registered?—I do not see why they should not be registered. It is an additional safeguard.

6426. Have you had any special experience with regard to them?—No, I have never found the present law inadequate or inconvenient in my district. They are very well looked after.

6427 With regard to expert witnesses—I mean medical and pathological witnesses—how do you procure them? Have you centres from which you can procure them readily?—I have to do without them.

6428. Because there is no fee?—No, because the men do not exist. There are good men and bad, and when I have a choice, especially in a case of possible murder or manslaughter, I always, if I think it necessary, call in the best man in the neighbourhood that I can get. In Hove and Eastbourne, which are my two biggest centres, there are very good men to be had; they are not specialists, but they are Fellows of the Royal College of Surgeons, and M.D.'s.

6429. But there are men, I suppose, who are constantly performing autopsies, are there not?—Autopsies, except at a lunatic asylum, I do not think are ever performed unless I order them, and as a rule my practice is to give the post-mortem to the medical attendant—the person who has attended the deceased during the last illness; but in special cases I call in as well, and probably give the post-mortem to, the best pathologist I can get hold of in the neighbourhood.

6430. Does the smallness of the fee make it difficult to obtain the services of an expert?—That is no difficulty with me. Medical men have never declined or made any difficulty about doing it. But I think the medical fees in regard to inquests are not on a very liberal scale, and in some cases that leads to great hardship.

6431. How many inquests do you hold in the course of a year?—Just 200; 199, I think, has been the average for the last five years.

6432. I suppose the majority of cases are simple cases?—Simple, but not natural. In the majority of cases they are not natural. I should think about one-fourth are natural.

6433. Cases not presenting any great difficulty?—The majority present no great difficulty. Now and then there are difficult cases.

6434. May I ask, in addition to the 200 inquests, how many inquiries would there be which do not lead to an inquest?—Something over 200, including all cases reported.

6435. Is there anything else you wish to say?—There is one point that I wished to mention, and that is that the coroner should have power to appoint an assistant deputy or deputy's deputy.

6436. Do you appoint a deputy?—Yes; I appoint a deputy, but if I go away for a holiday—and, after all, coroners must sometimes want a change—it may happen during my absence that the deputy coroner is taken ill; and there is no provision made for such a case. What has to be done in that case is that another coroner for another district of the same county may act, but nobody else can. He or his deputy may act. But in my case, and I suppose it is common throughout the country, the next coroner lives 25 miles away or so; he has his own work, and it would be extremely difficult for him to come and attend to my work and hold some

four or five inquests in a week, and attend to cases which are reported, and correspondence, and so on.

6437. What do you suggest as a remedy?—I suggest that the coroner should have power to appoint an assistant deputy during his own absence.

6438. Merely as a temporary arrangement?—Yes.

6439. (*Dr. Willcox.*) I take it that in many instances you have to make long inquiries about a case before you decide whether a post-mortem and an inquest shall be held?—I am generally obliged to content myself with the information which the officer brings me.

6440. You have to get a good deal of information?—I endeavour to get all the information that is possible.

6441. Before you decide whether an inquest is necessary?—Yes.

6442. Would it be an advantage to you if you could get reports from medical men in certain cases?—I do get informal reports, which are, of course, voluntary on the part of the medical attendant.

6443. Do you consider it proper that the coroner should be allowed to pay a medical man a fee for such a report?—I think it is very reasonable where no inquest is held.

6444. At the present time you are unable to give a medical man a fee for a report?—You can give him nothing.

6445. Is the Sussex County Hospital in your district?—No.

6446. Is it far from you?—That is in the district of the Brighton coroner. There is a coroner for the borough of Brighton.

6447. How far would it be from the centre of your district?—It is eight or nine miles from where I live, but of course it would be over 30 miles from some parts of my district.

6448. I suppose you are aware that there is a pathologist at the Sussex County Hospital?—Yes.

6449. And in exceptional cases in your district where very special pathological knowledge was required it would be possible for you to obtain the expert pathologist from the Sussex County Hospital?—I think so. I do not know anything of him personally. I know there is a pathological department there.

The witness withdrew.

Mr. A. C. WATERS called and examined.

6450. (*Chairman.*) You, I believe, are chief clerk in the General Register Office?—I am.

6451. And you have come to tell us about the relations between the Registrar-General and coroners?—Yes.

6452. I believe that certain instructions are given by the Registrar-General to the registrars?—That is so.

6453. Have you a copy of them?—I did not bring a complete copy, but I can give you the substance of them at once. When a registrar learns, from a medical certificate or otherwise, that is, by questioning his informant, that a death has been caused directly or indirectly by violence, or by any sort of accident or by neglect, or is attended by any suspicious circumstances, or if the cause of death is not known, or the death has been sudden and there is no medical certificate, he has to report the case to the coroner. In addition to that, the Registrar-General reserves discretion to issue special instructions at any time to the registrar to report all uncertified cases to the coroner. That has sometimes been done on special application by the coroner, sometimes for a stated period, sometimes for an indefinite period. There are one or two cases at present in which such special instructions are in force.

6454. In what sense are you now using the words "uncertified cases"?—Cases in which there is no certificate by a registered medical practitioner.

6455–6. Supposing the cause of death has not been ascertained, and there is an inquiry by the coroner, and he is satisfied?—Then if the coroner has learnt of the death from someone else, the police or a medical man, he sends a particular form to the registrar stating that the death has been reported to him, and (if he does not hold an inquest) stating that he does not think an inquest necessary.

6457. How do those cases appear in the statistics? Deaths in respect of which no certificate has been given by a registered medical practitioner and no inquest held are entered in the tabulated statistics of the Registrar-General as uncertified deaths, and are divided into cases "Reported to the coroner" and cases "Not reported to the coroner."

6458. (*Mr. Bramsdon.*) If a case is reported to the coroner and an inquest is dispensed with by him, it still appears in the returns of the Registrar-General as an uncertified death?—Yes, necessarily.

6459. Notwithstanding that the coroner has made careful inquiries, and is so satisfied that the death was due to natural causes, that he does not consider an inquest necessary?—Yes, it appears as uncertified.

6460. (*Chairman.*) Is not that rather misleading to the public; does it not rather lead the public to suppose that there are a large number of deaths that are not properly inquired into?—I do not think the public ought to take that view precisely. We show them in the statistics that there are, say, 8,000 uncertified deaths in England and Wales in the year, and of those, 7,000 have been inquired into by the coroner.

6461. (*Mr. Bramsdon.*) Are those approximately the figures?—Those are roughly the figures.

6462. (*Dr. Willcox.*) Is it your experience that on the pink form which the coroner sends to the registrar, stating that he has decided not to hold an inquest, in a case where there is no medical certificate of death, the cause of death is written in on the form by the coroner in a large number of cases?—That depends on the coroner. Some coroners add to the form any information that they have gained as to the probable cause of death, and when they do so, that is put into the death register. If the coroner puts on that pink form "I understand" or "I have no doubt that death was due to apoplexy" or heart failure, then that is recorded in the death register as uncertified; but the cause he gives is taken as the probable cause of the death for statistical purposes.

6463. So that the cause of death as found by the coroner would be made use of?—Yes, for statistical purposes it is the best information we can get as to the cause of the death.

6464. (*Mr. Bramsdon.*) Can you give us the exact figures as to the total number of uncertified deaths in a recent year, and of that total the number reported to the coroner?—I have here the figures for 1906. In 1906 there were 8,114 uncertified deaths.

6465. How are those made up?—7,223 were reported to the coroner, and 891 were not reported to the coroner.

6466. Do I correctly gather that the coroner did not think it necessary to hold an inquest in 7,223 cases of uncertified death?—That is so.

6467. Then a wrong impression might get abroad from the fact that there were altogether 8,114 uncertified deaths, through overlooking the fact that the coroner had made inquiries and had been perfectly satisfied as to the cause of death in 7,223 cases?—The coroner was satisfied that no inquest was necessary, but he could not certify, because he cannot certify without holding an inquest.

6468. That I gather; but in those 7,223 cases the coroner filled up this pink form indicating that inquiries have been made?—Either the pink form or another form that is sent by the registrar.

6469. Indicating that inquiries have been made and an inquest was not considered necessary?—Yes.

6470. So that we may take it that the cause of death in those cases had been fairly well ascertained?—I will not go so far as that.

6471. But if the coroner was not satisfied he would have held an inquest?—The coroner was satisfied that there was nothing in the cause of death that required an inquest to be held—that there was no suspicion attaching to anybody.

6472. In other words, he was satisfied as to the actual cause of death, and he did not think it necessary to hold an inquest?—Yes.

6473. Then we may take it that the only cases of really uncertified deaths are those 891 cases?—Those are the only cases in which no report or official inquiry has been made.

6474–6. Strictly speaking, those are the only cases in which the deaths had not been certified?—You must distinguish "certified deaths" in the sense that inquiry has been made into them and "certified deaths," meaning deaths certified by a registered medical practitioner, or by a coroner after inquest.

6477. Yes, but leaving on one side cases in which there is a medical certificate or a coroner's inquisition, there have been only 891 cases of absolutely uncertified deaths?—That is so.

6478. Do you see any reason why all deaths for which there is no medical certificate should not be reported to the coroner and a similar inquiry made by him as he makes now in those cases in which he issues his pink or other certificate?—In towns there would be little difficulty, but I think that in some of the wild districts of the country there would sometimes be a practical difficulty, in the mountainous districts of Wales, for example.

6479–82. Is it not a fact that in some towns as it is, all cases of uncertified deaths are reported to the coroner?—In some towns there are so few uncertified deaths that it is hardly safe to say. If there are only one or two in a year, they may be reported or they may not.

6483. The words "uncertified deaths" would seem to convey to the public mind the fact that persons are buried without a doctor's certificate and without some proper inquiry being made into them, would it not?—I do not think "uncertified death" is a very accurate phrase; it should be "uncertified causes of death"; but we are apt to clip our phrases.

6484. Do you not think that another description might be used which would clearly distinguish those cases which have passed through the coroner's hands, from those which are from any cause uncertified deaths?—That is done already.

6485. But they are all included under the general description of uncertified deaths?—They are all deaths of which the causes are uncertified.

6486. But in cases which have passed through the coroner's hands the causes of death are ascertained?—I am afraid not. The cause is not in all cases ascertained. It depends upon the coroner. Some coroners are particular to ascertain the cause, and put it on the pink or other certificate; but other coroners consider their function to be only to decide whether any one is criminally responsible for the death, and they will say nothing more about the actual cause of death.

6487. But supposing you get a case of death from phthisis, and the coroner is satisfied that the death has so arisen, would you not be satisfied that the cause of death had been properly accounted for?—If the coroner put on his certificate that the cause of death was phthisis, we should classify the cause of death for statistical purposes as phthisis.

6488. But it would still be an uncertified death?—Yes.

6489. Might not a better description be given in your books in the future, so as to distinguish more clearly and unmistakably those cases where the coroner had, as it were, certified what he had ascertained fairly to be the cause of death, and those cases in which you get no certificate of death at all?—It all depends upon what you mean by "your books." In the register itself nothing can appear except the cause of death, without anything to show on whose authority it appears.

6490. Let me put it in another way. Do you see any objection to a form being issued to coroners with a column in it for indicating whether he has been able to ascertain what the cause of death appears to be?—None whatever. In those cases that are reported by the registrar to the coroner there is a space on the form which the registrar sends to the coroner—not the pink form but the other form for what it stated to be the cause of death. The registrar reports to the coroner that the cause of death is stated to be so-and-so; the coroner inquires into it.

6491. And is probably satisfied in those cases that the cause of death indicated in the registrar's report is the cause of death?—He probably is. And he has an opportunity, if he thinks it was not the cause of death, of saying so.

6492. If he thought it was not the cause of death, he would hold an inquest?—Yes, but he might think it was not the cause of death, and yet not hold an inquest.

6493. Have you come across many cases in which he does not?—I cannot say that I have. I only say that it is quite possible. The cause of death might be stated to be bronchial pneumonia, and the coroner when he comes to inquire into it may be of opinion that the bronchial pneumonia resulted from measles or whooping cough.

6494. But the one might follow the other?—Yes.

6495. Then he would put bronchial pneumonia—following measles?—Yes.

6496. So that bronchial pneumonia would still be the correct cause of death?—No; measles would be the correct cause of death. As we classify deaths, bronchial pneumonia would be the secondary cause and measles the primary cause in that case.

6497. All this, of course, is technical?—Yes.

6498. What I want to get at is this: that really and truly there are very few cases of deaths of persons for which you do not get either a medical certificate or some satisfactory inquiry made by the coroner?—Of course one is assuming a good deal in saying a satisfactory inquiry by the coroner.

6499. Well—some inquiry at any rate?—I know that the inquiries by some coroners are personal and satisfactory ones; but one does hear that in some cases the inquiries are only made by policemen (I do not know what amount of truth there is in it), and the coroner does nothing more than sign his name to the opinion of the policeman.

6500. Then if the coroner had power to order a post-mortem examination without holding an inquest, much of that difficulty might be got over?—Yes; in that case, of course, the coroner would get an expert opinion as to the cause of death.

6501. And a medical certificate?—No doubt.

6502. But going back again to your pink certificate, in which there does not appear to be a column as to the cause of death, might not that pink certificate be altered so that the coroner might have an opportunity of filling in the probable cause of death?—I quite agree; I think it would be an improvement. I am not sure that all coroners would use it; there are a few coroners who might object.

6503. But it would give them an opportunity?—Yes; the certificate would be improved by inviting the coroner to give that information.

6504. In the country, in mountainous districts and so on, under what circumstances are bodies buried when there is no doctor's certificate or when the coroner does not hold an inquest?—If they are buried in a churchyard in the ordinary way, the minister who performs the service or some responsible official must notify the burial to the registrar within seven days.

6505. How do you get the certificate of death in those cases?—All you can do is to take whatever statement the informant makes.

6506. That is not satisfactory?—No; those are the ordinary uncertified cases. Of course they are not satisfactory. The informant possibly gets the information in some cases from an unregistered man, more or less skilful, and in some cases of young children from midwives; in other cases the deceased person has been attended at some time by a medical man, for chronic heart disease or bronchitis, and the medical man informally states that as the probable cause of death. I may state that, of those 891 cases not reported to the coroner, 507 were infants under one month old and 157 were persons of 65 years and upwards. There are 664 cases out of the 891 in which the cause of death was probably fairly well known, either atrophy or debility, or premature birth or convulsions. That, however, is not satisfactory.

6507–8. Were any of those cases such as you have indicated in which burial took place without a certificate or without a coroner's order. I am speaking of cases in mountainous and other such districts?—An ordinary burial in a churchyard or cemetery must be reported by the minister who holds the service; but a burial in a churchyard by a Nonconformist under the Burial Laws Amendment Act, 1880, is somewhat exceptional. The minister has not to report the burial, but another person has to do so. But in the case of every burial there is some person responsible; in case the certificate of the registrar or the order of the coroner after an inquest is not produced, there is a responsibility on some person to notify the registrar.

6509. Can you give us a tabulated account as to how bodies are buried and by what authority; because this is very important?—When the registrar registers a death, if the body has not been already buried, he must issue to the person who informs him of the death a certificate of registry, which states, "I have this day registered the death of" so-and-so, and the informant is bound under penalty to produce that certificate at the burial. In a case where the registrar's office is a long distance from where the death occurred, the relatives of the deceased may send the medical certificate of the cause of death, if there is one, to the registrar, and ask him for a "certificate of notification," and then the registrar sends a different form, a certificate of notification, which is given before registering the death, instead of the certificate of registry which is given after registering it. That certificate of notification must be produced at the burial, and is evidence that the registrar already knows of the death and that he is responsible to register it. Then, in a case where the coroner holds an inquest, after the verdict of the jury, or before the verdict of the jury in some cases (after the jury have viewed the body, I believe), he may issue an order for burial. But if no one of those documents is produced, neither a certificate of registry showing that the death has been registered, nor a certificate of notification showing that the registrar knows of the death, nor a coroner's order showing that an inquest has been held or is being held, and that the registrar will learn of the death through the coroner—in default of any of those documents, somebody is responsible under penalty to report the burial to the registrar.

6510. Are those statutory persons?—Yes, in all cases they are statutory persons; some of them are under the Registration Act, 1874, and the others under the Burial Laws Amendment Act, 1880.

6511. Can you tell us who they are?—Yes; under the Registration Act it is the person who buries or who performs any funeral or religious service over a dead body; under the Burial Laws Amendment Act, 1880, it is the friend or relative or legal representative of the deceased responsible for the burial. That, to my mind, is unsatisfactory—but that is how it stands—because it may happen to be the very person who does not want to register the death. The person who is required to be informant of the death may be the relative of the deceased who is responsible for the funeral, and he may be a person who does not want the death to come to the notice of the registrar. In that case he himself has to give notice to the registrar, and he will be careful not to do it.

6512. Have you had many instances in which the obligation to give notice to the registrar has not been complied with?—No, I cannot say that I have.

6513. Do you think that the statute in that respect is fairly well carried out?—I cannot tell you that; there might be cases that we do not hear of.

6514. Then you think there might be cases of fraud, by the clergyman or other person, that never reach the registrar at all?—The minister is not responsible in this case; the person responsible is a representative of the deceased.

6515. Do you think there are cases of that kind that never reach the registrar?—I could not say; but I can tell you how the Burials Law Amendment Act, 1880, stands. The person who has charge of the funeral—not the minister now (he is outside it)—the legal representative of the deceased or other person, is required by the Act after the burial is over to send a certificate, in the form stated by the Act, to the incumbent of the parish. I am speaking of a burial in a churchyard, but not with the Church of England service.

6516. A burial in a churchyard of a dissenter?—Yes, a burial of a dissenter in a churchyard. Notice, in the form of Schedule A., must be sent beforehand to the incumbent of the parish, for the ground to be opened; and notice must be sent to him afterwards in the form of Schedule B. that the burial has taken place. The clergyman is then bound under a penalty of 10*l.* to enter the burial in his burial register; but there is no penalty whatever on the person in charge of the funeral if he neglects to send notice in the form of Schedule B. to the clergyman.

6517. You mean, if the dissenting minister neglects?—No, not the dissenting minister—he is not in question—it is the representative of the deceased who attends to the burial; he is required by the Act to do it, but there is no penalty if he does not do it.

6518. Have any remedies been proposed with regard to this?—Not that I am aware of. I am not authorised to speak officially, but my own opinion is that in every case of burial the responsible official of the burial ground should be responsible to notify the registrar.

6519. (*Dr. Willcox.*) To go back a little, if the coroner fills in the cause of death, which you agree is desirable, on the pink form, when he has held no inquest but has made inquiries, do you consider it very desirable that the coroner's opinion as to the cause of death should be based on medical evidence?—Certainly, it is best that it should be.

6520. And to obtain this medical evidence, medical reports would frequently be wanted?—Yes, necessarily they would.

6521. And it would be desirable, therefore, that the coroner should have power to pay a fee for such medical reports?—That of course is a little outside my province. Certainly the coroner, unless he is a medical coroner, should if he has to state properly the cause of death with any authority, do it on the advice of a medical man. How that advice should be obtained is not a matter for me.

6522. At the present time the coroner has no power to pay a fee for a medical report?—That is so.

6523. And therefore there is some difficulty in getting those reports?—Yes, that certainly is a matter for consideration.

6524. Would you think it desirable that he should have that power?—Personally I can see no other way than that he should have the power.

6525 (*Mr. Bramsdon.*) Are there registrars of deaths practically throughout every part of the country?—Yes, the whole country is mapped out into registrars' districts.

6526. Would there be any hardship if before a body could be buried the death had to be reported either to the registrar or to the coroner of the district, so as to get rid of those cases in which there is no certificate given nor inquiry made before burial?—As it stands now, in cases where the registrar is too far away to attend at the house of the deceased (and in some sparsely populated districts he may be a dozen miles away), if the deceased has been attended by a medical man, the relatives may send the medical certificate to the registrar with a written notice of the death. The registrar can then send his certificate of notification; and that puts the matter right. If the deceased has not been attended by a registered medical man, they may get a certificate of notification by sending a written notice of the death and asking the registrar to call at the house and register the death; and they must pay a shilling for the registration.

6527. That is not my point. I want to know whether you think that it would be any hardship to the public in outlying districts if it was made a requirement that before burial can take place the death must be notified either to the registrar or to the police?—What is to happen when they have notified it?

6528. If it was notified to the police they would communicate with the coroner, and if to the registrar

he would deal with it as he does with other cases that are reported to him?—That would mean that you would make the certificate of notification a little more elastic?

6529. No, I am suggesting the repeal of those Acts which enable a body to be buried without a legal inquiry or a certificate being given?—If you repeal those Acts you would make the registrar issue his certificate in certain cases where he cannot now.

6530. Or, in case of doubt, pass it on to the coroner?—But if the registrar has to pass it on to the coroner, there is a little time wasted.

6531. From your knowledge and experience, which are no doubt great, do you see any hardship which would arise in country districts if persons had to communicate with the registrar or with the police before burial takes place, supposing a repeal of the Acts which enable the incumbent and others to bury without the registrar being communicated with in the first instance?—In a few cases there might be hardship, because of the length of time that a letter would take to arrive and another letter to come back.

6532. But the delay would be infinitesimal, would it not?—I do not know. It would reduce these 891 cases, no doubt.

6533. They are very few now?—Yes.

6534. (*Chairman.*) There are cases now, are there not, in which notice to the registrar is given after the burial has taken place?—Yes, there is a flaw there, which I should like to mention: that notice may be given to the registrar at any time within seven days after the burial. I have a very strong opinion that it ought to be within seven hours.

6535. And it ought to be the duty of the responsible keeper of the burialplace to see that that notice is given immediately?—Yes, the duty must be on some one who is able to discharge it, of course; the clergyman is the responsible keeper of the churchyard; so that it must be put either into his power or into the power of some official of a cemetery to do it.

6536. The more perfect plan would be, of course, that there should be no burial until a certificate has been obtained either from the coroner or from the registrar?—Yes, but there is one difficulty that arises there—and we often get it—and that is that the registrar's certificate has been lost.

6537. (*Mr. Bramsdon.*) That difficulty you get now?—Yes, that is a difficulty that we get now. We are often asked, by telegraph sometimes, to authorise the issue of a duplicate certificate, and we strongly object to it, because the undertaker very often gets hold of the certificate and it may be convenient to him to mislay it, because that certificate may be useful as enabling him to get rid of another body. We always raise a difficulty about issuing a duplicate certificate, and we always insist that the burial must be reported to the registrar.

6538. What becomes of the certificate after burial?—There is no statutory requirement as to that. It must be given to a certain person—in an ordinary case to the minister or the person who buries, and in the case of the Burial Laws Amendment Act, to the legal representative. That is unsatisfactory.

6539. Is not that again a case in which an amendment of the law is required to make some provision for what becomes of the certificate?—Yes. The Registrar-General has rather taken the law into his own hands there. He has marked on the certificate: "This certificate after burial must be handed to the authority of "the burial ground and retained by them." That is not prescribed by Statute, but beyond doubt it ought to be prescribed. That form is being reprinted, and "should" is being substituted for "must." We have had some correspondence on the subject with clergymen and others. Sometimes a clergyman buries a body in a cemetery (perhaps one in a year), and he insists on keeping the certificate, because he is afraid that if he does not he may get prosecuted for something or other; but the Registrar-General holds that the certificate should be handed over, if it is in a cemetery, to the authority of the cemetery, and that that authority should file all certificates relating to bodies buried in the cemetery.

The witness withdrew.

Adjourned to Tuesday, 8th June, at 10.30.

At the Home Office, Whitehall, S.W.

NINETEENTH DAY.

Tuesday, 8th June 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. A. C. Waters recalled and further examined.

6540. (*Chairman.*) Have you anything to add to your evidence on the last occasion, as to the custody of the certificate of death, and the present law with regard to burial?—In the case of cremation, the certificate, under the Cremation Rules, remains with the cremation authority; but when the cremated remains are subsequently buried we have an arrangement, which was made by the Home Office, under which the cremation authority sends to the burial ground either a copy of the certificate or a statement that it has a certificate.

6541. By whom is the certificate kept now?—It is kept by the cremation authority.

6542. Then, your suggestion would be that the procedure which is followed in cases of cremation should be followed generally in cases of burial?—There is a little distinction in the case of cremation. The remains may be buried somewhere, and it is arranged that while the cremation authority keep the certificate, they send a statement that they have the certificate to any burial ground where the remains are to be interred.

6543. But is there any reason why the precautions taken in cases of cremation should not be applied to cases of burial?—Certainly not. It is undesirable, I think, that the certificate of registry in cases of burial should be kept sometimes by one clergyman and sometimes by another; it should be produced to the clergyman, but he should finally give it up to the authority of the burial ground, if he is not the authority himself.

6544. Now, with regard to the duty of the coroner in granting the certificate required by section 16 of the Registration Act, 1874, I see the Act says that he must grant a certificate under his hand of the finding of the jury, within five days?—Yes.

6545. Could the five days be reduced with advantage?—I think so. That was a point that I wished to bring forward. There seems to us at the General Register Office to be no reason why the certificate should not be sent on the day of the inquest, immediately after the holding of the inquest.

6546. There would be no inconvenience that you can suggest, in adopting that course. There are obviously conveniences?—So far as the registrar is concerned, and the relations of the deceased, there is nothing but convenience in adopting that course. So far as the coroner is concerned, it appears to me, that the five days gives him an opportunity of forgetting it.

6547. The section says, a certificate under his hand. What is the practice with regard to that; do coroners sign the certificate with their own hand?—I think most coroners sign the certificate with their own hand. A minority of coroners contend that a rubber stamp is good enough, and that we are bound to accept it; but if a rubber stamp is used, the certificate may never even have been seen by the coroner. It is seldom written out by him, it is written out by a clerk, and the clerk or office boy may put on the signature. We think that that is not a coroner's certificate, according to law; and we think there is danger in it too, because a person who could get hold of a blank form and the rubber stamp might send a bogus certificate.

6548. Then in a case where a deputy coroner has held an inquest, is the certificate signed by the deputy coroner or the coroner?—The practice differs there. Some coroners hold that the Act turns the deputy coroner into the coroner, that is to say, into the coroner with the coroner's name, and that he must write the coroner's name.

6549. That he has a power of attorney?—Yes, he does not even put his own initials in those cases.

6550. Generally, I suppose, the deputy coroner signs his own name?—Generally I think he signs his own name, but I believe there is a movement among a section of coroners to insist that the meaning of the Act is, that the deputy coroner should sign the coroner's name, and that for the purpose of the inquest he must be deemed to have the coroner's name. To us that appears absurd.

6551. And highly undesirable?—Yes, from every point of view; because the man who actually holds the inquest and writes the name to it, is the man who should be actually responsible for anything connected with it.

6552. This is a small matter, but you suggest in your précis that the certificate sent to the registrar should be franked as certain other certificates are?—Yes, that is a small matter, of course; but a great many official papers that are sent to the registrar are franked to go through the post, and it seems convenient that the coroner's certificate should be franked if possible. There is no danger of abuse.

6553. At present postage is paid, and then it is refunded by the Registrar-General?—It is refunded, but in some cases that involves delay. If the registrar is away from home, a servant, or whoever is in charge must pay double postage, or there will be delay. The franking of the forms is a small matter that should be arranged without difficulty; and in a few cases it would prevent delay.

6554. Have you any other point to refer to?—I think not. I have nothing else to bring forward on my own account.

6555. (*Mr. Bramsdon.*) Has any representation ever been made by the Registrar-General to the Postmaster-General upon this question of franking certificates?—I do not think so.

6556. This is a matter for the Postmaster-General, is it not?—It is a matter, of course, that would have to be settled in consultation with the Postmaster-General.

6557. Would not the representation of the Registrar-General to the Postmaster-General in all probability bring about this desired reform?—I think the representation should be from the coroner or the Home Office.

6558. Am I right in understanding that in some cases, such as when coroners send you certificates that no inquest is necessary, you instruct them not to stamp those certificates, and in that case the registrar pays the double stamp and gets it returned in due course, I presume from the Registrar-General?—He pays it and he gets it back from the Registrar-General.

6559. So that it would be advisable to make one uniform arrangement in connection with it by franking certificates altogether?—Yes; I think what we tell coroners is that they are not bound to stamp them.

6560. At present you have some certificates that the coroner is expected to pay the postage of, and in other cases you instruct him not to do so?—The coroner is not expected to pay the postage on any. A registrar cannot refuse to take in a certificate of any kind or notice of any kind from the coroner.

6561. Do I rightly understand from you that the coroners are not expected to pay the postage on ordinary certificates which they send to the registrar?—No, they are not called upon; they are not required to do so. The registrar is instructed that be must pay the postage if the coroner has not done so.

6562. But ordinarily, do not the coroners stamp the certificates when they send them through the post to the registrar?—Many coroners do.

6563. Do not most coroners do so?—I am afraid I could not tell you that without having some counted.

6564. I want to contrast the two. There are some cases in which the coroners ordinarily do pay the postage on ordinary certificates, whilst in others they are expressly instructed not to do so; that is where they dispense with holding an inquest and send a certificate in consequence?—My memory may be at fault, but I do not remember any distinction in the instructions.

6565. Have you made inquiries on this particular point?—The point has not been brought before me.

6566. So that you may not be aware of it?—No. The only way that it would come before me would be if a registrar said that a document of any sort had come to him from a coroner unpaid, and he refused to take it in. We should tell him then that he ought to have taken it in and that he would have been repaid.

6567. I understand that you do not want the certificate to be refused merely because there is no stamp on it?—That is so; and we should not write to the coroner and tell him he ought to have put a stamp upon it. We do not require the coroner, and do not expect him to do that.

6568. Then I gather your present suggestion to be that all your certificates, no matter what certificates they are, as long as they relate to reports or certificates from coroners as to deaths, should be franked?—Yes; we do not quite see why the coroner who habitually prepays things should have a tax put upon him, and the coroners who do not should not.

6569. With reference to the question of coroners sending in their certificates on the same day, I apprehend that there would be some difficulty in doing that on the part of the coroner. Take the case of a coroner in the country holding an inquest on a Saturday, who has to go a long way and on his return having to make it out; it might be inconvenient to do it on the same day; consequently it would have to stand over probably till Monday?—Is there so much in it that he need defer it. He has the form of certificate with him. And he issues the order for burial on the same day.

6570. That is because he only has to fill in the name of the person upon whom he has held an inquest. But the certificate has to be carefully filled in, has it not, with a lot of detail?—Yes.

6571. And it is a document requiring care, and should not therefore be done in a hurry, or perhaps at the inquest when some extra care could not perhaps always be given. Is not that so?—I admit that it may be so.

6572. Supposing that a coroner had to hold 12 or 14 inquests, and these certificates had to be filled in, the practice is to do them out of the court, is it not?—Do you mean 12 or 14 separate inquests, or an inquest on 12 or 14 persons killed in one accident.

6573. It does not matter so long as he has to give the information respecting the deaths of the persons. Say that in 12 or 14 cases he has to fill up one of these certificates, it of course means time, and requires great care?—Generally, I think they are filled up by an assistant.

6574. Would you kindly answer my question. I think it is important?—I can understand that in a case in which the coroner fills them up personally, if he is pressed for time or there are a large number of them to fill up, there may be inconvenience.

6575. Take another case: a coroner having to investigate a very important case taking him the whole day; you would hardly desire him to fill up the certificate on the same day, would you?—If he has time to do it.

6576. I am only pointing these difficulties out as reasons why it should not be required that the certificate should be sent on the same day. You think at any rate that the five days might be restricted, I take it?—Certainly; my suggestion is that the certificate should be sent on the same day.

6577. But you recognise that there are difficulties attending it?—I recognise that there may be difficulties, and those difficulties could be met perhaps by making it within 24 hours.

6578. What particular advantage is there in rendering these certificates on the same day?—In a great many cases of poor persons there is insurance money to be drawn for the burial, and it is a trouble to them if they have to wait several days.

6579. That is a perfectly good reason?—And another thing is this: that as soon as the inquest has been held, a friend of the deceased will go to the registrar, sometimes at a long distance, to get the certificate of death for burial, or something of that sort. If it has not been registered, that may mean another long journey.

6580. Have you had many complaints on this account?—We have had some; I cannot tell you how many; certainly some have come before me.

6581. Can you tell me if coroners as a rule do render their certificates promptly?—I think, as a rule, they do, but there are a few coroners who I think insist on taking the five days in every case.

6582. Which of course causes some difficulty?—Yes, and some of those coroners occasionally go beyond the five days.

6583. With regard to the signature of the deputy, do you know that it is the law that the deputy can sign the coroner's name, or that he can sign it and attest it underneath as by So-and-so, his deputy?—I do not think I should make any strong objection to his signing it and attesting it as by So-and-so his deputy.

6584. But you recommend that the deputy himself should actually sign the certificate?—That the deputy's name should appear on the certificate as having himself held the inquest.

6585. With reference to rubber stamps, is it not a fact that those stamps are frequently used by judicial people, even as the signature for summonses and official documents, as long as they are affixed by the individual himself?—I do not know how to tell whether they have been affixed by the individual himself or by someone else.

6586. You do not know that?—I do not know how I should distinguish.

6587. (*Chairman.*) But the question is, is that the case or not; does it happen?—That I cannot tell you. I have not to do with sending those documents.

6588. (*Dr. Willcox.*) I take it that your remarks as to the personal signature by the coroner of the certificate after an inquest, would apply also to the pink form which is sent to the registrar stating that an inquest is not necessary?—Yes, I think so; that is the only thing the registrar can understand as showing him that the case has actually come to the notice of the coroner or the deputy coroner.

6589. Is the certificate which the coroner fills in after an inquest a more complicated document than that which a medical man would fill in after attending a patient?—It is fuller—it has more detail. It has, in fact, everything that has to be entered in the death register, and that certificate is the authority for every one of the particulars put into the death register.

6590. I take it that it would not take many minutes to fill in?—Ordinarily the actual writing would not take long.

6591. And is one reason why you wish it to be sent on the same day, that the document should be filled in while the coroner has the facts fresh in his mind?—That is one reason. Another strong reason is the inconvenience to the relatives when registration is delayed.

6592. (*Chairman.*) There are one or two additional questions that I want to ask you. In the Registrar-General's returns of deaths are the deaths from flannelette burning specified; is the number of deaths so caused ascertainable from the returns?—We cannot tell you what the number is. Juries in some cases mention flannelette in their verdicts, and in others they do not. We are now tabulating the causes of death in such a way as to show flannelette wherever it is mentioned by juries in their verdicts, from which the returns are compiled.

6593. In the future, then, it will be possible to ascertain how many deaths of children being burnt through wearing flannelette, or by reason of unguarded grates, are returned by coroners?—I cannot say that it will be possible in both cases. You see a child is burnt sometimes in consequence of wearing flannelette and sometimes in consequence of an unguarded grate. There may be cases where a child is burnt through flannelette igniting at an unguarded grate; there may be other cases where a child is burnt simply through wearing flannelette, and a case may be put under one of those headings or under the other. We can only put each case under one heading, though it is possible to have a kind of cross reference.

6594. However, that matter is under consideration?—Yes, we are at any rate arranging to give in as much detail as possible the returns made by the coroners, but those returns depend upon the detail given in the verdicts of juries.

6595. We have had some evidence from Mr. Herring, the Medical Referee of the London Cremation Company, and I think it might be convenient to read to you what he said: "In any instance that has "come to your knowledge, have you ever had reason "to suspect crime and to withhold your certificate? "(*A.*) 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 "Golders 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. (*Q.*) That is in case of sudden death? "(*A.*) 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 four cases he made an "investigation and said that no inquest was necessary, "but in seven cases, notwithstanding the fact that the "certificate of the registry of death had been issued, "he held inquests." Then he goes on in another place: "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? (*A.*) People "dying from excess of alcohol, not infrequently from "an overdose 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. "(*Q.*) I suppose that the Registrar-General can do "that? (*A.*) I do not mean the Registrar-General; I "mean the registrar who registers the death. (*Q.*) 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. "(*A.*) Yes. (*Sir Malcolm Morris.*) For him to give

" instructions to his own officials not to accept? " (*A.*) Yes, that would meet the point. (*Chairman.*) " I take it that any representation from you or any " other authority on the subject would receive con- " sideration? (*A.*) 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. (*Q.*) What was the cause of death? (*A.*) It " was alcoholism, no doubt. (*Q.*) But what was the " cause of death certified? (*A.*) I think pneumonia. I " have not got the certificate before me. (*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? (*A.*) Yes. The certificate of " registry of death. (*Q.*) Then they have gone through " the registrar's hands before they get to you? (*A.*) Yes, " I am obliged to have the certificate of registry of " death. (*Q.*) Notwithstanding that, you have still " reported 11 cases to the coroner? (*A.*) Yes; but I " did not report all these on account of alcoholic " habits; the reasons for reporting were various. " (*Q.*) And in seven there has been an inquest? " (*A.*) Yes. (*Q.*) Which would look, upon the face of " it, as though the information that you obtained " through the registrar had not been quite sufficient? " (*A.*) It is very unsatisfactory. (*Q.*) When were those " cases; have they been recent?—(*A.*) Since the year " 1903—five and a half years ago. (*Q.*) I do not know " whether you know that some more stringent regula- " tions have been issued by the Registrar-General to " his officials within recent years. Would it be before " or after that? (*A.*) I do not know when they were " issued. I have had one case within the last six " months December 1908. (*Chairman.*) But your " present point is important as bearing on the law of " death certification rather than on the law of coroners. " (*A.*) I think it bears on both." Have you anything to say upon that evidence?—With regard to each of those cases, I should like to know in the first place how the cause of death was certified. One I note was certified as pneumonia. The registrar has not an opportunity of examining the body, and in fact generally he he would not be skilled enough to find out anything by examining it; but if the cause of death is described as pneumonia in the medical man's certificate, the registrar would have no reason for reporting that to the coroner. He is instructed that if any suspicious circumstances connected with the death come to his knowledge, he should report it; but every suspicious circumstance does not necessarily come to his knowledge.

6596. What are the more stringent regulations referred to?—Registrars are instructed now to report to the coroner all cases of alcoholic poisoning.

6597. Does that work satisfactorily?—I think so. The returns that come to our office are thoroughly examined, and in every case of alcoholic poisoning, where there is no evidence of its having been reported to the coroner, we write to the registrar to know whether he did report it, and if a registrar neglected to report a case of alcoholic poisoning he would be censured and told to do better in future.

6598. Then what is referred to here ought not to happen at the present time, that is to say, the cause of death certified as pneumonia, or some cause of that sort, the real cause being alcoholic poisoning?—Of course that ought not to happen, but the responsibility there is not with the registrar, but with the certifying medical practitioner. If the registrar were to go behind all medical certificates and make a kind of semi-judicial inquiry himself, there would be very great difficulty indeed, and it would embroil him with the medical profession.

6599. (*Dr. Willcox.*) You are entirely dependent on the medical man?—Almost entirely. Occasionally something is said in the registrar's office that leads him to report the case to the coroner. For example, in one case a man was described as having died of bronchitis, but something was said at the registrar's office as to his having fallen into the fire. The registrar reported that to the coroner promptly, and the coroner decided not to hold an inquest. He took it that the fall into the fire had not accelerated death. My point is that it was not mentioned on the certificate, but that it accidentally came to the knowledge of the registrar by something that was said in his office; and that happens in a few such cases, but of course not in all.

6600. Chronic alcoholic poisoning would give rise to Bright's disease or liver disease?—Yes.

6601. Then the medical man would probably fill in the cause of death as Bright's disease or kidney disease?—Some medical men would, and the registrar, of course, would have no power of going behind the certificate.

6602. (*Chairman.*) In this particular case of Dr. Herring's evidence, all the certificates are criticised by a competent authority who, as you say, has had an opportunity of examining the body; so that that distinguishes the cremation cases from the ordinary cases?—If I remember the Cremation Regulations correctly, two medical men have to certify the cause of death, and I think they actually see the body. I think, according to the Regulations, they must do so.

6603. (*Dr. Willcox.*) One of the main difficulties of Dr. Herring was that when the body of a person who has died abroad comes from abroad to this country, the cremation officer can generally get the two medical certificates as to the cause of death from abroad, but he is unable to get the certificate of registry of the death; and owing to that difficulty it is practically impossible to cremate bodies of persons who have died abroad and been brought over to this country. Have you any suggestion to make as regards that?—I should think the Cremation Regulations might be amended. The registrar cannot register a death unless it occurs in his sub-district or unless an inquest is held in his sub-district by a coroner. If the death has occured abroad and the coroner holds an inquest in England, the death is there registered on the coroner's certificate, because an inquest has been held. Otherwise, there is no registrar who can register the death; a registrar can only register deaths that occur in his sub-district.

6604. Do you think it would be practicable if the coroner were allowed to fill up a form entitling the body to be cremated in such a case, after making enquiry but without holding an inquest?—It is outside my direct province, but I can see no objection whatever to that.

6605. Do you consider that the coroner is the proper person to make such inquiry, owing to his experience in such matters and his judgment?—I should think the coroner is the best person to do so. As things are at present he is the only official person who can do it.

6606. Do you think it would be desirable if the coroner were allowed to issue a form which would permit a body to be cremated?—I see no reason why the coroner, after examining whatever papers are brought from abroad as to the cause of death, if he decides not to hold an inquest, should not give some certificate which would be accepted for cremation.

6607. And if he was not satisfied on the evidence before him, the coroner could hold an inquest with a jury, an ordinary inquest?—Yes, that of course he can always do. Occasionally a coroner does hold an inquest on a body brought from abroad.

6608. In such a case could the body be cremated?—A body can be cremated after an inquest. The registrar does not give a certificate of registry after an inquest. A certificate of registry is the authority for burial; but if the coroner holds an inquest the coroner gives an order for burial and there is no need for authority from the registrar.

6609. (*Mr. Bramsdon.*) Referring back to one small point, as to the signature by rubber stamp, you recognise that it is quite possible to conceive that some coroners or deputy coroners may be physically incapable of signing a certificate?—Yes.

6610. In which case it may be absolutely necessary for some substitution to be arranged?—Then I think somebody's writing should be there, and that that person's initials should appear.

The witness withdrew.

Mr. William Henry Percy Fox, M.R.C.P., M.R.C.S., called in and examined.

6611. *(Chairman.)* You are a member of the Royal College of Physicians and of the Royal College of Surgeons, and you are also, I believe, a barrister-at-law?—I am.

6612. You were at one time medical officer of health for the borough of Lambeth?—I was medical officer of the parish, and I have been house surgeon at three or four institutions. I was medical officer, too, at Liverpool.

6613. Do you hold any offices at present?—No, I resigned them, and I have been in practice for 26 years in London.

6614. Where do you practice?—In Clapham. I have been there for the past 26 years.

6615. Have you a considerable practice there?—Yes, I have had a very big experience.

6616. You have had to do with a good many cases which have come up at inquests, have you not?—Yes, I have had a great number in my time.

6617. Under what coroner?—Under several coroners. I happen to live in a road which is the boundary between Mr. Troutbeck's district on the one side and Mr. Wyatt's on the other. Mr. Troutbeck is coroner for part of the South-West District of London, and it is his system that I come here to speak about.

6618. What do you refer to as his system?—The system under which he in every case rejects the medical man in attendance. He does not call him to give evidence. At one time he did not call him at all, but recently, owing to certain cases occurring, he has felt somewhat nervous, and for his own skin he calls the medical man occasionally, chiefly in consequence of two or three cases that I was involved in.

6619. Do you mean that when a case comes before him in which you or some other medical practitioner has been attending the deceased, he omits to call the medical attendant as a witness altogether?—Yes, absolutely; but, as I say, now he rather tends to call him. At one time he made out that the reason for not having the medical man in attendance was in order to save the ratepayers' money; but now he seems to spend it rather freely, because he calls both.

6620. Whom do you mean by both?—The medical man in attendance and Dr. Freyberger.

6621. Dr. Freyberger being called as an expert?—As a so-called expert—not an expert recognised by the profession.

6622. But he is called in as a pathologist?—As a so-called expert pathologist. He is really a general practitioner in North-West London.

6623. But with a very large experience?—Well, since Mr. Troutbeck took him in hand.

6624. You think that the practice of omitting to call the medical practitioner who has dealt with the particular case is objectionable?—Very objectionable. I have three or four cases to prove it.

6625. Will you just develop that a little, without referring to instances at the moment?—For one thing, if a medical man is called to a case, for instance, a criminal charge, he sees the state of the house, he sees the position of the body, he sees the exact state of the room, he sees various little things that no one else could see, and he sees the patient actually at the time, which is very important, and, as I shall prove in one case that I had, was very important indeed.

6626. It stands to reason that his evidence is almost essential in order to arrive at a correct knowledge of the cause of death?—Very essential; in some cases it is very important indeed.

6627. You want to refer to one or two special cases?—Yes. The first case is that of a person named Whitman.

6628. When was that?—I have not got the dates with me. I understood that I could simply refer to the cases.

6629. About when was it?—About two years ago. I was called to the case by a little child. A woman was confined of a living child, and the child was accidentally suffocated. I was there immediately after the child was dead; there was nobody present except myself, and I did what was necessary. I put the child on a table at the side of the room. I stopped there half an hour or three-quarters, and I came away as no one turned up. I said I could not wait any longer, and I went away.

6630. The child was dead?—Yes, the child was dead, it was accidentally suffocated by its own mother. Mr. Troutbeck took no notice of me whatever, he even did not call me as an ordinary witness. One of the jurymen had the temerity to ask Mr. Troutbeck why it was that the doctor was not called, as he was the only person who saw the child, and said: "We do not know "whose child it was, or whether the woman ever had a "child or not." His remark was, that as the doctor refused to give any information, he decided not to call me.

6631. What did he mean by your refusing to give any information. This is only what you heard?—It is what was stated at the inquest.

6632. But it is what you heard from people who were present?—Yes; I did not attend.

6633. Had you refused to give any information?—Certainly. The medical practitioners in the South-West District of London have all decided that, considering the treatment Mr. Troutbeck gives us, we will refuse to give any information, unless we are called as witnesses.

6634. As medical witnesses?—Yes, certainly; it is only right.

6635. I do not want any comment—only the fact. I suppose he asks you to give information?—He sends a constable down, and we do not see why we should give information; there is no reason why we should.

6636. Your answer is, that you are ready to appear as a medical witness, but not otherwise?—Yes.

6637. I do not think it is necessary to go into more details of that case?—There was no identification in this particular case.

6638. You have given evidence on some occasions?—Yes, I have.

6639. You have been called?—Yes, I have been called subsequently, because Mr. Troutbeck has evidently looked upon me as rather a dangerous person not to call.

6640. You have given evidence, I mean recently?—Yes, recently, because I have had one or two very nasty cases, where I very nearly trapped him.

6641. And you can mention several cases, I believe?—Yes, I can mention four or five.

6642. I want you just to answer this question. You could mention four or five cases in which you attended and were not called as a witness?—Yes, several times.

6643. And your suggestion is that in these cases you ought to be called as a medical witness?—Certainly.

6644. But how about post-mortem examinations. Do you suggest that you ought to have been present at the post-mortems?—Certainly.

6645. And you were not?—I was not, unless I have demanded it. In one or two cases I have demanded it for a particular reason, because I had certain opinions in my own mind, which I thought possibly would not be accepted by the pathologist, and which turned out to be quite right.

6646. You were present?—Yes, I was present, and a very good thing too. In one case the judge at the Old Bailey actually threw the case out when, if it had not been for me, no doubt the man would have got ten years.

6647. That is in a case where you differed from the pathologist as to the cause of death?—Yes.

6648. Perhaps you might tell us what that case was?—I was called one night about a quarter to 10 to see a woman who was supposed to be dying. I was there in a few minutes. I saw she was dying from hæmorrhage. I knew the people well—it so happened, that I knew them very intimately, because they were tenants of mine. I knew the woman very well indeed—she was a very drunken woman. I examined her, and I saw that she was dying from hæmorrhage from the private parts. I noticed particularly the condition of the room, the position she was lying in, where the tables were placed, where the husband was; and I cross-examined him as to what happened. He told me, "I was having my supper"—he had just come home from work, he had

his plate half empty of food in the corner, he was sitting at the particular spot when I arrived, and he said, "She kept nagging me"—it was only a very small room. "I pushed her and she fell on that chair." The chair was evidently as it was when this happened; it was a broken chair, one of those windsor chairs with a nasty break in one of the legs, with a pointed top, and he said, "She fell on it, and she fell down there and there she is." He left her just as she fell. I picked her up, put her on the sofa, and examined her. Serious hæmorrhage was going on. I prescribed for her, told him what to do, and said I would be back in half-an-hour. I went home, and before I returned a message was again sent up saying that they thought she was dead. I went back and she was dead—she had just died. I again cross-examined the husband very carefully as to the whole of the surrounding circumstances of the case, and he adhered to what he told me in the first instance, and I very carefully put everything down. I then got a lamp from a neighbour; I thoroughly washed the woman; I carefully noted everything, exactly what occurred; I noticed every mark on her body; and on going out of the house I heard some remarks from neighbours saying that there was a row there just before, and I went home. I came to the conclusion——

6649. Never mind that. You went to the post-mortem?—Yes, I made a demand to be present at the post-mortem examination, and I made notes at the post-mortem, and I attended the inquest. Mr. Troutbeck at the inquest took me up to the point of attending her.

6650. He examined you as a witness?—Yes, he examined me as a witness, but only as to actual attendance on the patient, and then he stopped, and he said, "Thank you." I said, "Well, I should like to "tell the jury my views of the post-mortem examina-"tion, so far as I can see." At first he refused; he said, "No, we will hear that from Dr. Freyberger." I at once said to him, "If you refuse I must ask you to "put it in your notes that I demanded to be heard, and "that you refused." He said at once, "Well, I will "consider it; in the meantime we will have Dr. Frey-"berger, and I will think of it in the meantime "whether I will call you." I said, "Very well"; and he did call me after Dr. Freyberger.

6651. And you gave your opinion?—Yes.

6652. Which was opposed to that of Dr. Freyberger?—Yes.

6653. And the end of it was what?—The case went to the Old Bailey, and after Sir Charles Mathews had opened part of the case, the judge intervened, and the case was not even gone into. Sir Charles Mathews said he would not offer any further evidence, and the man was discharged.

6654. He had been charged with manslaughter?—Yes.

6655. And that result accorded with your opinion?—Yes, it was in accordance with my opinion.

6656. (*Dr. Willcox.*) What was your opinion?—That the woman certainly was pushed. She had irritated the man, and he gave her a push and she fell; she was drunk and the edge of the chair caught her underneath the private parts in a very vital spot, which caused hæmorrhage from which she died.

6657. (*Chairman.*) What was Dr. Freyberger's opinion?—Dr. Freyberger's opinion was that the man kicked her with his boot, which would have been a very heinous offence, and in that case no doubt the man would have got 10 years, and very likely 15; in fact a case occurred two or three months after that which had that result. The man was a very respectable man.

6658. (*Dr. Willcox.*) You said that in your district the medical men declined to give information to the coroner's officer. Would you decline to give information if the coroner's officer told you that you were going to be called as a medical witness?—No; in fact that is exactly our procedure with the other coroner on the other side of the road.

6659. When a post-mortem has been made in a case which you or some other medical man in the district have been connected with, have you usually been invited to attend at the post-mortem?—I believe at first Mr. Troutbeck did invite us, but considering that he did not call us as witnesses, we did not see why we should waste our time in going.

6660. When you were invited were you given reasonable notice?—Yes, at one time, but we had to go at our own expense; in other words, at the expense of our time; and if he would not call us as witnesses I do not see why we should waste our time.

6661. Have you been connected with cases of overlaying?—Yes, I have one very important case of that kind here.

6662. Have you been connected with several cases?—Yes, several, but recently a case occurred in which I was censured by the coroner unjustifiably.

6663. In those cases that you have been connected with, did you see the body very soon after death?—Yes, in this particular case in which I was censured I saw the child about three hours after death. It is difficult to judge the exact time of death, but I should say about three hours.

6664. Did you find signs of suffocation?—Certainly, so far as they go. Signs of suffocation are not very clear.

6665. Are you aware that the signs of suffocation will pass off in a dead body after a day or two?—Certainly, in a day or two.

6666. So that your point is that you, seeing the body immediately after death, would have been in a position to observe signs which the pathologist who made the post-mortem a day or so after death would not see?—Quite so.

6667. Signs such as of pressure on the face?—Yes, and froth oozing at the mouth, and a livid expression.

6668. And the froth might be wiped away?—Yes, but very often they are too frightened.

6669. I mean, before the post-mortem was held?—Yes, but at the time, if you call in pretty soon, usually the people are so frightened that you see pretty well everything.

6670. But in a day or two's time when the body is laid out, the froth would go and the signs of pressure would be absent?—Certainly.

6671. Is it your point that in an ordinary simple case such as death from hæmorrhage in the case of phthisis, the medical practitioner would be competent to make the post-mortem?—Certainly.

6672. And to give all the necessary evidence?—Absolutely. I should think if he is competent to attend a man when alive, he is competent to do that when he is dead.

6673. I take it that in special cases involving criminal charges, you agree that it is advisable to have a man of special expert knowledge?—I think most certainly.

6674. And do you consider that it is desirable that pathological experts should hold, if possible, pathological appointments at hospitals?—Most decidedly.

6675. And that they should be appointed by some responsibly authority, such as the Home Office?—Quite so.

6676. (*Mr. Bramsdon.*) Do you appear here in a personal capacity, or as representing any Body?—Just personally. The secretary of the Medical Defence Union asked me to give evidence.

6677. Are you attending as representing the Medical Defence Union?—No, he simply asked me to give evidence, as I had three or four very important cases.

6678. But what you are telling us is in your own individual capacity?—Yes.

6679. I gather from what you have said you are of opinion that Mr. Troutbeck is not very diplomatic in carrying out his duties?—No, he is very undiplomatic.

6680. You yourself have had several passages at arms with him?—Yes.

6681. And there is a strong feeling in Mr. Troutbeck's district against his procedure?—Yes, very strong.

6682. Amongst the medical men?—Very strong.

6683. You told us that he does not ordinarily call the medical attendant on the deceased person as a witness?—He does not.

6684. Would you go so far as to say that he would not call that person in a case involving a criminal charge?—If there were anything like a serious case he would call you, of course.

6685. But you mean that in ordinary simple cases he does not call the medical attendant as a witness?—He does not—but the question is, what is a simple case. In this case of suffocation that I mentioned, I gave a certificate with the object of forcing Mr. Troutbeck to call me, because in a previous case that I had where the people were drunk he did not call me at all.

6686. Do you suggest that Mr. Troutbeck performs his duties improperly?—That is our opinion; he does not treat the medical practitioners with any respect.

6687. Have you ever made any official complaint as to his performance of his duties?—Most decidedly.

6688. To whom?—To the British Medical Association. The Medical Defence Union took the case up, and we had an inquiry before Mr. Cockerton, the Auditor of the London County Council, to try and stop the payment of his fees, when we endeavoured to prove that Mr. Troutbeck's action was illegal according to the Coroners' Act.

6689. I did not mean that, I meant, has any official complaint been made to the Home Office?—I believe so. A complaint has been made to the Lord Chancellor to have Mr. Troutbeck removed.

6690. I take it that you know that if a coroner carries on his duties improperly a complaint can be made to the Lord Chancellor?—Yes.

6691. Do you say that such complaint has been made?—Certainly.

6692. Has the complaint been heard by the Lord Chancellor?—It has.

6693. With what result?—I do not exactly know, but the Lord Chancellor I believe states that he cannot see his way upon the facts to remove him.

6694. You mean that Mr. Troutbeck was able to justify himself before the Lord Chancellor?—I suppose he has done so. I do not know much about it.

6695. Your complaint then to-day is purely a personal complaint against Mr. Troutbeck?—Personal to a great extent.

6696. Have you any similar complaint to make against other coroners?—None at all.

6697. You have nothing to say to us as to the ordinary law of coroners or their practice, except so far as it may be carried out by Mr. Troutbeck?—Quite so.

6698. Was the case of hæmorrhage that you have mentioned Sedgebeer's case?—Yes, that was the criminal charge.

6699. Do I rightly understand that in that case you gave evidence yourself at the coroner's inquest?—Yes, but Mr. Troutbeck was going to refuse.

6700. I gathered that. The case was heard by the coroner's jury?—Yes.

6701. And they committed the man to the Old Bailey?—Yes.

6702. And at the Old Bailey the judge decided that there was no case to go to a jury?—Yes. It must have been on my evidence, of course; it could not have been otherwise.

6703. I take it that you have known of other cases like that where there has been no complaint against the coroner?—Yes.

6704. (*Dr. Willcox.*) Have many other medical men in your district come into conflict with Mr. Troutbeck?—Yes, a great number.

6705. To your personal knowledge?—Yes, to my personal knowledge.

The witness withdrew.

Mr. Henry Oakley Chislett called in and examined.

6706. (*Chairman.*) You, I believe, hold the office of Franchise Coroner of the Hundreds of Badbury and Cogdean, in the county of Dorset?—Yes.

6707. How long have you held the office?—26 years.

6708. You were appointed, I suppose, by the lord of the manor?—By the Lord of the Hundreds; he is also lord of the manor.

6709. And you are paid by the county council?—Yes.

6710. Your salary being 20*l.* a year?—Yes.

6711. What is the area of your jurisdiction?—Perhaps I may state that I reside at Wimborne, in the county of Dorset, and have lived there nearly all my life. My age is 76 years. I am a land agent by calling, and have for the past 50 years had the management of large landed estates in the county. As I have stated, I have held the office of coroner of the Hundreds of Badbury and Cogdean in that county for the past 26 years, having been appointed in the year 1883 by the Lord of the Hundreds, the late Mr. Walter Ralph Bankes, of Kingston Lacy. The appointment is and always has been a life one; the salary is an annual payment of 20*l.* paid me quarterly by the Dorset County Council, to whom I render my account quarterly. Beyond this salary, I receive no fees whatever. During the time I have been in office, I have held something between 200 and 250 inquests. My jurisdiction is a scattered one, extending from the boundaries of Hampshire to those of Wiltshire; something like 20 to 30 miles. It includes the town of Wimborne, where I reside, and in addition thereto, a large agricultural area embracing thinly populated scattered villages and farms. By reason of this, I am often compelled to hold inquests in village public-houses, much against my inclination, there being no other accommodation. The village schools are, as a rule, occupied during the daytime, and there is but seldom any public hall or room available. I have no deputy coroner.

6712. You hold about 10 or a dozen inquests a year?—Yes, about a dozen.

6713. And your jurisdiction is surrounded by that of other Liberties, and by that of the county coroner?—Yes.

6714. Are there several Liberties?—Yes, four in the county.

6715. What county coroner is it?—The East Dorset county coroner.

6716. Subject, of course, to your vested rights, is there any reason why your district should not be part of the East Dorset coroner's district?—None whatever. I think, in fact, subject to my rights, it would be a good thing, because we dovetail into each other. For instance, I have one parish; in the next parish the East Dorset coroner steps in, and I go beyond to the next, and then the East Dorset coroner steps in again; and then there is the coroner of another Liberty in an adjoining parish to Wimborne, the parish of Ham Preston; the Liberty of Cranborne man steps in there, and I go beyond him to Canford Magna and Kinson.

6717. It is very complicated?—Very much so.

6718. And I suppose it leads to practical difficulties occasionally?—Not very often; we generally know each other's district. But I have difficulties sometimes with the police; a new man comes on beat and does not understand which jurisdiction he is in; he comes to me and I have to put him right, and he has to go to Ringwood to another coroner.

6719. And it would be highly convenient if all these Liberties were swept into the county?—Speaking candidly, I have always thought so. The Hundreds coroners really existed before county coroners in the Old Hundreds, before there were magisterial courts and so on. In old times the steward of the Hundreds sitting in his capacity as steward of the Hundreds had enormous powers, almost of life and death; now they are superseded by the Police Act.

6720. (*Mr. Bramsdon.*) Do you call anyone to your assistance when you hold an inquest, or do you do all the duty yourself?—I do it all myself; but if I am away I get my neighbour coroner, the coroner for

East Dorset, to take my inquest, but this has only happened twice or thrice in the past 25 years.

6721. Is that legal?—I do not know that it is legal, but we do it; and if he is away I take an inquest for him. This, however, very seldom happens.

6722. A neighbouring coroner does the duty whether it is legal or not?—Yes; if I am away he takes an inquest for me, and if he is away I take an inquest for him.

6723. Are you his deputy?—No. I have no deputy, and I am not his deputy.

6724. You do not know then whether it is legal on your part when you act for him?—I do not. I have done it for years, but only, I think, on two or three occasions.

6725. Have you ever had any serious case of committal to the assizes?—Yes, on one occasion, on the occasion of a railway accident.

6726. What was the charge?—The committal was on a charge of manslaughter against the engine-driver.

6727. Was there a conviction?—No, the judge dismissed the case.

6728. Why was there no conviction?—Because the judge dismissed the case; he thought there was no really criminal negligence.

6729. Do you know how many inhabitants there are in your district?—I could hardly tell you.

6730. About how many?—I should say 13,000 or 14,000. The town of Wimborne is the only town in the district; the rest is quite scattered villages.

6731. Do you ever dispense with an inquest?—Yes, whenever I can I give a certificate. In a case of sudden death, if it is proved to me by a medical man that it is not a case of accident, I give a certificate.

6732. What did you say your salary was?—Twenty pounds a year.

6733. No matter how many inquests you hold or how few?—It makes no difference whatever. It is a fixed salary.

6734. How long have you had a fixed salary?—It was raised about ten years since, by reason of the increase of the town of Bournemouth overlapping into my district in Dorset. I represented that the number of inquests was increasing considerably, and the county council considered the matter and increased my salary by 5*l*., making it 20*l*.

6735. Who pays your disbursements?—The county council. I send in a statement quarterly, and they give me a cheque for my payments out of pocket, for which I produce vouchers.

6736. I take it, you are not coroner for any other place than the Hundreds you have described?—I am not.

6737. And in your 26 years' experience you have only had one committal case?—Yes.

6738. Was that to the Dorset assizes?—Yes, at Dorchester.

6739. Is all your district in one county?—Yes, it is wholly in Dorset.

6740. But there are places interspersed through your district in which separate coroners have jurisdiction?—Yes, as I mentioned just now.

6741. What places have separate coroners?—There is a Liberty almost adjoining the town of Wimborne, the Liberty of Cranborne.

6742. That has a separate coroner?—Yes.

6743. A franchise coroner?—Yes; he lives at Ringwood, and part of his district dovetails into mine, the parish of Ham Preston.

6744. Do you have to go through other people's districts to get to parts of yours?—Yes, between Wimborne and Blandford. I take the parish of Sturminster Marshall; beyond that is the parish of Spettisbury, which is in the district of the county coroner; and then beyond that again is Charlton Marshall, in my district; and I go through the county coroner's district to get to my own district.

6745. You have many ramifications?—Yes. I have given you those two; I could give you others—Crichel, Lord Alington's place, that is really in my district; this is More Crichel, the residence of Lord Alington; and then at Long Crichel the county coroner steps in. Then I overstep him again, and get to Gussage St. Michel; but Gussage All Saints, the neighbouring parish, is in the county coroner's district.

6746. It must be a Chinese puzzle sometimes to know in whose district it is?—Yes, it is sometimes. For instance, a person may die in the road and be taken into the county coroner's district; the policeman comes in and says that the man has died at such and such a place. I ask where the body is, and he says it is taken to a cottage in the next parish; that is in another coroner's district.

6747. What do you do in such a case?—Once or twice we have made blunders.

6748. Do you remove the body back again, or does the coroner for that parish hold the inquest?—The coroner for the parish where the person dies holds the inquest although the body is taken into another coroner's district.

6749. Have you any boroughs in your district?—There is the borough of Poole.

6750. Then your district surrounds the borough of Poole?—It adjoins it.

6751. And nearly surrounds it except on the water-side?—Yes; on the land side it does wholly, I may say, surround the borough of Poole, except where it adjoins the county of Hants.

6752. (*Dr. Willcox.*) Do you have a coroner's officer for making inquiries?—The police, the superintendent of police always.

6753. In what proportion, roughly, of inquests that you hold do you have a post-mortem examination?—It is very seldom that I have a post-mortem.

6754. Even where you hold an inquest?—Not very often, because the cause of death is generally so very plain. When I have any doubt whatever, I order a doctor to make a post-mortem and report at the inquest to the jury; but not very often.

6755. As a rule you have no post-mortem?—That is so.

6756. In most of your cases do you get medical evidence?—Yes.

6757. Would you be satisfied with the evidence of relatives?—I call in a medical man and he gives me his evidence, and if necessary I order a post-mortem; but in ordering a post-mortem I generally see him beforehand and hear what he has to say, and if I do not think the evidence he can give will satisfy the jury I say, "You must make a port-mortem and give me a report "of the post-mortem."

6758. Supposing that a dead body is found in the water?—Too often the verdict is "found drowned."

6759. Would you have a post-mortem in that case?—No. Found drowned—no evidence to show how or why or by what means he or she came into the water.

6760. And you would not call medical evidence in such a case?—No, not in that case.

6761. And in cases of death from severe accident, would you consider it necessary to order a post-mortem?—In the case of accident where a medical man is called in, do you mean?

6762. No, where a man falls off a cart, say?—A fatal accident.

6763. Yes?—I do not call a doctor in that case where the evidence shows me clearly that the man has been run over or killed in some way or other. There is no need for a medical man in that case when he is killed on the spot.

6764. Might I ask how you fill in the death certificate; what cause of death would you put in the death certificate?—Accidentally killed by being run over by a motor, or as the case may be. I describe the mode of death in filling up the cause of death, giving it in as detailed a form as I possibly can for the registrar.

6765. Would you say broken neck?—Yes, most assuredly.

6766. Without medical evidence?—No, in that case I should not, unless a doctor attended. If a doctor attended and said that the person was killed and the cause of death was broken neck, I should so describe it.

6767. If a policeman who examined the dead body told you that the neck was broken, would you be satisfied?—I should be satisfied with what the doctor would say in that case.

6768. But supposing a man falls out of a cart and breaks his neck, you say that you would not order a post-mortem?—No.

6769. And you would not call a medical man?—No.

6770. In filling in a certificate in such a case, if the police told you that they thought the neck was broken, would you put it in?—I should say, "Deceased was "accidentally killed by falling from a cart on the "highway."

6771. Would you say that he broke his neck?—No.

6772. (*Mr. Bramsdon.*) In those cases where bodies are found in the water, you say you do not order a post-mortem examination?—No, I do not.

6773. How do you satisfy the jury, or how are the jury satisfied that the man was drowned?—They return a verdict in that case that the deceased was found drowned in the River Stour, but that there was no evidence to show how or by what means he came there.

6774. How do you come to the conclusion that he was drowned?—We come to the conclusion because there is no other conclusion to arrive at. He is found in the river; nobody knows how he came there. A person may be going by in a boat and sees a body floating; he gets the body out on to the edge of the river and gives notice to the police.

6775. But it is not every man that is found in the water that is drowned?—No, I suppose not.

6776. Supposing that a man were killed or poisoned and put into the water; if you found his body in the water would you still say "found drowned"?—Yes, unless there were any marks on the body which betokened that he met his death by misadventure or design.

6777. Unless there was any palpable evidence to the contrary?—Yes; the jury would return a verdict that he was found drowned in the river.

The witness withdrew.

Mr. Charles Sheppard called in and examined.

6778. (*Chairman.*) I think you are coroner for the Rape of Hastings, and also for the Hundred of Robertsbridge, and the Hundred of Bexhill?—Yes.

6779. All in the county of Sussex?—Yes.

6780. And these are all separate appointments?—Yes.

6781. For the Hastings Rape you get a fixed salary?—Yes, 50*l.* a year.

6782. And for Robertsbridge?—Two guineas.

6783. And for Bexhill?—Bexhill is included in the salary for the Rape.

6784. And these salaries are paid by the county council?—Yes.

6785. You are appointed, of course, by the lords of the manors or hundreds?—Yes.

6786. Are these three jurisdictions all adjoining one another?—Yes.

6787. And surrounded by Sussex?—By Sussex, Kent, and the sea. By the parishes forming the Rape.

6788. But I mean, outside your jurisdiction there is the county coroner?—Yes, there are the county coroners of Kent and Sussex.

6789. But have you an uninterrupted jurisdiction?—I cross no other jurisdiction; it is an uninterrupted one.

6790. It is purely rural, is it not?—Bexhill is not rural. Bexhill has a population of 15,000 or 16,000, and is a borough.

6791. But the other districts are rural?—With the exception of one urban district, namely, Battle. Battle is a separate appointment; the lord of the manor has the appointment.

6792. Then that is another coronership?—Yes, that is an urban district; it is not very populous. The population is 3,000.

6793. But that is a separate franchise?—That is a separate franchise. The Duke of Cleveland was owner of the franchise.

6794. How long have you held all these appointments?—Forty-four years.

6795. I suppose they have been generally held together by one person?—Yes, my predecessor held them all in the same way as I do.

6796. About how many inquests do you hold in a year?—They average about 25. It is a large area.

6797. It is large in point of area, but small in point of population?—Yes, the population is small; there are some large parishes, but the population is rather sparse. Take Heathfield, for instance, adjoining the Sussex district.

6798. As I put it to the last witness, subject to your interest in the matter, do you see any reason why all these jurisdictions should not be merged in the county coronership?—I suppose the owners of the franchises would be consulted; but subject to that I see no reason; I should have no objection at all. I would only say that one coroner would not be able to do the western division of my district as well as the county if my district were to be thrown into it; there must be two coroners, because the area is too large, and the distances too long. The coroner would have to come from Lewes into Hastings, and then go on to Rye to get to the Marsh; and it would take him pretty well all day to get there and back.

6799. You do not see that there would be any inconvenience barring that question?—No, I see none.

6800. On the contrary, I suppose there would be considerable convenience?—I cannot say that; I do not know that it would make any difference from the fact of the Rape forming part of the county, if a separate coroner were appointed. As I say, there must be two county coroners instead of one as there is now.

6801. Have you had any cases where conflicts have arisen owing to overlapping jurisdictions?—None whatever.

6802. Your jurisdictions are well defined?—Very well defined; all the constables know them. I know the boundaries, of course, and they know them too. I have never had a question arise yet as to conflict of jurisdiction.

6803. You work through the police, I suppose?—Yes.

6804. (*Mr. Bramsdon.*) Are you coroner for any other place?—There are two small Hundreds in the Rape where the appointments are separate, but I cannot quite call them to mind now.

6805. (*Chairman.*) But they are within your jurisdiction?—Yes, one is the Hundred of Gostrow, which comprises the parishes of Brede and Udimore; and then there is the Hundred of Foxearle, which comprises the parishes of Ashburnham, Hurstmonceaux and Wartling.

6806. (*Mr. Bramsdon.*) Have you a deputy?—I have appointed a deputy. Dr. Kendall, of Battle, was my deputy. I do not find any provision in the Act for the appointment by a franchise coroner of a deputy.

6807. You do not know whether it is legal or not?—No.

6808. But he acted for you?—He has done a little. I have a son 28 years of age, who was admitted a solicitor a few years ago, and he now acts as my deputy. I have been fortunate in regard to my health, and I think that during the whole of the 44 years I have not had occasion for a deputy more than six times. My son has acted for me twice, and Dr. Kendall once.

6809. Under what power is the coroner appointed?—The Lord of the Hundred or of the Rape, Lord Chichester, has the appointment of the coroner for the Rape of Hastings; and the lord of the manor of Robertsbridge (there is a Hundred of Robertsbridge, and there used to be a Hundred Court held there) has the appointment for Robertsbridge; and Lord De la Warr, lord of the manor of Bexhill, has the appointment for Bexhill.

6810. Is there any charter giving the power?—Not that I know of; but it is impossible to say; one cannot get at it at all.

6811. It is practically by prescription, then?—I suppose it is. I see no other reason for it.

6812. You cannot ascertain the actual power by which the coroner is appointed?—No, I do not know. I only know that it has always been so.

6813. Can you go so far as to tell me during what length of time the coroner has been appointed in this way?—No, I cannot; it is very, very ancient.

6814. It goes back, I suppose, beyond search almost?—Yes, I think so.

6815. (*Dr. Willcox.*) In about what proportion of cases of reported deaths do you hold an inquest; a large or a small number. Do you find it always necessary to hold an inquest in all cases?—Oh, dear, no; I think, perhaps I hold an inquest in about two thirds of the reported cases. The police have orders to report all cases of sudden death, and of course in a great many such cases where the cause is palpable, such as heart failure and many others, it is not necessary to put the county to the expense of an inquest.

6816. Do you often find it necessary to order a post-mortem examination?—Yes; in cases of child death especially.

6817. In what proportion, about, of cases in which you hold an inquest do you order a post-mortem?—In about three in 20.

6818. And in cases where you hold an inquest, but do not find it necessary to order a post-mortem, do you get a medical certificate?—I summon a medical witness.

6819. Take the case of a man whose dead body was found in the water; what would be your procedure?—I have a medical witness and a post-mortem, unless there is palpable evidence of fracture of the neck or fracture of the skull, or something of that kind, or unless the body is too much decomposed to enable a post-mortem to be made.

6820. You alluded to the term fracture of the skull; would you take the evidence of a layman as to whether it was produced during life or after death?—Certainly not.

6821. You would call a medical man?—Most assuredly.

The witness withdrew.

Adjourned to Tuesday next at a quarter-past two o'clock.

At the Home Office, Whitehall, S.W.

TWENTIETH DAY.

Tuesday, 15th June 1909.

PRESENT:

SIR HORATIO SHEPHARD, LL.D. (*Chairman*).

Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S.
Mr. THOMAS ARTHUR BRAMSDON, M.P.
Mr. WILLIAM H. WILLCOX, M.D.
Mr. J. F. MOYLAN (*Secretary*).

Mr. WILLIAM HENRY PERKIN, Ph.D., F.R.S., called in and examined.

6822. (*Chairman.*) I believe you have been Professor of Chemistry in the University of Manchester for the past 17 years?—I have.

6823. And you have been engaged in investigating the subject of flannelette in the laboratory of the university?—I have, during the past 10 years.

6824. Would you state why flannelette is so popular?—The popularity of flannelette, especially as a material for children's underclothing, is based upon its many sterling qualities. It has warmth and cosiness, and is capable of being produced in colours and effects scarcely distinguishable from those of wool. It wears well, and is so cheap that it is within the reach of even the very poor.

6825. What is it made of?—It is made of cotton with a raised surface.

6826. And it is because it has that raised surface that it is comfortable and popular, and also for the same reason it is inflammable?—Yes.

6827. I suppose you have no idea of the number of accidents that there have been owing to flannelette; you can only say that there have been a great number?—It is very difficult to say exactly how many accidents there have been, because it is not always stated in the reports of inquests whether the accident is due to flannelette or not.

6828. For some years efforts, I understand, have been made to reduce the inflammability of flannelette, among chemists and manufacturers?—That is so.

6829. For 20 years past?—Yes.

6830. Perhaps you will tell us what it is that renders it so dangerous?—The warmth of the fabric is due to the fact that it has a raised nap consisting of minute fibres; but the very result of the raised nap is that when the fabric comes in contact with a spark, or a piece of hot coal, these fibres instantly carry the flame over the whole surface, and the wearer of the garment, usually a child, is in a few seconds severely and often fatally burned.

6831. Then the longer and the looser the nap the more dangerous the flannelette must be?—That is so.

6832. Is there any connection between the dangerous character of the material and the price; is it more dangerous as it becomes cheaper?—It is much more dangerous as it becomes cheaper in price.

6833. The cheaper sorts are much more dangerous?—That is so, generally speaking, of course. At the same time the more expensive sorts are also very dangerous, especially after they have been washed; even the very expensive kinds after they have been washed are very dangerous.

6834. The danger, I understand, depends entirely upon the character of the nap?—Yes, and of course all flannelette necessarily has a nap, and it is all dangerous; but the longer the nap, as you were saying, the more dangerous is the flannelette.

6835. As compared with other substances, with flannel, for instance, or other materials that are made use of for garments, how does it compare?—It is very much more dangerous than flannels; flannel is considered generally to be safe, and persons clothed in flannel are generally considered to be safely clothed; but when they are clothed in flannelette they subject themselves to immense danger from fire.

6836. But how does it compare with linen or cotton?—Cotton is also dangerous, but not so dangerous as flannelette, because it has no nap. The danger is, of course, greatly increased by putting on a nap. Cotton is a dangerous material from fire, but nothing to compare with flannelette. Linen is a less dangerous material than cotton.

6837. That is to say, that no material that a child or other person can wear is so dangerous as flannelette?—That, certainly, is my opinion. I have never come across anything with the same danger.

6838. I am speaking, of course, only of things which people do wear?—Yes.

6839. They might wear silver paper, of course, but I do not mean that?—No.

6840. I understand that it has been ascertained that the inflammability of flannelette can be reduced?—Yes.

6841. And you mention, I see, in your précis one mode by which that can be done?—Yes; one mode in which the inflammability of flannelette can be reduced is by impregnating the garments with strong solutions of alum, borax, tungstate of soda, &c.; but, of course, there is very strong objection to that from a hygienic point of view, because such salts are soluble in water and soluble in the excretions of the skin. Apart from that, it is not to be expected that poor people will take the trouble to use or go to the expense of keeping such solutions in their houses.

6842. And of repeating the process?—And of repeating the process every time the flannelette is washed.

6843. What you want, therefore, is some permanent fire-proofing, as you call it, which would not be injurious to the skin?—Yes, it must not be removed by washing with soap and hot water, of course.

6844. And you claim to have discovered a process of that sort?—Yes.

6845. And you have taken out two patents?—Yes.

6846. And you say that your process renders the material less inflammable, and also is consistent with repeated washings?—Yes. I have here, if you wish me to put it in, proof of all my statements on this point and also as to the non-injurious effect of the process on the skin. I have certificates with regard to that from competent people, and also certificates to say that the material is hygienic from every point of view; and I also have certificates to show that, however often you wash the material with soap and hot water in the usual way, the non-inflammable nature of it does not disappear with the washing.

6847. I have here, I may say, a comparative statement* of the results of experiments on a number of materials carried out for this Committee in the Government Laboratory, and there is one material here called "Non-flam," which came from Messrs. Whipp Brothers and Tod. Is that your patent?—Yes.

6848. It is described as "Non-flam," and the price is 9*d.* a yard, and then the percentage of finish is given. What does that mean?—That, I imagine, would be the percentage of material that has been put into the cloth. The cloth is passed through certain solutions and the process leaves behind it a certain amount of chemicals in the cloth, and when you burn off the cloth to burn away all the fibre those chemicals are left in the cloth. I imagine that is what it means.

6849. Then the rate of burning per second, according to the method in which these experiments were conducted, comes out at 110?—I do not know of course how that experiment was done.

6850. You do not know anything about the way in which these experiments were conducted?—No, I have no idea of the way these experiments were conducted or of the relative standard employed. Is it permissible to have a copy of the statement?

6851. It will all be published. I only wanted to identify your particular article?—Certainly.

6852. Has your "Non-flam," as you call it, been tested in a variety of ways?—It has been tested by a great many people quite independently; by the "Lancet," by the "British Medical Journal," and a number of coroners and manufacturers have tested it The Bradford Dyers' Association, the Calico Printers. the Salvation Army, Mr. G. R. Sims, and Sir William Ramsay and three other gentlemen have subjected the material to exhaustive examination and have issued a report on the subject.*

6853. Has it been tested after ordinary washings?—These tests were all made after repeated washings. There is no use in testing it before, because the whole question is whether the material retains its fire-resistant properties after ordinary washings.

6854. Has it been in actual use?—It has been in use for a good many years. It has been in use since it was introduced to the extent of over four million and a half yards, equivalent to about one million and a half garments.

6855. As yet you have had no complaints?—No, we have had no complaints.

6856. Will you state what the beneficial qualities of the material are?—The most striking properties of "Non-flam" flannelette may be summarised as follows: (1) It is safe because it is permanently fire-resistant, that is to say, even after many washings with soap and hot water it retains its property of resisting flame. (2) "Non-flam" flannelette is very pleasant to wear, and has absolutely no deleterious action on the skin. Medical men are agreed that it is a most desirable material from a hygienic point of view. (3) Flannelette acquires a soft, woolly, and much fuller feel after the "non-flam" process; and the improvement in the quality and strength of the material as a result of the treatment gives it an additional value which is sufficient to cover the cost of the fire-proofing. (4) "Non-flam" flannelette is remarkably durable, and will easily outwear the same quality of ordinary flannelette. (5) The process is cheap, and the cost, even in the case of the wider qualities (35–36 inches) does not exceed a penny per yard; for cloths of 31–32 inches width (usually bought by the poor) the total cost is three-farthings per yard. I can produce independent evidence of all those statements, if you wish it.

6857. As regards the fifth head, you say that the process is cheap?—Yes.

6858. Is the material cheap?—The material is the same as ordinary flannelette.

6859. Neither cheaper nor dearer?—The material before treatment is ordinary flannelette, it is then put through this process, and I have just stated how much it costs to put it through the process.

6860. Then the process adds about a penny to the cost per yard?—Something like that.

6861. What is the cheapest flannelette on the market?—About 2½*d.*, a yard I believe.

6862. But there is cheaper flannelette than that?—There is a very large quantity that comes from abroad which I understand is very cheap.

6863. It is certainly down to 2*d.* a yard?—I did not know that.

6864. For aught you know there may be other processes of the same sort as yours; you do not claim a monopoly of the discovery?—No, I think there certainly must be other processes, either known or to be discovered; especially now that we have to some extent shown the way, I think it is pretty certain that other processes will follow.

6865. But you do not know that they have been found?—Not so far as I know. Several people have claimed to have found a process, but I have not had time to go into all these different claims. I think eight different firms claim to have solved the problem.

6866. But you have not examined any of the processes?—No, except in so far as I state in that paragraph of my précis, in which I refer to the advertisements of flannelette which I have submitted. In that paragraph I say that it will be seen that these advertisements are so worded as to convey to the public that the flannelettes referred to are different from ordinary flannelettes and are no longer dangerous. I have attached to the advertisements specimens of the

* *See* Appendices.

* *See* Q. 7252.

flannelettes referred to. These flannelettes I have tested and found not to differ from ordinary flannelette.

6867. That paragraph in your précis relates to advertisements?—It deals with material as well, not only with advertisements.

6868. But as to the character of the advertisements, you suggest in that paragraph that the advertisements are misleading by inducing people to buy things which are really inflammable?—Certainly.

6869. Do you consider that the danger from wearing flannelette is so great as to call for legislation?—I certainly do, especially as it is a danger which can be avoided.

6870. You think the danger can be avoided?—I certainly think it can.

6871. What do you suggest then in the way of legislation?—My solicitor, Mr. Riley, and I have taken the liberty of drawing up the following statement as to a suggested form of legislation:—"There are "already several methods of manufacturing flannelette "by means of which the owners claim that the "material is rendered permanently fire-resistant, "and it is obvious that other new methods may be "discovered. It is accordingly suggested that the "Committee may fairly and properly recommend "Parliament to legislate on the following lines:— "(1) That *all* flannelette sold or offered for sale in the "United Kingdom shall, before delivery on sale, be "submitted to a Government test for resistance to "fire, based upon a prescribed standard to be arrived "at after repeated domestic washings, and that such "test shall be made under the direction of a Home "Office inspector. (2) That before delivery on sale of "any piece of flannelette, the same shall be marked along "the selvedge, at intervals of two yards, with a mark "denoting that the material has been tested, and that "it is found to be either of proof or not of proof. If "the material be found of proof, it shall be marked "with a crown and the word 'Proved' (or 'Proof'); "if it be found not of proof it shall be marked with "the word 'Unproved' (or 'Non-proof'). (3) That "every person who sells or offers for sale, or has in "his possession for sale, any flannelette which has not "been marked in manner above provided, or which "has been falsely marked, shall be liable to penalties "and to forfeiture of the goods. (4) That upon the "sale of any piece or portion of a piece of flannelette, "the vendor shall give to the purchaser an invoice "or bill of such sale in which it shall be stated "whether the material is 'Proof' or 'Non-proof,' and "shall retain a duplicate thereof, and preserve the "same for at least two years, and produce it when "lawfully demanded (with a suitable penalty in "case of default)." Such a provision as in clause (4) would impose no trouble on shopkeepers. Their universal practice already is to give a bill on the sale of all goods, however small, and to keep a duplicate. It would only be necessary to say on the bill, for example, "Flannelette, two yards, proof," or "non-proof," as the case might be.

6872. Your suggested provision as to retaining a duplicate is with the object of identifying the particular flannelette which has done the mischief, I suppose?—Yes; paragraph 4 of the suggestions has been inserted to assist the identification at the coroner's inquest of the particular flannelette in which a burnt child had been clad.

6873. Is there anything else you wish to bring before us?—There is, of course, rather a difficulty with regard to the kind of test that should be imposed, and I thought it might be of interest to the Committee if I described the test that we use for our own purposes; because before we send out "non-flam" into the market it must come up to a certain test; so I have drawn a rough sketch, merely, of course, as a suggestion, to show you the way in which we carry out the test (*handing in the same*). The picture at the bottom represents a square piece of flannelette; we hang it up quite straight, as represented, and then we apply to the middle of the bottom edge a taper and light about an inch of it. Then, if the flannelette is good enough, that is to say, if it is safe flannelette, the flame creeps up and gets less and less, until it reaches a point and then goes out. Roughly, according to the distance that the flame travels before it goes out you can judge of the quality of the fire-proofing, because the more fireproof it is the more rapidly the flame will go out.

6874. I might perhaps read to you a test which was adopted in the experiments carried out for the Committee, so that you can point out the difference if there is any. The method devised was as follows: First of all care was taken to see that the specimens were all of the same degree of dryness or moisture, and a method was devised in which a very small flame was brought momentarily in contact with the fabric, and the ease and rapidity of the inflammation when occurring was noted. The method was this: A piece of the material 2 inches square with clean cut edges was suspended vertically from one edge, and a small spherical flame about one-eighth of an inch in diameter, similar to that used in the Abel petroleum tester, was brought momentarily in contact with the centre of the surface. Is that about the same as yours?—No, that of course is quite a different test; but still any test as long as it is comparative should answer the purpose.

6875. (*Dr. Willcox.*) What light do you use?—A taper generally.

6876. (*Mr. Bramsdon.*) Upon the question of practicability, do I rightly gather that you suggest that all flannelette wherever made, and notwithstanding that it may come into the country from abroad, should pass through some Government factory?—I was not thinking of a factory, but certainly it is necessary, in my opinion, that all flannelette, whether coming from abroad or made in this country, should be tested. And undoubtedly a very large quantity comes from Germany and from Holland.

6877. I want to follow that a little more in detail. How would that be carried out; would all flannelette be passed through some factory or factories or store or stores, as the case may be, and there be subjected to a Government test?—I really have not thought that out, but I imagine that there must be certain centres where these things come in from abroad.

6878. Or where they are made in this country?—Or where they are made in this country.

6879. Then if any manufacturer made flannelette, that would have to be guarded against and the material passed into some store or Government factory to be tested before it is issued?—The testing need not necessarily be done in that way.

6880. Am I right in saying that a similar thing is done with regard to guns?—Yes.

6881. You mean to say that the material should be marked as proof, on somewhat similar lines to what is done in the case of guns and gun barrels?—Yes.

6882. Do you think that could be adopted and carried out properly without interfering with the sale of the article?—I think so. I do not see any difficulty in it. There are certain recognised manufacturers of flannelette, of course, and the flannelette manufacturers have such a large amount of plant, that it would be known everywhere that they manufacture flannelette. A small man could not make flannelette.

6883. Would it mean setting up an institution or institutions for the purpose of testing it?—I think not. I think that every inspector would have some simple test, and the whole thing could be rapidly carried out.

6884. If these things had to be passed through certain stores or factories, as the case might be, those stores or factories would have to be provided or rented?—Yes.

6885. And persons would have to be engaged to inspect them?—Yes.

6886. All that would necessitate expense, would it not?—Yes; but I do not quite follow why a Government inspector should not go to the place where the material is made and stamp it there. I am, however, not a business man.

6887. I thought you would be able to help us with a suggestion upon it. You think that a Government inspector would be able to go to the different manufactories throughout the country and test the material there?—Yes.

6888. Then the only protection that you would have would be the marking of the flannelette as inflammable or non-inflammable?—Yes.

6889. Would you provide that every article must be marked as inflammable or non-inflammable?—Yes, that, I think, ought to be done.

6890. So that it would be illegal to sell any article that was not so marked?—Yes.

6891. You would not prevent the sale of inflammable articles, but would simply require them to be indicated so that the purchaser shall know what he or she is buying?—Yes; then the responsibility would be his or hers.

6892. You also suggest that with the invoice, if I might call it so, there should be an intimation on it of the character of the article that is sold?—Yes.

6893. And a duplicate of it kept?—Yes.

6894. What is the object of the duplicate?—In case of an inquest or any question arising, the person would say, "I bought the material at such-and-such a shop," and then the invoice could be hunted up to see whether it was really proof or non-proof that the person had bought.

6895. Then you would want some means of identification between the article sold and the invoice and the duplicate?—Yes, that might not always be possible.

6896. Looking at it again from the point of view of practicability, I cannot quite see the object of the duplicate unless there is some means of identifying the duplicate with the article sold?—I do not quite follow.

6897. I take it that you want the name put on the invoice of the person buying?—Yes, and that would be kept.

6898. The name would be kept on the invoice?—Yes.

6899. But from a legal point of view that would be no proof that the article that is sold is the identical article referred to in the invoice, would it?—It would surely be very strong evidence.

6900. You see that there is a question there to be considered?—Yes; my idea was, of course, that if that duplicate could be produced the person would say: "I bought at such-and-such a shop so many yards of flannelette," and it would be shown by the duplicate, if it could be identified by the name, whether it was proof or non-proof flannelette which had been served to that person.

6901. It would show that a piece of flannelette either inflammable or non-inflammable had been sold?—Yes.

6902. But beyond that it would show nothing?—Unless it had the person's name on it.

6903. Even then it would not identify the particular article sold, would it?—I think so. If it came out at the inquest that the person had bought a piece of flannelette on a certain day from a certain manufacturer, and he produced to you the duplicate with the person's name on it and the number of yards of flannelette sold with the word "proof" or "non-proof" on it, it would surely be very strong evidence whether the person had or had not received inflammable flannelette.

6904. I am merely questioning the advisability of the duplicate being retained for two years. It may be an onerous duty on the seller to have to retain these things for a long period, and to fill up all these forms, especially as the article must be marked either inflammable or non-inflammable as the case may be?—I am inclined to think that it would not be a serious matter.

6905. How is the inspector to inspect foreign articles?—I imagine that at the present time when foreign spirits come into the country they are carefully examined and checked.

6906. But that would assume the setting up of some custom house; they would have to pass through a custom house, or bond, as the term is?—Yes.

6907. How would you get over that difficulty?—I imagine that, as you suggested just now, the whole of the flannelette from abroad might come through one or two houses at different places; it would then have to pass through bond and be inspected by an inspector on the spot to see whether it was proof or non-proof.

6908. In other words, they would have to pass through a custom house?—Yes.

6909. That would be a certain trouble or restriction upon the sale of the article, would it not?—Yes.

6910. And further, all these things which you have referred to would raise the price of the article?—To a small extent, certainly. The fire-proofing treatment also raises the price to a certain extent; but an important point is this, that even if you put a considerable amount on to the price of flannelette you still keep it a very long way off the price of flannel. A poor person has the choice only of two things: either to use wool or flannel, or to use flannelette; and flannelette will bear a great addition before it comes anywhere near the price of wool or flannel.

6911. At present it is very popular, partly because it is so cheap?—Yes.

6912. If you materially raise the price of the article it would lose its popularity, *pro tanto*, possibly?—I do not think so; because, as I said just now, what are persons to wear if they cannot wear flannelette?

6913. Is it not a foregone conclusion that poor people with limited means, if they had to pay more would not be able to buy so much?—That is quite true.

6914. (*Sir Malcolm Morris.*) Is flannelette made in large bulk, so that the test would cover a large piece?—Yes, it comes in in large pieces of something like 60 or 80 yards.

6915. So that one test would cover 60 or 80 yards? Yes, I do not think the pieces are larger.

6916. (*Mr. Bramsdon.*) But you suggest that every two yards should be marked?—Yes, but not tested.

6917. (*Sir Malcolm Morris.*) But every piece would have to be tested?—Not necessarily.

6918. (*Mr. Bramsdon.*) Would you consider it a sufficient test if one roll of 70 or 80 yards were tested?—For that piece?

6919. Yes?—Certainly.

6920. That would be sufficient, you think?—Quite sufficient.

6921. Can you tell me the quantity of this article that comes from abroad?—No, I can find it out for you, but I cannot tell you; I have no idea. I know it is a very large quantity.

6922. Have you any idea of the extent to which flannelette as a whole is sold in this country?—No.

6923. Have you any idea of the proportion that comes from abroad?—No, except that I know it is a very large proportion.

6924. Do you know how many people make flannelette?—That I cannot say.

6925. In England?—That I cannot tell you.

6926. Would there be a large number of manufacturers?—There are a good many manufacturers in the Manchester district.

6927. Then there would be a great many places to which the inspector would have to go?—Yes, certainly. I suppose there would be several inspectors, and each one I suppose would be responsible for his own district.

6928. Do you suggest that every manufacturer who makes flannelette should report that fact to, say, the Home Office?—Certainly.

6929. And that it should be penal on the part of a manufacturer to sell the articles without a test having been made and the article having been properly marked?—Certainly.

6930. (*Sir Malcolm Morris.*) Is there any test in any foreign country where they make it and ship it to this country, before it is shipped to this country?—Not so far as I know.

6931. (*Mr. Bramsdon.*) Do you know how many patents there are of suggested non-inflammability remedies?—I know there are a large number, and I have been through several of them, but I cannot tell you how many there are.

6932. Are there approximately 100 non-inflammable patents in respect of flannelette?—I do not think so. There are not many. I thought you meant, generally speaking, for wood and everything else.

6933. No, I am speaking merely of flannelette. I do not want to go into any other article. How many

different patents are there, do you know, with regard to a process of rendering flannelette non-inflammable?—I should say very few, but I could not possibly give you the number.

6934. Would you say a dozen?—I should be very sorry to give any figure at all.

6935. Do I rightly gather from you that flannelette is the most inflammable of all clothing that children wear?—Yes, so far as I am aware.

6936. There is nothing to compare with it?—I know of nothing.

6937. Can you give us any idea of the proportion of inflammability between, say, flannelette and calico or linen?—I do not know.

6938. Say that the inflammability of flannelette is 100, what would be the proportion of inflammability of calico?—I could not say unless I tried the experiment.

6939. You have not tried it?—No.

6940. Is it double the inflammability of calico?—I should think so, but I can only hazard an opinion.

6941. Well, you are an expert; is that your own opinion?—Yes, but I do not wish to put it forward as an absolutely definite opinion; it is a rough opinion.

6942. (*Dr. Willcox.*) Have you made any experiments on the way in which flannelette becomes lighted. You refer in your notes to a spark?—Yes, I have tried experiments of that sort.

6943. Is flannelette easily lighted by radiant heat without an actual spark?—No, I should say not, unless it was pretty close to the flame or heat source.

6944. In your opinion generally when flannelette catches alight it is due to the flannelette coming in contact with the actual flame or a spark?—In the great majority of cases, certainly.

6945. And I take it that many other materials would burn if they came in contact with a flame or spark?—Yes, certainly they would, especially muslin and materials of that kind.

6946. After submitting flannelette to the process which you have discovered for rendering it non-inflammable, will the material burn if it is held in a flame?—That is pretty well illustrated by this little sketch I have shown you. You can make it light if you put a light at the bottom. Then if you take away the source of heat it burns upwards a bit, gradually gets less and less, and goes out.

6947. I gather that that is the surface?—No, that is the whole thing. You put the light right underneath the material so that not the surface only but the whole thing catches fire.

6948. So that it would be impossible for a garment to become completely on fire with this non-inflammable material?—Quite impossible.

6949. Even if it came in direct contact with the flame?—Yes, it would be quite impossible.

6950. And after the flannelette has been treated by your process, does the surface flash as in ordinary flannelette?—No, that is one of the great advantages of it, and, I suppose, of some of the other similar processes too; the little hairs get filled with fireproof material.

6951. And there is no flash?—None at all, or hardly any.

6952. With ordinary flannelette in contact with a flame or radiant heat, you may get flashing over a large surface?—Yes, right over the surface.

6953. But the material itself becomes ignited?—Yes, that is often the case; in fact, the material generally becomes ignited as well.

6954. Do you know whether petroleum is tested in order that the flashing point may be determined?—Yes.

6955. That is customary?—Yes.

6956. And there has been no difficulty in the practical working of it?—No.

6957. I believe there is a simple apparatus used for that?—Yes.

6958. And I take it that the apparatus which might be properly used for testing flannelette would be even more simple than the apparatus that is used for testing petroleum?—That is so.

6959. And also the number of tests per quantity of material would not be greater in the case of flannelette?—It would be very small.

6960. One test would represent a large bulk of material?—It would represent perhaps 80 yards.

6961. I do not wish to pry into your secrets, but is the material which is used in your process poisonous?—No, there is no secret in the process at all, it is all published.

6962. Then perhaps you will describe it to us?—The material used is not deleterious to the skin in the slightest degree.

6963. I mean the chemical that is used?—I mean the chemical.

6964. It is not poisonous?—Not in the slightest degree. That, of course, has been very carefully tested.

6965. (*Mr. Bramsdon.*) Is there any objection to your telling us the composition?—No, with the greatest pleasure.

6966. I presume it is included in the specification of the patent of it?—Yes.

6967. So that it is public property already?—Yes. The process may be carried out in a variety of ways. but I will give you one way in which it may be done—there are several ways given in the patent. One way is this: You pass the material through a solution of stannate of soda, you then dry the material, you then pass it through a solution of sulphate of ammonia, then you dry and wash the material so that there is no soluble salt of any kind left in the material.

6968. Is that the whole?—That is the whole. It is a very simple process.

6969. (*Dr. Willcox.*) There is some compound of tin left?—Stannic oxide is left in the fibre, and that is insoluble in the secretions of the skin.

6970. It would not be a desirable thing to eat?—I do not think it would do you much harm. You might suck it, but still it would not do any harm.

6971. (*Sir Malcolm Morris.*) It is insoluble?—It is insoluble.

6972. (*Dr. Willcox.*) And this stannic oxide is really precipitated in the actual fibre so that it never washes out?—It never washes out.

6973. Could you tell us how much it adds to the weight of the cloth; does it double it?—No, nothing like that.

6974. What percentage does it add?—I cannot tell you exactly. It adds very much to the thickness; you can tell by feeling the material that it is thicker than before treatment, but I have never investigated how much more the material gains in weight as the result of the treatment.

6975. Stannic oxide is a very heavy substance?—Yes; we have patented other processes, in which we have employed zinc or aluminium instead of tin.

6976. Do you use the same method for zinc, zincate?—No, the material in those cases was passed through tungstate of soda first and then through a soluble zinc salt, which precipitates insoluble zinc tungstate in the fibre, and that answered the purpose, but not so well.

6977. And aluminium?—And aluminium in the same way.

6978. (*Chairman.*) There are one or two more questions I want to ask you. Your experiments were all made by holding the material vertically over the flame?—Yes.

6979. You did not do it the other way—horizontally?—Yes, I have tried that, but we could not get the same comparative results in our own experiments.

6980. You did not think it so satisfactory?—We do not think it so satisfactory.

6981. One more question as regards your suggested legislation. In the second paragraph, do I rightly understand your suggestion to be that the inspector shall examine or take a sample from every piece?—That would probably not be necessary. If a lot of pieces came in one consignment from one manufacturer, I imagine he might not need to test every piece. I imagine that when a large number of bottles of wine come in a certain number only are tested.

6982. You think that it would be sufficient if, with a large consignment of material, all said to be of the same quality, a sample were taken?—Yes, I should think so.

6983. If that is so, how could the inspector see that the mark was put upon the material, because this suggested Bill, as I understand, directs that the mark shall be put at an interval of 2 yards?—The mark is put on—I have seen it done—during the manufacture of the material. When the Bradford Dyers were making a large quantity of cloth I have seen them put the mark on as the material runs through the various processes. Probably it would be simpler, in a case of that kind, if the manufacturer who sent the material to this country put the mark on himself during the process of manufacture, and then it would have to pass through the hands of the inspector before he allowed the material to be sold in this country as proof or non-inflammable.

6984. Putting a mark, with a crown, suggests that this piece of material has passed the Government test; but now your suggestion is that the manufacturer should himself put the mark on before there has been any test?—He might put the mark on himself after having received the permission of the inspector.

6985. Exactly?—My suggestion is this: As the material goes through the various processes in this country it would be stamped. The flannelette would be stamped every two yards, for instance, and the inspector would test the material before it was sent out from a place of this kind to see whether he could allow that material to go out with that mark on it.

6986. But then one mark that may be put on the material according to the Bill is "Non-proof"?—Yes.

6987. Who do you suggest should put that mark on; not the manufacturer, surely?—If it is enacted that all flannelette must be stamped, then the manufacturer must obviously send out his material to suit the requirements of the law; he must send it out marked "Proof" or he must send it out marked "Non-proof." The manufacturer himself must do the marking.

6988. It comes to this, then: your first proposition is that all flannelette sold or offered for sale shall be submitted to a Government test?—Yes.

6989. And then the next suggestion is that before delivery on sale every individual two-yards piece of flannelette shall be marked to show that the material has been tested?—Yes.

6990. That means that it has been tested by the Government?—Yes.

6991. You cannot possibly suggest that the manufacturer should, in anticipation of this test, put on a mark to the effect that it has passed the test, or that it has not passed the test?—I do not see where the difficulty is in that. I have noticed when I have been over large works belonging to the Bradford Dyers' Association, that garments are stamped as they go through the process with B.D.A., the mark of the Association, on them. Then the material is tested to see whether it really comes up to that actual standard which they require by their mark. If it does not come up to the standard they do not send it out for sale. The only difference is that in the case of flannelette the inspector would pass the material instead of the Association.

6992. What do you suggest the inspector should do if he finds material stamped "Proof," whereas he thinks it does not deserve that mark. He simply would not pass the material; he would not allow the man to send it out.

6993. I am afraid there is no provision for that?—I think the third section covers it.

6994. No, it only says that it must be marked?—"Or which has been falsely marked."

6995. (*Dr. Willcox.*) But you imply there offering for sale, and the manufacturer does not offer the thing for sale. You rather have in mind there the wholesale dealer?—Yes, in so far as the marking is concerned.

6996. (*Mr. Bramsdon.*) The value of your suggestion is that the Government shall test the article, and that it shall not be sold unless it is so marked as tested by the Government?—As passed by the Government.

6997. As marked as non-inflammable, and, presumably, as tested by the Government?—Yes.

6998. That being so, if the manufacturer were to mark the article in the first place that would be transgressing the condition that you afterwards suggest?—Not if it was understood that he was not to offer it for sale or send it out unless it passed the inspector.

6999. What about a fraudulent manufacturer?—Would it not be the same as with a fraudulent brewer who sends out material that has not passed the inspector.

7000. I do not think that is the same condition at all. A fraudulent brewer who sent out beer that had not passed the inspector would not sell his beer?—But he might send out more beer, or whatever it might be, than had actually passed through the hands of the inspector.

7001. But in your suggestion you allow the manufacturer to mark the article, and there is nothing to prevent a fraudulent manufacturer from sending out this marked article. There is nothing of that kind in the case of a brewer. May I take you to another point. You remember that you suggested that it would be identical with the case of gun barrels being tested by Government?—I thought it was similar.

7002. Am I right in understanding that in those cases the actual Government mark is placed by a Government official?—I believe so, but I am not sure.

7003. That being so, ought not the actual mark of "Proof" to be affixed by the Government inspector in this case?—If it could be done; but such a course is hardly possible.

7004. But unless some absolutely safe conditions are imposed a fraudulent manufacturer would override it, and the value of the suggestion that you make is entirely gone?—May I put it in this way: Supposing the inspector was present when this material was going to be put through the marking process, as I say is often done, and the inspector said: I have tested this cloth, and I will allow you to put that cloth through the marking process.

7005. Do not you think the actual marking ought to be done by the Government and not by the manufacturer?—Not necessarily. I only put forward these suggestions as a kind of basis. Supposing, for instance, a bale of flannelette stood in a manufacturer's works, and the inspector went up and said, "Very well, "I will allow you to put that through your machine "which affixes the Government mark to it." I do not see why there should be any difficulty. Or the alternative might be for the inspector to pass material marked by the manufacturer before it was allowed to leave the works.

7006. Could it be arranged in this way, that the actual instrument which impresses the mark should be kept and retained by the Government, and should be used on the manufacturer's machines in the presence of the inspector?—Yes.

7007. That might get over the difficulty?—Certainly.

7008. Just now I asked you several questions bearing on the subject of the expense which this might entail. I take it that you would provide that the matter should be self-supporting, that the expense of inspecting and impressing the words that you speak of should not fall upon the Exchequer?—Certainly.

7009. That it should be paid out of the article itself?—Yes.

7010. That must increase the expense of the non-inflammable article, must it not?—Yes, certainly; but to a very slight extent.

7011. Taking the broad question, it must increase the expense of it; I do not say to what degree?—Yes.

7012. You also said that you would not prevent the sale of inflammable flannelette. Do you think that the public, if they had the two articles before them, even though the one was marked inflammable, and the other non-inflammable, would purchase the dearer article and not the cheaper?—I think any mother who cared for the life of her child would certainly do so.

7013. You think, therefore, that it might reduce the number of deaths, but do you think it would do away with deaths from flannelette altogether?—I should be sorry to go so far as to say that it would do away with deaths entirely, because I feel certain that some people would still buy the other flannelette because it was cheaper.

7014. The very poor?—I do not think the very poor, as a whole, would do such a thing.

7015. I do not suggest anything improper, of course. I mean on the ground of mere poverty and inability to purchase the better article, might they not still be inclined to buy the cheaper inflammable article because of the cheaper price?—In some cases.

7016. I submit that that is a difficulty to be got over?—Yes.

7017. Do you think it might be got over by prohibiting the sale of inflammable flannelette altogether?—If it were possible to pass a measure of that kind in the face of the great opposition that there would be, I think that is the course that ought to be adopted.

7018. That leads me, of course, to a consequent question. Do you think that there would be a great outcry if the sale of inflammable flannelette was prohibited?—I think so.

7019. You think it is an impracticable question to try to prevent the sale of inflammable flannelette?—I would rather say that it would be a very difficult matter.

7020. Because of the outcry?—Yes.

7021. By whom?—The manufacturers.

7022. Not the British public as a whole?—I do not think the British public as a whole would raise any outcry at all.

7023. Not the people who save money by the cheaper article?—I do not think so, the difference in price is very small.

7024. You say that the manufacturers would raise an outcry. What manufacturers do you refer to?—The manufacturers of flannelette.

7025. But would it not be as good for one as for the other?—No; because I imagine that there are a large number of manufacturers who hold that if you insist upon all flannelette being made fireproof there is a possibility of the sale becoming less, restricting the trade. I do not hold that view myself of course.

7026. Let me try to follow you there again. Supposing that were so, would it be throwing the sale of the non-inflammable article into the hands of the patentees?—No. I should like to make that perfectly clear. There is no doubt that it would do the patentees a great deal of good, but at the same time I am of opinion that where you have discovered a process and shown that a certain thing can be done, there will most probably be half a dozen or more ways of doing that same thing; and, therefore, no doubt several people will ultimately discover and adopt processes which would produce non-inflammable flannelette.

7027. Do you think that persons who at present only produce inflammable flannelette would have a difficulty in discovering a non-inflammable flannelette patent which would not infringe your own?—As I have said, it is a very difficult problem.

7028. Then you think that they could not get a non-inflammable process without trespassing on yours?—No, I do not think that at all; I think quite the contrary. When another process is found out, it will most likely be something very different from ours, because we have covered our own ground pretty well, and, therefore, when another process is discovered, I think it would be on quite different lines from ours.

7029. At present it is a difficult thing to find a process that does not trespass on yours, and they would have to invent something on entirely different lines?—Probably.

7030. Would that be inflicting any hardship upon the present manufacturers of inflammable flannelette?—No, because the manufacturers would be in the same position as the firm which I represent were in; they would simply have to say to some expert, "Take this problem in hand and find out a process for me."

7031. Then until they discovered a proper remedy they would not be able to sell their inflammable flannelette?—Yes, they could, because they can use this process. We do not keep it to ourselves.

7032. They can use your process by paying you a royalty?—A very small royalty.

7033. That, at any rate, would restrict the trade, would it not?—I do not think so; on the contrary.

7034. There would be an increased expenditure in the business in connection with the manufacture of this article?—No, because they could pass it through the same finishers that we pass ours through.

7035. They would be dependent upon your quotation of a royalty for the manufacture of non-inflammable flannelette until they discovered a patent of their own?—They would have to make terms with us for the small royalty for which any manufacturer can use the process. They need put down no new plant, because they can pass it through the same finishers as we employ. But they must pay the royalty, of course.

7036. It really means this, that until he has discovered a patent of his own a manufacturer would be in your hands (I do not say that you would treat him improperly) until he had discovered that article?—Unless there is anything in this point that I have brought out, that there are several manufacturers who say they have discovered processes already.

7037. That follows. When I speak of you I speak of your process, or of some equally competent process?—Yes.

7038. (*Sir Malcolm Morris.*) You have devised a scheme which, it seems to me, might be feasible so far as regards inspection of English manufactures, but how is the inspector going to deal with foreign manufactures, which are the larger proportion?—I have already suggested that the foreign manufacturer might, at his own risk, put the mark on himself during the process of manufacture; the material would then have to pass the inspector before he allowed it to be sold in this country as proof or non-inflammable.

7039. You cannot tax the country with an enormous expense for carrying out a process which is to save a limited number of lives, and any suggestion must be a very simple and easy one; otherwise it is out of all practicability?—If you put a matter of that sort before an inspector who is used to doing this kind of business, do you not think he would devise some means for meeting the difficulty?

7040. (*Dr. Willcox.*) Is the flannelette in the piece wrapped round a board?—I do not know.

7041. You spoke of pieces of so many yards; are they folded round any central thing which could be stamped?—I should think very likely, and the inspector could, of course, mark the centre. But I should like to suggest that inspectors or manufacturers, or other people who are accustomed to actually deal with matters of this kind, could give you much more valuable evidence on that point than I can.

7042. (*Sir Malcolm Morris.*) The primitive idea would be to stamp it on the edge?—Yes.

7043. (*Dr. Willcox.*) Would it not be possible to stamp the edge so that the purchaser could see the stamp on it?—I should hardly think so.

7044. Assuming that it is impracticable to compel all flannelette to be of the non-inflammable type, do you think it is necessary that every piece of flannelette should be tested, both that which is inflammable and that which is non-inflammable?—No.

7045. You suggested that?—I imagine that the manufacturer would put forward the bales of flannelette which he said were non-inflammable and those would be tested and stamped; and all the rest need not be tested at all, they would only be simply marked as "Unproved."

7046. But assuming that the non-inflammable flannelette is of a particular type, and is going to be tested, do not you think it would be sufficient to assume that the other flannelette was of the inflammable variety and need not be tested and marked?—No. I think the purchaser should be able to see at once whether he was purchasing inflammable or non-inflammable flannelette.

7047. You suggest that inflammable flannelette should be marked as "non-proof." It seems to me

that you are giving an enormous amount of unnecessary work?—I think this is the maximum certainly that one could ask for. I think it is better for a person buying flannelette to see something on the edge to tell him distinctly whether it is proof or non-proof.

7048. The marking of inflammable flannelette as non-proof would raise the price of it?—Very little indeed, if it is done in the way in which I have seen similar marking done.

7049. (*Mr. Bramsdon.*) If there were no mark put upon the inflammable flannelette it would be no improvement upon the existing state of affairs?—Except that the non-inflammable flannelette would be marked for the purchaser.

7050. That, I say, is the state of things at the present time; the inflammable articles are not marked?—No.

7051. Are the non-inflammable articles marked?—No. "Non-flam" is, but the others are not.

7052. Then it would be no improvement on the existing state of affairs?—It would not, in my opinion, be a sufficient improvement.

7053. But the object of any step being taken is to show the public that what they are buying is either inflammable or non-inflammable?—Yes.

7054. And if one is not marked, an ignorant person might take it for one or the other, and there would be no improvement upon the existing state of affairs?—You mean a difficulty would arise as in the case of unmarked gun barrels.

7055. I am afraid I have not put my questions clearly to you; no doubt it is my own fault. Let me try again. At the present time there is no stamp upon the inflammable material?—No.

7056. Or upon the non-inflammable material?—No.

7057. People buy flannelette and they do not know which it is?—Yes.

7058. If the non-inflammable flannelette is marked and the inflammable is not marked and people buy the inflammable article who are not educated as to the inflammability of the article, there would be no improvement on the present state of affairs?—I should not say that there would be no improvement; because you tell them when they get the real thing.

7059. But when they do not get the real thing, they do not know the inflammability of it?—No. Therefore, I think it is a better suggestion that you should mark it all.

7060. (*Sir Malcolm Morris.*) Is there any test in parallel cases now, for example, as to whether there is arsenic in certain forms of clothes?—In wall papers.

7061. Is it tested and stamped with the Government stamp?—I do not know. Of course, it does not happen now; no arsenical wall-papers are made now.

7062. But there are arsenical socks and stockings, are there not?—I do not think so. I do not think there is such a thing on the market as an arsenical stocking.

7063. There was?—Yes, years ago; but no such dyes are used now.

7064. (*Mr. Bramsdon.*) Could you dispense altogether with the Government test if the article was marked as inflammable or non-inflammable, and throw the responsibility upon the manufacturer?—With penalties if it did not come up to the standard?

7065. If it did not comply with the guarantee, would it not come within the sale of goods under the Merchandise Marks Act? Do you follow my point?—Yes, I follow your point. I was wondering how it would work out.

7066. Throw the responsibility upon the person selling who marks a thing as inflammable or non-inflammable, thereby giving a sort of guarantee of its quality and its reputation?—I think if you insisted upon both being marked, that is to say, whether inflammable or non-inflammable, it might work possibly, provided that in the Act you put penalties upon the man who misrepresented his material.

7067. Quite so; but I mean a man who sells an article not of the nature and quality demanded, that being the quality of non-inflammability. He, in turn, gets a guarantee from the manufacturer, and he is protected?—Yes.

7068. You see that there is great difficulty occasioned by requiring a Government test?—I do not quite see why.

7069. That, you think, might be a way out of the difficulty?—I think there must be some standard of non-inflammability, and this could only be enforced by Government inspection.

7070. It is worthy of consideration?—Possibly, but in a doubtful case the Government would have to step in and make the test.

The witness withdrew.

Mr. C. H. WHIPP called in and examined.

7071. (*Chairman.*) You are, I believe, a member of the firm of Whipp Brothers and Tod, of Manchester, proprietors of "Non-flam" flannelette?—I am.

7072. You have heard what the last witness said with regard to the suggested testing and marking of flannelette?—Yes.

7073. And you think that from a business point of view it is practicable?—I think there is nothing unreasonable in it.

7074. How would you proceed. The proposition before us is that the material shall be inspected and tested, and that then a mark should be put upon it showing that it was either proof or non-proof?—The manufacturers who make the flannelette do not usually finish it. There are large centres in Lancashire where they finish for, perhaps, 20 or 30 flannelette manufacturers. Take one large firm, for instance, who finish flannelette for us. They will probably finish for 30 or 40 different manufacturers. I suppose their output must be between one and two million pieces a year; they do the finishing and nothing else; they do not make the flannelette.

7075. Where is the Government test to come in, and the Government mark?—The finishing is usually done by the machinery which puts the last process on to the cloths. The cloths are run through the machines sometimes in very large quantities—perhaps 200 to 500 pieces of the same make and quality of cloth; it goes through the machinery, and is stitched, every 80 or 90 yards, and bound together, and the machinery may be running probably the whole day in a long run on the same particular make of cloth, and with the same heading worked into it.

7076. That is the process of finishing?—Yes. First of all it goes through the Moser machine, which scratches up the fibre and raises the nap; the second stage is filling the flannelette with a solution of salts and soap, the effect of which is to lower the nap. I am not speaking of the non-inflammable flannelette process, but of ordinary flannelette.

7077. Then it would have to go through the non-inflammable process. When is that done?—Our process is just a little variation of the ordinary process. The first process, the raising of the fibre, is the same as in the ordinary flannelette, and, as Dr. Perkin has just explained, the next process is to put it through a bath of stannate of soda, then to run it through sulphate of ammonia, and afterwards wash away the soluble salts.

7078. Where is that done?—It is done on similar machinery to that used for ordinary flannelette, only it is an extra process.

7079. And it is done on this very large scale?—Yes.

7080. Again I come back to the question: Where is the Government inspector to come in?—You are asking about marking the cloth.

7081. Yes?—The marking of the cloth is usually done before it is made up.

7082. But is it possible that the Government inspector should first inspect and test it, and that then, and only then, the mark should be put on?—I think it could be very simply managed, because all these cloths are run through in great quantities, and they are run with certain headings on the cloth. They have got the same amount of yarn in them and the same heading on the cloth, and they run through the same process. Therefore, if a pile of cloth of one such make is taken, and several pieces are taken out of the pile, there is no difficulty in tracing the heading and identifying the cloth as being just of one manufacture, of one make.

7083. One class?—Yes, because every cloth has a distinguishing heading on it.

7084. Then you suggest that the inspector having this large quantity before him, it would be quite sufficient if he took one or two samples?—I do not say one or two, but I should say that he should select as many samples as he thought fit out of a pile of cloth; he could satisfy himself that a certain consignment of cloth was all of the same class, and then he could simply take his samples.

7085. That would be the testing?—Yes.

7086. When would the marking come in?—The marking would come in before it is made up into a parcel. It has to go through machinery to be bound up together before it is sent out. The marking could be done at that stage, as in the case of our "Non-flam," as it leaves the finishing machine.

7087. You suggest that there should be a Government stamp?—Yes, I would suggest that the cloth should be marked, whether it is proof or non-proof, according as the test may be.

7088. How is the inspector to know that the mark is put on the right cloth and is not put on some other cloth on some other day?—I should throw the responsibility upon the finisher.

7089. (*Sir Malcolm Morris.*) Without the Government inspector at all?—No.

7090. (*Chairman.*) Unless the Government inspector is there and sees the mark put upon the cloth that he has inspected, one does not see what security the public would have?—I do not myself see the difficulty, knowing how the finishing work is done. The Government inspector could see a consignment of cloth and he could approve of its being stamped; he could give a certificate for that cloth, authorising them to proceed with that cloth, and that cloth could be stamped in bulk.

7091. (*Sir Malcolm Morris.*) Would he be compelled to stay there and watch it done? Otherwise why should not some other cloth be substituted when his back is turned?—It would of course be always open to the inspector to come in at any time to see that his orders were being carried out, and this would be a safeguard against any substitution or fraud. I think perhaps Mr. Riley, who has great experience in the preparation of legal provisions, might deal with this question if you would permit him to do so.

The witness withdrew.

Mr. M. J. RILEY, Solicitor, Manchester, called and examined.

7092. (*Chairman.*) You, we understand, have great experience in this matter?—I have had experience in drafting clauses, and I drafted the "Note as to suggested Form of Legislation" put in by Dr. Perkin (*see* Question 6871). It was settled in consultation with him and Mr. Whipp.

7093. And you have heard the evidence which has been given to-day?—I have.

7094. Can you throw any light on this difficult question?—I will try. I would like you to observe that in the first suggested clause the words are:—"All flannelette sold or offered for sale in the United "Kingdom shall before delivery on sale be submitted to a Government test"—and that in the second clause the words, "before delivery on sale," are repeated. These words are taken from section 54 of the Patents and Designs Act of 1907, and have been in use in earlier Acts for many years with reference to the compulsory marking of every article that bears a registered design. The object of that legislation* is to give warning to the public that the design is a registered one, and the effect of it is that a person who owns a registered design is bound, before delivery on sale, to mark every article with the mark prescribed by the Board of Trade denoting that the design is registered. Failure to comply with this provision involves the loss of the copyright. So that there is nothing new in suggesting that every piece of textile goods of a particular kind, whether it be flannelette or printed calico, should bear a mark which it is compulsory to put on, and then if the mark is not put on (or if the goods are falsely marked) there is no reason why a penalty should not be imposed. That being so, I suggest in these clauses that all flannelette shall be submitted to a Government test for resistance to fire and that the test shall be made under the direction of a Home Office inspector. I imagine from what the manufacturers say, that, inasmuch as great masses of material are identical in their make or mode of manufacture, it would be an easy thing for an inspector to take sample pieces from the bulk and say, "These "samples come up to standard, and all the pieces in "this batch of goods may be marked along the selvedge "with the suggested mark of a crown and the word "'Proof.'" On the other hand, if the samples are not up to standard, the inspector would require all the pieces to be marked "Non-proof." The marking on the selvedge, I understand from the manufacturers, is a simple matter and is a practice that is in much use already.

7095. (*Sir Malcolm Morris.*) Do you propose that the inspector should actually do it himself?—No. The process would be similar to that used with regard to marking goods where you have a registered design, in which case you must show by marking every piece, that the design is registered under penalty of losing the benefit of your registration. If the inspector found the samples to be of proof he would say, "These "samples are all right, I pass them; and I autho-"rise you to mark the bulk of the goods through-"out as being of proof." Now observe in clause 3 I say, "Every person who sells or offers for sale" (this includes the manufacturer and the wholesale merchant as well as the retailer) "or has in his possession for "sale any flannelette which has not been marked in "the manner above provided, or which has been falsely "marked, shall be liable to penalties and to forfeiture "of the goods." This follows the lines of section 2 of the Merchandise Marks Act, and brings us to the question whether a dishonest act has been done—whether fraud has been practised.

7096. Whether the material is falsely marked?—Whether it is falsely marked, by being marked "Proof" when it is not of proof.

7097. My difficulty is this. The mark suggests or is evidence of the stuff having passed the Government test?—It is to be evidence, as you say, that it has been tested. Our first point, is that there shall be a test of all flannelette. Secondly, comes the question what mark is to be put on the goods. Is it to be "Proof" or "Non-proof." Now if the inspector has inspected samples taken out of a large delivery of goods, and has said, "Yes, these are all right," then if the finisher commits himself to such a fraud as to mark an article out of another delivery as being "Proof" when it is not of proof, he would come under the mischief of this clause, and one member of the Committee has observed that he might bring himself within the Merchandise Marks Act. I do not suggest that the inspector is to superintend the marking of every piece, but that he is to test samples. You have heard from a manufacturer of these goods that they

* *See* Lord Herschell's Judgment in Heath *v.* Rollason, 1898, A.C. at page 504.

are finished in large centres in Lancashire; everyone knows who the flannelette manufacturers are. The manufacturer or finisher would, as part of his daily business, send word to the inspector and say, "I have some stuff ready for testing; please come and test it." The inspector would come and select his samples and make his test and then the process of marking the bulk would be left, of course in good faith, to the person whose goods had been passed by the inspector. The inspector would always have access to the works and be able to see what was going on. If the manufacturer or finisher ventured to mark goods as being "Proof" when they were not of proof, and this was afterwards found out, I think no penalty could be too severe for him.

7098. (*Dr. Willcox.*) You would allow the manufacturer to have stamps for marking?—Yes, he would be in possession of stamps for marking. The inspector would authorise him to use the one or require him to use the other, as the case might be.

7099. (*Chairman.*) Supposing the inspector says, "This is inflammable"?—Then the manufacturer, before he delivers the goods on sale must mark every two yards with the word "Non-proof." One member of the Committee suggested the possibility of putting the mark across the edges of the piece. That alone would not give the security that is required. The security which we humbly think is necessary in the interests of the public, especially the poor, is that they should be able to see with their own eyes on every piece of flannelette they buy, and at every two or three yards, either the Crown and the word "Proof" or else the word "Non-proof." This, at any rate, is the only way to bring the fact home to purchasers, and to give them warning whether the article they are buying is proof or non-proof without requiring to ask the question of the shopkeeper. If you make it a general law that all flannelette shall be tested, it is fair to everybody all round. With regard to the large quantity that is imported from Germany and Holland, of which you have heard so much, there is no reason why the same process should not be gone through, before delivery on sale in this country. Someone said it might be done in bond, or else it might be done by means of some accredited institution whose business it should be, under inspection of a Home Office inspector, to see that the testing and marking are done in the same way as in the case of the home manufacturer.

7100. (*Sir Malcolm Morris.*) That means plant?—Yes, but a very small one.

7101. (*Chairman.*) The flannelette comes absolutely finished from abroad?—That is so.

7102. Then you do not have the same facilities for marking?—No, there would be something to be added in that respect, undoubtedly. But there are other methods. The whole of the flannelette manufacture in this country is, after all, confined within a limited area; when you have said Lancashire you have said nearly all; and it would be easy to convey the imported goods to some place in Lancashire to be dealt with.

7103. (*Sir Malcolm Morris.*) Would not that add to the price of the article,—as a question against free trade?—I hardly think we are here to talk politics, but I am anxious to say that this matter has been thought out by manufacturers as well as by Dr. Perkin, and they believe these legislative proposals to be a practical and simple plan. It is well known, as Dr. Perkin and Mr. Whipp have told you, that very large concerns such as the Bradford Dyers, are in the habit of marking great masses of goods in that way, all along the selvedge, because it suits their trade purpose and they thus advertise their goods all over the globe. The operation is simplicity itself. Any material whether made at home or abroad which was marked in advance as "Non-proof" or "Unproved" might be exempted from the formalities of test. As regards material made abroad, if a foreign manufacturer chose to standardise any part of his goods, and, at his own risk, to mark them with the "Proof" mark, then, on arrival of the goods in England, they could, before delivery on sale, be subjected to the Government test at the Manufacturer's cost. If found below the standard the marking should be cancelled, and the goods should be marked "Non-proof," and returned to him at his expense.

7104. (*Dr. Willcox.*) Is the foreign flannelette inflammable?—You ask me a trade question of which I know nothing; I cannot tell you that.

7105. Do they make the non-inflammable flannelette?—I cannot tell you that. I do not know anything about it. I was asked to prepare this note of a suggested form of legislation, and I am glad of an opportunity of trying to explain it. The object in view—on the assumption that ordinary flannelette is a dangerous substance—was to devise an effective method of warning and protecting the public against the danger. Short of some general prohibition of the sale of any flannelette but such as has been rendered permanently fire-resistant, I have been unable to think of any thoroughly effective method except to make it compulsory to give a direct caution or warning to every purchaser on the face of the article. You must, as it seems to me, establish a Government standard of resistance to fire; but if you allow the testing and marking to be merely permissive or optional, then no warning and no protection will be given in the case of the untested and unmarked material, although that will constitute much the greater bulk, until fire-resistant processes of standard efficiency come into general use. One member of the Committee has been asking questions upon the subject on the footing that there may be some precedent. The Gun Barrel Proof Act of 1868 is in point. All gun barrels in this country are required to be proved either in Birmingham or in London, where there are the statutorily established proof houses of the Gunmakers' Company in London, and of the Guardians of the Proof House in Birmingham. Every barrel made in this country has to be sent there for proof. The proof marks consist of a crown and the letters "G.P." in monogram for London, and a crown with the letters "B.C.P." for Birmingham. That is an instance in which every article in an important branch of manufactured goods has to be stamped with a statutory stamp in order to shew the public that, in the words of the statute, the barrel is "found of proof." By this Act* it is made a statutory offence to sell or export any barrel which has not been proved and marked as proved, or† to import into England small arms the barrels of which have not been duly proved abroad, without giving notice, within seven days after their arrival, to the proof masters in London and Birmingham, or to omit sending such arms within 28 days after their arrival to one of the proof houses of London or Birmingham. Each of these offences carries a penalty of 20*l.* per barrel. Imported barrels bearing duly registered foreign proof marks are exempted‡ from the provisions of the Act; but if any such barrel bears the name or mark of any English manufacturer or dealer, then such barrel is to be deemed an unproved barrel, rendering the person dealing with it liable to a penalty of 20*l.* There is another article of manufacture in point—chain cables and anchors. There, again, under the Chain Cables and Anchors Acts of 1864 and 1871, no chain cable or anchor is allowed to be used in this country unless it has been tested according to the prescribed test and stamped with the prescribed mark denoting that it has been "proved." Three links in every 15 fathoms have to be tested.§ There is a provision in the Act of 1871¶ prohibiting the sale of any chain cable, or anchor which has not been tested and marked unless the same be sold as and for old iron.

7106. (*Mr. Bramsdon.*) That quite bears out the views that we have been holding hitherto. In all those cases a test has been made by the Government representative himself?—No, the Board of Trade licenses‖ certain "testers" and appoints inspectors of their proving establishments. There are testing houses in London, Tipton, Liverpool, Glasgow, Swansea and elsewhere where tests are applied. Section 12 of the Act of 1864 makes it a misdemeanour to use a tester's stamp without his authority, or falsely to mark a chain

* Sections 108—9.
† Section 122.
‡ Section 132.
§ Section 5 (1871).
¶ Section 7 (1871.)
‖ Section 2 (1864).

cable or anchor. The tests in the cases of gun barrels, chain cables and anchors, are either scheduled to the Acts of Parliament or are laid down by a Government Department.

7107. Do I rightly gather from you that the Government licenses certain persons to affix these marks?—Yes.

7108. Then they are representatives of the Government?—Yes, but under Board of Trade inspectors. I suggest here that the testing of flannelette (though not necessarily the marking) should be done under direction of the Home Office inspector in accordance with rules and regulations of the Home Office.

7109. That is the special point that I want to get out: that the actual testing of the article with the Government mark presupposes that some Government representative or inspector will be there to affix that mark?—No, I demur to the word "affix." Seeing that, of course, cotton merchandise is so widely different in its system of manufacture in bulk from guns, chains, and anchors, I suggest that, in the case of textile materials all that is necessary is for the inspector to test samples and say, "Yes, these samples are "all right, I shall take them away, and I authorise "you to mark the bulk of the goods as being 'Proof,'" or else to say, "These samples are below the standard, "and the goods must be marked 'Non-proof.'" That, I think, is sufficient safeguard.

7110. I appreciate the fact that you are a solicitor and you look at things from the point of view of evidence. How would you justify "Proof." In a case like that, if a person sold an article that was not according to the standard "Proof," how would you prove that it was not "Proof"?—Proof is sometimes difficult, sometimes it is not difficult.

7111. How would you prove it in the case you suggest?—Let us suppose a case of a child burnt to death—the mother probably in great distress—the death is owing to a flannelette nightshirt having caught fire. What is simpler than for the mother to say, "I bought this flannelette from so and so, but I "do not know whether it was marked fire-proof or "not." Then, if you can resort to the suggestion I have made in clause 4, that the vendor must, on the invoice, say "Proof" or "Non-proof," you get your duplicate invoice at once and see whether it was Proof or Non-proof. If it was "Proof," then the mother has done the best she could; if it was "Non-proof" ——

7112. I gather all that; but supposing that the article which was purchased was an inflammable article marked with the "Non-proof" stamp of the Government, would you exempt a person from prosecution then because it was marked with the Government stamp which the Government could not prove they had affixed to it?—That could be overcome by putting into the Act a provision that all goods which have been passed by the inspector and are duly marked shall be deemed to be of the character that is impressed upon them.

7113. But how would you prove that it had been passed by the inspector, if you allow the manufacturers to imprint their own Government stamp upon the article?—Because I suggest that the rules and regulations under which this would be carried out should be such as would warrant the inspector going to the finisher and inspecting the goods, taking out samples, and saying, "Yes, I am satisfied with regard to "these samples, and the goods may be passed." If it afterwards turned out that, notwithstanding this permission, a fraud had been perpetrated and that other goods were represented to have been passed which had not been passed, then the manufacturer would be liable to prosecution.

7114. But, as a solicitor, you appreciate the enormous difficulty, of course, in bringing the offender to justice under circumstances like that?—There are difficulties.

7115. Enormous difficulties?—I do not admit enormous difficulties.

7116. Well, great difficulties?—Some difficulty. I appreciate, of course, your line of thought, that at the present moment there are a lamentable number of deaths from flannelette.

7117. We need not go into that?—No, but there is a great deal to be said in favour of taking a strong legislative step of a preventive character like this, and making the most of it, even though, as you would say, the difficulty of establishing criminal liability might sometimes arise. I agree that occasions would arise sometimes when the case could not be proved and be brought home to people.

7118. You would suggest, I take it, that a penalty should be imposed if a person were to sell an article with a Government mark which did not turn out to be according to representation?—Yes.

7119. That being a criminal offence it would have to be construed strictly?—Yes.

7120. Therefore the slightest want of proof would cause the offender to be free from punishment?—Yes.

7121. Do you think the matter would be sufficiently met under the Merchandise Marks Act without a Government stamp being put upon the article?—I do not. The Merchandise Marks Act is a fine statute and has been used to a great extent in Manchester; but the difficulty with regard to flannelette is that you want to protect the public, particularly the poor, and you will only, in my humble opinion, protect them effectually by enacting something that will bring before their eyes notice of the fact whether they are, or are not, buying a flammable (as I prefer to term it) rather than a non-flammable article.

7122. But under my suggestion those very marks would be placed on the article itself?—But who is going to compel it?

7123. The point is that the vendor must not sell the article under the Act unless it is an article of the nature demanded?—Are you going to impress the word "Flammable" or "Non-flammable"?

7124. It is a suggestion of your own friends, not made by us?—I do not know that it is the suggestion of my own friends—my clients.

7125. Say your clients?—Well, I would like to remind you that Dr. Perkin was not prepared to give evidence on the legal technicalities.

7126. But we are seeking greedily for information, and we appeal to you to afford it?—I am going to do my best to try and satisfy you.

7127. That is not quite an answer to my question. Why would it not be sufficient, say, if there was the marking of the article by the manufacturer and reliance upon the Merchandise Marks Act on the part of the seller of the article, and the warranty thereby conveyed?—I do not know by what authority or by what sanction you could compel the putting on of the requisite marks or words, unless you make a positive enactment that they shall be put on, and that it shall be criminal to put them on falsely.

7128. It is in our power to make representations, which the Government may carry into effect. You think that this could be done by a provision supplemental to the Merchandise Marks Act?—And do away with the suggested Government inspection?

7129. Yes.—Well, it seems to me, after all I have read of different coroners' remarks, that the idea prevalent all over the country is that nothing short of some general Government prohibition of the sale of flammable flannelette will be effective, and I have endeavoured to meet the situation without imposing such a prohibition.

7130. That being so, I ask you, as a solicitor, is it not a fact that the only effectual way to be able to bring offenders to justice for a breach of a condition of this kind, would be that all flannelette should have passed through some Government hands, either by means of licensees or by means of some particular style of test, so as to be able to prove effectually that any stamp should *ipso facto* be evidence of the quality of the article?—I entirely agree with that view stated generally. The only modification I have to suggest to you is that the Government inspector should be duly authorised, as in my humble opinion he might be, to make a selection of samples, and upon his selection he should be able to say, "Yes, go ahead, you may stamp "all these goods as of 'Proof,'" or else that he should

order them to be marked "Non-proof" as the case might be. Subject to that I agree with you entirely.

7131. May I just throw out one other suggestion by way of inquiry with a view of meeting the case: that you should work under the Merchandise Marks Act, plus examination by a Government inspector, with power to condemn any article in a factory that he found did not come up to the standard?—That might be done; but it is a difficult question.

7132. Do you think it could be carried out?—I doubt if it could. I am one of those who, rightly or wrongly, have been unable to believe that Parliament would prohibit generally the sale of flannelette which had not been proved non-flammable. Parliament, in my opinion, would not do such a thing. Therefore it is that I had to start from the opposite point of view, namely, that as you cannot prohibit you shall require that all flannelette be tested and marked. This would be fair to everybody all round. The other point of view, of course, is that which is put forward continually by coroners and other people all over the country. "Stop the sale of any flannelette except that which is non-flammable—prohibit it." It seems to me that that is impossible.

7133. Just summing it up again, if goods were marked under the Merchandise Marks Act———?—I do not appreciate "marked under the Merchandise Marks Act." You would require to have a statute expressly enacting the imposition of a mark, and then, after that, the Merchandise Marks Act would, as you say, come into play.

7134. Very well, that quite meets my views. If there were a statutory mark bringing this under the Merchandise Marks Act, that would throw the responsibility upon the seller and, indirectly, upon the manufacturer for the quality of the article being according to that demand?—I agree. And you might enact that it should be lawful for the manufacturer or vendor of any flannelette which has been marked "Proof" to use the word "Non-flammable" or "Safe" or "Safety," or other word to the like effect, as a form of trade description applicable to flannelette under section 3 of the Merchandise Marks Act, and then enact that it should be a false trade description, under that Act, so to describe and sell any flannelette which had not been so marked.

7135. Would it not also be an additional protection to the public, especially to the poorer classes, if the Government inspector were empowered to enter the factories of manufacturers and to inspect, with power to condemn any article apparently ready to be sent for sale which did not come up to standard?—I quite agree. If that could be carried out by legislation, everybody concerned would be only too glad of it.

7136. And you think that would meet the case?—Yes.

7137. It would not be going too far?—That is the trouble in this case—it is very difficult to avoid the charge of going too far. You must not do anything that will destroy trade; but you want to warn and protect the public. Therefore the only thing to do is to provide, as I submit, some general all-round safeguard. It is not unreasonable to expect that a preventive legislation such as I have ventured to indicate would restore public confidence in flannelette, which, I understand, has been largely lost. In that way it would prove of benefit to the trade by doing something to redress the large falling off in sales which I am informed have occurred.

7138. (*Sir Malcolm Morris.*) If a poor person goes into a small shop to buy flannelette in made-up clothes, made-up night shirts with no selvedge at all or anything of that kind, what sort of protection have they got?—I quite feel there is a difficulty in that case. I am afraid I could not answer that, because the selvedge, as you say, would be cut off.*

7139. That is how the majority of the extreme poor buy these things?—I do not know, but I am given to understand that they generally buy two or three yards off a piece.

7140. I have been making some little inquiries about some cheap shops where the extremely poor go to get things. They get made-up things and they are extraordinarily cheap, and there is no sort of test or guarantee whatever?—That may be; but my clause 4 would meet that.

7141. Supposing there was an inquest and it was found that a child was burnt and the mother said, "I bought the stuff at such and such a shop," you cannot trace it back?—I am not sure about that; you cannot make sure of it in advance

7142. It would be very difficult?—But under the 4th clause of my suggested Note, there would be the invoice, which would say where the flannelette garment had been got and whether it was "Proof" or not.

7143. Then you would put the responsibility upon the individual retailer?—Undoubtedly.

7144. That is my point, because I have a practical interest in the extreme poor who buy these things?—Undoubtedly.

7145. (*Mr. Bramsdon.*) That has been the object of my questions all through?—I would say that it should be incumbent upon whosoever sells the flannelette, whether it is the manufacturer or the wholesale dealer, the merchant or the retailer, that under this enactment there should be an obligation upon the vendor, whether he be great or small, to see that the article is properly marked and to preserve an invoice which shall give evidence of the fact.

7146. That you think would be a sufficient safeguard?—I venture to hope so. I have not presumed to draw out a Bill in Parliament for the Committee; these are only suggestions on general lines; because first of all there is your own inquiry to be concluded, then there is the opinion of Parliament to be pronounced on your representations, then after that comes the Government draughtsman to settle the mode of legislation. These are only general suggestions.

7147. Heads?—Yes, Heads. If the Committee desire it, I should be glad to submit clauses in further detail, including additions suggested by the evidence given.

7148. (*Dr. Willcox.*) It has been suggested that there would be some difficulty in controlling the stamping of flannelette. Do not you think that might be got over if the Government inspector could stamp the ends with some private stamp and then authorise the selvedge being marked; then the selvedge could be stamped by the manufacturer?—Yes, that is a very practical suggestion, that he should carry with him a little stamp, and stamp piece after piece across the edges at the end. In half-an-hour he could do over 100 pieces.

4149. That would get over the difficulty?—That would get over that difficulty, if the personal supervision of the inspector be considered necessary for every piece.

4150. (*Mr. Bramsdon.*) Does not that raise the old question as to the stamping of the whole piece on every two yards?—No; because, as I understand the suggestion, the inspector would have a stamp which he would put on the end of the piece, right across the threads. By so doing he would directly authorise the affixing of the stamp all along the selvedge, leaving the marking of the selvedge to be done by the finisher.

7151. I do not appreciate that. I cannot see that it gets over the difficulty?—I am sorry. Might I say with regard to the made-up garment, that there is not the slightest difficulty in putting a little label on the top of it, "Proof" or "Non-proof," just as the word "Unshrinkable" is commonly put on garments now.

7152. (*Sir Malcolm Morris.*) And making it compulsory on the retail man?—Yes. These suggested details are most valuable. We learn by degrees. I could not be expected to anticipate them, but they will find their place.

7153. (*Mr. Bramsdon.*) Can you tell us of any other article of textile industry that is marked with a Government stamp such as you suggest?—I am not prepared to speak positively about it, but there is not one that I know of. Our case is that the present situation calls for a new departure.

* *See* further as to this Q. 7151 below.

The witness withdrew.

Mr. WILLIAM THOMSON, F.R.S. (Edin.), F.I.C., etc., called in and examined.

7154. (*Chairman.*) You have made experiments with flannelette for the Manchester and Salford Sanitary Association, I think?—Yes.

7155. Would you first of all tell us what is the difference between flannelette and other substances as regards inflammability—I mean other materials which are commonly worn as clothing, of course?—I should say that there was no difference. When I approached the subject first, I had the idea that flannelette was something of the nature of gunpowder, and I think that was the general impression which most people in Manchester had. I commenced my experiments by setting it on fire under different conditions, and I found that the nap which everyone appeared to dread was not such a dreadful thing after all. I have been in communication with some raisers of cloth; and one of the principals of a firm, when I told him that I did not find the nap had very much to do with the danger in flannelette, smiled at me incredulously. I took some of his own flannelette and said, "Do you think, if I apply a flame to this, it will take fire and burn me when I hold my arm over it?" He replied, "Certainly." Then I asked him to apply the flame. I held my hand over it, but he could not get the flame from the nap to burn under my hand until the piece had been made hot and very dry. The nap does burn when you make the piece very dry and hot. If you set fire to it, and place the uncovered arm over the flame, it does not injuriously affect the skin; you experience a faint feeling of warmth, but that is all; it will not set fire to the fabric in 99 cases out of 100. It will, however, take fire under some conditions. I have only once been able to set fire to a piece of cloth by igniting the nap, and that was a very low class cloth which had been torn, and stretched on a frame after being dried and made very hot and ignited from the middle; the nap burned over the surface of the cloth, caught the ragged edges, and set fire to the cloth. Here I have two bits of cloth (*producing the same*). One has been raised and the other is unraised,—it is the same cloth. Perhaps you will allow me to put a flame to it, in order that you may observe the result.

7156. Perhaps you will explain the difference between the two pieces?—The raised one is flannelette and the other is not flannelette.

7157. Raising converts the one into flannelette?—Yes. Would you allow me to put a flame to this, and you will see what happens (*applying the flame*). It does not catch fire.

7158. (*Mr. Bramsdon.*) Is that "Non-flam"?—No, it is ordinary flannelette. I can set it on fire if I hold it sufficiently long. You will notice that I cannot ignite it immediately on applying the flame from a match to it. *Now* it is on fire, and it will burn up quickly.

7159. That is flannelette of an inflammable description?—No, that is what is usually called flannelette. There are some rather worse than this. This is a low quality flannelette, but there are others still lower. I have not any of the lowest at hand. If you put the flame from a match to this unraised piece, which is not flannelette, it is cotton (*applying it*), you see that the flame must remain in contact with it for some considerable time before it takes fire, but when once it ignites it burns very rapidly.

7160. As rapidly as the other?—Just about the same. It has now caught fire; it will go just as quickly as the other; there is not much difference.

7161. (*Chairman.*) Then why is flannelette more dangerous than other things?—I do not think it is. I think if you legislate for flannelette you should legislate for linen and for cotton under all conditions, and I think that should be done. I think the children under say seven years of age should not be clothed in cotton or linen at all unless they be rendered non-flammable by such a process as Dr. Perkin has described to you; but I think it should not apply to flannelette any more than to ordinary cotton or linen of any kind.

7162. You have made experiments with flannelette in particular, have you not?—Yes; it was with the object of finding what was the strong objection to flannelette, and with the object of pointing such objection, if any, out, that I was asked to make this investigation by the Manchester and Salford Sanitary Association. Therefore I approached the matter without any feeling one way or the other as to whether it was dangerous or not.

7163. You do not agree then in thinking that the presence of the nap renders it more inflammable than other things?—The nap in some low classes will ignite immediately, especially if it is hot. If you make a piece of flannelette very hot and dry it thoroughly, and then apply a match to it, the nap ignites all over at once.

7164. You mean that it will ignite?—It ignites, and burns all over at once, if it be a low class flannelette. But even when it is hot and dry, the nap on the majority of flannelettes of better quality will not ignite over an area of more than a few inches. My point therefore is that the nap on the flannelette is not as dangerous as people make it out to be. I made some experiments with a dummy child. I put the cloth made into a garment on this dummy, and then tried to set it on fire. As you have seen, the nap in some cases will flare round over a small area, but I could never get the nap to ignite all over. When the flannelette is dry and very hot, then the nap might ignite all over, but it would not do any damage to the skin of the child. But when you come to the question of young children, say up to seven years of age, I think they should be clothed in some garment which will not ignite easily, whether it be cotton or linen, or anything else. To my mind, as the result of my experiments, they are all equally dangerous with flannelette.

7165. You refer in your précis to a paper which you read in 1907, on the dangers of flannelette, before the Manchester and Salford Sanitary Association, in which you give the results of your experiments?—Yes, I give in it tables showing in what way flannelette will burn under certain conditions (*handing in the paper*).*

7166. In those experiments the material was held horizontally above the flame?—The material was held horizontally, a small hole was made in the centre, and it was fired from a small Bunsen burner, so that it burnt horizontally along the cloth until it came to the circle. The table shows how quickly it burns. I give the thickness of the cloth as measured by a small pressure arrangement by which you indicate the thickness, and it runs from about the $\frac{8}{1000}$th of an inch up to about the $\frac{17}{1000}$th of an inch in thickness; and it shows the differences in burning. For instance, the $\frac{17}{1000}$th of an inch in the ordinary condition requires 63 seconds to burn over a 5-inch radius in the cold—that is the thickest.

7167. Is that unraised?—No, that is flannelette; it is the seventh down from the top in Table C. In the ordinary condition of coldness it takes 63 seconds to burn over a 5-inch radius; that is burning all round at the same time; but when it is hot and dry it burns in 41 seconds. Then if you take muslin (washed), which is much more dangerous than flannelette, you see it burns over in nine seconds in cold and seven seconds when it is hot. So that if you legislate for flannelette, a fortiori, you must legislate for muslin, because children are very often clothed in muslin. Still I think it would be a very wise thing if it could be enacted that children, say under seven years of age, should not be clothed in any fibre of the nature of linen or cotton, whether flannelette or anything else, unless it be rendered fireproof, or approximately fireproof; Dr. Perkins' treatment makes it about as fireproof as woollen; it will burn, but the chances are that it will not burn up rapidly so as to kill the child. The asterisk put opposite the figures in the table shows where the nap flashed and went all over the piece; and the dagger shows where it not only went all over the piece, but set the cloth itself on fire. That is the only case in which a cloth was fired from the firing of the nap.

* *See* Appendices.

7168. When it was hot and dry?—When it was hot and dry; it could not be done otherwise.

7169. (*Sir Malcolm Morris.*) Does the heat of the body of the child make any difference, body heat?—I daresay it would make a little difference, but not much; you must get it so hot that you can hardly touch it—that you cannot touch it comfortably.

7170. (*Chairman.*) You have made experiments upon the dummy body of a child with flannelette, and you say that the flame had to remain in contact with the flannelette for from 3 to 5 seconds?—Yes. You saw when I put the flame in contact with this piece that it took quite a considerable time to ignite. It really requires more time for this match to be in contact with it than for a Bunsen burner; but the full flame of a Bunsen burner had to be on it for from 3 to 5 seconds before the flannelette ignited.

7171. (*Sir Malcolm Morris.*) Is there any relative difference in the pace of ignition when it is not from a flame, but from a piece of live coal that has tumbled out from a fire on to the material?—A piece of live coal would not, I think, as a rule, ignite it. If it were white hot it might do so, but an ordinary piece of red-hot coal would hardly ignite it.

7172. (*Dr. Willcox.*) I take it that an actual flame or live spark is necessary to ignite the flannelette?—Yes.

7173. Would radiant heat be likely to ignite it?—No.

7174. Not if it were near a hot fire without spark or flame?—I do not think so. I think it would char it but not ignite it.

7175. Have you compared the inflammability of wool with that of flannelette?—Not particularly, not by comparison; but I know what wool is; I know the nature of wool—I have tried to burn it, and you can set wool on fire but it will quickly and easily go out. Comparing the relative values so far as ignition is concerned of wool and of Dr. Perkins' material "Non-flam," I think they are about the same. They will both burn, but not easily.

7176. You have no idea as to the frequency with which flannelette is used as compared, say, with calico by the poor?—I think flannelette is almost universally employed for the children of the poor, so that when a child's clothes take fire you may take it generally that it has been wearing flannelette, but if they wore the ordinary unraised cotton cloth you would have just the same number of accidents as you have now, neither more nor less.

7177. That being as you say, if one were to legislate for flannelette, one would deal with most of the cases of accidents with children?—Yes, I think you would.

7178. Therefore, although it is desirable, it would hardly be necessary that legislation for flannelette should apply to calico and linen?—It is not necessary, but still I think you might legislate generally that if children below the age of, say, seven years, are clothed with cotton or linen fibres, those cloths should be rendered non-inflammable. That is so far as children are concerned. I think it would be a very important thing if you could legislate to protect the lives of little children from fire; because they will get matches and they will get fire in contact with themselves in some way or other, and if you could legislate so that their clothing would not be ablaze within a few seconds, I think it would be very desirable that you should.

7179. There would be some difficulty as regards that, because I take it that a poor mother would buy some calico, and she might make her child a night dress of it, or she might make sheets or other things of it?—True, there might be some difficulty, but I think it would be a fair thing to say that the clothing of little children should be made comparatively non-inflammable.

7180. (*Sir Malcolm Morris.*) On whom are you going to put the responsibility?—On the mothers, or the person in charge of the child.

7181. (*Dr. Willcox.*) Flannelette is used almost entirely for garments, is it not. Is it used for other purposes, so far as you know?—I should think it is generally used for garments.

7182. Whereas calico and linen are used for many other things than garments?—Yes, I suppose that is so.

7183. That being so, there is a very special need for legislation for flannelette as compared with the other things, is there not?—Yes, I think so from that point of view.

7184. (*Chairman.*) Is flannelette used only for garments; could it not be used for blankets or coverlets?—Yes, I think it might be; but generally speaking, so far as I know—I am not an authority—I should think it might be taken that flannelette is usually employed for dresses of some kind. It might be interesting if I say that I should have regarded flannelette as a better non-conductor of heat than ordinary cloth before being raised, and I have been making some experiments within the last few days, and find no difference between them; the one prevents the loss of heat just as well as the other. I have taken some bottles of water of about 60 degrees centigrade, and wrapped them the one with the ordinary "unraised" cloth, and the other with the same cloth after "raising" and the temperature falls absolutely equally in both. I have taken it in a single layer, and in several layers around the bottles. The raised one I find contracts about two inches, I should think, out of a yard, in width on being "raised" and it elongates about 2 per cent.; but when you cut a portion across the piece from the raised and from the unraised cloths and boil them in water, both become exactly the same width.

7185. (*Dr. Willcox.*) In your experiments for measuring the conductivity of the flannelette and the material from which it is made, did you have the bottle closely wrapped up in the material?—Yes, I took the full width of the piece and wrapped the bottle in it, not very tightly, but fairly tight, and then I filled the bottles with water of the same temperature from the same vessel. I then simply took the temperature every 15 minutes, and the temperature fell exactly the same in each.

7186. But do you not think that one reason why flannelette is a bad conductor is that the nap projects from the surface of the cloth, and therefore the cloth does not come in close proximity with the skin; in other words, there is a thin layer of air between the cloth and the skin, and that would apply in the case of a garment worn on the body; but in your experiments where pressure was applied that condition would not hold?—I do not think so. When flannelette is put suddenly upon the skin there is not such a feeling of coldness as when you put the unraised material directly on the skin, because you get more of the unraised fabric touching the skin at the same moment. I should have expected to find that flannelette was a much better non-conductor of heat than the unraised fabric; but my experiments show that it is not so.

7187. (*Mr. Bramsdon.*) I do not know anything about this; I ask for information. Flannelette is made from cotton?—Yes.

7188. What is the other material you tested just now; is it a piece of ordinary cotton?—It is the unraised cloth.

7189. Are they both flannelette?—The difference between them is, that the one is the woven fabric before being raised, and the other is the same fabric after being raised.

7190. The one is flannelette?—Yes.

7191. Is the other calico?—I suppose you would call it calico.

7192. That is not the cheapest article on the market?—No.

7193. What would be about the price of that article on sale?—I cannot tell you exactly, but in Table C, you will see that the price of flannelette ranges from 2½*d.* per yard.

7194. Do I rightly gather that the articles usually that are cheapest are more inflammable than those which are dearer?—There appears to be strong presumptive evidence that the very cheap article might be less dangerous than the better one, for this reason, that if a child's dress touches a flame, when it is very hot the nap will immediately flash, and this would probably make the child draw back from the flame before the fabric

becomes ignited and thus it might save its life by the nap burning up quickly and frightening it. On the other hand, if the fabric becomes ignited, whether it is a good fabric or a bad one, the whole front is in flame within seven seconds; consequently I think that the cheap fabric may be regarded from that point of view as being less dangerous than the more expensive one.

7195. Then you would expect to find that the clothes of a poor person were able to resist flame better than the clothes of a well-to-do person?—No, it is simply this: that most people have a dread of the nap. To my mind there should not be any dread of the nap at all. You can put a flame to a child's nightdress all over with a nap, and it will flare up to some extent if it is hot, but it will not ignite the fabric, and it will not do the child any harm; it may frighten it. But if you get the fabric ignited, then the dress will be ablaze within seven seconds.

7196. I do not quite follow the force of your argument—no doubt it is my fault. Let me put it in another way. If one article ignites more quickly than another, is there not very much more danger from it?—Yes, within a certain range, but that range is about one second.

7197. Let me follow on my question in this way. I take in your Table C., flannelette retail price 2½*d.*: time in seconds required to burn in ordinary condition, 18 seconds?—Yes.

7198. Then I take in your table C. again: flannelette retail price 5*d.*, time in seconds required to burn 55?—Yes.

7199. Am I not right in assuming that an article which ignites and burns in 18 seconds is a more dangerous article than one that takes 55 seconds?—Yes, that is so, but not much more dangerous. In these experiments the fabric was first put on a frame to make it taut, and then laid horizontally and ignited from the middle so that it burnt gradually towards the circumference, that is one test; but with the nightdress of a child which is hung up in this way (*describing*), the flame from a good fabric would reach the face of the child and damage a third to a fourth of the area of its skin within a few seconds; you may take it that when a third to a fourth of the child's body is damaged by fire, the child cannot live. The point I had in view was to find whether a dress of low-class flannelette when ignited would be likely to damage a child quicker than a good piece; and the result I came to was that the low-class flannelette will perhaps ignite in about a second less time than the good, but once being ignited, both the good and the bad spread upwards so rapidly that although the good piece may be burning mostly down below, the flame reaches the face within a second or two of each other. One can imagine that for a person to save the life of a child when its dress is on fire, even one second is of the utmost importance; still a second is such a short space of time that you cannot reckon on a person being there just within a second, and therefore I do not think it is a matter of very great importance. If a child's dress becomes ignited you may say for practical purposes that, whether it was made of the best flannelette or the poorest, the child is doomed if no person comes within about three seconds to save it.

7200. I really do not follow it, I am sorry. Let me try again. Do I rightly understand your table to mean that the 2½*d.* article ignites and burns in 18 seconds, whilst the 5*d.* article referred to takes 55 seconds?—Yes, in a horizontal position.

7201. You speak of the risk and danger to the child in getting burnt at all; but would it not rather be better to find that the child is not likely to get burnt and its dress is not likely to get ignited?—Yes.

7202. Does not that table seem to show that the child's dress is more likely to get ignited with the cheap article than with the better article?—Assuming that the flame is in contact with the dress, and that the clothing becomes ignited, then I think that for practical purposes there is no difference; although really the one will take about a second more to ignite than the other, for practical purposes it is only a question of that second. When once it is ignited, if you take the best flannelette, the flame will reach the face of the child within seven seconds. I determined this by using a stop-second clock, set going or stopped by touching a lever. I touched the lever to start the clock when the dress became ignited at the bottom, and when the flame had reached the face of the dummy, I touched the lever to stop it, and noted the time, which was somewhere about seven seconds; so that the child would have been enveloped in flame somewhere within seven seconds, whether it had been wearing a good or low-class flannelette dress.

7203. To revert again to my point; if a certain piece of flannelette takes 18 seconds to burn over a 5-inch radius, and another piece takes 55 seconds to burn over the same distance, does it not seem to follow that the one is more dangerous than the other?—It would seem to follow, but it is not so. If you take a good flannelette you get a greater body of cotton, and it burns up and produces sufficient flame to come to the face of the child within a few seconds, not so quickly as the thin stuff, but still so quickly that there is only seven seconds before the child is enveloped in flame when the dress is made of the best flannelette.

7204. I am taking the case of an ordinary child, not a dummy, standing in front of a fire-place with a cheap flannelette article on. Would not that child stand in greater danger, if the garment became ignited, than if it had got a better article on?—I would say yes and no to that. A child may have its clothes in contact with flame for, say, 2 seconds, before becoming ignited, if its dress were made of low-class flannelette, whereas with the better material it might take three seconds; but a margin of one second is not of much practical value when you have the child's clothes in contact with fire.

7205. You have of course read from time to time of serious accidents arising from flannelette?—Yes.

7206. You think that is an entirely mistaken idea?—Quite. Nearly everyone that I have come across has an impression that flannelette is most dangerous stuff by reason of the nap on it. Mr. Whipp himself had that impression, and I said to Mr. Whipp, "You get the worst "flannelette you can and I will put my bare arm on to "it, and you shall set the nap on fire." He promised to burn my arm in this way. Mr. Edwards came with the flannelette, and I said to him, "Give me the worst "flannelette you have; we will hang it up and I will "put my arm over it, and you set the nap on fire." I did it, but he did not burn my arm.

7207. In fact after it was ignited you found it quite comfortable, I understand?—Quite comfortable.

7208. Then do I correctly gather that you do not see any necessity for making flannelette non-inflammable?—No, I think it is most desirable.

7209. Why?—Because I think the clothing of young children ought to be made as nearly as possible non-inflammable.

7210. But not flannelette as apart from any other article?—No.

7211. Then supposing in all these suggested cases of deaths from flannelette, the chidren had been wearing ordinary calico, do you suggest that the deaths would have arisen just the same?—Exactly the same. I think you should treat all materials whether flannelette or other cotton or linen fabrics to be used for children's clothing to reduce the liability to burning rapidly.

7212. Does the amount of raising make any difference?—The more you raise it the more nap you get on it.

7213. And the more inflammable it is?—The looser the cloth is woven the more nap you can get on, and therefore the more readily it will ignite. The nap will ignite immediately you put it in contact with flame.

7214. You do not think that price has much to do with it so far as inflammability is concerned?—I think not, so far as the practical issue is concerned.

7215. (*Chairman.*) Is there anything else you wish to bring before us?—On the question of legislation, it is very easy to find whether the cloth has been properly treated so as to render it non-inflammable. I have made a large number of experiments to make cloth non-inflammable, and I have not succeeded in

getting anything which acts so well as the "non-flam" of Dr. Perkin. I tried a number of chemicals which I thought would have given as good or better results than "non-flam," but when I came to wash them I found that with one washing the flannelette would readily take fire. It is very difficult to treat this fabric so that after washing it will retain its non-inflammable quality. Consequently the test is a very simple one. If a cloth can be treated in such a way that it will stand even one washing—boiling in water and then washing with soap and water, and drying—and will remain non-inflammable, that may be passed as satisfactory. It might be taken as a test for non-inflammable material that it should stand at least one washing by boiling in water and then washing with soap and water. If it will do that, I think it might be arranged that the manufacturer have the right to mark each yard with a star or any other mark, and that any cloth bearing that mark must comply with the specified test. Then it would be a simple enough matter to treat the whole matter as is done under the Sale of Foods and Drugs Act; you take a sample, and if it does not comply with the requirements you confiscate the goods and prosecute the man.

The witness withdrew.

Adjourned to Thursday, the 1st July, at 2.15.

At the Home Office, Whitehall, S.W.

TWENTY-FIRST DAY.

Thursday, 1st July 1909.

PRESENT:

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

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

Professor G. SIMS WOODHEAD called in and examined.

7216. (*Chairman.*) You are a Doctor of Medicine?—I am.

7217. And Professor of Pathology at Cambridge University?—Yes.

7218. Do you hold any other appointment?—Only as Pathologist to the Hospital.

7219. As well as to the University?—Yes.

7220. I believe you have taken an interest in the question of deaths from flannelette?—Yes, I have been very much interested in the whole question. I saw one or two rather sad cases, that is, I came indirectly into contact with them. For a long time I was wondering whether some remedy could not be found. Then when I saw Dr. Perkin of Manchester had been able to render this flannelette at any rate less inflammable, I took an opportunity that presented itself to make inquiries concerning it.

7221. When you were in Manchester?—Well, I met Mr. Whipp at St. Annes, and he told me what was being done, and seeing that there was an opportunity of learning a good deal about this flannelette, I had a long conversation with him. His firm, afterwards, submitted a number of samples to me.

7222. He is a member of the firm that work Dr. Perkin's patent?—Yes. I obtained these samples some years ago. First of all I tried them against the ordinary flannelette and found they were very much less inflammable.

7223. Do you mind telling us how you tried them?—I tried them by the vertical test with a match, having the flannelette vertical, watching the flare, and then noting the way in which burning took place when one continued to apply the flame. I noted whether it would go out easily or not, and I noted also that one had to have, in most of these cases, certain rather favourable conditions for the burning of the ordinary flannelette, but that you could not put the flannelette under more favourable conditions for burning than by drying. In most accidents the children are playing by the fire. The flannelette becomes much drier, and everything is prepared for a conflagration.

7224. It dries off any moisture from the skin or any accidental moisture which may be on?—Yes. As soon as any flame is applied to the ordinary flannelette when so dried it flares up and you cannot put it out easily; the "non-flam" flannelette, on the other hand, does not flare in the same way at all. As soon as you take the match away you can put out any burning part easily.

7225. It smoulders rather than flares?—It smoulders rather than flares. You may even blow it out. Of course, you cannot do that at all with the ordinary flannelette.

7226. Or you can easily put it out?—Yes, you can put it out by any of the ordinary means which you take to extinguish fire. Then I tried to get the "Non-flam" in Cambridge. My wife said she would like to use it, but we found great difficulty in obtaining it.

7227. How is that?—The dealers do not like to sell it. I suppose there is less profit, or something of that kind. Only the other day, my wife went in to buy some more of it, and was interested to find what great efforts were made to press on her the other variety.

7228. The inflammable?—Yes.

7222. When they pressed on her the flannelette which is not "Non-flam," did they say anything about the inflammable qualities?—They said, practically, that they did not think there was any difference at all. My wife assured them I had tested the two kinds, and she was not going to have any other, they then let her have it.

7230. As a sort of favour?—As a sort of favour. It has happened pretty frequently. On one or two occasions when we have been getting large quantities, my wife has ordered it direct from the manufacturer.

7231. For household use?—For sheets especially.

7232. Do you use it at the Hospital at all?—No.

7233. As regards the test you applied, the match test; I suppose the inflammability of ordinary flannelette depends upon the nap?—Well, the preliminary flare does.

7234. When comparing samples of the ordinary flannelette with "non-flam" flannelette, did you choose samples with equal nap?—Yes. I took samples as nearly alike to the ordinary eye as possible. I am not an expert in flannelettes, but I took those which were

as like as possible, so that the experiment should be on fairly parallel lines. If there be a large nap, you would, in the case of the ordinary flannelette, get the flare running very rapidly and easily without much drying of the goods; but the "Non-flam" does not flare at all.

7235. Even when there is a long nap?—That is so; you can get it to light if you follow with a match, but without that it does not spread at all. As soon as it becomes dry the ordinary flannelette seems to burn very easily. Of course, if there is a certain amount of moisture in it, it does not seem to burn very easily.

7236. You mean the body moisture or that of the air?—Any moisture; as it dries off it seems to flare very easily.

7237. Like cotton wool almost?—Almost like cotton wool.

7238. In using for ordinary wear, the "non-flam" flannelette, have you and Mrs. Woodhead found it equally satisfactory?—Yes.

7239. As warm, and comfortable and soft?—Quite.

7240. It does not lose any of the useful qualities of flannelette by this treatment?—Not at all. In fact, we now use nothing else for sheets, except in summer when we use the cooler linen. They are very popular amongst our friends.

7241. They are rather like the Jaeger sheets, in fact?—Yes, the Jaeger sheet is wool, and this is cotton, but it has the same feeling to the skin.

7242. I think, having taken this interest in the question, you suggested to Messrs. Whipp Brothers and Tod, and to Dr. Perkin, that they should do some experiments before a small committee?—Yes, I thought that was the most satisfactory way of settling the question of relative inflammability of "Non-flam" and other flannelettes. Of course, my personal opinion was not worth much. I thought a small committee should go into the matter.

7243. A small scientific committee?—Yes; and if they took it up they could put on record what the results of the tests were.

7244. Where were the tests carried out?—In Cambridge. Professor Pope and I carried them out in the chemical laboratory. Mr. Bradbury brought the "Non-flam" samples.

7245. You did not wash them yourselves?—No, they were sent to a laundry.

7246. To an ordinary laundry to be washed in the ordinary way?—Yes, and a certificate was sent to say they had been washed eight or twelve times as the case might be. We took those samples and submitted them to the most trying tests we could think of.

7467. Stringent tests?—Very stringent tests, and we were satisfied that "Non-flams" were not more inflammable than wool. They were certainly very much less inflammable than the ordinary flannelette treated under the same conditions.

7248. Will you tell me of whom the committee consisted? Were you yourself the Chairman?—No, we were simply a committee. We did not all meet. Sir William Ramsay—

7249. He is President of the University College, London?—Yes. Dr. Kelynack, a doctor in London. Then Professor Pope, our professor of Chemistry in Cambridge, and the other gentleman I do not know personally, as I have not met him, Mr. J. C. Cain.

7250. He is editor of the Journal of the Chemical Society?—That is so.

7251. Did they carry out any experiments?—Yes, the same experiments were made before all of us. I simply drafted the Report.

7252. Will you kindly read the Report?—Certainly. "We, the undersigned have recently had an opportunity of witnessing and controlling a number of interesting experiments on the variety of flannelette known as Dr. Perkin's 'Non-flam.' The results obtained are so interesting and important that we feel justified in communicating our observations to your Committee. We have watched the testing of a number of typical samples of 'Non-flam' and find that it exhibits a quite remarkable resistance to flame, not only before washing, but even after six and twelve washings with hot water and soap. In our opinion, the material is as safe as woollen flannel; indeed, all the samples we saw tested were *less* in flammable than such woollen flannel at three-and-a-half times the price. We consider, therefore, that the great danger of the occurrence of injury and death by burning through the rapid ignition and persistent flaming so long associated with ordinary flannelette is removed by Dr. Perkin's method of preparation. We have also carefully considered the process by which the fire-proofing is brought about and are convinced that nothing is added to the cloth, which can, in any way, render it injurious to the skin, a view which is confirmed by the experience of those of us who have worn or used the material for some years."

7253. Has this patent been in existence for some years or have you used the flannelette for some years?—I have used the flannelette since 1905. "We are of opinion that Dr. Perkin has succeeded in treating cotton fabrics by his 'Non-flam' process in such a way that they are rendered permanently resistant to fire. Other methods may, of course, be discovered for bringing about the same result, but, in the meantime, in view of the numerous accidents that have occurred in recent years, we hope that measures will be taken to put a stop to the sale of inflammable flannelette to be used in the manufacture of articles of clothing."

7254. That is signed by the whole of you?—Yes.

7255. Did you make any experiments with some other processes which render flannelette less dangerous?—We took the short nap flannelettes. Those were the only ones we tried.

7256. That is no "process" at all. It is simply mechanical safety?—Yes.

7257. But there are some other processes as you know?—I believe there are.

7258. You have not tested those?—No.

7259. You cannot give us any comparative results?—No, only with regard to the untreated and the "non-flam" flannelette.

7260. Which latter you found satisfactory?—Yes. It is the only one of which I have ever been able to obtain samples. They are the only two on sale in Cambridge—the untreated and the "non-flam."

7261. There are several lots of untreated?—Yes.

7262. But there is no other treated flannelette?—No, not chemically; they are all mechanical. I suppose it is simply a question of finish of the surface—the removal of the nap.

7263. I thought on the market there were certain others. Are not there sold flannelettes which are said to be safe which have been treated with tungstate of soda or alum?—Yes. Here, however, I believe the trouble is that the chemicals wash out so easily.

7264. Did you work out comparative tests of a series of washings to find out how the inflammability grew?—Yes, I did that in 1905 when I was going rather keenly into the question. I had a number of these various flannelettes washed thoroughly. We then dried them and treated them as before. We did not understand at the time, but the only condition in which you can get the "Non-flam" to lose some of that resistance is by putting it for a long time through pure water.

7265. I suppose distilled water most of all?—Yes. We were testing the "Non-flam" for bacteriological purposes, that is we were trying whether any of the proofing material would come out of the stuff into solution, and prevent the growth of bacteria, and whether, as a result of the action of the secretions of the skin on the material, it became more soluble. We never got anything out into solution that we could detect in any way either by chemical or bacteriological tests, but it seemed that after a prolonged washing in very pure water the "Non-flam" was not so fire resistant.

7266. Did ordinary washing produce any change?—Not the slightest change.

7267. I suppose very few of our things are washed in chemically pure water in this world?—Very few indeed, I should think. Putting it through the ordinary washing it is not effective.

7268. Soap has no effect?—No.

7269. Did you try different kinds of soap?—No, only the ordinary laundry soap.

7270. There are various chemical soaps which are recommended to laundries which we know destroy our clothes. They did not try any of those?—No, at least I hope not.

7271. (*Sir Malcolm Morris.*) Have you read the evidence of Mr. William Thomson?—Yes, your secretary kindly sent me a copy of the evidence and I have gone over it pretty carefully.

7272. Perhaps you will give us your criticism upon it?—I think that the question of dryness is a very important one. Unfortunately that is exactly the condition in which the child's things are when a fire occurs. The flannelette is actually prepared for the accident. That is the first note I made. Then comes the question of using these cotton substances for children. Of course one knows that cottons are dangerous, but I think that these flannelettes are rather more dangerous than ordinary cottons because of this nap. The cotton does not flare quite so easily. It will burn readily if a cinder falls upon it.

7273. Have you made any comparative experiments on the question of fire risk?—Yes.

7274. Then you do not agree with the statement that flannelette is not more dangerous so far as fire risk is concerned than either cotton or linen fabric?—I think that the nap makes the flannelette ignite more readily; moreover, untreated cotton in any form is certainly far more inflammable than is wool.

7275. That is founded upon actual experiment?—Yes.

7276. The cotton residue in a cotton factory is actually explosive?—It is not the residue; it is the very fine particulate cotton in the atmosphere that is so very "explosive."

7277. Would you call that a fluff?—It is a very fine fluff. It is the nap broken up somewhat more finely. It is explosive simply because it burns so easily.

7278. Mr. Thomson says that it is questionable whether low class flannelette for children's dresses is not less dangerous than better class flannelette or ordinary cotton or linen fabrics because the nap (but only when the dress is new) would ignite immediately on coming in contact with flame, and this might frighten the child and cause it to draw back before the fabric itself became ignited?—I do not know whether I should agree with that or not. If it gets as far as that I am afraid the flannelette would be so dangerous that one would scarcely like to draw any comparison. It is a very different thing to carry out experiments with flannelette where you have a small area, say putting a piece of flannelette hanging over the arm, to having the same experiment carried out with a child standing before the fire.

7279. With a loose garment?—Yes, where everything is prepared for accident. It is a very different thing.

7280. The conditions are different?—The conditions are different.

7281. Have you any comment to make on his answer to question 7194?—I should answer that by quoting the end of answer 7199, Mr. Thomson's own answer: "If a child's dress becomes ignited, you may say, for "practical purposes, that, whether it was made of the "best flannelette or the poorest, the child is doomed if "no person comes within about three seconds to save it."

7282. (*Sir Horatio Shephard.*) Do you agree with that?—I agree with the last sentence.

7283. The point he made was that the number of seconds difference is so small that really it does not much matter. It is only a difference of two or three seconds, whether the child is wearing "Non-flam" or ordinary flannelette?—Yes.

7284. (*Chairman.*) That you do not agree with?—Not as to "Non-flam." I think that the comparison made by Mr. Thomson is between the better and the lower qualities of ordinary untreated flannelette. If you will look at question 7194 you will notice he says: "On the other hand, if the fabric becomes "ignited, whether it is a good fabric or a bad one, "the whole front is in flame within seven seconds; "consequently I think that the cheap fabric may be "regarded from that point of view as being less "dangerous than the more expensive one." He is comparing ordinary flannelette, the good and cheap qualities.

7285. But he has not examined "Non-flam" flannelette nor given evidence about that?—He does not compare them at all.

7286. (*Dr. Willcox.*) When the nap of flannelette ignites is it usual for the material to ignite also or does the flame just spread over the nap and then go out?—It really depends on the way the flannelette is hanging and on its dryness. If there is even a small amount of moisture in ordinary flannelette it is rather difficult to ignite it straight away. It flares and then it does not ignite very readily. But if it is dry the flare is followed almost invariably by the ignition of the texture.

7287. (*Sir Malcolm Morris.*) Is that consequent upon the number of washings?—No, it is a question of moisture.

7288. Does it get dryer and dryer with the more washings?—No, I think repeated washings make more of a nap.

7289. Therefore you think it gets more dangerous with more washings?—Not in the case of the "Non-flam," but the other seems to get looser in texture and the surface gets broken up in washing. It loses the "finish" I think they call it.

7290. (*Dr. Willcox.*) Does the ordinary flannelette ignite from mere radiant heat or is it necessary for a spark or flame to touch it in order to start it?—I think it is necessary to have a spark or flame. I do not think radiant heat will ignite any flannelette. It prepares it for ignition.

7291. It must have an actual spark or flame?—Yes.

7292. And that spark or flame which ignites the flannelette would probably ignite cotton material?—Yes, I think it might, but not so easily because of the want of nap.

7293. The real need of legislation with regard to flannelette is that it is a common article of clothing?—Yes.

7294. It would be as well that such articles should be non-inflammable?—Yes, I think they should, but, as a matter of fact, the "non-flam" is, as yet, little used, especially for the children who are not well cared for and looked after.

7295. As regards the test you applied—we have had two tests described to us—was there any particular type?—I prefer the match test with the flannelette held vertically, because that is the condition under which firing of clothing takes place. When a child stands before a fire its dress is hanging. One can hold it horizontally, but I do not think it gives quite the same satisfactory test. If you have it hanging you can tell how far and in what direction the flame spreads, whether it spreads laterally, and whether it spreads beyond the site of application of the flame.

7296. Do you apply a flame to the free edge or to the surface?—Both—to the surface for the nap, and to the free edge for the fabric.

7297. When applied to the surface generally the material would not catch fire?—No, not so easily.

7298. To the edge it would?—Yes, it would ignite more easily. It is very important to note the way it burns when you apply the flame to the edge. If you find that the burning continues and makes a broad band, I consider that we are dealing with a dangerous material. If it goes up and tails off very rapidly I consider that it is far less dangerous. It affords evidence that under ordinary conditions it would not continue to burn. You could put it out much more easily. I do not know whether I should be in order in saying anything about the marking of flannelette? Of course I have no technical experience.

7299. (*Chairman.*) Any suggestion you have to make, will you please make?—I look at it from the point of view of the surgeon. From the point of view of the surgeon and medical man I should very much like to see all flannelettes marked.

7300. You would like to see it marked "inflammable" unless it would answer a certain test?—There is such an enormous quantity of dangerous material being

sold that I should treat it as I should a poison in a chemist's shop.

7301. You would like it plainly marked "inflammable" unless it answered a certain test?—Yes. A test could be agreed upon and then the flannelette should be marked as to whether it complies with the demands of the test or not.

7302. It should be always sold with a label "inflammable" unless it came from the stock which answered the Government test?—Yes, it does not matter about marking something which is not inflammable, but the inflammable material I think ought to be marked, because it is undoubtedly a very dangerous thing.

7303. (*Sir Malcolm Morris.*) Upon whom would you put the responsibility with regard to made-up clothes which are sold in poor districts?—If it is made from material which is marked "inflammable" I think the mark should be put on the garment also.

7304. (*Chairman.*) That is to say, unless the tradesman who sells the made-up article has some good and sufficient reason for knowing that it has been treated properly, he ought to mark it as "inflammable"?—Yes. A chemist has to do that with every poison he sends out. He has to mark it in order to warn the people who use it that it must be treated as a poisonous substance.

7305. One knows with the liniment one buys there is a red label with "poison" on it?—Yes. I notice in some of this evidence that the question of margarine marking is mentioned. If we mark a substance because it may have a rather less nutritive value, and to protect the trader (and of course it is well that traders should be protected) I think we should mark flannelette "inflammable." I see the question of free trade was raised. Strong Free Trader as I am, I should like to see every flannelette, wherever it comes from, if it is inflammable, marked "inflammable."

7306. I do not know that there is anything opposed to Free Trade in giving the true denomination of an article?—That was raised as one of the objections that it would interfere with the free supply of a commodity.

7307. You mean on the old Manchester doctrine that adulteration was a form of competition?—Yes.

7308. I think most people nowadays would agree that a person buying an article is entitled to see that he has the article which he is buying?—Yes.

7309. (*Sir Malcolm Morris.*) There is another point; we have to protect the ignorant who do not know the difference?—Yes, the ignorant do not know the difference and the shopkeepers do not know the difference.

7310. Not in a small shop?—No, and not even in a large shop.

7311. (*Sir Horatio Shephard.*) For the purposes of comparison did you have various sorts of flannelette?—Yes.

7312. At various prices?—Yes.

7313. Was there any difference resulting from cheapness or dearness of the article?—Not in the ultimate burning, but there is as regards the flare. The good flannelettes with the nap removed do not flare in the same way as do the cheap flannelettes.

7314. You had a variety of flannelettes, but no other treated flannelette than "Non-flam"?—That is so.

7315. (*Chairman.*) What is the difference of price which you had to pay?—I really could not say, but probably between 4½*d.* and 9*d.*

7316. (*Sir Malcolm Morris.*) What was your cheapest; did you go down to 2½*d.*?—I do not think I ever had one down to that.

7317. We had it in evidence?—I think it is quite likely. It is very cheap.

7318. (*Sir Horatio Shephard.*) 3*d.*, 2½*d.*, and 2*d.*?—I believe the treatment costs from ¾*d.* to a 1*d.* a yard. It takes for the broad flannelette 1*d.* per yard, and for the narrower form I think it is ¾*d.* Dr. Perkin said that flannelette may be obtained for as low a price as 2*d.* a yard.

7319. But he does not say what the additional cost would be?—No, but it is given somewhere.

The witness withdrew.

Mr. C. H. Whipp recalled.

7320. (*Chairman.*) Perhaps you can tell us the cost of your process. Is there a common breadth?—Yes, 27 inches, 32 inches, and 36 inches.

7321. Whatever the quality of flanelette, is the price of applying your process the same?—Up to 32 inches, ¾*d.* a yard.

7322. Whether it is a long nap flannelette, or whatever it is?—That is so, and if it is a yard wide it would be 1*d.* If the process was in general use it would, of course, cost less.

7323. To the ordinary price of flannelette you must add ¾*d.* or 1*d.* a yard?—Yes, ¾*d.* up to 32 inches; that is what children's garments are made from. Girls up to 18 or 20 will generally use flannelette to 32 inches width. We make a great quantity for the underclothing trade.

7324. What is the actual cost of the process?—¾*d.* a yard up to 32 inches wide.

7325. If a manufacturer sent you so many thousand yards you would do it for him at that price?—Yes, for any manufacturer.

7326. Can he make any arrangement by which he is able to use the process?—Yes, by applying to the finisher. The process is carried on by a large finisher in Rochdale.

7327. Not by your own firm?—No.

7328. Can he get a licence to use your process in his own premises or has that never been considered yet?—It has never been considered yet. We have granted a licence to Samuel Heap & Sons of Rochdale.

7329. They do the whole of the work at present?—Yes.

7330. You have not had to consider yet the case of a manufacturer manufacturing a little distance off who has applied to you for a licence?—We have been approached on that subject.

7331. That would save the cost of carriage to and fro?—Yes.

7332. Are there any manufacturers who finish in their own mills, or are the cloths all sent to finishers?—I think there are one or two who finish their own cloths as well as manufacture them.

7333. The convenient thing for them would be to do it themselves?—Yes.

7334. I forget whether under the Patent Laws licences are optional or obligatory?—I could not say.

7335. On reasonable terms your firm would grant licences?—Yes.

7336. Are there many firms who manufacture flannelette near Manchester?—A great number.

7337. But they practically all send their products to finishers?—Yes.

7338. Are there any other flannelette manufacturers outside the Manchester district?—Yes, especially in the neighbourhood of Burnley and Nelson. There are several large makers in Manchester.

7339. It is all in what we may call the cotton manufacturing part of the country?—Yes.

7340. There are no factories down here for instance?—No.

7341. Have you examined any German samples? There is a good deal of imported German material?—Yes, a great quantity.

7342. Have they any method of treatment on the same lines as yours?—I have not seen any. The great quantity which comes from Germany is printed flannelette and is not used for children's garments; it is used for dressing gowns and blouses. A great quantity

of very fluffy cloth comes from Holland which is used for garments. It is in self colours with a thick and long nap, and is largely used for skirts for girls and women. I do not think a great deal of that is used for children's clothing.

7343. So far as you know, no process is used similar to yours?—No permanent process. There are other processes.

7344. Which render it non-inflammable for several washings?—No.

7345. Tungstate of soda is one?—Yes. Tungstate of soda renders the goods temporarily fire proof, but one washing in soap in hot water entirely removes it, and the goods are as dangerous as before.

7346. Alum?—Yes, and borax; the same remark applies to them.

The witness withdrew.

Mr. Leonard Arthur Parry, M.D., B.S., F.R.C.S., L.R.C.P., called in and examined.

7347. (*Chairman*) You live at Hove, Brighton?—Yes.

7348. What hospital appointment do you hold there?—Assistant Surgeon to the Children's Hospital, Brighton.

7349. You have taken a considerable interest in this question of flannelette burning?—Yes.

7350. Have you had cases in your own practice of children burned to death through flannelette?—Yes. We have had them in the hospital.

7351. Have you had any in your own wards?—Yes; we have had cases of deaths from burning where flannelette garments were used. Practically every death or serious accident from burning is from a flannelette garment. In nearly every case the children have been wearing flannelette garments. It is almost universal among the children of the poor.

7352. How many deaths from burning have you had in the hospital?—A very small number in Brighton. It is the total number in the country which is the important factor—1,400 per annum of deaths of children under five, and for every death there are about 10 cases of serious injury.

7353. There are 1,400 deaths from burning per annum of children under five?—Yes.

7354. Other people have given us 400 as the number?—I do not say the 1,400 are all due to wearing flannelette; I say there are 1,400 children under five years of age who are burned or scalded to death.

7355. That includes scaldings?—Yes. Those figures are taken from the Registrar-General's returns.

7356. He lumps together burns and scalds?—Yes, but I can let you have them separately.

7357. I made inquiries at the London Hospital and I found that a large number of children had been scalded and hardly any had been burned?—There was a Return given by the Home Secretary in the House of Commons the other day; in the County and City of London there were 104 burns to 20 scalds. Last year in England and Wales there were 884 burns to 114 scalds.

7358. That would include children in houses which were on fire?—No, it does not includes deaths from conflagrations. Those are children who are burned to death in the ordinary acceptance of the term.

7359. On their own account as it were?—Yes. The Registrar-General has a special return of deaths from conflagrations. Those figures were for 1904. I think those were the latest available.

7360. Anyhow it is a very serious question and you have paid considerable attention to it?—Yes, I think it is an exceedingly serious question.

7361. Something has been done by section 15 of the new Children Act?—Yes, it punishes the parents for allowing their children to be burned to death, but that does not prevent it. Section 15 only punishes the parent if a child is burned to death or burned seriously; it does not do anything in the way of prevention, except the moral influence of the fear of a fine.

7362. What is your practical suggestion—have you any practical suggestion to make? It is always difficult to prevent any negligent act?—In the first place, I am quite convinced it is not going to be by any legislation on the flannelette question that you are going to prevent burns. Flannelette is a very cheap article of clothing and very useful. It is warm and cheap. Those are the two great advantages of it to the public. They can get it from 1¾*d.* per yard upwards. It is rather difficult to get it for that, but it is common and easy enough to get it for 2¾*d.* But it is procurable at 1¾*d.* per yard; I have the authority of the "Drapers' Review" for that. I have never been able to get it for that myself, but I can get it for 2¾*d.* in my town. There are two remedies which the flannelette people have suggested. One of them is to soak their material in a chemical which renders it permanently non-inflammable; the second is to use various solutions, patent and otherwise, each time the material is washed.

7363. For instance, washing in alum or tungstate of soda?—Alum is cheapest, and therefore I have taken that as a type, but alum and borax solutions and various patents, such as "flame-off," are suggested, but I am certain a poor woman would not use them. It is an extra trouble and expense each time of washing, and I am convinced that, although the expense and trouble are not great, you would never get a poor mother to do that every time the article is washed; therefore I do not believe any temporary solution is any good at all.

7364. I suppose these things could not be combined with soap?—"Flame-off" is combined with starch; I have never been able to get one combined with soap. "Flame-off" is simply a mixture of alum and starch; of course you pay for the title. It is much better to pay for the alum separately. One method has been suggested to make it permanently non-inflammable, but it is not effective. I can prove it. The patent material called "Non-flam" is sold; the cheapest procurable is 6¾*d.* per yard.

7365. We have had evidence that the actual cost of applying the "Non-flam treatment" is ¾*d.* a yard, or in the case of broad flannelette, 1*d.* a yard?—You cannot buy "Non-flam" under 6¾*d.* per yard.

7366. Not in Brighton, at any rate?—No; and I have gone direct to the agents of the "Non-flam" people whom they themselves recommended to me. As a matter of fact, I happen to know the manager of the agents, and he tells me it could not be sold under. If "Non-flam" is sold under 6¾*d.* the profit he gets now is so exceedingly slight that the material so sold cannot be genuine.

7367. If that be so the reason would be this, that it is only worth while to apply this process to the better kinds of flannelette?—That probably might be so. I do not say that the 6¾*d.* "Non-flam" is a 2¾*d.* flannelette. I know nothing of the qualities. My statement is this: a poor woman whose income is reckoned in shillings can buy flannelette at 2¾*d.* a yard, but she cannot buy "Non-flam" cheaper than 6¾*d.* I am only speaking of Brighton.

7368. That is a very large representative town?—Yes, with cheap and dear class and middle class drapers. This "Non-flam," if it is washed, unless it is washed in a certain way, is not flame proof; that the "Non-flam" people acknowledge themselves. The "Non-flam" people say that unless "Non-flam" is washed so that a certain amount of alkaline soap is left in it after the final rinsing, it will burn almost, if not quite, as readily as the ordinary flannelette.

7369. You mean soap must be used with the washing?—Yes, it must be wrung out finally in soapy water. They say if it is to be kept non-inflammable it must be wrung out finally in soapy water.

7370. You are aware that a committee in Cambridge have tried similar experiments?—I have the stuff in my pocket if you would like me to show it to you. I have it in writing from the "Non-flam" people in an eight-page letter. Perhaps I had better read the letter. It

is not a private letter—it is not marked private, and it is in answer to a public letter of mine.* It says "We "may take a piece of our best 'Non-flam' and by a "short immersion in a very weak acid, such as acetic, "or by steeping it in running pure water without even "rubbing, make it so that it burns as easily as ordinary "flannelette."

7371. Would that be distilled water?—No, tap water. That is their own statement, and it is accurate. The "Non-flam" people say every washerwoman who knows anything about washing invariably wrings out flannelette in soapy water and leaves soap in it in the end.

7372. In order to keep the non-inflammable character there must be some alkali?—Yes. Ordinary soap is enough, and they say the ordinary washerwoman does that because she knows it is the best way to wash flannelette; but that is not the fact. I got my school nurse to make inquiries: "How do you wash ordinary flannelette?" and the only instruction I gave was that she was not to ask professional washerwomen.

7373. You mean she was to ask the ordinary poor woman washing in her own house?—Yes. She asked 12, and they replied, without a single exception, that they washed it in the ordinary way in soap and water, and finally, in order to leave no trace of soap, wrung it out in pure water. They said if you leave any soap in it makes it stiff and uncomfortable for the child to wear. I have a piece of "Non-flam" in my pocket, a portion of a garment worn by one of my children. I gave it to my nurse to wash without any instructions, and I will burn it before you now. I will show you the "Non-flam" and the ordinary common flannelette at 3¾*d.* *(The witness experimented with various kinds of flannelette in order to show to the Committee their degree*

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* The following is a copy of the letter from which the witness quotes:—

DEAR SIR, March 22nd, 1909.

OUR attention has been called to an outspoken and suggestive letter of yours in the "Brighton Herald" of 12th March, and we take the liberty of writing you in reference to the same.

We wish, in the first place, to say that, except on one point, we cordially agree with everything you say; so much so, that even although the one point to which we refer tells against us, we should be glad if your letter even as it stands could be reproduced in every newspaper in England.

It is refreshing to find an M.D. speaking so bravely with such evident determination to get at the facts, and to such practical purpose on the flannelette question.

Having said this, which is no more than your letter deserves, may we submit that on one point, for reasons which we hope to be able to make clear, you have fallen into an error? We refer to your statement that a certain "patent material" (which is, of course, our own Non-flam) much advertised, especially by coroners, certainly burns with great difficulty before washing, but catches fire almost as readily as ordinary flannelette after repeated washings.

Allow us to say first that we believe your experiments have been made and that you have given the above opinion quite conscientiously. Also, from your remarks about flannel it is evident that you are aware—as, somewhat strangely, few people seem to be, that the cheaper flannels, as ordinarily used for underwear, burn with comparative readiness; and we have no doubt, therefore, that the standard of safety which you would demand before pronouncing an alleged permanently safe flannelette really to be so is not an impossible one. You would not require a flannelette with the absolute resistance of asbestos, but would be satisfied with one with the comparative resistance of a common flannel. Lastly, you are evidently quite alive to the reality of the flannelette danger, and will undoubtedly welcome any honest attempt to lessen it.

On this latter point, by the way, may we call your attention to one fact in statistics which is not so widely known as it ought to be, but which you might care to use in some future letter or lecture. A comparison of the deaths from burns only as given in the Registrar-General's Returns for the five years 1880-84 which immediately preceded the invention of flannelette and the last five years, 1902-6, for which returns are available, show that such deaths in the case of children of both sexes up to the age of five have increased by 62 per cent.; in the case of females over five have increased by 41 per cent., and in the case of males over five, have decreased by 13 per cent., in other words, in the class who wear most flannelette, and that, usually unprotected by outer woollen clothing, the deaths have increased by from 41 per cent. to 62 per cent., and in the class who wear little flannelette and that generally protected by outer woollen garments, they have decreased by 13 per cent. This by the way.

To come to our point—and to make that point clear, we must mention briefly the details of our process. As you will be aware, it is the invention of Professor W. H. Perkin, F.R.S., of the Victoria University, Manchester. For seven and a half years he and his assistants have worked at this problem and the experiments made can be counted literally by tens of thousands. It is not, of course, utterly impossible, but it is certainly very unlikely, that any better process than that which produces Non-flam will ever be discovered so far as prevention of deaths by making flannelette less inflammable is concerned and—you will admit that that, as well as the fire-guard, is well worthy of consideration—we may consider that for all practical purposes the last word has been said. It remains to make the best use of it.

The principal body added to the cellulose to make up the fire-proofing combination is stannic oxide—at least 99 per cent. of it consisting of this. It forms a strong, in Dr. Perkin's opinion, true chemical combination with the cellulose; one not removed by wear or any ordinary washing. It has several further, and indeed, necessary good points, such as that it is non-poisonous, non-irritant, insoluble in water, colourless, &c. But pure stannic oxide does not fire-proof. We may take a piece of our best proofed Non-flam, and by short immersion in a very weak acid (such as acetic) or by steeping in running pure water without even rubbing, make it so that it burns as easily as ordinary flannelette, and yet the whole of the stannic oxide remains in it.

The fact is that a very small amount of soda or other alkali is necessary, along with the stannic oxide and cellulose combination, to make the fibre fire-resisting—so small an amount under ordinary circumstances that the free alkali in a common washing soap, or, rather, the almost infinitesimal amount which is left in the cloth after an ordinary domestic wash is sufficient to keep up the balance. If a piece of Non-flam is washed (either with or without a preliminary but not too long steeping in water containing a soap solution) with plenty of soap to form a good lather, and then rinsed in water, but not beyond the point at which the water on wringing runs a little milky, showing that a little soapy water still remains in the cloth, it will be found to have lost scarcely any of its fire-proof qualities even after repeated washings. Our ordinary laboratory test for the goods as we run them is three such soapings, and then the material, dried and hung

[*Footnote continued.*

up, is lit upon the raw selvedge, and the flame must burn to a point and go out within some seven or eight inches—a thing which even common flannel will not do. As a rule, it goes out within three inches. We have often tried the material to ten such washings with similar results. Two months ago we had a special test made. We took some of our Non-flam from stock, had it made into garments, and these were sent out to be washed twenty consecutive times and the material dried between each washing. They have been returned to us with a guarantee that they have been so washed . . . twenty times, and the utmost that we can get from them in the way of burning is that the flame burns to a point and dies out within 12 to 15 inches. Such flannel undergarments as we have tested do not so burn out to a point. They continue burning. But in both cases the flame is easily extinguished. A shake of the garment, a touch with the hand, is sufficient. The struggles of a child would put it out. But with ordinary flannelette any such attempts to put it out only make it burn the more fiercely.

You may, perhaps, ask why we have not issued instructions as to the method of washing to be adopted with Non-flam. The matter has been often under discussion; but it has never been done for two reasons. One is that to issue such instructions would create suspicion—a distrust of a material for which any special care or trouble, or process is necessary; exactly such reasons as will always militate against the employment of any of the well known methods of steeping flannelette garments in borax or other solution after washing, to make them temporarily fireproof. The other reason is that upon enquiry we are satisfied that 99 times out of a hundred, the method which is followed in the domestic wash could hardly be improved upon. Practically all housewives are aware that the colours used in flannelette are such as run if steeped in pure water; the common household soap is more alkaline than that used in the bath; the cleansing properties of soap are believed in, and it is not stinted; and the clothes after washing are seldom, if ever, rinsed, until no soap is left in them. The housewife believes in the sweetness of soap and Non-flam benefits by her belief. For these reasons, so far as washing instructions are concerned, we have always concluded that it was best to leave well alone.

We have trespassed on your patience at great length, but we wish to make this point clear, and if you now wish to repeat your experiments with Non-flam, we should be pleased to know it. May we add, in conclusion, that we consider your suggestion as to fireguards eminently practical and hope that it will be pressed until it is tried. We never discourage the cult of the fireguard, quite the contrary. We have sent out about 5,000,000 yards of Non-flam, equal, perhaps, to some 1¼ million garments, and we have yet to hear of the first fatality where it was in use, whilst we have received, almost daily, testimonials as to its having saved some child's life. But accidents will happen with Non-flam as they do with flannel and the fireguard is an extra safeguard.

Yours faithfully,
for Whipp Bros. & Tod,
The Patentees of Non-flam,
S. BRADBURY, F.C.S.,
Assistant to Dr. W. H. Perkin, F.R.S.

L. A. Parry, Esq., M.D.

of inflammability.) The first is ordinary 3½*d.* flannelette. I may say that I can find no difference between the most expensive and the cheapest with regard to inflammability. You will see that it burns very rapidly. The second is unwashed "Non-flam." I am not sure whether it has been washed once by the manufacturers or not. It has not been touched by me since it came from the manufacturers. It is almost impossible to make it burn. You will see there is no flame at all. The third is ordinary middle class flannelette soaked in alum and not washed since. Ordinarily it is as non-inflammable as "Non-flam." This is soaked in very strong alum, perhaps stronger than any woman would use. Sometimes when it is washed in alum you cannot get it to burn, but this does burn. A similar piece I had the other day I could not get to burn. Probably some of the alum has worked out, but it has plenty of alum in it. The fourth specimen is washed "Non-flam," I think twice washed. It was washed in soap and water and wrung out in water like every average non-professional washerwoman does. It is very different from the ordinary "Non-flam," you see. No reasonable person could pretend this was non-inflammable.

7374. You have experimented yourself with flannelette, which you bought as "Non-flam"?—Yes.

7375. After two washings, if all the alkali is removed, the inflammable qualities come back?—I would not swear it was only two; it was two or three washings.

7376. You have shown us an example?—Yes. Although that particular specimen was not direct from the "Non-flam" people, I have repeatedly experimented on pieces of "Non-flam" sent to me by the patentees. I have had specimens sent direct to me and I have had those washed, and they have burnt just as rapidly as the specimen I have shown this afternoon.

7377. That should warn people they must wash either with some alkaline water, or must leave some soap in the material?—Yes, and that fact renders the value of "Non-flam" infinitely less. I do not know whether you have come intimately in contact with the poor woman whose life is a hard one. She will not be bothered with these regulations. The patentees of "Non-flam" recognise that. They issue no regulations because they know the moment it appears the process is the least bit complicated, the people will not buy it. I am convinced that you will never get rid of this burning by any method of treating flannelette unless some process could be invented, by which it was rendered absolutely non-inflammable. I think I have proved that it is not rendered so by "Non-flam."

7378. It is rendered absolutely non-inflammable as long as you do not destroy the alkalinity?—Yes, but as you do destroy it by the first washing, it is not non-inflammable.

7379. Some amendment of the process might alter it?—Yes, if it came it would be good. Possibly something may be invented. I am speaking of things as they are. There is no garment non-inflammable unless you make clothes of asbestos. I say if my suggestions could be carried into effect, whereby, instead of having garments which will not burn readily, you could prevent flames reaching a child's garments, you would do good. If you made it compulsory that there should be fireguards in any room in which a child is likely to be left unprotected from fire, that would be a great advantage.

7380. Who is to bear the expense of the fireguard?—The municipality pays for most things; perhaps they will for that, but I do not suggest that, but in the same way that you compel a man to put in proper drains in a house, costing not shillings, but many pounds, you should compel every man, when he builds a house, to have a fireguard fixed in every room, in which it was possible or likely that children were going to be left unprotected.

7381. When dealing with drainage, you are dealing with a landlord who can be bullied, but when dealing with the great mass of the people you cannot do that?—I say the owner of a house ought to be as responsible for preventing children being burnt to death, as he is now responsible for preventing people being "drained" to death.

7382. It ought to be a landlord's fixture, you mean?—Yes. It is practicable. I have made enquiries from practical builders, and they tell me there is no difficulty, and the expense is infinitesimal.

7383. (*Sir Malcolm Morris.*) What is the material to be?—Wire netting, or something of that kind, only they would be landlord's fixtures, the same as blinds are, and they would be in the house, and they would not be the property of the tenants.

7384. (*Chairman.*) Do you think you would get the ordinary mother to use a fire-guard?—Yes. Since the passing of the Children Act, I am informed, on the best authority, that an enormous number of mothers have been buying fire-guards.

7385. Do you think an enormous number have been using them as well?—Yes. I do not believe they will go to the expense of buying them without using them. We are dealing with people whose incomes are reckoned in shillings. They are not going to spend three or four or five shillings on a fireguard as an ornament. If they are there, and if it is a landlord's fixture, it would be as much stealing to sell them as it would to sell blinds. Many charitable people give these people fireguards, and they pawn them, but they could not pawn those any more than they could pawn their blinds. When once fixed in the house they are much more likely to be used.

7386. You could hardly have a fixed guard which you could not move?—No, but you could have a guard which is fixable. Such a guard as I suggest is actually in existence now. It is a guard which is fixed by means of staples, and easily removable. The cost of the guard—I purposely over-estimate—is 7*s.* for each room; done in wholesale quantities, it would probably be 4*s.* 6*d.* for each room. That means an expenditure on a house which would cost 250*l.*, of an extra sovereign.

7387. How often would it require renewing?—If well made, not very often. They last a very long time. You must have them in your own house. You know how many years they last.

7388. They tend to require renewing in my house. (*Sir Malcolm Morris.*) I have been married 37 years and the original fireguards are still going on. They are not used now, but when grandchildren have been there, they have been used.

7389. (*Chairman.*) You think it ought to be made obligatory to use fireguards; you think it is the best preventative?—I am sure it is the best if you can carry it out. I have suggested it to the town councils in both Brighton and Hove.

7390. What do they say?—You know what town councils are! Any suggestion which comes from outside is sometimes read, and sometimes it is not, but it is certainly practically never considered. I am intimately acquainted with all the members of the town council. Out of the 40 members of the Hove Town Council I am friendly with 30, because I was a member for some years. So that they are a little more likely to listen to a suggestion from me than from a total outsider; and the reply I got from the town clerk is, that the committee are somewhat in sympathy with my object.

7391. They know it would require legislation, of course?—Yes. It is no use leaving it to the town councils; it must be national.

7392. The town council could not do it without legislation?—I think they could.

7393. I am not aware of any powers?—Under the building byelaws, I believe it could be done; but I am suggesting it should be the law of the land. That is much better than leaving it to town councils. I know what town councils are.

7394. (*Dr. Willcox.*) Is it your opinion that all these cases of burning arise from a spark or flame actually touching the garment, and not from radiant heat?—I think all are from actual contact.

7395. Therefore, you think that a proper fireguard would remove the danger?—If you could carry that suggestion of mine out, you would not have 200 deaths from burning, of children next year. May I add one thing? In 1,600 inquests held in London on children burnt to death it was proved conclusively that in 85 per cent. of cases, death was due to want of a fireguard! If a fireguard had been present, the accident

would not have occurred. There are some you cannot prevent, such as those caused by the upsetting of a lamp.

7396. (*Chairman.*) Or a small boy lighting a match and setting fire to his brother's or sister's clothes?—That is so, but 85 per cent. were proved before coroners to be due to want of a fireguard.

7397. (*Dr. Willcox.*) Do you suggest a fine mesh network fireguard?—Yes, it is no new invention. You can see them any time. The very ones I suggest fixed by staples are in use now.

7398. (*Sir Malcolm Morris.*) What is the height?—They can be fixed any height. The ideal one would cover the whole fire.

7399. You do not propose it should be above the level of a child's head?—I am not suggesting those three-sided fireguards you put in front of a fire, but a sort of semi-circular thing which you fix by staples over the fire.

7400. (*Chairman.*) That prevents a good deal of heat getting into the room does it not?—No, I do not think so.

7401. You do not think it diminishes the effect of the fire?—No.

7402. (*Dr. Willcox.*) Is it your opinion that if it was an ordinary open fire the heat that is emitted is radiant heat?—Yes, I have no doubt about that.

7403. And therefore the fireguard would only remove a very small proportion of heat?—Yes, hardly worth considering.

7404. (*Sir Malcolm Morris.*) You know those that are fixed inside and then drag down?—No, I have never seen such a one; somebody wrote to me suggesting a drag-aside one, but I think the least expensive would be the ordinary one which fixes on with staples. That only goes into shillings; the others are more expensive. The one fixed by staples is the best. A builder has offered to fix them in my house at 5*s.* each.

The witness withdrew.

Professor G. SIMS WOODHEAD recalled and further examined.

7405. (*Chairman.*) That is very interesting evidence we have had from Dr. Parry. He agrees with you that pure water destroys the protection?—Yes, it diminishes it. There was very great difference in the burning shown by the experiments.

7406. Yes, but a great deal of protection was destroyed in one instance?—Yes, if you put it through ordinary water without any soap you can get rid of a very large proportion of the protection. I am very much astonished to hear that the ordinary washerwomen ever puts it through water sufficiently long to get out all the soap from any flannel or flannelette. I should be very much astonished if that is the ordinary practice.

7407. It is not like washing sheets or anything of that kind?—No. They look upon it as part of the process to rinse it, but not to soak it in clear water.

7408. (*Sir Malcolm Morris.*) You mean an ordinary washerwoman?—I mean the ordinary woman washing, whether professional or not. Mr. Whipp told me some time ago that he was in correspondence with a gentleman in Brighton, and, I think, has given this gentleman all the information he could, and, so far as I understand, Mr. Bradbury went down to see him and talk matters over with him.

Mr. C. H. WHIPP recalled and further examined.

7409. (*Chairman.*) Have you anything to say with regard to Dr. Parry's evidence?—Dr. Parry has been writing articles on textile goods. We saw this in one of the provincial papers, and we wrote offering to send him samples of Dr. Perkins' "Non-flam." We sent them, and, I think, he acknowledged the receipt of them. We wrote saying if he would investigate the samples and write to us we would be very glad to put him in possession of our process and would supply him fully with information. We got nothing definite from him, but we wrote a letter on Dr. Perkin's process to Dr. Parry, and gave him all the information in connection with the process.

7410. He seems to have got these things washed in the ordinary way, and you see the result?—Yes; with regard to the cloth produced by Dr. Parry this afternoon, I may say that I myself sent the sample from Manchester, and he said that it had not been washed. Of course I cannot say whether the other which he produced, and which he said had been washed, was or was not our cloth. If it had been submitted to me, I could have told whether it was or not.

7411. It might be advisable to try these experiments again with flannelette belonging to poor people and see what results?—Yes.

7412. (*Sir Horatio Shephard.*) Is it correct to say you cannot get it under 6¾*d.*?—If it costs 2*d.* untreated it can be sold for 2¾*d.* treated.

7413. (*Sir Malcolm Morris.*) Is 6¾*d.* the retail price as a rule?—The cloth has been sold at 4¾*d.* a yard—lots of it—retail.

7414. What is the cheapest that is being done by your process?—The cheapest we at present send out is 3¾*d.* a yard to the wholesale trade.

7415. What is the retail price?—4¾*d.*, but that is not the fault of the process at all. Our process can be applied to the very cheapest makes of flannelette, if required.

7416. (*Chairman.*) I understand it can be treated at a maximum price of a penny a yard; but what we wanted to find out was what the ordinary poor person can get your flannelette for in various parts of the country?—(*Professor Sims Woodhead.*) Apparently they cannot get this special form under 4¾*d.* at present. We have a number of people in Cambridge who will help us. We will distribute some garments and then get them in afterwards in exchange for some new ones. That will probably be the best course. They will simply be sent out as garments and, after they have had time to wash them three or four times, they shall be brought in again. I think that will be the best plan. I will let you know the results.

The witnesses withdrew.

Mr. AUGUSTUS WALLER, M.D., F.R.S., LL.D., called in and examined.

7416*a*. (*Chairman.*) What is the particular appointment that you hold?—I am Director of the Physiological Laboratory at the University of London.

7417. For a long time you have paid attention to the question of anæsthetics generally, and chloroform in particular?—Yes.

7418. Originally, you studied in Edinburgh?—Yes.

7419. You were assistant to the late Dr. G. W. Balfour?—Yes.

7420. I believe, in Edinburgh, chloroform is mainly relied on to the exclusion of other anæsthetics?—Yes. Edinburgh is a chloroform place, just as Boston is an ether place.

7421. Possibly, chloroform is used in Edinburgh, because it has been the habitual practice in the town of Simpson?—That is a matter of opinion. The custom arose in Edinburgh and remained there, and the other custom arose in Boston and remained in Boston.

7422. And in England we wobble between ether and chloroform?—Yes, I think the two are used in England. In France and Germany chloroform has

very much gone out. In one or two places I know of, like Lyons, they have become afraid of chloroform.

7423. What do they use there?—Ether. At Geneva, the chief surgeon wrote a very valuable paper some years ago detailing his clinical experience during the first years of his practice with chloroform, and then detailing his experience with ether.

7424. He found in favour of ether?—Yes; he took to ether after chloroform.

7425. Have you any opinion of the relative safety of ether and of chloroform?—Oh yes, I am quite clear. I am absolutely clear that for ordinary practice for minor purposes, for rough and ready work, ether is safe and chloroform is not.

7426. Is not there a danger in giving ether to people with bronchial trouble?—It is said so, but I do not know.

7427. Or the very young, or the very old?—I do not want to get on to that line. I have no evidence of value to give; it would be only at second-hand.

7428. I do not know whether you have experimented under different conditions with animals?—Yes. Why I answered so immediately that I have a definite opinion of ether as compared with chloroform is that I know by my own measurements that there is a relation of power, and I may define it as being roughly 10 to 1. I should like to say at once that I lay greatest stress upon the quantity factor in chloroform administration, and that I consider it of primary importance to attend to the question of overdose by chloroform and to its detection *post mortem* by quantitative chemical methods. This question of quantity has been so little considered and is of such essential importance that I am tempted to urge it, if not as the only factor of importance, at any rate as the one factor that must be fully studied before we are entitled to study the possible influence of other factors such as idiosyncrasy, surgical shock, quality of chloroform, method of administration, state of respiration, fatty heart, status lymphaticus. All these are no doubt important considerations but they cannot be profitably considered or discussed unless we have some knowledge of the quantity of chloroform that may have been absorbed in different instances. I do not desire to exclude all these important considerations but only to have them taken in their place after all that can be known about quantity has been considered.

7429. That is to say, chloroform is a much more powerful anæsthetic?—Yes.

7430. On the other hand, in some cases, ether may be very inconvenient to use?—It is said so. I should myself take chloroform, I may say. That is the test of one's opinions.

7431. I have just come back from a country where they tell me they cannot use ether. In Nigeria it evaporates so quickly that it is absolutely useless. Chloroform is seven times as powerful as ether?—Yes. The next thing is that chloroform must be administered by measurement.

7432. Because a drachm of chloroform, you say, is physiologically equivalent to an ounce of ether?—Yes, that is the rough and ready memorandum.

7433. When you say physiologically equivalent to an ounce of ether, do you mean it produces a similar degree of narcosis?—Yes; I take a test portion of living stuff and use it as an indicator to see how soon its vital properties are abolished by ether and how soon by chloroform.

7434. Do you mean nerve or muscle?—I take a nerve or a muscle, either one or the other as is convenient.

7435. Allowing for the difference of density, are the physiological conditions the same?—Under these conditions, absolutely.

7436. I suppose the danger of chloroform is that respiration stops, or the heart stops?—Yes.

7437. Would chloroform and ether equally affect the respiration and the heart?—I have never known a death from ether and I have never produced a death from ether experimentally. I have produced and seen many deaths from chloroform, which is a much more powerful drug. I would rather confine my evidence to chloroform.

7438. You would rather keep to chloroform?—Yes, incidentally alluding to ether. With chloroform death may take place by immediate action upon the heart, or by action upon the respiratory centre. Those are the two typical forms of death.

7439. Both forms are found?—Yes.

7440. You would not agree with the evidence we had the other day before the Vivisection Commission, that you need not trouble about the heart, you only have to watch the respiration?—That is a defensible position. If you watch the heart and find the heart has stopped the mischief is done. If you watch the respiration that is your first finger post and you can turn back. Therefore it is more important to watch the respiration than the heart.

7441. Because watching the heart is sometimes like shutting the door after the horse has been stolen?—Precisely. I have heard of a case of a surgeon asking a clinical pupil the state of the pulse and the pupil answering, "Oh, that stopped some time ago." That is useless.

7442. I think Sir Lauder Brunton told us that when chloroform is given to an animal death was simply occasioned by failure of the respiratory centre; but that as soon as you introduce an operative element then heart failure comes in and has to be guarded against as well. Have you any opinion on that point?—You may have one or the other. You may have failure by the heart and you may have failure by respiration. If you administer chloroform in a skilful manner in a typical death, a gradual death, respiration fails first; but if chloroform is administered badly, if a sudden wave of chloroform gets into the circulation the heart may stop dead.

7443. I think Sir Lauder Brunton also told us that he thought there were two ways practised in Scotland which were safe. One was to give a very large dose of chloroform straight away, and the other was to give continuously very small quantities of chloroform; but that the dangerous thing was to begin with a small dose and increase it?—They are matters of opinion. I should be very sorry to have chloroform administered to me in one large dose by what is called sideration. I should decline to submit to such a proceeding.

7444. It is very important that it should be given slowly?—Yes.

7445. And that the quantities should not be increased?—I think you should begin slowly. I will put it into figures to be precise, because the whole of my evidence which I desire to offer relates to quantity and to nothing else. I would put it in that form . For the first minute the patient should receive one-half per cent. vapour of chloroform? during the second and third minutes until the patient is unconscious that quantity may be raised up to, but not beyond, 2 per cent. I would stay at 2 per cent. for a few minutes, and, according to the state of the patient, lower my percentage down again.

7446. You would never exceed 2 per cent.?—I should not exceed 2 per cent. That is my individual opinion.

7447. In a set of published reports of cases of deaths under anæsthesia you came to the conclusion that a great many fatalities were the result of accidental overdoses?—Yes.

7448. Did you formulate any recommendation?—Yes.

7449. Will you tell us what it was?—In the first paper, the address at Montreal in 1897, I called attention to the 7 to 1 ratio between ether and chloroform. In the next year to the Society of Anæsthetists I laid down as a recommendation that the percentage of chloroform in the air offered to the inspiration of a patient should not exceed 2 per cent.; I laid great stress upon that.

7450. That, you think, is the cardinal fact of importance?—That is the cardinal recommendation that I make.

7451. Have you considered how that can be practically carried out?—Yes.

7452. Can it only be done in a hospital, or can it be done in field work?—Practically it can be carried out under all conditions. It can be carried out with measuring apparatus. An experienced person can carry it out, knowingly or unknowingly, by following the ordinary open method of administration. As a matter of fact, when one comes to examine the empirical recommendations made by practical anæsthetists one finds it amounts to this: that the chloroform offered to respiration will be at 2 per cent. or thereabouts. I have measured the amount of chloroform vapour under these conditions and find it rarely exceeds 2 per cent.

7453. When a skilled man is giving chloroform on a small shield?—I will take the most dangerous, a wad of lint.

7454. With a shield?—No, without a shield. That in the hands of a skilled administrator who knows what he is doing, who knows the weight of chloroform vapour, may be safe, can be safe; whereas as ordinarily used in ordinary hands it is the most dangerous possible proceeding. On the other hand if it is held at a distance from the face, so that the heavy chloroform vapour is in a comparatively large mass with a great dilution of air, and the heavy mixture falls past the face of the patient it is a comparatively safe method.

7455. The mixture falls?—Yes, and the patient breathes in an atmosphere in immediate contact with his mouth, which is approximately at the percentage I named.

7456. 2 per cent.?—Yes, or below.

7457. Would that hold good in a hot as well as a cold climate?—Yes.

7458. Suppose the temperature is about 90 degrees; I am thinking of an ordinary tropical climate?—I have no experience, so that I ought not to answer.

7459. What effect has the rising of the temperature?—It increases the amount of chloroform that the air is able to take up, so that theoretically the percentage of chloroform given off from a fabric in a hot climate will be greater than in a cold climate. But you cannot make that responsible for the greater number of accidents. There is not a greater number of accidents in hot climates than in cold. And as a matter of fact you can make the percentage of chloroform anything you wish in any climate.

7460. In certain cases you seem to be able to give chloroform with impunity?—So it is said; there are many things said. I was in Johannesburg and they asked me whether the barometric pressure could account for the greater mortality. I was in Montreal and they asked me whether the low temperature of winter could account for the greater mortality; everything except the right cause is appealed to.

7461. You think the right cause is the question of quantity?—Yes, and quantity always, and after quantity I will talk about details. But I will not talk about idiosyncrasy in the case of chloroform until I have some idea how much chloroform may have been absorbed any more than I should talk about idiosyncrasy in a case of intoxication until I know whether a man has drunk a glass of claret or a bottle of whisky.

7462. You agree that idiosyncrasy plays a very important part?—Yes, but I will not talk about that unless I know how much poison a man has had offered to him for absorption.

7463. Does this question enter into it at all? Suppose a man takes chloroform badly and struggles; is not he likely to inhale a larger amount?—Certainly. The machinery of it would be this, that the administrator presses the chloroform, be it in a towel or skinner's mask, close to the face, crams it over the patient's mouth, and, instead of 2 per cent. you may have 10 per cent. of chloroform vapour. You have offered to inspiration, under those circumstances, by the person who is not fully persuaded of the nature and physiological properties of chloroform 10 per cent. of vapour. As ordinarily administered, it is quite possible that a patient should take into the lungs in one minute 10 litres of air, containing 4 per cent. of chloroform vapour, *i.e.*, 400 c.c., of which one-half may be at once absorbed by the pulmonary blood and carried to the heart, *i.e.* 200 c.c., or one gramme, or one-half the quantity reputed to be lethal. Merely by a single deep gasp after the breath has been held, it would be quite possible for a patient to take suddenly into his lungs perhaps 100 c.c. of vapour, or half a gramme of liquid chloroform. Taking the lethal quantity in five litres of blood at 2·5 grammes or 500 c.c. of vapour, the extreme danger of allowing gasping respiration with a towel or piece of lint, closed over the mouth and nostrils, is obvious. The percentage inspired might under such circumstances reach to 10 per cent. By a single gasp the patient might inspire 2,000 c.c. of such a mixture, and through the pulmonary sheet of blood $\frac{1}{100}$th mm. thick by 150 square metres in extent, an overpowering amount of chloroform sufficient to arrest the heart instantly, might be at once absorbed; a heart thus arrested would remain under the influence of stagnant blood and could hardly be expected to contract again.

7464. Does the depth of the respiration make a difference?—Yes. Whereas the difference in the amount according to the activity of respiration, is a difference of 100 per cent., the other is a difference of 1,000 per cent., that is the difference between life and death. You may have ventilation of the lungs at 5 litres per minute, so much of chloroform inspired; at 10 litres per minute, double the amount.

7465. Have you any figures to give us of deaths?—I can only quote. I have the statistics of the Registrar-General, and I have the originals, because even in so simple a matter as the quotation of statistics accuracy seems to be difficult.

7466. Particularly in the quotation of statistics?—Yes; but simply in the quotation of naked figures. I will put in evidence the curve I constructed from the Registrar-General's returns, copied by a clerk. Mr. Gladstone in the House returned also the figures from the Registrar-General's returns, presumably again copied by a clerk, but the figures differ.

7467. Have you the figures?—I have the original return of the Registrar-General. I do not know whether Mr. Gladstone had been provided with a different lot of figures.

7468. Let us have the Registrar-General's return for what it is worth?—You do not want the whole?

7469. I wanted to compare it with Dr. Hewitt's.—I will read backwards then: 1907, 199. That is the net total number of cases of anæsthetics. As a matter of fact, they are 80 per cent. chloroform, or more.

7470. Or chloroform and ether mixed?—Yes; but there are comparatively few of those.

7471. (*Sir Malcolm Morris.*) Does it work out at 80 per cent. really?—I have not worked it out. In 1907 there were 199 deaths; in 1906, 193 deaths.

7472. (*Sir Horatio Shephard.*) In your paper it is 183?—May I consult the original curve I sent in? My clerk may have copied it wrong in that case, or I may have added my numbers wrong. May I add them again?

7473. 1907 is blank?—In 1907 I have 199; in 1906 I have 193. I will go on dictating from my curve. In 1905 my number is 168; the Home Office number is 155. In 1904 my number is 166, and the Home Office number is 156—my arithmetic wants checking, perhaps. Then in 1903 my number is 153, and 146 is the Home Office number. In 1902 164 is my number, and 148 is the Home Office number. In 1901 my number is 107, and the Home Office number is 133.

7474. (*Chairman.*) What are the features in different bases of calculation?—I will take one more year because that will include the whole series given in the House. In 1900 my number is 123, and it seems to be the same as the Home Office number.

7475. These Home Office figures relate only to England and Wales. You may have got the United Kingdom, or included Scotland; that may have made the difference?—Mine are England and Wales also.

7476. Then Mr. Gladstone's figures include all anæsthetics—nitrous oxide?—Yes, so do mine. That is a negligible quantity. It is not a matter of importance. It only shows that in such a simple matter it is difficult to get the exact figures.

7477. The Registrar-General is entirely dependent on information supplied to him?—Yes, and there much doubt has been cast. If one goes behind statistics one knows what is the basis of statistics.

7478. I see another possible source of error here. The Home Secretary was asked for a return of deaths from anæsthetics administered for surgical purposes?—Yes; since the knowledge of the lethal power of chloroform has become vulgarised there have been several suicides.

7479. The difference between your figures and the Home Secretary's would be accounted for by suicides?—Perhaps. I should like to make this observation. I should like to put in this curve as evidence. It shows the increasing mortality.

(*Sir Horatio Shephard.*) This is headed "Administered for surgical purposes" 143, and the other figure is 153.

7480. (*Dr. Willcox.*) I do not think there are 10 suicides?—No, there are not. There was only one suicide in the years 1900 and 1905, and three in 1903.

7481. (*Sir Malcolm Morris.*) Is it possible that it has been used for other things, such as child-birth?—I cannot say. I have not tried to trace the origin of the discrepancy.

7482. (*Chairman.*) Both sets of figures were supplied by the Registrar-General. Now will you tell us the result of your figures and what they point to?—Going behind statistics, all I can say is that a curve from an unprejudiced automatic authority like Somerset House is a rising curve. I cannot go behind that to speak in percentages of operations, to see how far that is due to the greater number of operations.

7483. People do operate more frequently now?—Yes.

7484. Aseptic surgery has been introduced?—Yes; I do not believe, although the number of deaths has doubled, that can be put down to the number of operations having doubled. In one of my papers I particularly entered into that point in breaking up the statistics into periods of 10 years.

7485. It is very likely the number of operations may not have doubled; but may not there be double the number of very serious operations undertaken now, operations which people would not have dared to undertake several years ago?—I have absolutely no right to answer that; I could only guess.

7486. I suppose you would agree, when we are dealing with deaths from chloroform, you may have three sets of facts: first, chloroform may be the cause of death?—Yes.

7487. Secondly, chloroform may be only a concurrent cause?—Yes.

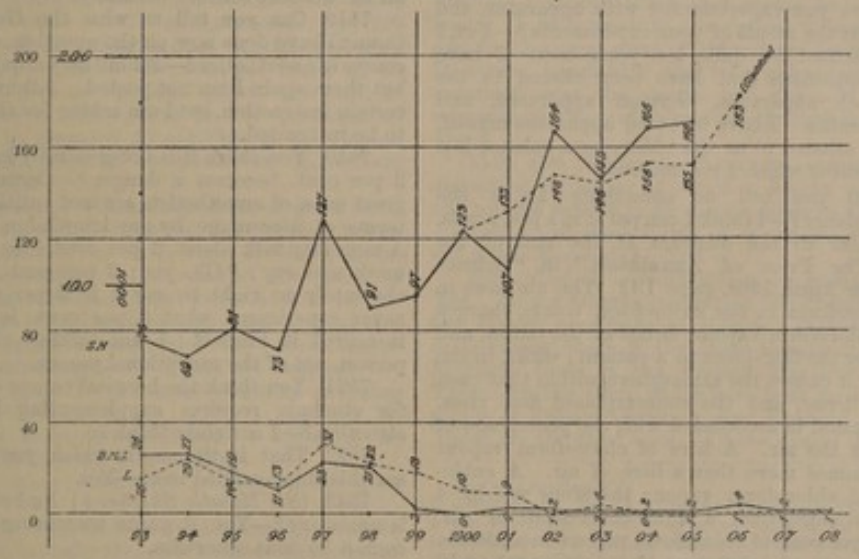
7488. You may have surgical shock; you may have hæmorrhage?—Yes.

7489. And you may have a third state of affairs: the chloroform may be a mere concomitant without any causal relation to the death?—Yes.

7490. For instance, the man may be brought to the hospital *in extremis*. The off-chance of saving his life may be the operation, and, partly as a result of the grave condition he is in, and partly as a result of the hæmorrhage, he dies after having chloroform administered?—One must try each case on its merits. We are talking of statistics for the moment. Then, when we take cases on their merits, I think one must do as you have said—classify them as deaths by chloroform or during chloroform, or deaths with which chloroform has had nothing to do.

7491. One does not know the class of cases which is increasing. There may be deaths after chloroform, but we are in the dark whether it is the cause of the increased deaths, or whether they are due to these other causes?—Absolutely, yes. Keeping to the point of statistics, I think it is rather instructive to compare the rising curve of the Registrar-General's returns with the falling curve as reported in the medical journals. During the same years, the period 1893–98, I will put in the whole curve, if I may, with these figures, but I will quote *passim* from it. In 1893 the "British Medical Journal" reported 26 cases of death by anæsthetics; the "Lancet" 16 cases. The Registrar-General's returns contain 76 cases. I take five years later, 1898 at random: "British Medical Journal," 21; "Lancet," 22; Registrar-General, 91. In 1903, "Lancet," 4; "British Medical Journal," 2; Registrar-General, 153. Then in 1907, which is the last year I possess, Registrar-General, 199; "Lancet," 1; "British Medical Journal," 2.

The curve was handed in, and is as follows:—



Note.—The figures for 1907 *and* 1906 *are not given on the curve, but were quoted from information subsequently received from Somerset House, viz.,* 199 *deaths in* 1907, 193 *deaths in* 1906.

7492. What is your inference from that?—That medical men are unwilling to report or talk about such cases; that as a matter of fact they prefer to adopt the second of your classes, and, whenever there is a possibility, to put the death down to the other circumstances. Instead of death by chloroform they speak of shock, or—a title that was used last year—*status lymphaticus.*

7493. That means a certain degeneration of the muscles of the heart?—I cannot go behind as to what it means.

7494. (*Sir Malcolm Morris.*) Is there a definition?—I will not enter into that. It is only in relation to the statistics; that a case is reported and does not come under "death by chloroform," but is reported in the medical journals as a case of death from *status lymphaticus.* I point to that merely as affecting the statistics.

7495. (*Chairman.*) Surely that is not reported as the cause of death, apart from the question of the anæsthetics?—No, but you have to search the record of the case before you can discover that the anæsthetic could have had anything to do with it.

7496. You do not desire to go into that question as to whether the *status lymphaticus* is a reality or not?—No, I have no authority. It is merely on the question of classification that I mention it.

7497. What are the practical results you desire to call our attention to?—The two practical results are, firstly, the importance of measurement, partly for the study of anæsthetics, and the familiarisation of the student with its chemical and physical properties. Measurement in that is absolutely essential. It is essential for the laboratory teaching of anæsthetics. In the next place, as regards clinical applications I am not prepared to say that the use of apparatus should be made obligatory. I am not even prepared to say that it should be recommended. I think that the use of apparatus, yes or no, must be left to the discretion of the individual practitioner of anæsthetics.

7498. The individual anæsthetist?—Yes.

7499. I suppose if a man is called upon to perform a field operation, it should be open to him?—Yes, open to his discretion.

7500. And his necessity. Suppose a doctor is called to see a man who has been crushed in an agricultural machine, he has to take a bottle of chloroform in his pocket, and do the best he can?—Yes, obviously, and in the field too.

7501. On active service, you mean?—Yes.

7502. In hospital practice would you recommend that?—I certainly should recommend the use of apparatus in hospital practice.

7503. Have you experimented with apparatus, and can you tell us the result of your experiments?—Yes, I have experimented for quite ten years now. I have tried most apparatus that have been offered to the public—French apparatus, German apparatus, and English apparatus. I have invented apparatus myself. What I have alluded to as the chloroform balance is a form of apparatus which I recommend.

7504. Will you tell us something about the chloroform balance?—I think I can put it in a few words. Will you refer to the diagram at the end of the article: "The Price of Anæsthesia" in "Science Progress," for April, 1908, page 13? The air flows in over the chloroform in the chloroform bottle, charges itself with chloroform vapour, issues at the outlet, and is delivered by the face-piece to a patient; while, in the balance case, it causes the atmosphere within that case to be more dense, and the counterpoised float rises. That is graduated in accordance with the percentage of chloroform in the air. A litre of chloroform vapour weighs 4 grammes more than a litre of air. A cubic-centimetre of chloroform vapour therefore weighs 4 milligrammes more than a cubic-centimetre of air. Therefore, 1 per cent. of chloroform vapour in a 250 c.c. flask will cause an augmentation of weight equal to 10 milligrammes that is to say, one centigramme, which to a chemical balance is a large amount. *Vice versâ*, if the atmosphere round a bulb filled with air is augmented to the same percentage, it will cause a rise of the bulb in proportion to the size of the bulb. As a matter of fact, one can have the apparatus on the mantel-piece. A detailed description of the chloroform balance is given in my article on "The Price of Anæsthesia" in "Science Progress" No. 8, April 1908, copies of which I have forwarded for the use of the Committee.

7505. What is the size of the apparatus?—It is not a portable thing. It is an apparatus to be used as a hospital fixture.

7506. In the theatre?—Yes, or wherever the patient is prepared; but as a matter of fact I should think it would be necessary in both places.

7507. You would have a double apparatus, one in the preparation room and the other in the theatre?—Yes.

7508. (*Sir Malcolm Morris.*) Is it actually in use in any hospital?—No, it would be useless to attempt to use it by carting the balance about.

7509. How do you carry your vapour when you have got it, from the apparatus to the patient?—You have a force pump driving through the balance case and a tube fitted to the outlet that goes to your operating table.

7510. It is carried by a tube?—It is carried by a tube and you have at the operating table nothing but the tube and face-piece, and on the balance a pointer that shows to you, to the surgeon and to the students who are at the operation under what percentage of chloroform the anæsthetist is working.

7511. Is not there a risk of mixture with air?—No.

7512. (*Chairman.*) You use a mask?—Yes.

7513. (*Sir Malcolm Morris.*) So that there is no loss?—There is a great loss. A patient is breathing at the face-piece at, for the purpose of illustration, 5 litres per minute. The mixture is supplied to the face-piece at, say for example, double the amount. There is always an overflow and a loss of the mixture. There must be.

7514 (*Chairman.*) When you find the 2 per cent. has been exceeded, how do you regulate the supply of chloroform?—I turn the tap and let in a little more air, and the pointer goes down to the desired percentage.

7515. By turning the tap you can always keep the pointer where you wish?—Yes.

7516. You can keep it at 2 per cent.?—Yes, or if the surgeon says he would like it raised you can raise it to 2½, or if he wants it lowered you can lower it to 1½ per cent.

7517. What you wish to lay stress upon is the principle of measurement?—Yes.

7518. And that, you think, ought to be taught in all the medical schools?—That ought to be taught in all the medical schools, certainly.

7519. Can you tell us what the General Medical Council have done now on the question of imposing a course of anæsthetics?—I think they require instruction, but there again I am not posted. I think they require certain instruction, but I am asking for the anæsthetists to be instructed.

7520. You think it is not generally known that over 2 per cent. becomes a danger?—Certainly not. The great mass of anæsthetists are not entitled to speak in terms of percentage by any knowledge of their own. A man may talk about 2 per cent.; he may take the mask and say: "Oh, yes; 2 per cent.," but he has absolutely no right to say it is 2 per cent. He has never experienced what 2 per cent. is; he has never measured it himself. I am talking of the average person, not of the exceptional person.

7521. You think the hospital course of anæsthetics for students requires supplementing by special instruction?—I certainly think so.

7522. That is the way in which you would like to see this thing carried out?—Yes.

7523. (*Sir Horatio Shephard.*) And some apparatus is necessary?—Yes, it wants measuring apparatus; it cannot be done otherwise.

7524. (*Chairman.*) Afterwards you think people can do it by rule of thumb?—When a man has experience of 2 per cent. in the balance case, and has seen 2 per cent. in the balance case, and has smelt 2 per cent. in the balance case, when he is away from his balance case he is entitled to talk from what he smells, but until he has done that he has no right to talk whatsoever.

7525. (*Sir Malcolm Morris.*) Is the smell enough?—I think it is an excellent test, but it must at one time have been referred to a standard, and it never has been referred to a standard. They have never had an idea of what 2 per cent. is.

7526. (*Chairman.*) To go to another point which you mentioned, we know that accidents happen and you agree they ought to be inquired into?—Yes, I think inquiries ought to be held.

7527. Are there any certain tests by which you can find after death whether death is due to having administered an excessive dose of chloroform?—I think so. I think the ordinary inquest is of very little value. I do not think the ordinary *post-mortem* experience can be brought forward in proof of a death from chloroform or otherwise. Of course in a negative sense a *post-mortem* is obviously valuable. It might show there is a bullet in a man's heart or brain.

7528. Or hæmorrhage?—Yes, or any other cause; but the determination of whether or no there has been

too much chloroform can only be made by a chemical analysis of a sample of blood.

7529. How long after death does that sample of blood contain chloroform?—In animals, I find from my notes—I have followed it out for four days after death—that the chloroform does not sensibly diminish, that you find the same amount of chloroform immediately, or 24 hours, or 48 hours, after death.

7530. If the animal is left in the ordinary air?—Yes, exposed to the air, a case analogous to what would happen in the 24 hours' necessary delay in connection with an inquest.

7531. And the *post-mortem* changes going on in four days do not affect the amount of chloroform in the blood?—That is so. Therefore, it is available. Then I am prepared to go further.

7532. (*Sir Malcolm Morris.*) Does it matter where the blood is taken from?—You cannot take blood that contains an excess of the average. You may take the serosity from a serous cavity, and you get too little chloroform in that case.

7533. It does not matter whether it is venous or arterial?—No, those are theoretical differences which will not enter into the matter at all. From the practical point of view I am prepared to name numbers, and to say upon what numbers I would go into the witness box and say, that in my opinion, a person has not had an overdose of chloroform; or the contrary statement that in my opinion the person has had an overdose of chloroform. I should make the first answer if the amount of chloroform found in the blood was below the value of 25 milligrammes per 100 grammes of blood, 25 milligrammes per 100 grammes of blood is the lower limit. Between the limits of 25 and 50 I would give no opinion. Above the limit of 50 milligrammes of chloroform in 100 grammes of blood, I would be prepared to say that in my opinion that person had received an excess of chloroform vapour during life.

7534. (*Chairman.*) When chloroform is given for a long time, say an operation lasting three or four hours, is it being eliminated the whole time or does it go on increasing in quantity?—It reaches the point of equilibrium. In administration there is first an ingoing large wave of chloroform and then a drop, and then a steady régime during which the percentage of chloroform remains constant; it does not fluctuate.

7535. You mean if the same quantity is being administered?—Yes.

7536. There is no accumulation?—There is no accumulation; it does not pile itself up.

7537. It is being eliminated as long as life goes on?—Yes.

7538. But as soon as life stops it remains in *statu quo*?—Yes, that is really the only possible direct proof that you can have, an analysis of a sample of the blood taken after death. I will put in a paper as regards the methods that I should like to see recommended from this Committee. I do not know that I need go into the details of it now.

7539. How to test, you mean?—Yes; that is the instruction I should put in the hands of the analyst. (*See* footnote for paper handed in.)

7540. Only a skilled analyst could do it?—Yes. At the beginning I would restrict it to the very skilled analyst. I would restrict it to Home Office officials, or some one in direct communication with the Home Office at first.

7541. You would restrict it in fact to Dr. Willcox?—I suppose so. The numbers I have named are safe numbers.

7542. You have allowed a margin?—Yes; below 25 milligrammes it is conceivable that an overdose may have been given.

7543. Below 25 you would get complete anæsthesia?—Yes, it is more than sufficient for anæsthesia.

7544. Even for operations which require deep anæsthesia?—Yes; I have left a no man's land between 25 and 50. I have named 50 as the limit that I would require to find in the blood before saying that the patient has had too much. I have named a safely high limit.

7545. But even when a patient has had too much it is not conclusive of the cause of death, is it?—Yes.

7546. You say when that limit is exceeded in the blood death must result?—Yes. If I find 50 milligrammes of chloroform in 100 grammes of blood I am prepared to say that the patient has died from the chloroform. It is proof to me that his respiration was active and that he took in a great deal of chloroform vapour at the time of death.

7547. What would you expect to be the actual cause of death, stoppage of respiration or stoppage of the heart?—I should think that would be arrest of the heart. I refer back to the figures I used a moment ago for the great wave of chloroform (*answer to* 7463). It means practically that the chloroform has been crammed over the mouth, and the rest is the consequence, the wave of chloroform through the pulmonary blood.

7548. (*Dr. Willcox.*) There are several forms of apparatus by means of which a known percentage of chloroform vapour in air can be given?—Certainly.

7549. And these forms of apparatus have been in use at the hospitals?—Yes.

7550. And in administration on human beings?—Yes. To my knowledge there is the French apparatus, the French apparatus of Raphael Dubois of Lyons; in Germany there is the Roth-Dräger apparatus; in England there is the Vernon Harcourt apparatus. Those are the three which have been most before the public in France, Germany, and England respectively. Those are the chief ones. I have named my own.

The French method for the Quantitative Determination of the amount of Chloroform present in the Blood post-mortem:—For medico-legal purposes the procedure as detailed by Nicloux (slightly modified), can be followed:—The blood 20 c.c. (taken by pipette or syringe from the right auricle or *vena cavae*) is at once shaken up in a 4-oz. stoppered bottle, with 80 c.c. of alcohol acidified by 5 c.c. of 5 per cent. solution of tartaric acid. The mixture is transferred to a flask and distilled (as in Nitrogen determination by the Kjeldahl method). The distillate is collected in a graduated vessel containing already 10 c.c. of alcohol, so as to cover the delivery tube. The distillate consists of alcohol and chloroform, and, when the level is at 50 c.c., contains the whole of the chloroform present in the original fluid. It is now boiled for half an hour or more with the addition of 10 c.c. of a 10 per cent. solution of caustic soda made from sodium. It is easy to obtain chlorine free in alcohol to form potassium chloride. The resultant sodium chloride is titrated as follows:—Two drops of a 1 per cent. alcoholic solution of phenol-phthalein, are added to the cooled distillate, excess of alkali having been neutralised by pure sulphuric acid, and a little calcium carbonate (Iceland Spa) being finally added, to ensure complete neutralisation. 1 c.c. of a 5 per cent. neutral solution of potassium chromate is added to the liquid. The final titration is made with a 4·268 per cent. solution of silver nitrate, of which 1 c.c. corresponds to 1 milligramme of chloroform. The turning point from yellow is best appreciated by using, as a term of comparison, a similar flask in which the chlorides are in slight excess, so that the colour is frankly yellow. The first appearance of silver chromate, indicative of the end point of the silver chloride, is taken as being the permanent darkening of tint visible when the flask is shaken. Two drops of silver nitrate (at 20 drops to the 1 c.c. = 0·1 c.c. = 1/10th mgrm. of chloroform) are sufficient to give a clear end-point. With 20 c.c. of blood, 10 milligrammes of chloroform (= 50 mgrms. per 100 cc.), are indicated by 10 c.c. of silver solution. Therefore, my statement made above amounts to this, that if the turning point requires more than 10 c.c. of silver nitrate, there has been excess of chloroform in the blood. The error is always on the side of too low an estimate, especially if the blood has clotted before it is collected or if it has become diluted by serum or other animal fluid. The end-point, by this method, is not easy to settle precisely without considerable previous experience. To any one who prefers, therefore, to estimate chlorides by Volhardt's method, it is obviously open to evaporate off the alcohol after treatment with potash, to take up the residue in water, and proceed from this point in the usual way:—"A known "volume of N/10 silver in excess is added, having previously "acidified the liquid with nitric acid; the mixture is well "stirred, and the supernatant liquid filtered off through "a small filter, the chloride well washed, and to the filtrate "and washings, 5 c.c. of ferric indicator, and the same "volume of nitric acid are added. The flask is then brought "under the thiocyanate burette, and the solution delivered "in with a constant gentle movement of the liquid, until a "permanent light-brown colour appears. If the silver "chloride is not removed from the liquid previous to "titration a serious error may occur, owing to the ready "solubility of the chloride in the thiocyanate solution." (Sutton, "Volumetric Analysis," 9th ed., page 172.) N.B.—It is important that all re-agents used for these determinations should be ascertained to be free from chlorides.

7551. There are other English forms of apparatus?—There is that known as the Krohne and Sesemann apparatus. It is called a modified Jünker. I have used it myself.

7552. (*Sir Malcolm Morris.*) Do you believe in it as a principle?—I believe there is much better apparatus. I had to undergo an operation once, and I anæsthetised myself by the Krohne and Sesemann apparatus. Now I should do so with a chloroform balance.

7553. (*Chairman.*) Do you mean you carried on the whole anæsthetic process yourself?—I carried out the induction. I produced the induction stage, and then the anæsthetist went on, of course. I was afraid of chloroform, as I knew something about it. I set a bell ringing once a minute, and started the chloroform inhalation, and took my measurements the morning before the operation and gave myself the chloroform in a given amount. I have the notes still of what I did, what measurements I took in the morning, and what actually took place.

7554. (*Sir Malcolm Morris.*) If you were afraid of chloroform, why did not you take ether?—Because it is so disagreeable; I preferred the chloroform. I admit chloroform can be well given by people who have the skill. At Boston the house physicians had never seen chloroform administered.

7555. That was because it was the School of Warren?—Yes. There they have never heard of pulmonary congestion or renal affections after ether. So what is one to believe? The people who talk of the evil effects of ether are those who never give ether. So what is one to believe?

7556. (*Chairman.*) You can hardly expect them to give it if they expect it to be followed by evil consequences?—They say it is followed by evil consequences, and they have never given it. Those two statements contradict each other.

7557. (*Dr. Willcox.*) I think one of your pupils has invented an apparatus?—Yes. Dr. Alcock, who was my assistant for some time has invented an apparatus which is more portable than mine, and has certain great advantages. Still, I prefer my own, because I do not want a portable apparatus. If I have to have a portable apparatus, I am satisfied with a bottle of chloroform and a towel; but if I want a fixed apparatus which shall tell me scientifically what I am doing, then I do not see why I should not have as unportable an apparatus as possible, with an arm indicating the amount of chloroform I am delivering at the operating table. I do not want a half-and-half thing which is portable; I want a bottle of chloroform and a towel; but, for practical purposes and for clinical practice, for absolute safety I want an unportable apparatus, and I do not care how unportable it is.

7558. Is it not the excessive percentage of chloroform vapour in air which is the cause of an overdose rather than the actual gross quantity of chloroform administered?—It is the percentage; it is the percentage in the air. Ultimately it is the quantity, because the quantity depends upon the percentage in the air.

7559. So that the question which is usually put by coroners as to the gross amount of chloroform which the anæsthetist has used is really not of much value?—I do not care in the least how much chloroform he has poured out of the bottle.

7560. (*Sir Malcolm Morris.*) What are the pathological conditions in which chloroform is indicated or the contrary?—You are asking me a medical question, and I have no right to speak at first hand.

7561. (*Chairman.*) You would not like to mention any condition of heart or blood vessels, or disease?—I am not an expert in these matters. I have opinions, but they are second-hand; they are are of no value.

7562. (*Dr. Willcox.*) You think that where an actual overdose of chloroform has been given, commonly, the deaths are from heart failure?—I think so.

7563. (*Chairman.*) You do not agree with Dr. Lawrie's evidence before the Vivisection Commission?—I have forgotten it. I cannot say with what parts I agree and with which I do not. He is one of those I have been in communication with—partly controversy and partly agreement.

7564. (*Dr. Willcox.*) Do you think if an overdosage were proved or a death from an anæsthetic by the measure you suggest of chemical analysis, that would be likely to lead to much greater care in the administration of chloroform?—I should think so, and I should hope so. I hope that if a man knew that it was possible by simple measurement to detect an overdose of chloroform it would have a salutary effect. The limit I have named is a safe limit. No injustice could possibly be done. You may find too little chloroform, but you will not find too much.

7565. (*Chairman.*) Are the limits of safety the same for men and for animals?—I think so. I see no reason to establish a difference between the tissues of men and animals.

7566. I mean an ordinary warm-blooded animal, a dog or cat. You would say, if you wanted your animal to recover from the chloroform, the 2 per cent. ought not to be exceeded?—Yes.

7567. Have you ever tested at what stage over 2 per cent. death occurs in an animal?—Yes, but I should not make an absolute hard and fast statement as to what percentage would kill. I should be sorry to say that 3 per cent. would kill, and yet it would in the long run if one went on long enough. Four per cent. would kill quicker and 5 per cent. quicker still. Statements have been made about that, but I do not think they are essential. What I really think most important as coming from this Committee would be the adoption of a quantitative chemical recognition of accidental overdose.

7568. (*Dr. Willcox.*) Do you remember the name of the chemical analysis which you handed in?—I have called it Nicloux method. Nicloux is a French physiologist who has taken previous things and improved upon them; he is a stage in the evolution of the thing. I do not know whether it should be called by his name, or by the name of Dumas, who invented the principle. I should prefer to call it the French method; but still, I have called it Nicloux's method in the body of the description for the purposes of reference.

7569. Yes. With regard to those figures, 25 milligrammes per 100 grammes of blood, and 50 milligrammes per 100 grammes, are you absolutely satisfied as to their value?—I am satisfied as to their safety for recommendation. The mass of data at our command is not yet sufficient. I do not regard them as final numbers, but I regard them as safe initial numbers.

7570. (*Chairman.*) For a normal patient?—For administration purposes—for medico-legal purposes. They are too high, but I have taken them high for safety's sake.

7571. (*Dr. Willcox.*) You think it is extremely desirable, that as often as possible in cases of deaths from chloroform, chemical analyses of the blood should be made in order to verify or modify given figures?—Yes.

7572. They are not absolute?—They are not final figures.

The witness withdrew.

Adjourned to Thursday next at 2.15 o'clock.

TWENTY-SECOND DAY.

Thursday, 8th July 1909.

Sir MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).
Sir Horatio Shephard, LL.D. | Sir Thomas Arthur Bramsdon, M.P.
Mr. J. F. Moylan (*Secretary*).

The Rev. Samuel Levene called in and examined.

7573. (*Chairman.*) I believe you are the Rev. Samuel Levene?—Yes.

7574. Will you kindly tell us what you are?—A boarding school manager, at Ramsgate.

7575. I believe that for a long time you have paid great attention to the question of flannelette?—Yes; and also with regard to cotton generally; but in recent years I have specialised in respect of flannelette as the result of an accident we had a few years ago.

7576. Is it essential that, whatever is done to render flannelette uninflammable, the process must be a cheap one?—Yes; absolutely essential, because people in comfortable circumstances buy flannel, and it is only the poorer classes that purchase flannelette.

7577. They buy the flannelettes because they are cheap?—Yes; the cheaper they are the more popular becomes the use of them.

7578. To some extent the dangers arising from their use can be provided against by fire-guards?—That is so to a certain extent, but a fire-guard will not prevent a spark shooting out from the fire. An accident occurred some time ago from this cause in the family of a member of the staff of the "Daily Chronicle." As a matter of fact only quite a small proportion of deaths from burns occur from accidents round the fire. But the fire-guards, of course, have had some good effect, inasmuch as they keep the children away from the fire. On the Continent the "Salamander" closed-in grate is used, and accidents of this kind do not occur.

7579. The accidents that do occur are caused by matches and candles?—Yes.

7580. Have you a copy of the Home Office figures, which relate only to deaths on which coroners' inquests have been held?—Yes. But a good many of the accidents would not come within the cognizance of the Home Office. For instance, take the cases treated at the hospitals; cases treated by private doctors, &c., there would be no record of those.

7581. Have you made any inquiries as to whether the English or the foreign flannelettes are the greater danger?—Yes; the foreign, because they are much cheaper; they are also of a more open texture and rougher, which naturally assists a fire when once it is started. But too much importance should not be placed upon the question of the nap; you must take the flannelette as a whole. As a whole, flannelette is a dangerous thing.

7582. Then, according to your experience, and the inquiries you have made, you say that the foreign flannelette is very largely used?—Yes, for the reason that the foreign flannelettes are cheap. Take a comparatively poor town like Ramsgate. There is not much English flannelette sold there. I should say that there are 10 yards of foreign flannelette sold there to one of English, and that yard of English might not be of a very good make. You have always got this fact, that flannelette is used by the poor, with whom every farthing is a consideration.

7583. Have you made any examination of any permanent processes of treating this flannelette?—Yes; I have tried many kinds, and I have burnt dozens and dozens of pieces of non-inflammable flannelette. I have experimented with Dr. Perkin's process, and others where they claim that after many washings it retains its virtue.

7584. We have had some evidence on that point. Have you considered the kind of washing that affects it—have you experimented yourself?—Yes; in my own laundry, where the workers in the laundry did not know what my object was. In such cases I simply said, "Have this washed." When they are washed in the normal way, they will always burn afterwards. You have the evidence of your coroners with regard to this over and over again, where they have stated that they are as dangerous after being washed as they were before being chemically treated.

7585. Have you gone into the chemical reason for this?—A chemist will tell you that it is very difficult, under the best of circumstances, to guarantee the best treated stuff, because the virtue will in time leave it.

7586. We have been told that when there is some soap left in it, the non-flam retains its virtue?—If you try to give the public reasons, you are wasting your time. One can explain to a scientific man, that if he does this, so-and-so will happen, but this is a question for the public—the flannelette using public. The moment you give them unaccustomed directions you defeat your purpose.

7587. Have you tried any other processes besides the non-flam?—Since my name has been mentioned, people have sent to me processes from all parts, but they all break down. The non-flam is good; it will stand a better test than most, but it is not effective, and it is not what the advertising journalists claim for it. The public are not distinctly misled, but when they wear an article of non-flam, they are under the impression that it will retain its virtue permanently.

7588. In the ordinary system of washing flannel goods, the soap is left in, that is, in the flannel?—Yes.

7589. Is the same practice used with regard to flannelette?—No. There are scientific reasons for a change in the method. The little that people know is that when they wash flannel they wash it in a different way to flannelette.

7590. Do they rinse the flannelette out in fresh water?—Yes; in rather tepid water.

7591. In soapy water or fresh water?—The rinsing water should be fresh water. The process of rinsing throughout should be in clear water; that is the whole object of the rinsing.

7592. You say there is a considerable amount of protection in the non-flam; what do you say about the price of it?—The price of the non-flam immediately deprives the poor people of the use of it.

7593. What is the price of it in Ramsgate?—You can buy flannelette for 1¾*d.* a yard, and possibly in London and big towns generally for 1¼*d.* per yard, and the non-flam from 6½*d.* a yard. The non-flam people will tell you that all the world is using the non-flam.

7594. When you speak of non-flam, do you mean Perkin's non-flam?—Yes.

7595. You yourself have been experimenting with the Levene solution. But as that is a secret process we will not ask you the nature of it?—Yes, I have.

7596. What do you claim for its virtues?—That it is going to make hardly any difference in cost to the housewife.

7597. Your process is a solution added to the rinsing water?—Yes. When they have got the dirt out, there are no directions to be followed; the contents

of the bottle have simply to be thrown into the rinsing tub. When that is done there is absolute security with regard to the material. When used it may last over three to five further washings, but it is so cheap that they will be able to use it every time they have the household wash to do.

7598. There are a good many things that render cotton goods inflammable; for instance, borax?—Yes, that has got to be cheap. I have tried hundreds of experiments with this, but they have broken down. You might sometimes be successful, but nearly always unsuccessful.

7599. What is the objection to tungstate of soda?—That it is expensive, and is usually bad for the skin, especially in young children.

7600. Oxide of tin the same?—Yes. What I claim for my process is, simply, that it does not disturb the colour, that it is antiseptic, and that it is accessible to everyone.

7601. You think then that the poor, with their ordinary carelessness, could nevertheless be induced to use it?—You cannot induce the public to use anything; but if you work from the point of view of teaching them how this flannelette can be made safe for their children, you are doing a great service to the public, because people are not criminal *ab initio*, especially with the new Act in force.

7602. Will you put your suggestion rather more precisely?—What I would say is this: as you compel a chemist to label his bottles "poison," and give direction for the taking of compounds, it is simple, to my mind, to compel drapers to affix a ticket to every piece of flannelette, stating "this fabric can be rendered "absolutely flame-proof by putting something in the "washing." This would not impose a difficulty or hardship on anybody; you would be educating the public. The draper need not sell it; it could be purchased elsewhere; but to deprive the people of such a beautiful, warm and comfortable article as flannelette would be wrong.

7603. You say that it must be an addition to the last process where water is used?—Yes. I may say that I am not only interested in flannelette, but also in cotton generally. In my own house I treat the curtains with this process, because, where there are a number of boys there is always a danger from matches, and so on. Flannelette, as such, is simply a side issue. I would like, however, to point this out, that the fact should not be lost sight of that the poorer people buy quite as many garments already made up as they do of the flannelette in the length; and if such a thing could be obtained from the coroners as the exact statistics, you would find that in many cases of these fatalities the children were wearing made-up garments at the time, as the result of their cheapness. I have bought little garments in Ramsgate for 5*d.* and 7*d.*, but they are not made up in non-flam., and it is for the people who purchase such articles that you have got to provide, or legislate. Now that these garments can be purchased for such small prices, the people will not be bothered with buying the stuff and cutting them out themselves. I have brought a few of such garments with me if you would like to see them.

7604. Are you going to patent your process?—It is already protected, and I intend to patent it.

7605. At what price do you say that this can be put into the market—per pint, say?—I have worked it out with regard to what I should call an ordinary average wash, which would mean taking the big things and little things, shirts and aprons, and so on, for a household of five people, 35 to 40 articles, and the cost would be 1*d.* It can be sold to a man with this household for 2*d.*, and that would include the middleman's profit, the labelling, corking, and everything.

7606. A pint bottle, you think, would come out at 2*d.* a bottle?—Yes, and at a reasonable profit, too, to everybody concerned, the bottle man, the cork man, and so on. The working woman would be able to obtain a pint bottle of it for 2*d.*

7607. And that cost would cover a week's wash?—Yes; and in addition, there would be complete security.

7608. Would that include flannelette garments only?—No; everything of cotton

7609. Lace curtains?—Yes, lace curtains and cretonne coverings. It has this great advantage from the point of view of poor people, that they frequently throw cheap cretonne coverings over their chairs and other furniture, and we have had fires in Ramsgate where the cretonne has been set fire to. Now this process can be used without any fear of disturbing the colourings, and we can give a practical test that it does not disturb the fibre.

7610. We are much obliged to you. Is there anything further you would like to tell us?—Would you like to see a practical test with a few things that are sold to the poor people, and which have been treated with my solution?

7611. Yes?—(*Mr. Levene at this point experimented with a child's garment over a lighted candle.*)

(*Chairman.*) We are very much obliged to you.

The witness withdrew.

Mr. RICHARD HENSLOWE WELLINGTON recalled.

7612. (*Chairman.*) Continuing your evidence, have you anything to say in regard to the matter of qualifications?—I think that the "land" qualification undoubtedly ought to be abolished.

7613. I believe everybody else thinks the same?—Undoubtedly.

7614. There is no doubt that a man is no more efficient as a coroner because he holds a few square yards of land?—As regards the eligibility, I should just like to express an opinion. I have watched various elections of coroners, and I think it is a wrong that a man should sit for so many years upon a public body, and, when a vacancy arises, that he should, a few weeks prior to the election, retire, and offer himself for the coronership.

7615. What would you suggest as a practical way of dealing with it?—My suggestion would be that anybody sitting upon a public body, within a given time, should not be eligible—say within a year. I have seen such cases arise in several instances. Then as regards the other question, *i.e.*, the coroner's going out of office, there should be an arrangement for a pension.

(*Sir Horatio Shephard.*) Then there would have to be some limit as to age.

7616. (*Chairman.*) If there were to be a pension there would certainly have to be an age limit?—In a large jurisdiction such as London there must be.

7617. I can understand that an officer should be pensionable where there is no private practice?—I suppose that is so. There was a clause in the Bill of 1879 dealing with this.

7618. With regard to pensioning an officer when he gives his whole time to the work?—He takes a greater salary now than he would if he were a pensionable officer.

7619. A pension is also often an inducement to a good man to take an appointment?—Yes; and there would also be the inducement for some coroners to retire on account of inability to work, or on account of their having reached the age limit. I think myself that it is a very important question. As regards the resignation of a coroner, I should like just to draw your attention to the procedure on resignation.

7620. The present procedure?—Yes. There seems to be a great deal of doubt as to what the procedure is.

7621. Surely it is a case of a letter to the Lord Chancellor, is it not?—Yes, but the coroners who resign do not do that. They send in their resignation to their local authority, the county council, or whoever it may be. But that is wrong. There is a book by Bray on the subject—I have not brought it with me this morning—giving the procedure in times gone by, which, of course, has become extinct by the abolition of different offices, fines and recoveries, and

such like. But although that affected the procedure to a certain extent it does not do away with the fact that the coroner has no right to resign.

7622. He has a freehold office?—He has a freehold office, and he cannot resign it; but he should apply to the Lord Chancellor to be removed. That seems to be forgotten. Therefore I would say that if a coroner wished to vacate his office he should apply to the Lord Chancellor to be removed.

7623. It is one of the little difficulties which arise when the removing authority and the electing authority are different?—True.

7624. In the case of a borough coroner you have a statutory appointment, of course?—Certainly.

7625. In the case of a franchise coroner, you may have anything that custom has determined?—Yes.

7626. Does anybody defend the existence of franchise coroners as apart from the ordinary borough coroner and county coroner, except in one or two exceptional places?—Only, I suppose, from the historical point of view.

7627. As an interesting historical anomaly?—Exactly. Some would say that it is a pity to abolish it, it is an old historical office.

7628. But considerable practical inconvenience results, does it not?—Inconvenience?

7629. For instance, a franchise coroner, unless by prescripton, cannot appoint a deputy, and his jurisdiction very often cuts into the county jurisdiction?—I suppose it would cut into it. Is that inconvenient?

7630. Yes, very often; because his powers do not run beyond his franchise?—Apart from franchises there are institutions where the main body of the building would be in the jurisdiction of one coroner, and a wing of the same building in the jurisdiction of another. Two deaths occurring in that building should go to different coroners. But that is not an inconvenience. The same thing would apply to a franchise coroner.

7631. Great inconvenience arose in the Savoy when the Savoy coronership was not held by the Westminster coroner?—That, of course, I cannot say; that was before my time.

7632. And similar difficulties have arisen, I believe, with regard to the Tower of London coronership?—I should not have thought so; but I have no experience of those jurisdictions.

7633. (*Sir Horatio Shephard.*) We have had evidence about it—that the boundaries are very difficult to find in some cases——

7634. (*Chairman.*) Then you want to re-duplicate the whole machinery for a little island of exclusive jurisdiction?—

7635. (*Sir Horatio Shephard.*) And a broken island sometimes—a fragment?—That is quite true; but I did not know that it had given rise to inconvenience. That you have knowledge of.

7636. (*Chairman.*) The next point on which you have something to tell us about is your opinion and experience as to viewing the body?—That relates to the question of the abolition of the view of the body.

7637. Let us divide it into the view first by the coroner, and then by the jury?—The view is always recognised as evidence.

7638. For the purpose of identification, do you mean?—No, in the case of wounds or injuries about the body.

7639. Are you speaking about the jury or the coroner?—First I suppose it relates to both. That evidence, I take it, would be valuable to both the jury and the coroner.

7640. In certain cases?—In certain cases.

7641. In very few cases?—The jury very frequently before me say, "Mr. Coroner, I notice such and such "a mark upon the body; is that of any importance?" They attach great importance to it until it is cleared up. If you deprived them of the view, would they not feel that they had been deprived of some evidence.

7642. How about making the view by the jury discretionary on the part of the coroner?—I think that would lead to unpleasantnesses.

7643. Do you mean conflicts?—Yes.

7644. Especially where the jury did not wish to view, and the coroner said, you must view?—Certainly.

7645. Or the coroner might say, "It is unnecessary to view," and the jury might wish to view?—Yes; and half the jury may wish to view, and the other half not. Therefore there is no saving of time if half the jury go to view.

7646. Have you found certain jurymen revolt from the view?—They have never raised an objection to viewing. They say it is unpleasant, and they would sooner not do it in some instances—very few; but they do not actually refuse to view or beg to be excused. They say, "It is unpleasant, but we do not mind," that is all. I have never had any difficulty with a jury; and I have had cases where it has been of use. Only a short time ago I held an inquest upon a girl of five or six years of age. I said nothing to the jury; I waited to see whether they would detect anything. When they came back into court, immediately after the identifying witness had stated the age, three or four of them said, "Oh, Mr. Coroner, but the body we saw was that of an infant surely only half that age." That was a case purely of wasting of the child. The child instead of being six years appeared to be about three years.

7647. It was wasted to nothing—a little skeleton?—Yes. The jury then expressed their view of the value of viewing; because, they said, it might have been a case of criminal neglect. As a matter of fact there was an inspector from the National Society at the inquest. Therefore, viewing in that case turned out to be of some importance, and certainly added to the value of the inquest.

7648. On the other hand, in London the view as a rule is an exceedingly perfunctory one?—The coroner does not view at the same time as the jury, therefore we do not know; but I should imagine that some of them close their eyes rather than look.

7649. I have watched a good many jurymen viewing. In some cases that I saw the body was coffined; there was a little piece of glass which allowed you to see the face. The jury walked by merely partially seeing the features?—In some mortuaries they do have the body coffined in that way. In others a good deal of the body is exposed.

7650. What you might call the material parts of the body for the particular purpose?—Yes, certainly.

7651. For instance, if a man died stabbed, from a wound inflicted by a knife, do you think it material that the jury should see the wounds wherever they may be?—Yes. I think it would be a mistake to abolish the view of the body by the jury. If it were abolished I think the coroner need not view. I think it is more important for the jury to view than for the coroner.

7652. But surely the coroner, having the conduct of the whole proceedings, it is most important that he should view?—He should see that a body is there.

7653. Is it not for him very often to say whether medical evidence is required; and can he do that without a view of the body?—He does that in chambers some days before.

7654. When he has full police particulars?—Yes.

7655. Do you think that you could satisfactorily conduct an inquest yourself, or rather the majority of your inquests, without having had a view?—I should prefer a view. I do not like viewing, I admit—it is unpleasant; but I think it would be a mistake both for the coroner and for the jury not to view.

7656. Do you think there is anything in this point that we have had urged before us, that it is a good thing for the general public, and for the jury who represent the general public, really to know the realities of the conditions under which their fellow citizens live and die?—Certainly.

7657. It brings it home to them?—Yes, it does.

7658. You think there is some importance in that?—Yes, I do. And, again, I have heard lay people say, and I do not think that they have said it playfully, that the fact alone that they would be exposed to the view of a jury would keep them from committing suicide. I have heard that repeatedly, and that even the fact of an inquest being held over them would prevent them from committing suicide, but more especially the fact of being viewed. And then,

again, in country places where a coroner is living 10, 15 or 20 miles away, as many of them do, if they are not to view, and if the jury are not to view, might not the coroner say, "The body is lying 20 miles "away; I will call a jury from the street where I "am living," and hold the inquest right away from the place where the body is lying or has died; and might not that lead to bogus or mock inquests or failing to collect evidence.

7659. Or wrong identification?—Or wrong identification.

7660. You mean that the fact that everybody, the public included, knows that the coroner and jury are going to view the body keeps things what I may call regular?—I do, most seriously. And might not an insurance company say, "The body was not identified, it was not viewed," and refuse to pay the insurance money. I quite agree.

7661. There is no doubt that the body is occasionally wrongly identified?—No doubt.

7662. We have had evidence from river-side coroners that a body which is hardly identifiable is usually claimed by many people who hold policies?—Yes, many. Nearly all these cases occur in drowning cases, because of the obliteration of the features. I have had on several occasions three women come into court and claim the body as that of their husband.

7663. All of whom held policies; or not?—Probably—all of whom may have married the deceased.

7664. (*Sir Horatio Shephard.*) You say you do not go with the jury to view the body?—No; on arriving I pass through the chamber where the body is lying and view it; then I pass into court, swear in the jury and send them out to view.

7665. In your case the mortuary is attached to the court, is it not?—In most instances.

7666. In no case do you go with the jury?—Seldom.

7667. (*Chairman.*) In country places the coroner would go with the jury?—Yes, they all go together.

7668. (*Sir Horatio Shephard.*) They would go together?—Yes, from my experience; but in London, no. We pass through the chamber, the mortuary or what not, and view, and then pass on into court.

7669. Before the jury are sworn, in fact?—Before they are sworn in. That the coroner and jury need not view at the same time has been laid down in the leading case of R. *v.* Ingham, 1864, 5 B. and S. 257.

7670. That that is right?—Yes. And it is the most convenient way.

7671. (*Chairman.*) It is convenient, is it not, that the coroner should view first and know all about it before he sends in the jury; because there may be something that he wishes to call the jury's attention to?—Yes.

7672. (*Sir Horatio Shephard.*) Is that what you do?—Yes, because the mortuary keeper would draw the coroner's attention to a certain point.

7673. (*Chairman.*) In some cases I suppose it would be convenient that he should have another view; that is to say, the coroner having had his view and having seen certain features to which the jury's attention should be called, he would either go with them or tell his officer to call their attention to them?—Yes.

7674. (*Sir Horatio Shephard.*) The jury go in absolute ignorance of what the case is about?—Yes, they do 99 times out of a hundred, unless it is a newspaper case.

7675. The coroner goes knowing what to expect—knowing more or less the circumstances?—Yes.

7676. Would it not be better, then, that the coroner should be there with the jury, in order to tell them what to look for?—He could do that from the bench.

7677. His officer takes them to view?—Yes. And I think, too, that the jury would lose a certain interest in their inquiry if they did not view.

7678. (*Chairman*). You mean it becomes unreal, a paper inquiry, if there is no view?—Yes.

7679. It is more like reading the thing in a newspaper than an actual inquest?—Yes.

7680. I just want to pause here for a moment, before I forget it, to ask you one question. When you deal with suicide cases, it has been suggested by some clergymen that it would be a help to them if the actual verdict of the jury was endorsed by the coroner on the certificate of burial. Have you any opinion on that point?—To divulge to the clergymen what was the cause of the death, do you mean?

7681. Yes, or rather the finding of the jury as to man's responsibility, because it affects the question of the service at the funeral?—Yes, I see the point.

7682. Perhaps you would like to think it over?—No, I am quite prepared to answer it. Is not that rather a point of ecclesiastical law? At present the officiating clergyman is certainly ordered to bury; he has no option.

7683. He is quite prepared to bury, but he says, "I am in this difficulty. If the coroner's jury have "found that it is a case of *felo de se*, I cannot use the "ordinary service of the Church; if they found that "the man was not responsible for his actions at the "time, then I can use the ordinary service of Christian "burial"?—I quite appreciate the point. Would it not follow that some clergymen would decline to bury in consecrated ground, and if the grave were dug, which it would be when the body is brought to the gates of the cemetery, and the clergyman on reading this endorsement were to say, "I cannot bury him in consecrated ground," are you to take the coffin home while another grave is dug in another part?

7684. The difficulty arises now because he hears unofficially what has happened instead of officially?—Do they, with these large London cemeteries.

7685. In the country?—I can quite understand its occurring in the country, where everything is known. But that would be the question arising in my mind, whether he would decline to bury at all in consecrated ground.

7686. If he is entitled to decline he is entitled to have the means of declining put before him?—Then it means delay to dig another grave and postponing the funeral till another time.

7687. It does; but while the law remains as it is a clergyman has an ecclesiastical duty as well as a civil duty?—Yes, one appreciates that.

7688–9. Would there be any administrative difficulty in the coroner endorsing the finding of the jury on the order to bury?—I take it not, because the burial order is to expedite the burial, to save the period of five days in which the finding of the jury goes to the registrar. But with adjourned inquests the burial takes place perhaps a week or two or a month before the verdict is found, and endorsement would be impossible.

7690. (*Sir Horatio Shephard.*) In which period you may bury?—Yes.

7691. (*Chairman.*) The burial order is leave to bury at once?—Yes, and it has this greater function, that it enables the family to secure the insurance money at once, instead of waiting the five days for the other certificate. But I can see no objection to endorsing the burial order with the finding of the jury. It has to go on the certificate within the five days; why should it not go at once.

7692. It goes with the final certificate?—Yes, it does; why should it not go with the other at once.

7693. I only wanted to know whether there would be any difficulty or trouble about it?—I see none from the coroner's point of view. From the Church point of view I must leave it with them.

7694. The next point in your evidence is the question of the coroner's clerk?—I think the coroner's court should be fitted with the same paraphernalia or material as other courts. The magistrate has his clerk, and if it is only a clerk to take shorthand notes, I think a coroner should have one supplied to him.

7695. You think that, so to speak, a new office ought to be created of coroner's clerk?—Yes. Of course there is an objection to creating further officers.

7696. The question of expense?—Yes.

7697. Especially with a franchise coroner, who may have only six inquests a year?—I was thinking of the big jurisdictions where we are holding 20 inquests a week on the average.

7698. You think in the larger places, where the coroner is what you may call a full-time officer, he ought to have an appointed clerk?—I do.

7699. What status would that clerk have, in your opinion?—I do not see why the electing authority could not allot one of their own clerks.

7700. You do not contemplate a whole-time appointment, but some one told off for the duty?—Why not?

7701. It would rather cut into his other work, would it not?—Is that objectionable?

7702. Would there be work enough for a whole-time man or not?—For four days a week there would be, certainly. It is difficult at times for a coroner who is acting as judge, as counsel and as clerk to do all three in one.

7703. Three offices in one coroner?—That is what it comes to; he is clerk, he is really acting as counsel in some cases, he is representing counsel on both sides, and at the same time he is judge. It is not easy in some cases.

7704. Without going into it in great detail, your opinion is that coroners in heavy districts ought to have clerical assistance of some sort?—Undoubtedly.

7705. As regards coroners' officers, do you use the police?—Yes.

7706. Do you find it better that they should be uniformed police or non-uniformed police?—Does it matter? I think some distinctive dress is always good in any court.

7707. I was thinking rather of when the coroner's officer has to go to make inquiries. Some object to a uniformed policeman going to the house?—I agree. It attracts attention in the district.

7708. On the other hand, a uniformed policeman in the rough districts is much better received than a casual man in ordinary civilian dress demanding admittance to a house?—That is so. In some districts it would be unpleasant to the family to allow the officer to be seen going in uniform; it attracts attention at once. In other districts, as you say, it gives greater weight.

7709. Perhaps you have not considered the point carefully?—It has not come into my mind before, but I can quite see it.

7710. On the whole, then, you find that policemen make the best coroners' officers. Have you any opinion as to whether a retired policeman or a policeman on active service is the best coroner's officer?—I think it depends upon the individual, the character of the man.

7711. The next point that you want to call our attention to is post-mortem examinations?—Have we not dealt with that?

7712. I think we did deal with it last time.—Yes.

7713. Then you suggest something about special coroners in special cases?—I do not lay much stress upon that; but it has crossed my mind from time to time that there are cases, as everyone knows, where a special pathologist is called in, or a special analyst from the Home Office, and from my general knowledge and newspaper reading of big cases, I think there have been cases where if the local coroner had perhaps sat upon the bench with one sent down specially for that case, it would have been an advantage.

7714. So to speak, a special commissioner coroner?—Yes. It would put on one side the local feeling and influence.

7715. I thought perhaps you referred to cases of this kind. There are sometimes highly scientific inquiries involved, as, for instance, when a death occurs under anæsthetics; it may be due to the anæsthetics or it may be due to shock, it is a very difficult question?—I did not think of it so much on that line as from the point of view of local conditions.

7716. Have you any opinion on this question: when a difficult medico-legal question is involved, whether a special expert coroner would be an advantage or not?—Would not that be met by a power that exists at present? Surely, the Board of Trade has power to send down assessors, not on anæsthetic questions, of course, but in railway cases, and such like.

7717. Do you think in these delicate scientific inquiries the coroner would be assisted sometimes by scientific assessors?—Not necessarily as assessors. He might have the same men as witnesses.

7718. You see no advantage in an assessor over a witness, do you?—No, I do not think so, not on such a question as the anæsthetic question. That depends again on the ability of the coroner.

7719. The personal factor comes in there as everywhere else.

7720. (*Chairman.*) Have you anything to tell us about still-borns?—What is the position of a still-born? Is it a body within the meaning of the Act? I think the Act says, a person who has died. In the first place, a still-born has not died, because it was not born alive to die. Secondly, it is not a person. I think that something might be definitely stated so that a still-born should be recognised as a body within the statute.

7721. It would give rise to a great deal of domestic trouble and difficulty, would it not, in many cases?—I should not think so. If an Act were brought in to say, as in the wording of the recent Notification of Births Act, that any child that has issued from its mother after the expiration of 28 weeks' pregnancy should be recognised as a body, I think that would meet it.

7722. You would draw the line at 28 weeks' pregnancy?—Yes, that is recognised.

7723. That is what they call a viable child?—Yes, I think if it were expressed in that way it would be definite.

7724. There would be great public opposition to it, would there not?—I do not know. From whom?

7724*a*. When the committee that inquired into the certification of deaths in 1894 reported, there was a good deal of feeling raised?—At present we have no power to inquire, and there is no necessity, if we know it is still-born; but, on the other hand, there are many cases in which an inquiry is useful to ascertain whether it was really still-born.

7725. That is only necessary, is it not, when there is some suspicion of crime, and for no other purpose?—For no other purpose.

7726. Do you want to go into domestic details?—Oh, no.

7727. It is a point for consideration, no doubt?—I think so. Then, again, it opens up the question of false certification by midwives certifying children as still-born when they were not.

7728. On the other hand, it is wholly immaterial unless it is a question of crime?—That is so.

7729. (*Sir Horatio Shephard.*) It might be of importance as a question of inheritance?—Yes.

7730. (*Chairman.*) You mean if the child had breathed?—Yes.

7731. And although the child only lived two minutes, double death duty would be payable?—Yes. If they can bury a child as a still-born, it is a cheaper burial than if it had breathed.

7732. On the other hand, a great deal of domestic trouble and pain would be caused if an inquest were held on a still-born child?—Yes, except that if we had a preliminary post-mortem examination, that would avoid it.

7733. That would, of course, involve keeping the body of this very young child in the house, and having a post-mortem, which people would very often object to?—The body would be dealt with as any other body.

7734. It was said at the time of that Death Certification Committee's Inquiry, that people were exceedingly sensitive on the subject of still-born children?—I do not doubt it.

7735. What are you going to suggest to us about going before the magistrate as well as going before the coroner, the duplicate inquiry?—I remember some two or three years ago a magistrate raised the question in his court as to what was the necessity for it, and as far as I can see, the only necessity for it is that the coroner really has no power to bind over witnesses except the witnesses for the prosecution; therefore, the case goes before the magistrate to get the witnesses bound over for the defence.

7736. You mean, that you think the magisterial examination is, so to speak, a fifth wheel of the coach?—Yes, quite so.

7737. The coroner's examination would be enough if he had magisterial powers?—Yes. Then, again, as regards the depositions taken before the coroner, if the accused party has not been present before the coroner, the depositions before the coroner are not admissible at the trial; but the accused party having been brought before the magistrate renders the depositions of that court admissible. That opens up the question whether the coroner should have power to compel the attendance of the accused party.

7738. That is a difficulty. Is there not this further difficulty, that the magistrate's depositions exclude a lot of evidence which is very properly and usefully taken before the coroner, because he has not an accused person before him?—That is so.

7739. (*Sir Horatio Shephard.*) That is a very awkward question?—It is a very awkward question.

7740. *Chairman.*) You see the two inquiries are *alio intuitu*?—Yes.

7741. One is to discover scientifically the cause of death; the other is to determine whether there is sufficient evidence to commit a definite person for trial?—We have only jurisdiction over death.

7742. The one is over a thing, and the other is over a person?—Yes, that is perfectly correct.

7743. On the other hand, there is the inconvenience arising from a duplicate inquiry, that the witnesses are harassed twice, sometimes they are wanted in two places at once, and sometimes there is a difficulty in case of two different commitments?—Yes.

7744. It must remain a difficult question?—It is a difficult question. And, as I say, the depositions taken before the coroner, or by the coroner, are not admissible at the trial, because the accused party is not present; and I would rather let things remain as they are, than perhaps have an accused party compelled to appear before the coroner.

7745. What is your suggestion about exhibits; have you found any practical difficulty in dealing with exhibits in holding an inquest?—I have never found any difficulty. I think it is met by the orders issued by the Lord Chief Justice.

7746. You mean under the Criminal Appeal Act?—Yes.

7747. What are you going to say as to the number of coroners and deputy coroners?—I think we discussed that question last time, as to whether a deputy, if he fell ill, should have the power to call on someone else.

7748. Surely it would be much better for the coroner himself to appoint a sub-deputy?—I thought not. Might it not lead to difficulty between the deputy and the sub-deputy, as to who should go on duty first?

7749. No; there would be a regular deputy, and a deputy in case of emergency?—What crossed my mind after appearing before you was, whether that is not met as in the power of a county court judge who has power to apply to a friend, if he thinks fit, to take his place *pro tem.*

7750. Up to a certain number of days he can appoint a properly qualified person to act for him?—Yes.

7751. But if he requires a deputy for a longer period, the Lord Chancellor's approval must be obtained. May I put to you a case about which we were consulted when I was at the Home Office. Both the coroner and the deputy were seized with influenza, and were both down at the same time. If there had been a second deputy appointed, the difficulty would not have arisen?—That is so. That has happened with myself, as I said previously.

7752. However, you think it desirable that the deputy should appoint a sub-deputy, instead of the coroner appointing a deputy and a second deputy?—I think it would be more convenient.

7753. (*Sir Thomas Bramsdon.*) Would not that be rather an extraordinary thing to do—for the deputy to appoint the sub-deputy. It is contrary to legal principles, is it not?—Yes, it would be. It is only on the ground of convenience that I say it.

7754. Do you not think the Chairman's suggestion the better one, to have, as it were, two deputies rather than one deputy and a deputy's deputy?—Probably.

7755. (*Chairman.*) A regular deputy and an emergency deputy?—Yes.

7756. (*Sir Thomas Bramsdon.*) An inconvenience might easily arise. Supposing the coroner were to run across for a trip to America, and his deputy whilst he was gone were taken ill, or engaged in another important case, there is no means of getting at the first coroner, or complying with the regulations necessary. In such an emergency it might be advisable to have two deputies, a regular deputy, and an emergency deputy?—Yes.

(*Sir Horatio Shephard.*) At the instance of the coroner or the deputy.

7757. *Sir Thomas Bramsdon.*) At any rate, whatever it is, I take it that you approve the suggestion that the coroner should have power to appoint two persons to act in case of emergency or difficulty?—I agree on principle, certainly.

7758. (*Chairman.*) You want to call our attention to duplicated enquiries?—Where more than one death occurs.

7759. From one and the same cause?—Yes.

7760 (*Sir Horatio Shephard.*) But not at the same time and place?—Yes. Should not the coroner or the two coroners agree that one inquiry should be held?

7761. (*Chairman.*) You mean have power to agree?—Yes.

7762. And in case they do not agree, what do you suggest?—Then I suppose it must go as it is, but if they consider it more convenient they should be able to do so.

7763. Why should not some judicial authority have power to say that as a matter of public convenience the inquiries ought to be held in one jurisdiction or the other?—Yes, I should not object to that at all. But it complicates matters.

7764. (*Sir Thomas Bramsdon.*) That presumes an application to the superior authority, and then the question arises, who will take it?—Yes, and there is time wasted.

7765. Except in cases of committals no practical difficulty really arises, does it?—Yes, because you require the witnesses at both courts.

7766. Take a case of a person dying to-day and another one dying a week hence, and so on. Those are double inquiries. What is your practice in cases like that?—In that case one would have knowledge that there is likely to be a second death, one would, therefore, take at the first inquiry identification, and issue the burial order and let the body be buried, and adjourn.

7767. In the case of an explosion or a ship going down?—Yes.

7768. A good deal would rest with the different coroners, after the first inquiry had been made, in regard to lessening the extent of the inquiry in the subsequent cases, supposing that there is no new evidence to be introduced?—Yes, but could the coroner use the evidence of his first inquiry at the second? No.

7769. I am not speaking of his inquiry, but the inquiry which was held elsewhere?—By another coroner?

7770. In the case of a manifest accident of a ship going down bodies are picked up all over the place; the first inquest held is an exhaustive inquiry and a verdict of accidental death is returned. Is it not in practice often done that in the subsequent cases the fact that the preliminary inquiry has been held and is mentioned enables the subsequent coroners to deal somewhat lightly with the facts?—Undoubtedly.

7771. (*Chairman.*) Taking a mine explosion, 200 people killed, with people coming from districts round, psssibly in the jurisdictions of different coroners, what is done?—There would be several inquests; there must be.

7772. (*Sir Thomas Bramsdon.*) You must identify the body and you must comply with the requirements of the Registrar General, so that an inquest is imperative?—Certainly.

7773. The only question is the saving of the long investigation which is necessary in the first case but may not be so necessary in the subsequent ones?—Quite so, and perhaps sending for a number of witnesses.

7774. (*Sir Horatio Shephard.*) In this particular case of the Imperial Institute murder the other day, was the evidence taken on the same day or on different days?—The evidence in both cases was taken on the same day.

7775. There could be no saving in that sort of case?—The expense of a second inquest.

7776. (*Sir Thomas Bramsdon.*) I take it the real difficulty does not arise in ordinary accident cases, but it arises where there is likely to be and is actually a committal for a crime, and then you may have separate jurisdictions. That is the real difficulty?—That would be one difficulty, certainly.

7777. That is the real difficulty; that is so, is it not?—I suppose that would be the greatest difficulty.

7778. Because there you have two committals to two different assizes?—Yes, certainly.

7779. (*Chairman.*) Take this lamentable case at the Imperial Institute, you have a triplicated inquiry there, two inquiries before coroners, one inquiry before the magistrate, and the same witnesses used in all three?—Quite so.

7780. (*Sir Thomas Bramsdon.*) But in that case you would have different charges for causing the deaths of separate and distinct persons?—Yes.

7781. (*Sir Horatio Shephard.*) The witnesses have to give evidence really to the same facts twice over?—Certainly.

7782. (*Sir Thomas Bramsdon.*) Is not it the fact that if two persons are killed you have to narrow your evidence to the separate cases, and there may be different charges preferred—different committals on different crimes?—Certainly, and there must be separate inquisitions for separate bodies.

7783. It is not inappropriate that there should be separate inquiries in those cases?—No, I was only thinking of convenience and expense.

7784. But could the thing be narrowed down in a case like that?

7785. (*Chairman.*) If held before one coroner the witnesses would only have to attend on one day and in one place?—Certainly.

7786. (*Sir Thomas Bramsdon.*) But it is only a shifting of the different courts, as it were?—Yes.

7787. (*Chairman.*) I think your next point was that coroners should have power to call expert witnesses on another matter?—Yes, the present state of affairs is that if the coroner wanted an expert witness upon a given subject his paying authority might refuse it.

7788. The Procurator Fiscal in Scotland has very complete powers?—That is so.

7789. You think English coroners ought to have a similar power of dealing with their cases?—I do.

7790. Will you give us instances of the class of cases you refer to?—A building accident. We may have no witnesses of any special knowledge of building or architecture to give evidence at all.

7791. A boiler explosion?—Yes; there the inquiry surely necessitates in some cases expert evidence.

7792. As Sir Thomas Bramsdon says, collisions at sea—there you always have expert evidence, I suppose?—Yes.

7793. Is there any difficulty about paying your expert witnesses in those cases?—I can remember one case where I was sitting with another coroner in the case of an accident where somebody was killed by the falling of a building, and he had difficulty in getting an expert to give evidence as to the condition of the building.

7794. In most factory cases I suppose the Home Office can supply an expert, and do?—Yes.

7795. The Board of Trade supply experts?—Yes; and in some cases they have said it was not necessary.

7796. You think the Coroner should have power on his own initiative to call in an expert?—Yes. The Board of Trade have refused me.

7797. In cases where you thought that an expert ought to be called?—Yes.

7798. Your next point is the payment of witnesses?—Yes. I really do not know that I have much to say on that.

7799. I suppose you would agree with what a good many other witnesses have suggested, that there ought to be some central authority to prescribe scales of costs like those provided for witnesses in other criminal cases?—Yes.

7800. It is the only case in which there is no statutory scale made by a central authority?—That is so.

7801. Have you anything to say about juries and treasure trove?—I should be sorry to see the jurisdiction taken away from the coroner, from an historical point of view.

7802. You mean it is an interesting jurisdiction?—Yes.

7803. Do you want the whole paraphernalia of a coroner's inquest to inquire into the very simple fact, namely, the circumstances of the finding, which is the only thing that a coroner can inquire into?—He cannot inquire into title. If there is a question of treasure trove he would throw it in with his sittings on other inquests.

7804. Do you think a jury is of any use whatever in a case of that kind?—No, I do not suppose they are.

7805. Therefore, if the coroner was acting as Commissioner for the Treasury, instructed by them, it would be sufficient?—Yes, but I should not like that to be the thin end of the wedge of the abolition of juries.

7806. Have you ever known of a coroner acting in the place of a sheriff where a sheriff was interested in a suit?—I have never known it.

7807. Has the coroner got the necessary staff for issuing a civil execution?—I do not think I can express any opinion upon it because I have had no experience.

7808. (*Sir Thomas Bramsdon.*) There was a case where a coroner for Hampshire acted for the sheriff in the case of Sir Roger Tichborne?—There was.

7809. He was at the time sheriff of Hampshire?—That was so.

The witness withdrew.

The Right Hon. Viscount St. Aldwyn called in and examined.

7810. (*Chairman*). I think to-day you have come on behalf of the Gloucester County Council with reference to a specific point?—I am an alderman of the county of Gloucester, and a member of the finance committee of the Gloucester County Council. The county council have asked me to give evidence here on a question of some difficulty which has arisen between them and one of the coroners for the county, Dr. Edward Mills Grace. The law gives to a coroner absolute discretion as to the number of cases in which he holds inquests, and orders a post-mortem examinaton, qualified only, I believe, by the power of the majority of the jury to call upon him to direct a post-mortem examination if they wish it.

7811. That is assuming he has not directed it?—That is assuming he has not directed it, but he may, if he thinks fit according to the law, hold a post-mortem examination in every case in which he holds an inquest. For some time past the practice of Dr. Grace has been to order post-mortem examinations the number of which in proportion to the number of inquests held is far in excess of the number ordered by the other coroners in the county, with the result, so far as the county council are concerned, that the charge of two guineas in each case is imposed on the county, and in many cases, as appears to the county council, where a post-mortem examination was by no means necessary. Perhaps I may begin with the inquests the charges for which were before the county council in the October quarter of 1908. In 11 out of 13 inquests held during that quarter the coroner directed post-mortem examinations to be made. In all of the 11

cases death was due to natural causes, and there was no suspicious circumstance alleged in the report. I have here the facts of half a dozen of those cases in which it appeared to the finance committee of the county council that the post-mortem examinations were specially unnecessary. The first is a case of the death of a young woman. She had been subject to epileptic fits for some eight or 10 years, and had been attended for that disease by Dr. Edward Mills Grace himself, the coroner. She died under circumstances which clearly pointed to an epileptic fit, and yet he thought it necessary to order a post-mortem examination. He had not attended her for two years before her death.

7812. Had she been attended by any other doctor recently?—That does not appear, but she was well known to be subject to fits. This is the report. The question is, "Was deceased ill for any and for what length of time before death?" The answer is, "Subject to fits for the last 8 or 10 years." The name of the medical practitioner attending is given as that of Dr. E. M. Grace. "When was the last occasion deceased was so attended?" "About two years ago." The facts were these. One morning, about 7 o'clock, her father left home to go to his work, leaving the deceased in the kitchen, apparently in her usual health. She was seen alive between 9 and 10 a.m. On his return, from work about 7 o'clock in the evening, he found her lying face downwards on the floor of the kitchen dead. Apparently there was no one else in the kitchen.

7813. Was not that a case where it was very desirable to have a post-mortem examination, the girl might have died from poison, or a fall, or anything else?—No suspicion is alleged of that kind. She was known to have these fits.

7814. I should have thought an unwitnessed death in a lonely cottage was eminently a case for further inquiry, or at any rate for some medical expert.

(*Sir Thomas Bramsdon.*) I take it you would agree that because the woman was found dead on the floor it would not necessarily follow that she had died as the result of a fit; she might have died as the result of something else.

7815. (*Chairman.*) Poison, or a fall?—(*Witness.*) It would have been possible, but if there was poison I suppose there would have been evidence of suspicious circumstances.

7816. (*Sir Thomas Bramsdon.*) Do you of your own knowledge know what the form of death is in the case of epilepsy?—No.

7817. May I suggest to you that the death must either arise from exhaustion or from suffocation?—Yes.

7818. If this woman died as the result of suffocation, accidentally brought about whilst in a fit, would not that be a very proper and, in fact, necessary case for an inquest and for a post mortem?—Remember, the coroner had himself attended her for these epileptic fits.

7819. Yes, but he did not know she had died of the epileptic fits; there was no evidence of it. She might have died from some other cause?—The probabilities pointed decidedly to that cause of death.

7820. But it would have been a very awkward case if afterwards it turned out that she had died from an entirely different thing.

(*Chairman.*) For instance, if she had taken poison. An epileptic person is more likely, perhaps, to commit a rash act than other people.

7821. (*Sir Thomas Bramsdon.*) Do not you, on consideration, think that the case was a very proper one in which to hold a post-mortem examination?—No, I really do not. I think if Dr. Grace had not himself known any of the circumstances there might have been a question as to it; but my point is that in this case he had attended her for a very considerable time—for years.

7822. But because she suffered from epilepsy is no proof that she died of an epileptic fit, having been found under the circumstances which you describe.

7823. (*Chairman.*) It hardly raises the presumption, does it?—I should have thought it raised a very strong presumption. The next case is that of a child, seven days old, a perfectly simple case, a legitimate child. "Last night about 10 o'clock the parent noticed the "child was ill, and at once sent for the nurse, but on "her arrival, at midnight, she found the child dead." The child was only seven days old. The parents were perfectly respectable people; there was nothing to indicate that there was any cause but natural causes.

7824. It would be very difficult to determine the actual cause without a post mortem, would it not? The coroner has to certify the actual cause of death?—That is a point upon which the county council disagree with the coroner.

7825. (*Sir Thomas Bramsdon.*) May I ask you a question upon that? I take it that you are quite aware that a coroner is bound to hold an inquest where the cause of death is not known?—Yes.

7826. How could the cause of death be known in that case, except by holding a post-mortem examination?—I should have thought that in such a case as that it would have been quite sufficient to return a verdict of death from natural causes.

7827. That is not sufficient. You have to comply with the Registrar-General's requirements and to show definitely what the cause of death was?

7828. (*Chairman.*) As far as you can. You cannot always do it?

7829. (*Sir Thomas Bramsdon.*) May I ask how you can tell? Could you suggest how you could tell what a child died from except by making a post-mortem examination?—If there had been any statement with regard to any particular kind of suffering the child had been under that would have been sufficient.

7830. Here there was none?—No.

7831. (*Chairman.*) There was no history of croup or any of the ordinary causes of sudden death in children?—No. The next case is one of a child four days old, which was also a legitimate child. "It "appeared to be all right until 5.30 this morning, "when the mother thought it was in convulsions. "The husband at once ran for his mother and "Dr. Llewellyn. He did not attend until about "9 o'clock, but the baby had died about 6.45. I have "called on Dr. Llewellyn, who has informed me the "appearance of the body was consistent with death "from convulsions, and he did not attend earlier as "he understood from the father that the child was "dead."

7832. I suppose Dr. Llewellyn refused to certify?—It does not appear.

7833. If he refused to certify, the coroner would be bound to hold an inquest, would he not?—But not a post-mortem examination. Then, here is the case of a woman, 80 years old, who had enjoyed fairly good health with the exception of slight attacks supposed to be caused by her heart. "Last night she retired to bed about 10. "About 3 this morning she got out of bed and called "out to her husband, and asked what she should do. She "then got into bed again. The husband saw she was "very ill and called for a doctor, and she expired a "few minutes before the doctor's arrival." That was a woman 80 years old subject to heart attacks.

7834. Did the doctor make any examination of the the body. I am not talking of the post-mortem examination, but any superficial examination?—I cannot answer.

7835. Did he know her before?—That does not appear.

7836. (*Sir Thomas Bramsdon.*) I gather the woman was not an unhealthy woman?—"She enjoyed fairly "good health with the exception of slight attacks "supposed to be caused by her heart."

7837. You agree it is no use holding these inquiries unless they are effectual and proper?—Well, I agree, but I contend post-mortem examinations in these cases are quite unnecessary.

7838. If you were given a body, it is a sealed packet and you cannot tell what the cause of death is until you open it?—But she was a woman of 80 and known to have a weak heart.

7839. (*Chairman.*) There is a slight presumption, but still it might be anything else?—(*Witness.*) Here is another woman of 55. "She was very corpulent and "subject to fainting fits. She appeared in her usual

" state of health, she had had dinner, which consisted " of pork and vegetables of which she partook in her " usual hearty way. About 2 p.m. she went out, " shortly afterwards the husband went out and found " deceased sitting on a box and attempted to rouse " her. He then sent for a doctor who arrived soon " afterwards only to find that life was extinct." There again is a presumption of heart disease.

7840. (*Sir Thomas Bramsdon.*) But it is only presumption, there is no strong evidence of the cause of death?—No; according to your argument it would be necessary to hold a post mortem in every single case.

7841. But there was no doctor attending previously in these cases?—That does not appear.

7842. (*Chairman.*) If a doctor will certify I quite understand a post mortem is not necessary. If he says " From what I know of the case I have no hesitation " in certifying the death," but where that cannot be done I should feel a difficulty myself?—Here is another case, a man of 74 years old. He had been attended by a doctor. He had been in failing health for some time. He started to go to his work. He had not gone far when, feeling unwell, he returned home and complained of pains round the heart, and then he had some tea and bread and milk, and about 6 p.m. went to bed. He appears to have been left, and was found dead in the morning.

7843. (*Sir Thomas Bramsdon.*) Do you suggest there is anything improper in a post mortem there?—I think it was quite unnecessary.

7844. How could you be satisfied what the man died from?—I should say there, again, it was a case of heart.

7845. That is only a presumption?—I think it is a very strong presumption.

7846. (*Chairman.*) You very often find apoplexy, or it may be due to a fall and to numerous causes?—Yes, it may be due to different kinds of heart disease, but I cannot at all see why it is necessary to define the precise disease so long as it is clearly due to a disease of the kind.

7847. There is always a danger of overlooking some much more serious cause of death if you assume too lightly.

7848. (*Sir Thomas Bramsdon.*) Do I gather that your evidence only applies to one coroner in your county?—That is, we think, a very strong point. If it were necessary to hold post-mortem examinations to the extent which your questions have suggested, clearly the other coroners, who hold comparatively few, do not hold enough. But nobody has ever found fault with them for that. There is no reason to suppose that anything wrong has occurred on account of the omission.

7849. May I suggest to you that evidence has been given in the course of this inquiry that post-mortem examinations are not held in a sufficient number of cases?—That I did not know.

7850. I gather from what you say that in 11 out of 13 of Dr. Grace's inquests post mortems were held in one quarter?—Yes.

7851. And in all of them they were due to natural causes?—Yes.

7852. Would not it be in cases of death from natural causes that these post mortems would be principally held? If a man died as the result of an accident it is frequently very apparent what the cause of death is; or if a man is seen to go into the water it is apparent that he dies from drowning?—I do not contend that where death is due to natural causes there never should be a post mortem examination.

7853. Do you suggest that the coroner's discretion should be limited?—Would you allow me to go on? On those cases the clerk to the county council was directed to write to Dr. Grace and direct his attention to what the county council considered was an unreasonable number of post-mortem examinations held, and to ask for his reason. His reply was: " In answer " to the request of the Finance Committee, my reason " for having post-mortems of the six named persons " is simply that without them the jury and myself " would not have known the cause of death, and with- " out finding that out the inquest is useless." There the matter rested for a time. In the following quarter, out of 16 inquests, five post-mortem examinations were directed, in all of which the deaths were from natural causes, and in the opinion of the county council such examinations were unnecessary. The first was the case of a child eight months old, a weakly child which had been attended by a doctor who said the cause of death was probably bronchitis. In all these cases the children were legitimate and the parents respectable. The second was the case of a man of 36 years old. He had been sent out apparently at night to take some things to a farmhouse, and was found lying on his face in a ditch, 6 feet deep, which he had to cross, in 1 foot of water. He was obviously drowned.

7854. (*Chairman.*) He might have been pushed in by somebody else, or might have fallen in—but with regard to the cause of death that was drowning?—It was obviously drowning.

7855. (*Sir Thomas Bramsdon.*) Why obviously?—A man found dead after crossing a ditch 6 feet deep and with his face in one foot of water must have been drowned. If there had been suspicious circumstances, such as a blow on the head or anything of that kind, which pointed to violence and a suggestion that he might have been put there, that would have been quite another matter; but there was no such circumstance.

7856. Do you suggest that in the case of everybody who is found in water the presumption is that they are drowned?—I should certainly suggest it unless there was something to indicate that there was some other cause.

7857. Would not that be opening up a very serious premium to crime to presume such a thing as that?—I do not see that it would.

7858. What is to prevent a person from being, we will say, poisoned and put into the water?—That would be possible.

7859. Do not you think, really, on consideration, that the case you have referred to is one of the most proper cases that could be imagined for a post-mortem examination to be held?

7860. (*Chairman.*) To make sure there were no signs of violence?—If there had been signs of violence they would have been noticed in the report.

7861. (*Sir Thomas Bramsdon.*) But you could have violence without having it outward and visible?—You could have violence by poison.

7862. I do not mean that; I mean, supposing the person received a severe blow with a sandbag and had his ribs broken and things of that kind?—If his ribs had been broken I suppose that would have been detected without a post-mortem examination.

7863. He would not have necessarily any outward and visible sign of it?—I think he would.

7864. Does not this all tend to show that the case you speak of is a very proper one for a post mortem?—I confess I do not think so. Here is another one. A man, aged 77, who was in the workhouse, died at night in bed there, obviously of old age. He had been there for a year.

7865. (*Chairman.*) Under the superintendence of the poor law doctor?—Yes.

7866. Did the poor law doctor not certify?—That does not appear; I should have thought he might.

7867. If he had certified, the inquest would not be justifiable, but if he did not certify you are pretty well bound to have an inquiry into a death in a public institution?—I do not object to the inquest, but what I do object to is the post-mortem in such a case.

7868. (*Sir Thomas Bramsdon.*) What is the value of an inquest in such a case without a post mortem?—Your contention appears to be that an inquest is never any use without a post mortem.

7869. No, I am not suggesting that, I only take the individual cases you are bringing before us?—Here is a man of 77 who dies in bed in his sleep. He has been under medical observation in the workhouse for a year.

7870. (*Chairman.*) That does not seem to be a very strong case, unless for any reason the proper medical officer refused a certificate. It all turns upon that?—Here is the next case, a woman of 77. She goes to bed apparently in her usual health, being a respectable married woman. At half past five in the morning she

complained to her husband that she had a pain round her heart; he got up and made tea, and taking it to the deceased found she was dead. I really do not see there could be any cause for doubt as to that.

7871. I should have thought the doctor might have certified, but if he does not certify, the coroner is always in difficulty?—Here is another case, a man aged 64 attended by Dr. Perrott.

7872. He died from heart failure?—He was a single man living with his brother. He had been out of work for some time. "This morning started to work for the "Gloucester County Council. He was employed in "moving stones from an old well, and fell backwards "and died about seven minutes after he fell. Dr. "Perrott had attended him." The report says, "I have "seen Dr. Perrott and he is of opinion that the cause "of death was weak heart."

7873. Was that before the post-mortem examination or after?—Before.

7874. I should have thought there need not have been a post mortem. There you have a medical man certifying to the cause of death, and no suspicion. I suppose the real point is that Dr. Grace holds all these post mortems in a curiously disproportionate number of cases to other coroners, who do their work well?—Yes, we have every reason to believe the other coroners do their work well and efficiently.

7875. How many have you?—I think there are four.

7876. Dr. Grace is a salaried coroner. This gives him extra trouble?—I believe he is.

7877. So that what he is doing is against his own interest?—On those cases the county council wrote to the Lord Chancellor; they put the case before him with regard to both quarters which I have named. They drew his particular attention to the case of Henry Powell, the last case which I mentioned, and they asked the Lord Chancellor that the cases referred to in both the quarters might receive his consideration, and that they might hear from him on the subject. The Lord Chancellor answers: "In reference to your letter of "the 7th inst. and the enclosures returned herewith, "the Lord Chancellor has read and considered the "cases sent. He does not see reason for entertaining "the only course open to him, namely, to treat this "as a ground for a charge of misconduct and as a "ground for removal. I am, however, to add that "without expressing an opinion as to the action of "Dr. Grace, which could not be done with any pro-"priety, unless full inquiry were made on the subject, "yet the practice of holding post-mortem examinations "has been a subject of complaint to the Lord Chancellor "in other places also as being held unnecessarily, and "thus causing needless pain to relatives, and he thinks "the present state of the law does not enable him, or "indeed, anyone, to deal with such complaints in a "satisfactory way. The frequency of the post mortems, "though material, cannot conclude the thing. It is "necessary also to investigate the propriety in each "case, and to have skilled assistance for that purpose. "In the Lord Chancellor's opinion it is most desirable "not to have post mortems unless there is a real and "solid ground for thinking they are required in the "public interest, and he feels it is a very painful thing "towards relatives that this is not observed; but "unless what is done amounts to misconduct, which is "a serious thing to charge, the Lord Chancellor has "no right to interfere." I need not say that we never supposed for a moment that a charge of misconduct could properly be brought against Dr. Grace with regard to this matter, and we did not do so, and we were not surprised at the Lord Chancellor's reply. But I should like to draw your attention to the fact that in his opinion, which is surely an important opinion, post mortems are held to an unnecessary extent, and are specially objectionable where they are unnecessary as giving pain to relatives. Therefore, with all respect to the Committee, I entirely differ from the opinion which has been suggested here that they ought to be more frequent than they are.

7878. We have complaints of both kinds. Some coroners hold too many, and some do not hold them where they ought to be held?—Since that letter the county council have had further accounts for another quarter in which the same practice is continued by Dr. Grace, showing as large a proportion as before of post-mortem examinations where inquests had been held. There is, however, this to be said with regard to that quarter, that in a considerable number of cases the inquest was held on very young illegitimate children, and I can quite understand that there may be reasons for a post mortem in the case of a young illegitimate infant which would not exist in ordinary circumstances.

7879. And also in the case of an insured child. If a child is either illegitimate or insured it is always well to have an inquiry?—I do not know. Many people in very good social position now insure their young children, and I should hope it would not be considered necessary to hold a post-mortem on every one.

7880. I was not speaking of post mortems, but of some inquiry which may or may not lead to a post mortem. When you find a young insured child who dies suddenly, there is a good reason for making some inquiry?—I think there ought to be some grounds for suspicion. I think that is really all I have to bring before the Committee. If you ask me what I would suggest, that undoubtedly is a difficulty, because I do not see how you can fetter the discretion of the coroner in individual cases; but the point at issue between the coroner and the county council in this case really is whether he is right in holding, as he appears to hold, that he and his jury have got to discover in every case the precise cause of death, and not merely to certify that the death is due to natural causes, and, in fact, to be satisfied with that verdict which appears to me to meet all public requirements. Of course the object of the coroner's inquest is not to decide whether a death is due to a particular form of heart disease, as against another, but to decide whether there has been any foul play, or whether it is purely a natural death. That view may be contrary to some opinions. I gather it is contrary to the opinions of some members of this Committee; but I think it is a sound view, and I think it might be possible, where such a case as this had arisen, for the Lord Chancellor to be able to lay down his view as to what the duty of the coroner and his jury is, in general terms, requiring a coroner to act upon it. That is the suggestion I would make.

7881. I suppose the Lord Chancellor can do that now?—Whether he would consider that if the coroner did not act upon it there would be a case of misconduct, which would justify removal is, I think, after his letter, a matter for very considerable doubt. I confess I do think there ought to be some kind of power to control the action of coroners on general grounds, and I can conceive no one in whom it could be better vested than the Lord Chancellor.

7882. Do you mean a power, for instance, to make rules of practice and procedure?—Something of that kind.

7883. That is wanted for other purposes very much?—Yes.

7884. (*Sir Thomas Bramsdon.*) May I ask how you think that such a power could be applied with respect to the question whether a coroner should or should not hold a post-mortem examination?—I have attempted to express my opinion with regard to it. It is this, that if the Lord Chancellor were to say to him, if he felt justified in doing so, "Now it is not necessary in these "cases for you to define precisely the cause of death; "what is necessary for you is to arrive at a conclusion "whether a death is due to natural causes or to "unnatural causes."

7885. Is not it the fact that one of the primary duties of the coroner is to be able to supply information, in the form of a certificate to the Registrar-General, specifying different particulars, and amongst others, the cause of death of the deceased as found by the jury?—It seems to me to be a very unnecessary duty.

7886. Quite so, but it is the law?—That may be so.

7887. Is it not also the fact that to make a return that the death is due to natural causes has been held not to comply with those particulars?—That may be so.

7888. So that, with the law as it is, the coroner must ascertain by means of a jury whether a person died, say, from heart disease, or apoplexy, or whatever the cause may be?—If that is the law, I think it is mistaken. I think it is giving far too much importance to statistics if the trouble and expense of a post-mortem examination is required merely on account of statistics to be sent to the Registrar-General.

7889. You do not consider that it is necessary that the requirements of statistics should be complied with to that extent?—No, I do not.

7890. (*Chairman.*) You think the coroner's inquiry is a purely judicial inquiry as to whether there should be criminal proceedings taken against somebody or not?—That is my view of the value of a coroner's inquiry.

7891. Ancillary to the criminal jurisdiction of the realm, and that only?—Yes.

7892. (*Sir Thomas Bramsdon.*) When a doctor gives a certificate he specifies the cause of death, such as apoplexy, or heart disease, or other things?—He does so constantly without any question of a post-mortem examination.

7893. Quite so, because he has attended the patient and knows all about it, and he is required to furnish those particulars?—Yes.

7894. Unless it was furnished by means of the coroner's certificate, how would that information be furnished?—It is furnished by the coroner's certificate in the other districts in Gloucestershire without all these post-mortem examinations.

7895. It is furnished now, but in order to get an accurate return as to what the cause of death is——?—You are suggesting our other coroners are not doing their duty.

7896. I am afraid I am asking you questions; that is all I intend?—But your question does suggest that our other coroners, in whom we have perfect confidence, give inaccurate returns.

7897. No, I deny that absolutely; I never thought anything of the kind?—What reason can there be for this particular man holding all these post-mortem examinations when they do not? His district is not different in any respect from theirs.

I am only dealing with the cases on their merits as you bring them before us.

7898. (*Chairman.*) On their merits I see two cases where post mortems were apparently unnecessary, but in the others, without further explanation, I should have thought the coroner was bound?—Surely, in that case, where a coroner was himself medical attendant——

7899. The epileptic case?—Yes, I should have thought even an inquest was unnecessary in such a case as that.

7900. In many cases it has been suggested to us that coroners should have the power to hold a post-mortem examination and dispense with the inquest, on being satisfied that death was due to natural causes—it has been suggested that the friends should be spared the pain of an inquest when a post-mortem examination shows that death is due to natural causes. Have you thought of that at all?—I think both are extremely painful to relatives. I had a case in my own family of death from accident, and nothing can be more painful than the circumstances of an inquest in such a case or of a post mortem, where you know perfectly well how the death occurred, and where there can be no reasonable doubt.

7901. Are these post mortems in Gloucestershire held in private houses?—Inquests are held in public-houses or police stations; but some may be held in private houses.

7902. That is considerable extra pain to relatives, of course?—Yes.

7903. Of course, in Gloucester itself you would have a proper post-mortem room?—Yes.

7904. No doubt that leaves room to different coroners to take different views?—Yes, there must be that liberty, I concede, but I do consider it is possible to frame general rules upon which they should act, and which should at any rate mitigate the difference between them.

7905. As a matter of good sense and good feeling, most coroners would say, "I do not wish to hold a "post mortem if I can honestly avoid it, because I "know it is painful." It is rather like the difficulty which arises, when ought you to issue a warrant and when ought you to issue a summons, or when ought you to commit for trial?—Yes.

7906. You have no further suggestions to make?—No, I think not. I merely came here at the request of the county council.

The witness withdrew.

Mr. Thomas M. Hardwick called in and examined.

7907. (*Chairman.*) What are you?—A retail draper, a partner in the firm of George Hardwick and Sons, High Street, Wandsworth.

7908. You appear on behalf of the Drapers' Chamber of Trade?—Yes. I take it that my giving evidence to-day will not prejudice the protest we have raised about the composition of the Committee. We are doing that because we believe this question is so far-reaching in its effects upon the cotton and drapery trades that there should be a representative of the cotton manufacturers upon the Committee.

7909. Would you go so far as to say that in any judicial inquiry the interests ought to be represented among the judges?—If both sides are interested. I understand there is a representative of a Coroners' Society upon this Committee.

7910. No; there is a gentleman who is a member of Parliament, who is a coroner?—Of course the coroners are the gentlemen who, to a very big extent, have brought this question very forcibly home before the public. We, in the trade, to a large extent, do think that from time to time some remarks have been made, which place a good many coroners outside the question judicially. I am not asking that a flannelette manufacturer should be on the Committee, but a representative of the cotton trade, because I think you will find a man practically connected with the cotton trade would so probe any witnesses' suggestions put before you that it would materially shorten your labours, and also the report would carry more conviction throughout the whole of the trade.

7911. We quite appreciate your point, but we must now take things as they stand. You are an ex-chairman of the council of the Drapers' Chamber of Trade?—Yes.

7912. And that body is the central organisation of the retail drapery trade for the whole of the United Kingdom?—Yes, we have affiliated to us the district associations and representatives elected in various provincial towns.

7913. The council consists of about 60 elected members?—That is so, 30 elected by London and the remainder elected by the country.

7914. What do the members consist of?—Retail drapers in business on their own behalf.

7915. So that your 2,000 members represent 2,000 separate drapery establishments?—That is so.

7916. If they represent the principal establishments, that is a very large number of those who trade in the United Kingdom?—A fair proportion—I should not call it a large proportion. In London we have not half of the retail drapers.

7917. Have you the principal ones, or not?—We have the principal ones in practically every district.

7918. Speaking of your own trade, you do what you call a medium working-class trade in Wandsworth?—Yes. The whole district is practically a working-class district.

7919. I think you told us you have on your books 25 mothers' meetings and organisations?—Yes.

7920. You do a good deal of the trade of the Christmas Provident Societies?—Yes, I take it you

know what I am referring to; the women pay so much a week from April to November.

7921. Clubs?—Yes, conducted by the churches.

7922. You have particular facilities for knowing the attitude of the users of flannelette and other cotton goods?—Yes; since I have known that I had to give evidence here I have asked people whether they have had any trouble with flannelette at all of flashing or flaring up, and in every case I have been told No. Yesterday morning we had a lady in who, with her sisters, conduct the principal mothers' meetings of the district, and for over 20 years they have worked among the poor; and she told me they had never had a case. She buys flannelette according to the price and the quality of the cloth put in front of her, and she has never had a case of flaring up among any of her people.

7923. Among her protegées?—That is so.

7924. I went to the London Hospital, and went through the children's wards there, and could not find one case of flannelette burning, but we know there are a good many in the country?—Undoubtedly, I do not deny that, but I maintain that it is a very small proportion, considering the vast quantity of cloth that is sold.

7925. Naturally, as a trade you do not wish to sell anything that is dangerous?—Certainly not; 1885 was the first year that flannelette came on the market.

7926. It was a new manufacture?—Yes. I remember when the first half-dozen pieces came into the shop. The whole lot of us there, about 20 assistants, crowded round to look at the thing, and it was debated whether we should sell it or not. That first lot was an utter failure. The nap was too long, it caught the dirt. The goods got dirty and messy before we could sell them, and on that particular lot there was money lost.

7927. Was the machine that raised it an English patent?—That I cannot say.

7928. You do not know whether they were imported or home-made flannelettes?—I should imagine from where we got them that they were home made, but I could not say for certain.

7929. You have something to say about figures?—Yes, figures I have taken from a letter which appeared in the "Manchester Guardian" some time ago. I did not see them disputed at the time, and I take it they are correct.

7930. Will you tell us what they are?—The figures are that, in 1885, that is the year after the introduction of flannelette, in a population of 27,499,041, the number of deaths from burns and scalds of all kinds was 2,208, or 80·3 per million, while in 1906, in a population which had increased to 34,547,015, the number was 2,608, or a decrease to 75·5 per million.

7931. That may be due to many causes?—Yes.

7932. Ordinary fires may have decreased?—That is so.

7933. More guards may have been used on the fires, and all kinds of causes may have co-operated?—Undoubtedly, but we think that if flannelette had been so very dangerous, so far from the proportion decreasing it would have increased, or at least held its own.

7934. Must not one take the actual figures of deaths from flannelette as given by the coroners?—I have never seen those.

7935. I think one question has been answered in Parliament on this subject, and the figures have been given I think?—I have not come across them personally, myself.

7936. In the year 1904 inquests were held on 412 deaths from burns where flannelette was worn.

7937. (*Sir Horatio Shephard.*) There is no official return of accidents from flannelette burning?—No. Children wear other garments which are liable to catch alight.

7938. (*Chairman.*) This letter in the "Manchester Guardian." It was written by A. M. Jones?—Yes.

7939. On the 21st of October 1908?—Yes.

7940. The Registrar-General has undertaken, we understand, next year to differentiate and give separately in his returns the deaths due to flannelette catching fire?—That we shall be very glad to see.

7941. Have you any opinion on the relative danger of flannelette and ordinary cotton goods like cotton night-shirts and cotton garments?—Before I could offer an opinion upon that I should like to differentiate between the different makes of flannelette.

7942. The danger of flannelette depends very much upon the looseness and length of the nap?—And also the quality of the cotton of which it is made.

7943. Will you explain how that enters in?—I am only a retail man, but a great many flannelettes are made of what is called cotton-waste wefts, which are highly raised. Then there are flannelettes on the market which are made of all cotton, that is, cotton twisted.

7944. The more twisted the less inflammable?—Yes. Cotton waste is simply the part which is removed by the scutching machine and the carding engines in the process of spinning There are, I believe, separate manufacturers who make a business of making this waste up in such a fashion that it may be used again. Flannelette made of that description is very different from flannelette made of what is known in the trade as all cotton. I think I could make that plainer to you if you would allow me to submit two patterns. (*The witness produced two specimens of flannelette.*)

7945. Is this English or foreign manufacture?—That is German or Dutch.

7946. Would you call this highly inflammable?—I should. There is a cloth here similar to one my wife had amongst her trousseau, and after six years it was given away. I maintain that cloth was no more inflammable than our ordinary calico.

7947. How would it compare with flannel as regards its inflammability?—Of course cotton is always more inflammable than wool. That pattern is known in the trade as Molleton.

7948. Is that very cheap?—No, it is sold at 6¾*d.* per yard.

7949. Supposing it was woollen instead of cotton, what would it cost?—To get one equal to that it would cost 1*s.* 6*d.* a yard. Of course you could get a flannel cheaper, but to get an all-wool flannel to come up like that, and that width, it would come out to quite 1*s.* 6*d.* a yard. There is nothing like the quantity of that class of flannelette sold as there was 15 or 20 years ago.

7950. What is the class sold now?—Those I am putting to you now.

7951-2. The close woven?—Yes. I have put in two schedules. I simply put the schedules in to prove the vastly greater quantity there is of this sort of flannelette being sold than the Molleton.

7953. What is the price?—They are sold at 7¾*d.* a yard.

7954. They are a little dearer than the Molleton?—Yes.

7955. These are very high-class flannelettes, are not they?—Very fair class.

7956. They would not be bought by the very poor?—We sell more of this than of any other.

7957. To working-class people?—Yes. Personally, for myself, I have not bought any to sell under 3¾*d.* this year. Last year we bought two pieces. The sale of the low-grade flannelette in ordinary medium class trades is decreasing very rapidly; 10 or 15 years ago, when a traveller came round to take his season's order for flannelettes, the first thing he used to push in front of you was a cloth at 2½*d.* yard.

7958. That was foreign?—Some were English made; they were not all foreign. To-day they do not start with a flannelette under 3¾*d.*

7959. Will you tell us the reason of that?—Because five years ago there was a big advance in the price of cotton goods, and then this low stuff went up so in price and was so poor for the money that the public have not bought it. They had to pay more money, and they have got into the habit of paying a little more money, and they have not gone back. That is our experience.

7960. They buy a better class article at what was formerly an enhanced price for the poor lot?—Yes.

7961. (*Sir Thomas Bramsdon.*) Are you speaking from your own experience now, only?—Certainly, from

my own experience, but at the same time you will find that is covered.

7962. (*Chairman.*) You are speaking for the trade now?—Yes.

7963. (*Sir Thomas Bramsdon.*) And are you speaking for all sales amongst the poor as well as sales amongst the better classes?—To a big extent.

7964. What I think we should like to know is the amount of sales and the prices of the articles realised in the sales amongst the poor rather than amongst the better classes?—The sale of low-class flannelette is decreasing amongst the poor.

7965. (*Sir Horatio Shephard.*) That is what you cater for principally?—Yes, amongst the working-classes.

7966. (*Sir Thomas Bramsdon.*) Is this bought by the better classes?—Yes, as well. Of course, if any lady comes in we serve her; we do not draw a line.

7967. (*Chairman.*) The class you buy for when you are making your purchases and the class you expect to sell to are the working-classes?—Yes, working-classes and clerks' wives.

7968. Is it a superior working-man, or what I may call an unskilled labourer—the very poor?—Not the very poorest, but you would call them decent working-class people.

7969. (*Sir Thomas Bramsdon.*) Can we go a little further than that? Do you sell to the very poor?—In so far as we sell them to mothers' meetings we do.

7970. Supposing a very poor person were to come into the shop, what would they buy?—They would probably buy a line at 4¾*d.*

7971. Is that the cheapest price?—No, I have one here at 3¾*d.*

7972. That is the cheapest?—That is the cheapest we stock. That is Molleton (*handing samples to the Chairman*).

7973. I take it this is comforting to the skin—it is not irritating?—Yes; but the sale of that has decreased very much, because some two or three years ago waste goods went up very much in price, and the market was flooded with stuff that was so unsatisfactory that it has never recovered from it.

7974. Do you think the pattern, the style, has anything to do with it?—A little, but not a great deal. As a matter of fact, the colours which are sold most now are those cream ones for underclothing. I am sorry I have not a pattern of every cloth we run. Now is a very bad time of year to get them. Within a month we shall be having our autumn goods delivered. These pattern books exhibit the complete range we were selling last year.

7975. (*Chairman.*) We will get on to what is more practical for our purposes. The inflammability is the only point we are concerned with?—Yes.

7976. You say that the public now are buying a better class of goods?—Yes.

7977. Do you say that the risk of inflammability decreases as the price increases?—Certainly, that is so long as you keep away from those that are made of low waste.

7978. Would not the low waste be cheap?—You can get it in some of the better stuff. I have here a cloth which is the cleverest thing I have ever seen. It has been placed on the market for this coming autumn. It is composed of waste (*handing specimen to the Chairman*).

7979. (*Sir Thomas Bramsdon.*) Where was it made?—I believe, abroad. It is really a copy of another cloth here which has been on the market for years.

7980. (*Chairman.*) What price has this been on the market at?—5¾*d.* or 6¼*d.*

7981. Your point is that in the absence of precise statistics there is no reason to think that any considerable number of deaths and burns are due to the use of flannelette?—Are due to the wearing of flannelette as flannelette, that is so.

7982. Have you had any experience of the various suggestions for making flannelette less inflammable or uninflammable?—Yes. In the beginning, some eight or nine years ago, a make called "non-flam" was placed on the market. We took that up directly it was placed on the market. It went very slowly. It was of a deliquescent nature, and the public did not take to it very much. After a time they improved upon it. It came to me through a house in the city a representative of the firm who were placing it on the market and I was asked to make a show of it. We had between 80 and 90 pieces. We made a show for a fortnight. I am now speaking from memory, but I know the quantity we sold was very small indeed.

7983. How long ago was that?—I should think that was about seven years ago. I have not been able to verify it from any of my books, because although I keep account of everything I buy, those goods were sent down in the middle of the season and goods that are bought to-day to be delivered to-morrow never go into those books, so that I cannot give you the exact date, and we have not the invoices for that period. We made a big show of it and kept between 20 and 30 pieces in stock. That was an assortment of both plain and twilled at each price.

7984. What was the reason why it would not go? Was it a question of colouring, or feel, or price?—It was a question of price principally. The cloth, when compared with an ordinary cotton flannelette, is dear.

7985. We have had evidence that the process itself can be done at a rate from ¾*d.* to 1*d.* a yard?—Yes, but in quoting that as the cost of the process, did they add anything for advertisement purposes?

7986. That was the cost of the process?—Before they market the cloth the advertisement charges have to be put against that.

7987. Unless it was largely demanded—unless it became an ordinary staple product?—Unless it became an ordinary staple product. I have seen the evidence of the non-flam people, and I must say I am astonished at the smallness of their sales.

7988. Can you sell a fair amount yourselves?—It has been a decreasing amount. We have a small demand for it, but it is a decreasing demand so far as our experience is concerned, and so far as I can find from the experience of friends of mine in the trade. I made a specific point for some time of asking about it, and they do not find a growing public demand for it.

7989. Can you suggest reasons for that?—The dearness of the cloth.

7990. It is a question of price?—It is a question of price.

7991. Have you yourself had any experience how far it stands washing?—No.

7992. You have not concerned yourself with that? No. What we have to do is to find a cloth we can sell the most of in the shortest possible time, and a cloth the public will come back and enquire for. Just before that was placed on the market another firm of manufacturers came down to the trade with flannelettes, and our first purchases from them were about the same proportion as they were with the "non-flam." We bought about 27 pieces the first year.

7993. Was that said to be an uninflammable flannelette?—No; simply ordinary makes, but made of better cotton than flannelette had been made of in the past.

7994. By better cotton do you mean dearer or more closely woven?—More closely woven, and cloths made of all cotton. (*Further samples were handed to the Chairman.*) At the time my brother and myself were both behind the counter. We took it and tried it and tested it in various ways, and we came to the conclusion that it was a good thing. We took a considerable amount of trouble to sell it. We had a big job because people said, "How thin and how poor it is," but we have found that they come back for it.

7995. Because it stands well?—Yes, and it is to-day about the biggest selling cloth we have in the place.

7996. Is that a dangerous cloth or not?—I should not call it an unduly dangerous cloth; I should call that a fair cloth. I should be glad if you would test it.

7997. We have not the scientific appliances here?—Your tests are more likely to be accurate than the scientific tests, because they are tests which a child would give them in wear. (*At this point several experiments were made to test the inflammability of the various samples of flannelettes submitted.*)

7998. Perhaps we may ask your opinion on one or two suggestions we have had. It has been suggested that flannelette which does not answer a scientific test should be plainly marked as "dangerous." What is your feeling about that?—How do they propose to mark it?

7999. Just like you mark goods, "Made in Germany," or anything of that kind?—Personally I do not think it would make any difference whatever on the sale of goods.

8000. You think people would be perfectly willing to buy it if the thing were cheap; they would not care whether it was dangerous or not?—They would not concern themselves with it a great deal.

8001. You do not think that would be a protection?—I do not.

8002. Do you think it would be any detriment to the trade?—I do not think it would. I do not think it would have any effect on it either way.

8003. Then it has been suggested that all flannelette should be sold with a label pointing out certain ways of washing it, rendering it uninflammable. Do you think any good would come of that or not?—With regard to that, about three months ago my brother came across a description of that kind, and he suggested that we should have them printed and distributed this year with every sale we made during the autumn. I think I may say we have contemplated taking that step.

8004. Supposing legislation made it compulsory to issue a notice with the flannelette to the effect that it could be rendered uninflammable by being washed with alum, or borax, or tungstate of soda, or whatever it may be; do you think it would have any effect upon the people or not?—No, because, personally, my own opinion is, as against my brother, that if we distributed the notices they would be lost before the goods came to be washed, and very few people would take the trouble.

8005. And the expense?—Yes, the little extra expense.

8006. It would probably add 1*d.* or 2*d.* to each washing?—Yes; I do not think they would take the trouble to perform the operation.

8007. Have you any opinion upon this point, that if any provision is made as to flannelette it ought equally to be made as to muslins and other light airy things which catch fire?—Undoubtedly.

8008. You think it would be unfair to discriminate between flannelette and other inflammable goods?—Undoubtedly. Take a child as she is dressed now; she wears a muslin pinafore, and she has on a delaine dress equally likely to catch fire as a flannelette night-dress or a petticoat underneath it. I do not think you will get the mothers to dress them very differently from what they do now, except so far as fashion dictated.

8009. You think mothers will run any risk to have their child dressed fashionably at a reasonable price?—Yes; I think a mother will make her child look pretty.

8010. That is the strong influence in the maternal mind?—Yes; I think so, as a draper. We come across it. May I say that when a garment is made up the edge is hemmed, and the tests of the flannelette you have made here would be more severe than in the ordinary way of wear.

8011. A child getting burnt has been standing before the fire, and the stuff is heated by the fire before the spark falls on it?—I do not think a spark falling on it would set it alight.

8012. Does it increase or decrease in its inflammability by wear?—I think it keeps about the same; I should not think it was more inflammable. This is a garment which I tested. I cannot make that flare (*handing the same to the Chairman*).

8013. Has it been treated?—No. Some two or three years ago one of my children was ill, and we wanted a night-dress in a hurry. That was taken out of stock. You are quite at liberty to test that. You may test it in any way you like.

8014. (*Sir Thomas Bramsdon.*) You think it is non-inflammable?—No; but I say in the ordinary way with a match it would not light. Of course a child would not stand and hold the dress in a flame. If you take a calico garment and keep the match there it would flare.

8015. (*Chairman*). Have you any further matters you wish to call our attention to?—I do not know that there is anything else except with regard to the question of "non-flam." I believe it is the fact, which, of course, you will be able to find out, that this patent was taken round the trade at the time it was first produced, and also the price at which it was offered is rather different from the price at which it has been quoted to you as the cost of production.

8016. We were only told the cost of the process?—There are other matters to be placed on that before the cloth comes on the market. That is a point I should like you to consider. It virtually means this: That "non-flam" flannelette, at 6¾*d.*, is no better than a cotton flannelette on the market at 4¾*d.* to the public. That has a very vast influence on the pocket of a woman who has only so many shillings a week to spend.

8017. And has five or six children?—Yes.

8018. Have you any knowledge of this? We have been told that a good many flannelettes have been sold as uninflammable which had had some temporary treatment given to them which makes them uninflammable for one or two washings and then they become as dangerous as ever. Have you any knowledge of that?—I have not come across it, and I have not had any makes shown me at all answering those descriptions. I am seeing flannelette of every description. We have between 30 and 40 different wholesale houses calling upon us, and calling regularly every week, and I have not had anything shown to me at all as being uninflammable.

8019. You do not think in the retail trade in poor districts any flannelettes are sold as uninflammable?—Not beyond "non-flam."

8020. Which is a patent process?—Yes, which is a patent process. Of course, the quantity that they sold, according to their own figures given here, is very small indeed. It is only about 40 times my own output per annum.

8021. When you sold "non-flam," did you have any complaint from customers about it or not?—No, and we still stock it. We have continued to do so.

8022. You think the trade are perfectly willing to give them every fair opportunity?—I am perfectly certain that they are, and that they have been. I personally have never had the slightest difficulty in getting it when I wanted it at any time from the wholesale. We have always been able to get it.

8023. You have always been able to get it at once?—Yes, within the usual time of sending to Manchester to get any pattern. With regard to the house we made a show for, when we wanted to repeat the order, about five or six years afterwards, I went down to them for some, and they still had them, and I was able to get them at a reduced price, simply because they were there, and the papers were dirty and the outside soiled, and I refused to buy them as clean goods.

8024. There is no public demand?—There is no public demand.

8025. The small extra price puts people off?—Yes, and the difference of the touch.

8026. Does it make any difference to the feel of the stuff, do you think?—Yes. *This* is the best "non-flam" made. We sell it at 8¾*d.* a yard. It costs me 7*d.* a yard. We have stocked other kinds, and we have given the public every opportunity of buying them. Then there is a make called "Flame Proof."

8027. Do you say it is sold as flame proof?—Yes, that is the name of it.

8028. Is it uninflammable?—We do not sell it as uninflammable.

8029. But "flame proof" rather suggests that, does not it?—No.

8030. I should have thought, if I bought a flame-proof article, it was like a fire-proof article?—It has never suggested itself to me in that way.

8031. Who are the firm that make it?—I am quite willing to give you the name, but I have not their

permission. The opinion I am giving you is entirely my own.

8032. When they sell it, is that the known name in the trade, "flame proof"?—It is the name of a particular kind that those people make.

8033. May we try a piece of "flame proof"?—Certainly. I have a large piece here. By "flame proof" I take it they mean it will not flare up. (*The piece handed in by the witness was tested.*)

8034. It will not answer the test of "non-flam"?—No, and it is not meant or sold as that either. I have only sold it under those conditions.

8035. With some flannelettes the flame runs over immediately?—Yes. I think you will find those that do run up like that are always composed of waste cotton.

8036. (*Sir Horatio Shephard.*) With regard to this comparison, this is "non-flam"?—Yes.

8037. And then you refer us to another, which is the same price?—The point I make is this: this is cloth at 7¾*d.*, and *here* is a "non-flam" of the same price. If you pass your hand along both, and if you will look at the difference in the width of the twill, the amount of what we call "make" there is in this cloth as compared with the "non-flam," you will see what I mean.

8038. Are they both the same price?—They retail at the same price, identically, one being "non-flam" and the other not. Here is another cloth. That retails at 4¾*d.*, and I ask you to compare that with the "non-flam," which is sold at 7¾*d.*

8039. (*Sir Thomas Bramsdon.*) You know that coroners and other persons have from time to time called attention to the inflammability of flannelette?—Yes.

8040. Do I understand from you that you think that that is not well founded?—I consider that in calling attention to that, they have not at any time, so far as I have seen, differentiated between the different makes of flannelette. That is my point.

8041. Then you think they are justified, perhaps, in calling attention to the inflammability of certain classes of flannelette?—Certainly.

8042. Whilst at the same time there are certain other classes which are not inflammable?—That is so.

8043. On the whole, do you think the complaint is justified?—With regard to the smaller proportion, it may be.

8044. You think it is a smaller proportion?—I do.

8045. You think that the greater proportion of flannelette is non-inflammable?—I do not say non-inflammable, but not more inflammable than other cotton goods.

8046. Do you think, on the whole, that cotton goods are quite as inflammable as the ordinary run of flannelette?—Yes, the ordinary makes that are worn.

8047. Is there any large increase in the sale and use of flannelette to what there used to be?—Undoubtedly; but the increase on the sale has been accompanied by a decrease in the sale of calico, both bleached and unbleached.

8048. Then the calico has decreased in the amount sold, and flannelette has increased?—In proportion, I should say yes.

8049. Therefore, children wear flannelette more than they used to?—Certainly; instead of having calico night-dresses, as they did in the early days, or unbleached calico night-dresses, of which we used to sell a tremendous quantity, they now wear flannelette night-dresses.

8050. Then it follows that if children get burnt, a larger proportion of those children wear flannelette than used to do?—Yes, to-day.

8051. That is so?—Yes.

8052. Do you think that may be an explanation of why it is thought that flannelette is unduly inflammable?—Undoubtedly that would increase the reason, because when a case comes before a coroner of a child being burnt, the chances are that to-day—I should say perhaps among the poorer classes of people—quite 80 or 90 per cent. would be wearing flannelette night-gowns.

8053. The coroner and the jury might attribute to the inflammability of the flannelette what is really only a coincidence caused by the larger sale and use of flannelette?—That is so.

8054. That is your point, which you wish to impress upon the Committee?—Yes.

8055. When people come to the shop, do they voluntarily inquire as to whether these articles are non-inflammable or inflammable?—Of the number of sales we make of flannelette we do not get a half per cent. of inquiries.

8056. I suppose when they come you present to them different styles of flannelette?—Yes, a man will go to the fixture and pull out three or four pieces. The first question he would ask would be whether white or striped was wanted.

8057. Do you call attention to certain articles which are non-inflammable?—We did at one time. When my brother and I were behind the counter we made a point of doing it.

8058. What was the result?—Practically nil.

8059. People were not impressed by it?—No; we got tired of doing it. It was simply a waste of time, we found.

8060. Do I follow from your answer to that question that if flannelette was marked as being non-inflammable it would not make any difference as regards the purchase by the public?—I do not think so.

8061. You really think any suggestion of that kind would be practically useless?—I do.

8062. If it was marked "inflammable" would the public still buy it?—I believe so. There is one other point I should like to bring before the Committee, and that is with regard to sale of ready-made garments of flannelette. That is a decreasing sale. At one time we used to sell a fair amount; but the place of it is now being taken by German woven underwear. There is a huge craze, we may call it, for wearing woollen combinations, and that kind of thing, and that is coming down now into the children's garments, so much so that this year we shall be selling in the autumn, at 1*s.* 0¾*d.*, combinations to fit children of all sizes.

8063. (*Chairman.*) Will those be woollen or flannelette?—It is a cotton woven material, not known as flannelette to-day.

8064. (*Sir Thomas Bramsdon.*) You told us you represent a certain section of the trade?—I am the ex-chairman of the Drapers' Chamber of Trade, and I am here on their behalf.

8065. (*Chairman.*) You have given us the views of the people you represent?—Yes, I have tried to.

8066. You speak not merely for yourself but for the association?—Certainly, for the association, and I take it our experience, so far as I have been able to find, coincides with everybody else's. The strong point of course I have to make there is that whatever danger there is in flannelette would arise principally from those which have waste in the weft.

The witness withdrew.

Mr. ERNEST AUGUSTINE GIBSON, B.A., LL.B., M.B., Ch.B., called in and examined.

8067. (*Chairman.*) You are coroner now for the City of Manchester?—Yes.

8068. You were deputy coroner of Liverpool for 11 years?—Yes.

8069. And you have been coroner for Manchester for the last six years?—Yes.

8070. With regard to the Manchester coronership, is it an office with a fixed salary?—Yes.

8071. With or without pension?—No pension.

8072. But a fixed salary?—Yes.

8073. Under a special Act, like Birmingham and Liverpool, I suppose?—Quite so.

8074. I wish to ask you some questions first about fire inquests. We have had some evidence from Manchester, and various objections were raised to coroners holding inquests in case of fire where no death occurs. Have you anything you would like to tell us about that?—I am afraid I am rather in a difficulty. I know there is opposition, but I do not know what the nature of it is at all. Of course, it is a matter upon which I can personally have no experience.

8075. You have never held fire inquests?—That is so.

8076. No one has except the coroner of the City of London?—That is so. I think that it is going into the realms of speculation, and I do not like to give a definite opinion, but, as I have stated in my précis, from certain considerations, I am certainly led to believe they would be of use.

8077. They might be of use in this way. You might suspect an incendiary fire, but you cannot take criminal proceedings against any suspected person unless you charge him?—Quite so.

8078. And have evidence pointing to him, and him alone. On the other hand, if you have an inquiry into a fire, you can call anybody before you who can give you information and examine them on oath?—Yes.

8079. You have no accused person, and therefore you can call anybody before you and examine him or her on oath?—Yes.

8080. On the other hand, if the police are going to prosecute, they can only go to people who can give information and take their statement for what it is worth?—Yes.

8081. And they are not compelled to give any evidence at all?—That is so.

8082. And there is at an inquiry much more opportunity of elucidating the cause of a fire which is incendiary, or has been caused by negligence in the conduct of a business?—Yes, and I think there is a great deal of difference between a statement made not on oath and a statement on oath. I have ample opportunity of noticing discrepancies in the statements made in the two ways in the course of my practice, and I have come to the conclusion that an oath causes considerable variations in the statements.

8083. As a county court judge I am afraid I should not have said that; but there is a great difference between a statement made in public, when people can hear and contradict it, and a statement made in private?—Yes; I have a practice in my court; to take the statements of witnesses before I go into court, or get my officer to do so.

8084. You take a proof, so to speak?—Yes, and I frequently find a great difference between that proof and the statement made in court.

8085. Do you attribute that to the oath, or because it is in public, where it can be heard and contradicted?—It is very difficult to discriminate. I simply mention the fact that it is so. I think fire inquests would be of use in other ways besides the case of incendiaries. A few months ago I had an inquest in a case of fire where life was lost. It was a lodging-house fire in which there were a good many lives lost. That lodging-house was under the supervision of the municipal authorities; but the police or the municipal authorities have no power whatever over the lodging-house keeper to compel him to provide proper exits, safety staircases, and so forth.

8086. Have not you a Building Act in Manchester?—Nothing touching lodging-houses. My point is this, that, assuming that a fire had occurred years ago, a small fire, no lives lost, and a public inquiry had been held, that might have been pointed out in public, and the effect would have been probably that the omission would have been rectified, and possibly this loss of life would not have occurred.

8087. Or other legislative powers would have been sought long ago?—Quite so, as a result of public attention having been called to the matter. I am not sure whether, in point of fact, the power I have referred to has been obtained already, but it is in a fair way to be obtained by the Municipality. That is an instance. I think if there had been a regular practice of holding inquiries into these matters, that would have been rectified long ago.

8088. Have you considered whether it would be advisable to have an adoptive Act; not to enforce inquests over the whole country, but an adoptive Act like the Notification of Diseases Act, which the Municipalities can adopt or not, according to the opinion of the majority?—I am very much against anything of that kind.

8089. You do not like adoptive Acts?—No, I am for uniformity of practice.

8090. Sometimes adoptive Acts clear the way for general Acts?—Yes.

8091. It is a question of practical politics?—Yes.

8092. You have summarised very clearly in your précis why it seems to you that there are advantages in fire inquests, whatever the disadvantages can be. Will you give us your points?—Yes, I consider that an inquest would be of value, because it would be supplementary to, and go further than a police inquiry; it would be public; evidence would be taken on oath; prosecution could be initiated on the presentment by the jury; and generally, a public finding by a jury or a recommendation by them would carry considerable weight and have a great moral effect.

8093. You are suggesting an addition to your work?—Yes, but I also suggest an addition to the remuneration.

8094. Are you a whole-time officer?—No; the Manchester authorities claim that I am, but there is no justification for it. In point of fact I am not.

8095. When a man is a whole-time officer, increase of work gives no claim to increased remuneration?—Yes, I think it does.

8096. Take the case of a county court judge. Acts are passed every year putting fresh duties on him. No, body would say that would give him a claim for increased salary, would they?—No, I do not think so; but if I may venture to say so, I think it is rather different with a coroner.

8097. I am speaking of whole-time men?—For this reason, that a coroner has always been paid from time immemorial, so far as I know, according to the amount of work he has done; that has always been the basis of his remuneration.

8098. Most judicial officers are not paid in that way?—That is perfectly true; they are not.

8099. They are whole-time men, and the Legislature is entitled, as long as there are 24 hours in the day, to fill them up?—I do not wish to mislead. In effect I am a whole-time man; I do nothing else. But that is simply from my own feeling in the matter. When the appointment was made in Manchester the committee of selection asked me if I thought coroners should do anything else, and I said, no, I did not think they ought to when there was anything like work to occupy a substantial portion of their time, and they could live on the proceeds of their work; because it was quite conceivable that their interests might conflict, and I thought a man in a judicial position like that ought to hold himself perfectly free, and be unbiassed in every way. It was not made a term of the appointment, but I have adhered to that, and I have not practised. I suppose by reason of that they consider that they have a claim on the whole of my time; but on the terms of my appointment they have not.

8100. (*Sir Thomas Bramsdon.*) You said just now that the Manchester Corporation say you are a whole timer, whilst you say you are not?—Yes.

8101. Have you had a little friendly discussion about this?—I found it a very difficult matter. I have tried to meet the committee just to consider the question of the coroner and his salary, and they have declined to see me. I have seen the chairman of the committee and he makes that claim and I cannot dispute it.

8102. Then there has been no dispute between you and the Corporation?—No, that has only arisen upon the question of an application for increase of salary when the boundaries were extended, and they have been very largely extended in Manchester.

8103. Are you on the best of terms with your Corporation?—Absolutely.

8104. Can you explain why it is they take this attitude of opposition with regard to fire inquests?—I cannot tell. I believe it dates back from before my appointment; they have not consulted me in the matter, and I have had no opportunity. The only official I have seen about it is the Chief of the Fire Brigade, and he certainly was under a complete misapprehension as to the scope of the proposal.

8105. You mean since he gave evidence here?—I did not know he had given evidence here.

8106. For a period he was under a misapprehension?—I should judge, roughly speaking, it is about five or six weeks ago since I had an interview with him.

8107. Perhaps I am wrong as to the individual. The Chief of the Fire Brigade is not the Chief Constable?—No.

8108. I was under a misapprehension. It was the Chief Constable and the Chairman of the Watch Committee who gave evidence before us?—Of course the fire brigade are under the police, under the Chief Constable, and under the Watch Committee.

8109. You have always held this view, that it would be a good thing to hold inquiries into fires?—Yes.

8110. And yet you have not been consulted in any way?—No; but that is only an illustration of the peculiar relations which have existed between the Manchester coroners and the Manchester Corporation for some years.

8111. There have been very great differences?—There has been very great friction indeed. I have not managed to live it down, because the office itself has got into something like disrepute, so I am led to suppose.

8112. Perhaps that has had something to do with the views and opinions of the Manchester people as to extending the duties of the coroners?—That I cannot say; I do not know.

8113. You would rather not say, perhaps?—I do not know; it would be only guessing on my part; I have no information.

8114. You know it exists?—I know it exists.

8115. You think the holding of inquests in cases of fire would result in many useful recommendations being made by juries?—Yes, I believe the finding or recommendation of a jury has very great moral effect.

8116. And a deterrent effect?—Yes.

8117. And would be very beneficial for the future?—I find it does act so in general practice, and I see no reason why it should not be so in the question of fires.

8118. On many questions such as exits and anything affecting the safety of people in a building?—Yes.

8119. Do you think that traders, *qua* traders would resent or appreciate full inquiry into fires that took place on their premises?—I should think that would depend very largely on their honesty.

8120. Taking the general question?—I am afraid I am not in a position to judge.

8121. If a man were an honest man?—I see no reason why he should have any hesitation.

8122. You think he would encourage and welcome it?—Yes, I should think so.

8123. If he was a rogue he would not want it?—That is so.

8124. It would be all the more necessary to have it?—Yes.

8125. Whichever way you look at it, it is desirable to have an inquiry?—Yes, in my opinion.

8126. (*Chairman.*) An incendiary would not welcome a public inquiry?—I am sure he would not. I may say that the Chief of the Fire Brigade told me at the interview that I have alluded to that in many cases, a large number of cases, they did suspect incendiarism, but they could not prosecute because they could not get sufficient evidence to warrant it.

8127. (*Sir Thomas Bramsdon.*) If this were made public by inquiry it would do a great deal of good in the way of deterring?—That is my opinion.

8128. What is your salary?—900*l.*

8129. Does that include clerks?—No, and I have to provide a deputy and pay him.

8130. (*Chairman.*) When you are on an holiday?—Yes, and I have to pay any clerks I need, and I have to provide all stationery.

8131. (*Sir Thomas Bramsdon.*) That considerably reduces your emoluments?—Yes, very largely. The effect is, taking it in comparison with a city like Liverpool, where the work is practically the same and the number of inquests is the same, that my salary comes out net at approximately one-half that of the Liverpool coroner.

8132. It might be suggested you were not particularly well paid?—I am afraid I have suggested that to the Corporation myself.

8133. On what basis is that sum of 900*l.* fixed?—I do not think it is fixed on any basis whatever.

8134. Is it stated in the Act?—No. The Act was obtained, if I remember rightly, roughly speaking, something like 15 or 16 years ago. Then the salary was fixed, I think, on the basis of the work that then existed in Manchester. Unfortunate relations arose between the coroner and the council, and I believe I am right in saying that an application for an increase was never put before the council. It stood at 800*l.*, and at that I was appointed. Last year it was raised, after a considerable effort on my part, to 900*l.*, and I am afraid from what I hear that there is no possible chance of its being raised again.

8135. Have you any right of appeal to the Home Secretary?—None.

8136. Why is that?—Because the right of appeal depends upon the Coroners Act, 1860, and that only applies to county coroners who are paid by salary.

8137. It is really a defect in your special Act, that you are not paid on the same basis as a county coroner?—I do not think that is so. As far as I know it is the same with other local Acts also; but it is certainly a defect in the Manchester Local Act, and I believe it is common to other local Acts.

8138. What I meant was that the defect was a defect in the special Act for Manchester?—Yes.

8139. Not putting you on the basis of the general County Coroners Act?—The fundamental defect in the local Act is this, that no basis is defined for fixing the salary, as it is in the general Act. Further, of course, that being so, there is no appeal, and one has to accept what is given.

8140. (*Chairman.*) Is it not a matter of bargain between the man who accepts the appointment and the Council at the time?—Yes; but the man who accepts the appointment frequently has no knowledge what amount of work is involved. If he is a stranger to the place he does not know.

8141. If one buys a pig in a poke one cannot help it, can one?—That question has more or less been dealt with when local authorities, who have advertised a vacancy for a coroner, have attempted to impose conditions which are not sanctioned. The Government has interfered and stopped it, and upset any unfair arrangement of that sort which has been made.

8142. If a man takes the post of a stipendary magistrate he does not know the work; he knows the salary, and he makes up his mind whether he will take it or leave it?—Yes.

8143. (*Sir Thomas Bramsdon.*) Can you tell me how many other places in England, boroughs or cities, there are which have special Acts with provisions relating to the coroner?—To my knowledge only three.

8144. Have you seen their Acts?—No, I have not.

8145. You do not know whether yours and theirs are identical?—No.

8146. (*Chairman.*) They are Manchester, Liverpool, and Birmingham?—Yes, and of course the City of London.

8147. (*Sir Thomas Bramsdon.*) Do you suggest that these special Acts require some modification?—Yes. I am not speaking now, I should like to make it plain, in my own interests, because I feel I accepted this position and I am responsible for any hole I am in as far as salary is concerned. I am not particularly mercenary. I would rather keep on good terms with my paying authority than make a trouble about the question of salary; but my attention has been drawn to it, and I

thought it would be fair to provide in future appointments against such a state of affairs.

8148. You mean you should be put on a basis similar to that on which county coroners are?—Yes.

8149. How many inquests do you hold in a year?—Approximately between 900 and 1,000.

8150. (*Chairman.*) Does your district include Salford?—No.

8151. (*Sir Thomas Bramsdon.*) That is a separate coronership?—Yes.

8152. Manchester and Salford are united, are they not—there was an application to unite them?—There was a conference a few years ago, but it came to nothing. They could not agree, and I do not think they ever will, in our time at all events.

8153. (*Chairman.*) Now we will take you back to your précis?—Before leaving that point I would like to emphasise the fact that the personal relations between myself and the Council and the municipal authorities generally are quite cordial, and certainly no question of salary, so far as I am concerned, will ever interfere with those cordial relations.

8154. The first point you wish to call our attention to is with reference to the question of flannelette. You are of opinion that ordinary flannelette is dangerous?—Yes.

8155. The danger differs very much in the different kinds of flannelette; some are very much more inflammable than others?—Undoubtedly that is so.

8156. Do you think there is any distinction that can be drawn between flannelette and other cotton substances; for instance, the cotton nightgowns children wear. Do you think one is more dangerous than the other?—Yes.

8157. You think flannelette is more dangerous than ordinary cotton?—I am persuaded that it is. That is the result of my experience, and I think I may go further than that and say, when the two materials do ignite and burns are received from them, the burns from flannelette are infinitely more serious and dangerous and more fatal than those from the lighter material.

8158. A muslin dressing gown is a very dangerous inflammable thing, but you say it does not burn so persistently and fiercely as flannelette?—Yes.

8159. You have had a good many cases of flannelette burning?—Yes.

8160. You have not kept any figures, I suppose?—I am sorry to say I have not. It was a matter of speculation when first my attention was called to it. I think I was the first, or at any rate I was one of the very first, to call attention to this matter of flannelette. I was more or less groping in the dark. I made experiments myself, and I made observations, but I did not keep figures. I was only deputy in Liverpool at the time.

8161. You speak of the danger from your general impression of particular cases which come before you?—Yes; I do not think there can be any doubt about it.

8162. You have discussed the question with parents whose children have been burnt to death in that way?—Yes.

8163. What do they say?—One of the first things I always ask a parent when I find a child has been dressed in flannelette is, "Why is that so." First of all they say, "Because it is cheap." I say, "Have you "not heard of the warning which has been issued so "frequently as to the danger of this material?" The reply generally is, "Yes, we have, but we did not think "it would happen to our particular child." Then I have asked them, "Do you not know that there is a way of "making this less dangerous; of buying material which "would probably be less dangerous." No, they know nothing about it. Occasionally, they have said "Yes, "we know such a thing can be got and we asked for "it; but we bought those garments ready-made, and "we could not get it."

8164. And also, of course, there is necessarily an increase of price in the less dangerous material?—Yes.

8165. And I suppose that weighs a great deal with parents who have to provide for a large number of children?—I have come across a good many who would have paid an increased price.

8166. If the thing had been available?—Yes.

8167. What processes have you investigated at all?—I cannot remember the names, but I have investigated them every time they have come to my notice at all, from advertisement or otherwise. I have bought samples, and I find that in practically every process except one there has been one very great difficuly, that is, that the cloth has been hygroscopic, that is, it attracts moisture so that the garment would be in a state of perpetual dampness. That from a hygienic point of view would probably cause greater danger than the inflammability of the flannelette. That is a difficulty that practically applies to every temporary process—say, with alum, borax, and so on.

8168. Or tungstate of soda, whatever that may be?—Yes.

8169. It makes the stuff more hygroscopic?—Yes, practically all soluble salts which are in fire-proof garments are to a considerable extent hygroscopic, and when a garment is laden with salt it makes it unhealthy because it is always damp.

8170. Damp and cold?—Yes.

8171. It is like a garment which has been dipped in sea water?—Yes, that I believe. I am informed by people in the trade, and I think so from my own experience, that that is one reason why a new ordinary flannelette is less inflammable than after it has been washed. An ordinary flannelette is to a considerable extent impregnated with soluble salts which wash out, and then the cloth becomes more inflammable.

8172. Have you found any process which is satisfactory?—The only one that has been submitted to me which has stood the test is "Non-flam."

8173. That is Dr. Perkin's process?—Yes.

8174. We have been told that the length of time during which that remains safe depends on the mode of washing; do you know anything about that?—I have had experience about that, because I have adopted it in my own household, and even gone so far as to provide it for my own domestic servants, instead of the ordinary garments they wore, in order to avoid risk. I have tested it after ordinary washing at an ordinary laundry after perhaps a year's wear, and I have not found it at all inflammable. I have found it perfectly satisfactory. I have hestitated as a public official to push this or to mention it from the bench, because of the patent.

8175. An official can hardly advertise a patent?—No. Of course, if the patent were disposed of, I should take quite a different attitude.

8176. Have you any suggestions to make?—The only suggestion I can make, and I have got quite an open mind as to whether it would be of any value, would be that all cotton goods with raised nap, that is, anything coming under the category of flannelette, should undergo tests for permanent non-inflammability, for being hygroscopic, and for being non-irritating and non-poisonous; and that failing to satisfy a certain test they should be stamped, as other goods are that may be dangerous, either "highly inflammable" or "dangerous," or something of that kind. And if the material is made up into garments before selling it should have a label securely attached.

8177. Would it require an enormous inspecting staff, an enormous expense to carry out that suggestion?—I am afraid it would, so far as I know; I should imagine it would, although I am not an expert in this.

8178. The only thing would be to shift the onus of proof; to say that people must label a thing "dangerous" unless it answers a certain test?—Yes, it would be only necessary to test such goods as are put on the market ostensibly as safe.

8179. Otherwise you would have a warning with every bit of goods that was sold, and people would take their own risk?—Yes, every piece of cloth for which a claim was made of being fireproof should be tested; every piece of cloth put on the market without that should be labelled without a test.

8180. We have a piece which was sold as "flame-proof." Have you had experience of that?—Yes, I have bought samples.

8181. It simply means that it does not flash, not that it is fireproof?—I am afraid it is only temporarily fireproof. I have washed it six or seven times myself, and found it very highly inflammable.

8182. You think the description might possibly be misleading?—I am sure it may. And there are other advertisements also that are highly misleading. I have taken the trouble to buy samples. I have gone into the open market and bought them and tested them and found them absolutely misleading.

8183. There are flannelettes which will only stand one or two washings; they are only temporarily fireproof?—Yes; not only that, but manufacturers of flannelette have put forward claims that if you buy their flannelette you will avoid risk, and, on investigation, I find that only applies to their higher qualities, say 8*d.* or 9*d.* or 10*d.* per yard.

8184. Where you have closer weft?—Yes, their cheaper flannelettes are no better than anybody else's. An advertisement of that kind, put forward in what I may call kitchen literature, is absolutely misleading. Invariably the kind of flannelette which is involved in the fatalities I have to investigate is of poor quality. I think the highest price quoted to me by a parent is something like 4½*d.* a yard.

8185. Do you think there is much less danger attaching to the higher class flannelettes?—Undoubtedly.

8186. The very poor are careless with flannelette and careless with fire and everything else?—Yes, I have never had a fatality except with very poor people.

8187. You have some experience here. Will you give us details with regard to the deaths from burns in Manchester?—In 1904 there were 57 inquests; in 1905 there were 55; in 1906 there were 73; in 1907 there were 90; and in 1908 there were 73. I am sorry to say I have not been able to take out the exact figures, because the notice of coming here was very short, and, therefore, I made no preparation; but as far as I can judge, and from figures which I had taken out previously, at least two thirds had been wearing flannelette.

8188. Did you go into the mode of ignition?—I found it very frequently ignited by sparks.

8189. Even going through a fireguard?—Yes, even through a fireguard. I had a case the other day where it was said that the child was three yards from the fire and there was a fireguard.

8190. An explosive spark when coal goes "crack"?—Yes.

8191. Have you investigated the effect on the clothing as between flannelette and the other parts of the clothing in the cases of these deaths?—Yes, I have had some very striking cases. One of the first cases that attracted my attention was where there were two children in bed together and they both caught fire. The bed caught fire, and, as far as I could ascertain, it was equally burned on both sides. One child was clothed in a calico night shirt and the other in a flannelette nightdress. The one clothed in flannelette was dreadfully mutilated and burnt and killed practically instantly; the other one had only superficial burns and recovered easily. I frequently find that where burning has taken place, say, with a flannelette garment which had a cotton band or something of that sort, the band has been left. The loose part of the garment, the flannelette part, has been completely burnt away and the other only singed or partially burnt. That is of very frequent occurrence.

8192. Can you judge in any way what proportion the deaths from flannelette burning would bear to accidents where death is not caused? Do you think there are a good many cases of flannelette burning which do not result in death?—I cannot tell you that.

8193. You have not made inquiries in the hospitals?—At hospitals they do not inquire what the child was clothed in or any of the mechanism at all; they are content with the fact that the child is burnt.

8194. They confine their attention to burns and scalds?—Yes.

8195. Were those cases you have given us cases merely of children, or of adults as well?—Adults as well. I have not had time to take out the statistics of the various ages.

8196. Probably the great proportion were young children?—Undoubtedly.

8197. An adult can very often put out a fire at the beginning, which a child cannot?—Yes. I had a case the other day of a little child four years of age who, in the absence of the parents as usual, caught fire. She was dressed entirely in flannelette with the exception of a print frock. She caught fire, and, before the parents arrived, she was burnt to a cinder, and was unrecognisable—quite incinerated.

8198. And the rest of the house had not caught fire?—No.

8199. Have you ever had a case of accident where the child was wearing "non-flam"?—No.

8200. Do you know if much "non-flam" is used in Manchester?—No, I cannot judge of that; I can only say when my attention was first directed to it, and I wanted to clothe my own household in it, that I had to go to four or five places before I could get it.

8201. Did the people appear to be unwilling to sell it?—They tried to pooh pooh it, and tried to bluff me out of buying it.

8202. Because they had not it in stock?—Yes, they wanted to push the goods they had.

8203. They had no objection, but people did not demand it because of the increased price?—Yes. The point I wish to make is this, that I have come to the conclusion that parents, and the public at large, will not take the trouble to avoid risks themselves, even if they are cognisant of them. Therefore, it seems to me, considering the figures I have given and the number of deaths that take place annually, if anything can possibly be done to diminish that number, which cannot be done by the public themselves, or which they decline to do, the time is certainly ripe when something ought to be done.

8204. Done for them and not by them?—Quite so.

8205. Do you make any inquiry in these accidental deaths of children, as to whether a child is insured or not?—Always.

8206. What do you find?—They are practically universally insured. It is quite an exceptional circumstance to come across one who is not.

8207. Do you find that acts as a consolation to the bereaved parent?—No, I cannot say that it does.

8208. You do not think that has any influence?—No.

8209. You do not think there is any danger from insuring children?—No, I do not think so; it is so universal that I cannot think so.

8210. It is so universal that you do not think there is any real risk to the child arising from the fact of insurance?—No, I do not think so; I think the sum they get is too paltry.

8211. (*Sir Horatio Shephard.*) They are insured for the purposes of funeral expenses?—Yes. They only pay something like one penny or twopence a week and they only get a few shillings. In point of fact, I have often found when a child is not insured charitable people come forward, and the mother is very much better off than if she had insured her child. Sometimes notice is taken of it in the press, and the public are very good in providing the funds.

8212. (*Chairman.*) It has been suggested to us by a witness to-day that he has invented a process by which for one penny per washing the flannelette, without any injury to the fabric, can be rendered uninflammable. Do you think the poor would ever pay one penny per washing and take the trouble to use such a process?—I am quite certain they would not pay one penny per washing, and I am more than certain they would not take the trouble.

8213. The only chance then is to have some permanent process?—In my opinion undoubtedly so, added to which I should be very much surprised to find that any temporary process of that kind did not render the fabric hygroscopic.

8214. (*Sir Horatio Shephard.*) Do you know that particular process, the Levene?—No, not by the name at all events.

8215. (*Chairman.*) It is not yet patented?—It has not come under my notice in any way.

8216. (*Sir Horatio Shephard.*) Perhaps it is not on the market?—There should be absolute figures available as to the number of deaths froms burns in cases in which flannelette was worn in the year 1904, because at my instigation a column was included in the returns of that year to the Home Office specifying that particular cause of death.

8217. (*Chairman.*) Not a column by the Registrar General in his returns?—No, in the Home Office returns as to coroners' inquests in the Judicial Statistics, all coroners for that particular year had to make a special return. I think it was in the year 1904.

8218. Was not that the year in which there were over 400 cases?—I think it was. The returns were unfortunately very imperfect. I do not think the returns were at all what they ought to have been.

8219. They only show that the children burnt were wearing flannelette, not that flannelette was necessarily the cause of death?—It is impossible to demonstrate that, of course.

8220. Is there anything further you wish to say about flannelette?—No, I think not.

8221. Now we come to the question of anæsthetics. During the last five years you have had a number of cases, which you have investigated in Manchester, in which people have died under anæsthetics?—Yes.

8222. In 1904 there were four cases; in 1905 there were 12 cases; in 1906 there were 7; in 1907, 6 cases, and in 1908, 11 cases?—Yes.

8223. I believe in all those cases the administration of the anæsthetic was by a qualified man and under approved methods?—Yes, every case, so far as I have been able to judge, or the jury to judge, has been above criticism.

8224. In no case did you find suspicion of negligence or careless administration?—Not in any way whatever.

8225. I suppose you would agree that a death under an anæsthetic is quite a different thing from a death from an anæsthetic?—Absolutely.

8226. The anæsthetic may be the cause of death, or it may be the contributing cause, or a mere concomitant?—There may be three causes of death under those circumstances; the disease for which the surgeon is operating, or the anæsthetic, or the shock from the operation.

8227. Or hæmorrhage?—Yes.

8228. Or every possible combination?—Yes; that is to say, it may be from disease, from anæsthetic, or from operation; any of the causes grouped under those three headings, and unfortunately it is very frequently impossible by any known process of science to differentiate.

8229. Have you any opinion on this point; where death occurs under an anæsthetic, whether a coroner has discretion to hold an inquest, or is bound to do so?—I think he is bound to do so.

8230. If two or three surgeons of eminence are performing a dangerous but necessary operation in a private house, and death occurs under an anæsthetic, do you think the coroner is bound to hold an inquest, or not?—I think he is bound to.

8231. Whether it is in a private house or a public institution?—Certainly.

8232. Would you draw any distinction?—No.

8233. You mean, it is imperative under the terms of the Coroners' Act?—Yes; I think for the sake of public policy also, if I may say so.

8234. I was going to ask you that afterwards. Apart from the law, what is your opinion as to policy?—I think undoubtedly there ought to be an inquest.

8235. You think it is like the loss of a ship; there may be no blame attaching to anybody, but there ought to be a public inquiry?—I think it is more important than that, because every medical man will agree that when he is anæsthetising a patient, he is poisoning him, and he is holding his life in the balance between life and death.

8236. It is a choice of evils?—He knows he is putting his patient's life in jeopardy. He is poisoning him to the verge of safety. If the patient dies from the anæsthetic the man who has administered the poison has killed him, and, therefore, in a sense, it is for him to justify what he has done; according to public policy I think it is absolutely essential.

8237. Would that apply to a very safe anæsthetic like nitrous oxide?—Yes, any anæsthetic.

8238. You do not think it would be sufficient if every case of death under an anæsthetic was brought before the coroner, and that he should make inquiries, and if he was satisfied that everything had been done, he should dispense with the post-mortem and inquest?—No, I think it would be a very great pity to give him that latitude.

8239. You think a coroner should not have discretion—he is in a safer position if he has no discretion?—I am persuaded that that is so. Of course, the one thing I do deprecate is not the inquest, but publicity. In my practice I endeavour, as far as possible, to keep these matters quiet, to keep them from the public for the sake of other patients.

8240. If there were any malpractice you would not wish to keep that quiet?—Certainly not. The press are present at all inquests I hold; I never exclude them; but I do ask them—I appeal to them. I say: "I am persuaded, as a medical man myself, and having "had considerable experience, that it would be to the "disadvantage of patients to have their nerves disturbed, and they are sure to remember these newspaper "reports when their turn comes to have to go under "an anæsthetic."

8241. If a man thinks he is going to die it predisposes him to die?—Undoubtedly. It makes it a very difficult matter for an anæsthetist to give the anæsthetic, and it makes it risky for the patient himself if he is more nervous than he need be.

8242. It may lead to heart failure?—Yes, it would increase the danger in the early stage.

8243. Have the deaths which have come before you been from chloroform or ether?—The majority have been under chloroform—I emphasise the word "under."

8244. Chloroform was the anæsthetic used?—Yes.

8245. Is ether much used in Manchester, or do they prefer chloroform?—They seem to prefer what is known as the A.C.E. mixture there.

8246. Alcohol, chloroform, and ether?—Yes, in the proportion of 1, 2, and 3.

8247. Have you any opinion as to what is the safest anæsthetic, or does it depend upon the particular case and the mode of administration?—One has so many things to consider. One anæsthetic might be safer in an operation on one particular part of the body, and another in another. And also it depends on the condition of the patient. If he is inclined to bronchitis it is poison to give him ether.

8248. We are told that with old persons and young children, by acting on the bronchial tubes ether is dangerous?—Yes.

8249. Also it is a very distressing anæsthetic to the patient?—Very.

8250. Passing from your medical to your coronatorial functions, have you any opinion as to whether a coroner and a jury is the right tribunal to investigate these cases, whether a coroner and assessors would be better, or whether a jury can really go into these very delicate questions?—I do not think they are in the slightest degree competent. I think they have simply to depend upon the directions of the coroner.

8251. Are they always willing to follow them or not?—I have found no difficulty myself. I put the matter plainly before them in a common-sense way, and tell them precisely what the issue is, what they have to determine, and what the points are. I have never found any difficulty at all.

8252. Take one of these cases where you say, notwithstanding medical skill, death occurred; would the jury find under your direction that death was caused by hæmorrhage while the patient was under an anæsthetic?—The general result is the opinion of the medical man that I employ. It may be shock due to the operation and to the administration of the anæsthetic. It may be, as it has been in some cases, poisoning from the anæsthetic, such as occurs in the early stages of administration. Many patients have an idiosyncrasy, and a very small quantity of chloroform will prove fatal.

8253. Just like patients have an idiosyncrasy as regards quinine, alcohol, or anything else?—Yes.

8254. And no one can tell beforehand that the patient will have an idiosyncrasy?—No.

8255. No difficulty has arisen by trying those somewhat abstruse scientific questions before juries?—I have never had the least difficulty.

8256. Would that apply with a coroner with no medical knowledge and only legal knowledge?—I think he would be in a difficulty. I was myself before I had any medical knowledge when I was deputy coroner; but not on that particular point. It does help one very much, and it is quite conceivable one would be quite at the mercy of a medical man if one had no medical knowledge.

8257. Did you qualify as a medical man after you became a coroner?—After I became deputy coroner.

8258. You started as a barrister and then qualified as a doctor?—Yes, never intending to practice; but I felt the need of the knowledge to help me in my work.

8259. In the case of most coroners it is the other way. They are medical men and then qualify as barristers afterwards?—Yes.

8260. You reversed the process?—Yes.

8261. Without that medical training which you have had, do you think a coroner and jury is a good tribunal? Did you feel any great difficulty yourself before you had medical training?—No, I have never found any real difficulty. I think it is largely a matter of common sense.

8262. And of understanding the evidence?—Yes, I think the jury is absolutely useless in such cases.

8263. Would you prefer to see a coroner with a distinguished medical assessor?—No, I would not, and for this reason, that until one has completed an inquiry, one never knows what the result will be. As we know, it may result in a charge of manslaughter and, therefore, you want a jury; the presence of the jury is absolutely necessary.

8264. Do you think that the coroner should be assisted by very skilled medical experts, or do you think everything can be got out by the way of question and answer from witnesses?—I think so.

8265. There is no advantage in an assessor over a witness?—I do not think so, judging from experience in analogous cases such as factory accidents, and so on, where factory inspectors sit as assessors. I have never found them help me very much.

8266. In the case of a building accident an expert architect or engineer would be just as useful as a witness?—I would far rather have him as a witness, infinitely so. Personally I have been very sorry to see the agitation with regard to anæsthetics.

8267. The total number of deaths is small?—Yes. I have unfortunately no available figures as to the number of cases in which anæsthetics are administered in Manchester, but it must be something enormous.

8268. We have no means of comparing; no doubt the number of deaths has been rising, but we have no knowledge as to whether the number of operations has risen in a greater proportion?—They have built a great infirmary with double the number of beds in Manchester. They have probably seven or eight operating theatres, and patients are brought from all over the north of England to be operated upon.

8269. Not only that, but, owing to the improvement in surgery and aseptic methods, a great many operations are done now which could not have been undertaken a few years ago?—Undoubtedly. I think humanity owes so much to anæsthetics, that it is a great pity to throw discredit upon them, unless it is proved to be absolutely necessary.

8270. Have you any opinion as to whether an unqualified man ought to be allowed to administer anæsthetics?—I am quite sure he should not.

8271. You have no doubt about that?—No doubt whatever.

8272. We had a strong protest from unqualified dentists, saying they ought to be allowed to continue to administer nitrous oxide. What do you say about that? They have done it in so many cases without accident?—I do not think they should. I have seen most desperate cases arise under nitrous oxide, even when skilfully administered—cases which an unqualified man could not deal with for a moment if a crisis arose.

8273. Do you think a qualified dentist who is trained in the use of nitrous oxide ought to be allowed to administer nitrous oxide without the presence of a doctor?—No, I do not think under any circumstances should a man anæsthetise and operate at the same time.

8274. Take the case of two dentists in partnership, one administering the anæsthetic and the other pulling out the tooth?—No, because he is not a man skilled in the use of restoratives.

8275. In the case of an accident happening, he has not the necessary training?—No, he would not know what to do.

8276. You would go so far as to say that nobody but a qualified medical man should ever administer a general anæsthetic?—I certainly go that far.

8277. Or that it should be done under his direction. You would allow the nurse in midwifery cases to give the patient chloroform?—Not to the extent of complete anæsthesia. Let her give the patient a few whiffs to deaden the pain, but not to completely anæsthetise her.

8278. At any rate, for any operative purpose you think the administration of a general anæsthetic ought to be confined to a qualified man?—Yes; not only that, but I think qualified men should be better qualified in anæsthetics than they are.

8279. Do you know what the rule in Manchester is as to every medical student having a training in anæsthetics?—No, I do not know it.

8280. In London is not it the case that every student, before getting his qualification, has to go through a course in anæsthetics?—Yes, and that is the rule in Manchester, and it was in Liverpool where I qualified; but it is a rule which is very easily evaded. It is only part of the course taken as a dresser. If a student is appointed as a dresser to one of the honorary surgeons, under the supervision of the honorary anæsthetist he does have practice. In Liverpool I think I am right in saying that every student had to undertake under supervision 20 cases before going in for his final examination.

8281. Would they be 20 cases of chloroform or ether, or would they include nitrous oxide?—Whatever happened to be used, according to the operation.

8282. Would nitrous oxide be included in the 20?—No, as a rule not; but that requirement was, in fact, evaded by a great number of students, as one would only expect to be the case. Other students took all they could get, and some got a good deal of experience. I took a great interest in anæsthetics, of course, in consequence of my work as deputy coroner, and I took all I could get. I think I had something like 400 cases during my student course, and I do not think it was too much.

8283. Do you think your experience was in some degree taken from what should have been that of the other men?—Not altogether, because I used to go to the hospital or infirmary in the evening and help the house surgeons and house physicians with some of the minor operations. I also helped with the out-patients whenever I could.

8284. Have you considered whether training in anæsthetics could be more effectively prescribed; who prescribes it, the General Medical Council?—Yes, they could.

8285. Have they done anything?—Yes, there is a provision.

8286. We have not had a copy of that?—It is not present in my mind at the moment what precisely it is. I do not think there has been any alteration since my student days, which were are only a few years ago. Certainly the impression I brought away was that it was totally inadequate to prepare a medical man for such a serious thing as poisoning his patient in that way. Inevitably, if you anæsthetise a patient, he is just on the balance between life and death, and it requires great skill and judgment to conduct it properly.

8287. You have to make a preliminary investigation, and that may not tell you everything?—No, it would not disclose such a thing as an idiosyncrasy.

8288. And then there is the *status lymphaticus*?—That is a very obscure condition.

8289. I think we were told that can only be determined by staining the heart muscle after death?—Yes, it is a question on which I have no personal experience.

8290. Have you any other suggestion to make as to what should be done in the case of anæsthetics?—No, I think not. The best suggestion I could make is to avoid public agitation as much as possible.

8291. It causes unnecessary fear?—Yes, and I think does a great deal of mischief.

8292. But, on the other hand, if the coroner makes remarks there is a great temptation for the press to report them?—Yes; I very much deprecate remarks by coroners which I see reported in the press.

8293. You would not suggest that the coroner should have power to exclude the press?—Well, he has now.

8294. You would not suggest the exercise of it?—I think it would be very unwise to do so.

8295. You think that coroners should be very careful where no blame attaches, and should not make remarks which go beyond the facts of the case?—Yes, I think the coroner should recognise that a qualified man has undergone a training, and that he is perfectly within his rights in administering the anæsthetic, and that, even so far as the law is concerned it can only exact a reasonable amount of care and a reasonable amount of skill. I think in the absence of very clear proof that there was not reasonable care or skill, the less he says about it the better.

8296. Does not that rather bring us back to the view that some coroners take, that they should hold a preliminary enquiry, and then, if they are satisfied that everything is perfectly right, they do not hold a public inquest?—I do not see any reason for making an exception to the general law in the case of anæsthetics.

8297. I think you told us that your views are in accordance with the views of the Coroners' Society?—Yes, speaking generally.

8298. We may take it they are their views?—Yes. I was at a loss to know in what respect I could be of any use by giving my views to this committee, but I have considered all the questions with the Coroners' Council. Some, I think, require emphasis.

8299. The first is as to the viewing of the body by the jury or the coroner?—I have views on both points. With regard to the jury I am bound to say I have always opposed any agitation coming from coroners themselves in regard to the matter, because they have undertaken a statutory duty, and unless it can be shown that their enquiry would be more efficient, they have no *locus standi* to relieve themselves of duties which they have undertaken, but it is obvious, I think, that there is a very strong case, from the point of view of the public, that juries should not view bodies.

8300. On what ground?—Well, firstly on the ground of the time spent—I will not say wasted, because that expression would only follow if one could show that it did no good—but a great deal of time is spent, and roughly speaking in Manchester the time spent in viewing bodies is about 300 hours annually.

8301. Is that because the bodies are not in a mortuary close to the court?—There is no mortuary close to the court in Manchester. I do not think there is anywhere; that can only be said of London.

8302. Where is your court?—My court is in the city.

8303. In the Law Courts?—No, it is in a building which is devoted to the fire brigade.

8304. Where is the mortuary?—The mortuaries are attached to each divisional police station. We have some seven or eight, possibly more.

8305. You have to cart the jury about to one or the other?—Yes, and we have to go to the workhouse. We have one workhouse 3½ miles from the court, north, and one 4½ miles, south, and it is not infrequent that we go to both in the same day.

8306. Do you take the same jury?—Yes.

8307. Are the jury paid in Manchester?—No. The number of miles travelled is extraordinary. It is not at all an infrequent thing to travel 22, 23, or 24 miles round the city of Manchester to view bodies.

8308. In a char-a-banc?—When I arrived there they went about in ordinary four-wheelers, which were very disreputable.

8309. A procession of four-wheelers?—Yes. Then I got a 'bus nicely turned out from a livery stables for the same price, and sent them round in that. That was not altogether satisfactory and consumed a very great deal of time. Then I began doing it by motor car. I found I frequently saved two hours in a morning on the round. I tried then to get taxicabs for them, or a motor 'bus. I could not get a motor 'bus, there is not such a thing, and no taxicab company would undertake it for the same price until a month ago. We began then, and I do it now.

8310. You have a procession of cabs going about?—No; they do not keep any regular distance, they go independently. They go in charge of a police officer.

8311. You have to take 12 jurymen?—Yes, we have three taxicabs.

8312. What is the ordinary number you summon in Manchester?—We summon 17 and administer the oath to 12 only, except when I expect an adjournment.

8313. Then you do not run the risk of one dying or becoming incapable of acting. How many do you swear then?—Fourteen. I do not swear more than I am obliged, because jury service is a great tax upon those people who depend for their living upon their trade.

8314. Have you any opinion as to whether a jury of seven would be as good as a jury of 12?—I think it would be a great pity to disturb the present arrangement. I would not mind at all if the jurisdiction were civil, but it is criminal, and there is no exception in criminal law. Wherever there is a jury it has always been 12, and I do not think we should alter it.

8315. Not less than 12?—Yes.

8316. You would not like a verdict of the majority?—No.

8317. Although proceedings are afterwards taken before a magistrate?—Yes; but this effect follows, that supposing the charge is murder then unless an application is made to the High Court the person who is charged on the inquisition must be kept in prison till the assizes come on because the coroner cannot admit him to bail. It has that effect. In the case of manslaughter also he must be kept in custody or admitted to bail and have the stigma of going into the dock. The coroner's inquisition has to come before the petty jury. The expense of viewing the bodies on the part of the juries is also very heavy. In Manchester the cost of transit alone is something like 250*l.* a year.

8318. That is because they will not build a court and a single mortuary?—I think it would cost as much. I am quite sure that will never be done in Manchester. When I was first appointed there, practically no bodies were sent to mortuaries even for post-mortem work. When first I introduced the habit of removing them in the case of post-mortems there were riots in the streets sometimes, and when I sent my officers to remove a body, in one or two cases the friends of the deceased rallied and rescued the body and took it away. Very great tact has been required to get matters as far as I have got them.

8319. Now the people understand that the post-mortem should be conducted in a proper place and not in private houses?—Yes.

8320. (*Sir Horatio Shephard.*) There is no trouble now?—Yes, sometimes there is.

8321. (*Chairman.*) They object to the post-mortem, but they understand that a post-mortem room is the proper place?—Yes. I generally see the relatives myself. I try tact and persuasion. I point out that it is absolutely necessary that I should order a post-mortem examination, and that it is no good having it badly done. It cannot possibly be properly done at the house. We have not light or water and one thing and another, and it will be much less distressing to them to have it done in a proper place. I have had several cases which have caused me a day or two days' delay.

8322. You are opposed to a view by the jury. Would you give the coroner discretion to order the view by the

jury?—No, I should not do that. I believe in uniformity of practice, as I said in regard to another point. I am not opposed personally to the view by the jury—that is to say, I should never have taken the initiative against it; but I believe it would be very much to the advantage of the public to be relieved of the necessity of the jury viewing, and I do not think that the efficiency of the enquiry would be impaired.

8323. (*Sir Horatio Shephard.*) You mean it would be an advantage to the public as represented by the jury?—I mean because the jury are part of the public.

8324. (*Chairman.*) Do you think it is a useful thing that the public should have brought to their minds the way in which people live and die?—I do not think they have that, because most of the people are in mortuaries, or in workhouses, or in some such place.

8325. You do not think that it gives more reality to the proceedings, and that the jury are more attentive to the evidence when they have seen the body?—I doubt it. I have never had an opportunity of comparing. I have never held an inquest where they have not viewed the body, but I know it is very repugnant to them.

8326. You have had complaints in Manchester?—I have had a good many. Not only that, but I have had difficulty more than once because a member of the jury has been so upset that it has been impossible for him to go on with the case. There is a very large section of Jews in Manchester, and it is against their custom. I have had trouble with them.

8327. Have you had trouble in the case of people who die from infectious diseases?—Frequently.

8328. Does that give rise to difficulty?—The jury do not like it, but I always have the body in such cases removed to a mortuary and viewed from behind glass.

8329. So that there is no risk to the jury?—That is so. I do not wish a nervous person to think he is running a risk when he is not.

8330. The risk of infection ceases with death?—Yes, practically. With regard to the coroner viewing, I think there was a proposal—it was incorporated in the Bill introduced by Sir Luke White last year—that if the jury were relieved of the necessity of viewing, the coroner should still be required to view. I hold very strongly the opinion that there is no necessity for the coroner to view if the jury do not, and I cannot see any basis for requiring him to do so.

8331. Is not there a danger of mis-identification unless the coroner views?—I do not think the view by the coroner assists identification in any shape or form. I am never conscious of having assisted in identification by having viewed the body. All I can say is there is a body there when I go to view it; I cannot say what it has died of; I know nothing about it except in the case of gross injury, and that would be very much better described by a medical man, who is an expert. My point of view is rather this, that the view of the body is absolutely of no value whatever unless it is of value as evidence; it is part of the evidence.

8332. A very important part of the evidence where the question of identification turns upon it; for instance, take the case of a body brought out of the water. When a body is brought out of the water, three or four women generally come forward and claim it as their husband?—Yes, I have had similar occurrences frequently.

8333. There, if the coroner has seen the body, he is much better able to test the evidence and ask them about descriptive marks and things of that kind?—That may be so; but from my knowledge of the way in which the thing is carried out I should say it would not.

8334. In nineteen cases out of twenty neither coroner nor jury need view, but then there comes the question of the twentieth?—It seems to me that any view by the jury who are not experts in any way, who have probably never viewed a dead body in their lives, and who only do it as sketchily and superficially as possible, is useless. Much better evidence can be put before them by hearsay than they get by their eyes.

8335. Even in the case of wounds, where it is a question of whether they are self-inflicted or by somebody else?—I do not think the jury could judge at all.

8336. You do not think they could appreciate the oral evidence better?—No. A medical expert could see within the eighth of an inch exactly where the wound was. My opinion is that the best evidence is the only evidence that is any use.

8337. You mean that of a medical expert?—Yes, I think a medical expert should be employed to view in every case in lieu of the jury or coroner. I do not speak only of my own experience. I was certainly very often at sea myself in a view, because it had to be hasty. I cannot spend the time in viewing a body that I would do if I were making even a superficial examination from a medical point of view.

8338. Do you go with the jury, or do you go beforehand?—I go independently; we start at the same time from the court, and we generally have five or six places to call at, but for convenience I generally go the other way. They start at one end of the round, and I start at the other end of the round. There is one other point with regard to the view. Assuming a coroner still had to view, and the jury were not viewing the body, I think he would find a difficulty in organizing it. I do not see how it could be done.

8339. If you had to view and the jury had not?—Yes, it would be a matter of very great difficulty.

8340. Could not you go your round in the morning before the juries were summoned?—Of course that could be done; but it would be making the time for the jury a very inconvenient one. At present I summon the jury at 10 o'clock.

8341. The time would be proportionately reduced for the jury if they had not to go and view?—That is so; but one would always have to allow a considerable latitude for time taken in viewing by the coroner, because he could not tell at the time the jury summonses were sent out where he had to go. The only safe way would be to summon the jury at 2 o'clock to allow time for the coroner, because frequently he does not get back before 1 o'clock.

8342. When you go with the jury now do you find that you cannot get to your work sometimes until 2 o'clock?—That is so. I have frequently found so. The very next day I may be able to begin at half-past 10.

8343. Is your district a very large one?—Yes, very large.

8344. In square mileage?—I cannot give you the exact square mileage.

8345. How far have you to drive from where your court is?—4½ miles. That is to one of the principal workhouses that I have to go to very frequently.

8346. The area is 19,000 acres?—It is a very long and narrow strip. The distance from north to south is very great; I think 11 miles or thereabouts, probably.

8347. Will you tell us your views as to the relations between coroners and medical witnesses?—I have found several things in practice which might with advantage, in my opinion, be altered, the relations at present, of course, depending entirely on the Coroners Act. First, I should like to emphasise my opinion, which I believe is also the opinion of the Coroners' Society, that it would be very useful to have power to order a preliminary examination and pay for it.

8348. That is to say, order a post-mortem and not necessarily hold an inquest?—Yes.

8349. Hold a post-mortem with a view of seeing if there were any ground for holding an inquest or not?—Yes, in such cases as I have heard spoken of in this room to-day. It would be very useful to have a preliminary post-mortem in such cases. It would be very much more useful than holding an inquest without a post-mortem examination.

8350. Do you mean the cases spoken of by Lord St. Aldwyn?—Yes; roughly speaking, in Manchester it would save anywhere from 20 to 30 per cent. of the inquests.

8351. Not more?—No, certainly not more.

8352. Probably, in 99 per cent. of the inquests, it is found that death is due to natural causes?—By no means.

8353. Is not that so?—No, certainly not more than 30 or 40 per cent.

8354. The others would be accidents and so on?—Accidents, suicide, and murder. A very large proportion of my cases in Manchester are cases of children. About 10 per cent. of the inquests are cases of overlaying, or at any rate of children found dead in bed with their parents. Very nearly 10 per cent.—quite 10 per cent. in one year—is from burns. I am sure not more than 30 or 40 per cent. are deaths from natural causes. I think I am putting it too high in saying even 40 per cent. Then, some difficulty has arisen with regard to the payment of more than one medical witness. I think I should like to emphasize this; it is very important to make it clear that the coroner can call more than one medical witness.

8355. You would give a coroner discretion, as the procurator-fiscal has in Scotland?—Yes. My general practice is to summon more than one where a post-mortem is required.

8356. Does your council raise objection?—No, we have no schedule of fees, and they have never provided me with a schedule. My officer, who has been coroner's officer for over 20 years, says there has never been one in his time. I found it work fairly well to pay what I think is required and not ask any questions.

8357. You have no trouble in regard to the question of audit?—No.

8358. That depends on the town council you have to deal with?—Quite so. They might make it exceedingly unpleasant and make a great deal of trouble.

8359. Do you think it would be a good thing to have the power to prescribe scales of fees in a coroner's court, as is done in other courts of justice?—Yes, I think it would be very useful.

8360. Just as is done for the magistrates' courts and quarter sessions?—Yes, I think it would be a very good thing.

8361. A power to make rules and prescribe scales of fees would cover a great many points of difficulty which arise under the Coroners' Acts?—Yes, I think it would. Another difficulty which I have found is that there is no provision with regard to payment for a proper analysis. It is quite clear that a person who takes a fee of two guineas cannot make a proper analysis.

8362. It can only be done by a skilful toxicologist?—Yes, I have never paid less than 15 guineas, I think.

8363. Have you had a Home Office analyst, or one of the experts in Manchester University?—I have had local men—the best I could get.

8364. And no trouble has been raised by the corporation with regard to payment?—I have asked their permission and there has been no trouble; but still trouble might arise, or permission to have an analysis made might be refused, and, therefore, I think the coroner should have power to order it and to pay for it.

8365. In many cases the only resort the coroner has is an application to the Home Office to send down a Home Office expert?—Yes, there is very great difficulty, which in Manchester has been acute more than once, as to whether to pay workhouse medical men or not.

8366. It excludes hospital doctors from payment?—Yes.

8367. Is not the whole provision wrong?—I think so.

8368. Because a man does a certain amount of work for charity he is made to do public work for nothing, which he has not undertaken?—I think that all medical men, who are called as witnesses and asked to do the work, should be paid for it.

8369. And because he has given his time to the hospital as a matter of charity you think he should not be asked to do the other for nothing?—That is so. All doctors, whether they are paid for their services, or give them voluntarily, should be paid.

8370. Unless they are whole-time government officers, that is the only exception?—Certainly, unless, that is to say, it was part of the work which was in contemplation at the time they got their appointment. There is one other point which I have felt myself; I do not think I have brought it before any other coroners. I think a coroner should have power in suitable cases to refuse to pay the statutory fee to a medical witness, provided the jury recommend that course. I have frequently been faced with this difficulty, that I have had to call a medical man whose conduct is in question. We have discussed his conduct, and the jury have possibly inflicted a severe censure, and yet I have to pay the man.

8371. When he has been practically a defendant in the case?—Yes, I have to pay him a guinea for coming there, and I do not think it is quite fair. It puts me in a very difficult position with the doctor, because he can practically defy me; I have no control over him whatever.

8372. Still, censure by a coroner's jury is a very serious thing to a man in practice?—Yes, but to have to pay a man for giving evidence about a thing which is the subject of censure, I think is not right.

8373. What class of cases do you refer to—where a doctor has not attended sufficiently, or what?—I can give you one instance where that very question arose. A patient was taken ill; they telephoned to a doctor; the doctor did not attend the patient, but said he would send along some medicine. The medicine was put up by a child of 15 under his directions—he simply told her what to put in the bottle.

8374. In his own dispensary?—Yes. The bottle was sent to the patient, the patient took one dose and incontinently died. The question arose as to what was in the bottle, and the bottle was sent for purposes of identification to the doctor to ask what he had put in it. He had it in his possession for a short time and he washed the bottle out and threw it away. He came up to give evidence and, of course, there was trouble. The worst trouble he could get into, as far as we were concerned, was that we inflicted a severe censure; but I had to pay him.

8375. I suppose the boy or girl of 15 who made up the mixture put some wrong stuff in by mistake?—So far as we could discover it was quite innocuous; but it was the way the doctor had acted in destroying valuable evidence, to which I was referring.

8376. The medicine did not kill the patient?—No, so far as we could discover the medicine did not kill the patient.

8377. (*Sir Horatio Shephard.*) He explained the death?—I had independent evidence.

8378. There was evidence?—Yes, and as far as we could discover there was nothing in the medicine which really did any harm, or, at all events, we could not connect it with the death. Of course, if there had been he would have been in a very different position.

8379. (*Chairman.*) You only paid him because he was a medical witness?—Yes.

8380. You might have regarded him as not a medical witness, I should have thought?—I had to ask him about medical details and he could have sued me for the fee.

8381. (*Sir Horatio Shephard.*) You referred, in connection with anæsthetics, to nitrous oxide. Have you had any cases from dentists?—I have had none from dentists at all.

8382. They were all qualified persons?—Yes, in every case of death that I have had to investigate as coroner the anæsthetic has been administered by a properly qualified man.

8383. And there was no carelessness?—No, none discoverable at all.

8384. You have no experience of anything of that sort?—No.

8385. You say that there are a good many unqualified practitioners in Manchester?—Yes.

8386. Herbalists?—Yes.

8387. (*Chairman.*) And sellers of quack remedies?—Yes, and Christian Science people.

8388. Do you consider it your duty to hold an inquest when a man dies under one of those non-qualified people?—Undoubtedly; I have no evidence as to the cause of death.

8389. (*Sir Horatio Shephard.*) You would not accept their explanation?—No, certainly not.

8390. (*Chairman.*) Can you give us any instance of anything in unqualified practice to which your attention has been called which you think objectionable. We do not want names?—Yes; there is an instance where a

man who makes up a special preparation attended people. He even went to the length of giving a certificate of death. Then he got warned off that. He has attended people upon whom I have subsequently had to hold inquests, and his excuse has been that he has been simply visiting as a friend.

8391. Has he any specific drug or mixture which he pushes?—He has a mixture which he pushes very strongly indeed with the most fraudulent and mischievous claims, because they deal also with infectious disease. He claims, amongst other things, that any infectious disease is cured in a very short time, and that no patient suffering from infectious disease need go to hospital, nor need the disease be notified if his mixture is taken.

8392. A person who takes his mixture is no longer infectious?—Yes; he claims it for small-pox even, and does a great deal of mischief.

8393. Have you ever had the prescription analysed?—Yes.

8394. It consists of very ordinary commonplace drugs?—Absolutely valueless. At first when I confronted him with the analysis he could not dispute it. It contains some 16 or 17 ingredients. It is a most extraordinary mixture.

8395. Some of which were incompatibles?—No. They were quite innocuous; they would do neither good nor harm. Some time afterwards I had to bring up the fact of this analysis again at a subsequent inquest. He had had time to turn it over in his mind, and he said he did not accept it; he said that there was something in it that even the greatest skilled analyst could not detect under six months' laborious tests, and that was the essence of the whole thing. He certainly takes in the public; he has an enormous sale for the drug.

8396. At what price is it sold?—The ordinary patent medicine price.

8397. Thirteen-pence halfpenny?—Yes, and upwards.

8398. And what is it worth?—It is not worth the odd halfpenny. There are one or two other points I should have liked to have spoken about, but I do not know that they are of very great importance.

The witness withdrew.

Adjourned to Thursday next at 2.15 o'clock.

At the Home Office, Whitehall, S.W.

TWENTY-THIRD DAY.

Thursday, 15th July 1909.

Present.

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

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

Mr. John Troutbeck, called in and examined.

8400. (*Chairman.*) I think you are an M.A., B.C.L., of Oxford, and a solicitor?—Yes.

8401. You were appointed deputy coroner for Westminster in 1886?—Yes.

8402. And coroner in 1888?—Yes.

8403. You were appointed coroner for the Savoy, and for the South-western district of London in 1902?—Yes.

8404. So that you hold three coronerships?—Yes.

8405. You are also deputy high bailiff for Westminster?—Yes.

8406. As regards Westminster, that is a franchise coronership?—It is a franchise of the Dean and Chapter of Westminster; they elect.

8407. Their jurisdiction is not quite the same as the present borough jurisdiction?—No, the liberty of Westminster is the old Westminster which formed the old Parliamentary borough, but when the new borough, the municipal borough, was made, there were slight alterations in the boundaries, and power was not reserved to amend them for the coroner's district too. Consequently there are slight, but not very important, differences between the territory of the coroner and that of the borough.

4408. That occasionally gives rise to difficulties as to which coroner has jurisdiction?—Yes, the police and people who have to report are sometimes puzzled.

8409. Because there are two Westminster boundaries?—Yes; if a body is found outside the boundary of Westminster borough they would naturally think it belonged to a coroner outside. It might belong to me, and *vice versâ*.

8410. As regards the Savoy, there you are appointed not by the Dean and Chapter, but by the Chancellor of the Duchy of Lancaster?—That is so. I think that was in consequence of the practical difficulties that arose. It is a very small bit, not even shown on this map I have, entirely enclosed by Westminster.

8411. It is an island?—Yes, there is no convenience there for post-mortems.

8412. There is no mortuary and no post-mortem room?—That is so.

8413. You are coroner for the Savoy and for Westminster. According to strict law can one coroner move a body into the district of another? Of course it is a convenient and right thing to do?—I should not like to say. If they were different coroners they could not, but, being the same person, I do not know.

8414. Two coroners in one person?—Yes; I have never done it or attempted to do it in the case of the South-western district and Westminster.

8415. Who appoints for the South-western district?—The London County Council.

8416. You hold three coronerships?—Yes, two franchise, and one county.

8417. Who pays you in the three cases?—The County Council pays in all cases, both salary and expenses.

8418. You are on the footing of a county coroner paid by a salary and not by fees?—I am paid by salary. I believe it was originally calculated, but it is a salary.

8419. As a matter of practical convenience, if eventually all those three coronerships were merged into one, would the public gain?—I think that there might very well be a practical difficulty arising in the appointment of my successor. If the chief authority, the County Council, deemed it advisable to continue this arrangement they have no power to enforce their wishes on either the Chancellor of the Duchy or the Dean and Chapter of Westminster.

8420. Therefore you have one paying authority and three appointing authorities who have no connection?—Yes. Westminster has a tendency rather to decrease in the number of inquests, although perhaps their relative importance may tend to increase.

8421. It is gradually becoming a richer neighbourhood?—Yes; it is hardly enough for an appointment; there is not enough of it.

8422. Taking your three coronerships, how many cases are there?—It is just under 1,000 a year.

8423. That is practically three a day?—Yes.

8424. Taking your jurisdiction as a whole, you have four general hospitals?—In Westminster. There is another general hospital in the South-western district—that is St. Thomas's; and there is another hospital, a general hospital, to which no medical school is attached, the Bolingbroke Hospital.

8425. Wandsworth Common?—Yes.

8426. Then you have the new army hospital by the Tate Gallery?—Yes; and there are a good many minor and special hospitals.

8427. The Fistula Hospital in Vauxhall Bridge Road?—Yes; and there is a children's hospital in Vincent Square.

8428. And the consumption hospital?—Yes.

8429. Millbank has gone?—Yes. Then I have Poland Street, which is called the Westminster Union, and then there are branch workhouses, one of the Strand Union, in Sheffield Street, and another, the St. George's Union, is in Buckingham Palace Road.

8430. Who makes the post-mortems, and how is evidence given before you in the cases from the hospitals?—Unless there is something involving the hospital itself, the post-mortem is in practice made by one of the pathologists at the hospital in the presence of the house officer, whoever he may be.

8431. The house surgeon or physician?—Yes, who has attended the case. Evidence is given by the house surgeon or the house physician; that is the general practice

8432. Does that apply to cases brought into the hospital dead or only to cases which die in the hospital?—That would only apply to cases which die in the hospital.

8433. Suppose a case is brought in dead to the hospital, what is done then?—It would be removed to the mortuary.

8434. To the civil mortuary?—Yes.

8435. Who would give evidence in that case—in a brought-in-dead case?—It would depend on the case entirely. Very often there has been a medical man who may have seen the case before the death occurred, and sent it on. He would give whatever clinical evidence there was, and the post-mortem would probably be made by one of the pathologists—one whom I appoint or select.

8436. One of the hospital pathologists?—It depends; generally not. He is not selected because he is in that hospital, for the practical difficulty that pathologists attached to the hospital do not care for inquest work.

8437. Is there any power to pay a hospital pathologist if he gives evidence in those cases?—Only the two guineas. There is no power to pay him any special fee.

8438. If the house surgeon or house physician gave evidence you cannot pay him at all?—I cannot pay him if the death has taken place in the hospital.

8439. Assuming death has taken place in the hospital, you have no power to pay him?—No power whatever.

8440. If a case comes in dead, then it is like any other case?—Yes, whoever is selected to hold the post-mortem, or to give evidence, as the case may be, is paid.

8441. When first you became coroner what was the practice in Westminster?—In Westminster the old practice was, as regards hospitals, as I have stated, and, as regards other cases, the practitioner who was first called in after the death, or who had attended the patient during the last illness, would make the post-mortem examination.

8442. Was your attention called to that practice, and what was the result?—My attention has been called on many occasions to it. One of the earliest was when I was a very young coroner; it occurred in Westminster. The case was being taken of a newly-born child. A practitioner had been called in, and the child was dead when he was called in. He made the post-mortem examination, and gave evidence, and stated that, in his opinion, death was due to a blow upon the head—to violence.

8443. If that had been the case——?—It would have been a criminal case.

8444. It was not an accidental blow?—No; he intimated that it was a blow. If that had been the case, of course, it would have been very serious. Mr. Thomas Bond was in court.

8445. The surgeon of Westminster Hospital?—Yes, he was in court and had seen the body when he made the post-mortem examination on a case of his own.

8446. Both bodies were in the mortuary at the same time?—Yes. This evidence so horrified him that he jumped up and said he must correct it, and he did, and he proved that this appearance was due to what I am told by doctors is frequently found in the case of newly born children in the ordinary process of birth.

8447. (*Dr. Willcox.*) *Caput succedaneum*?—Yes, that startled me very much.

8448. (*Chairman.*) Did you have other cases?—Yes, I had opportunities of discussing it with both lawyers and doctors who took an interest in these matters. I always have taken the opportunity of discussing these things not only in the light of general principles, but in view of particular cases. I certainly gradually formed a conclusion that the practice of invariably selecting a gentleman to make a post-mortem examination because he happened to be physically the nearest, was a dangerous practice, and might often result in very serious and unmerited consequences. I may say, I have had many cases which illustrated it, but I have given that as the first and most startling.

8449. You have had many since, which have confirmed you in that opinion?—Yes, as to the danger.

8450. That many post-mortems require to be conducted by a specially skilled man?—Yes. Take the case of those so-called overlaying cases. Twenty years ago there certainly was an idea that if a child was found dead in bed between its parents it was overlain, and I would get written opinions given positively that it was so from the medical man called in before he had made his post-mortem examination. I used to have a great deal of evidence to that effect: that the child had been suffocated by external means. Of course, there is a great temptation to a man to support the opinion he has recently given. I have had an opinion like that given only a few weeks ago by an experienced man—a police surgeon—who was called in after death. He gave me a written opinion that the child had been suffocated by clothes put over its head. I went most carefully into it, and could find no evidence of that kind. Dr. Trevor, I think, made the post-mortem examination.

8451. Of St. George's?—Yes; he has given evidence here. He found a perfectly natural explanation of the death, and I found, on examining this doctor, that it was only surmise. Although the opinion was given without qualification, it was only surmise. He had no authority, really, for making it.

8452. But for the intervention of Dr. Trevor you might have put those people on their trial?—I thought they would have been distinctly in peril.

8453. (*Dr. Willcox.*) Did the police surgeon make the post-mortem?—No, Dr. Trevor made the post-mortem in that case.

8454. (*Chairman.*) To take your evidence in the order in which you have set it out in your précis, you found in the South-western district that a somewhat excessive number of inquests were being held?—Yes, I did, indeed. I select Battersea as a typical case. In 1899 there were 254 inquests; in 1900 there were 278; in 1901 there were 301, and I was appointed the next year.

8455. 1902?—Yes. That makes an average of 277 from 1899 to 1902. When I became coroner the number dropped in 1902 to 228; in 1903 it was 217; and in 1904 it was 206. I think that is a very considerable drop.

8456. How was that; have you any explanation?—It is extremely difficult to say positively in every case, but what I did notice was this: I could point to individual medical men who on enquiry I found had had in one case 80 to 100 inquests in the year; in two other cases about 40; and when the new system was adopted with regard to medical evidence their cases dropped practically to nothing. I rarely get a case reported from any of those medical men or their successors in practice.

8457. Do you think they still have cases in which inquests ought to be held or not?—I am inclined to think that the majority of the cases were cases which ought never to have been taken at all. At the same time I cannot exclude the possibility that there are now cases which are certified which ought not to be certified.

8458. I think some of these medical practitioners to whom you refer claim that there is a right by law or custom for the medical man first called in to make the post-mortem in every case?—Yes; in one of the very first cases I had, a murder case, a medical practitioner, not of the description one would care to employ in a murder case, made quite a fuss. He claimed the post-mortem. He happened to be one of the doctors called in. I think he was physically the first.

8459. What kind of murder was it? Was it a case where a post-mortem was important?—One could not tell. It was a case of a cut throat, where a man had cut his wife's throat. You cannot tell what may turn upon it. Points may arise at any moment.

8460. In a case of that kind it may be very important to have a skilled man to say whether it is murder or suicide?—There is a récent case. A woman is shot by a man—such is the allegation—by one of those new pistols which have great carrying power and use nickel bullets. There was a hole through a rib in the back; there was a hole in the top rib in the front, both apparently clean-cut holes. Now, it is quite feasible, if the wound of entrance is *here (describing)*, it could be a self-inflicted wound; if it is *here*, it could not be. So that a case which is apparently quite simple when you first hear of it, may turn out to be of some difficulty.

8461. Some of these medical gentlemen have stated that coroners had no discretion, and that it was a matter of law?—Yes, that was the line of argument.

8462. That coroners should entrust the post-mortem to the man first in the field, so to speak?—Yes.

8463. At any rate, you broke through that practice?—Yes.

8464. You held that you had a discretion to decide who should perform the post-mortem?—Yes. It had gone so far that I found the evidence had been arranged, and also the post-mortem had been arranged, before the coroner had heard of the case.

8465. That was a little previous, was it not?—I thought so.

8466. Did you find in any of those cases that an inquest was not required at all?—I am bound to say it did not occur in my time.

8467. It was before your time that it happened?—Yes, I have had cases where a man has admitted that he knew the cause of death before he made the post-mortem. It was a perfectly natural death.

8468. He had every reason to believe that the post-mortem would verify it?—No, he said he had no doubt about it. It is rare, and it is not an admission likely to be made in the box.

8469. You mean he might have certified without a post-mortem?—Yes, I think so quite clearly; or if he had given the information, it would have been quite sufficient to have passed the case.

8470. Will you give us what you consider the public reasons for holding inquests and registering deaths?—The first reason I put down for ascertaining the fact and the cause of the death is for statistical purposes. I mention that to show how important it is that we should get the statistics rightly stated at the beginning.

8471. We had some evidence the other day in which a distinguished chairman of a county council thought the duty of a coroner was only to find whether death was natural or unnatural, and that it was waste of time and money to go into the specific cause of death. What do you say to that?—I do not agree with him at all. I think you are bound to find out what the cause of death is, from the medical point of view, and when you have ascertained that, you are bound to see whether there is anybody who is legally responsible in respect of the death, and unless you go into the case pretty clearly and thoroughly, I do not see how you can carry out those duties.

8472. On what ground do you think it is important that the exact cause of death should be found by the coroner where there is no suspicion of foul play or anything of that kind?—I do not think you can find what the cause of death is until you know it exactly.

8473. Say you see a man fall into the water. Nobody else is near, and he is taken out dead. Is it material for the public to know whether he died from drowning or from a fit?—It is material to his relatives to know whether or not he committed suicide. If you examine his body and find his heart is in such a state that he might faint and fall into the water, it would be a considerable consolation to them.

8474. Do you attach any importance yourself as regards the health of the people in having exact mortality statistics?—I do not profess to speak from that point of view, but I have heard it claimed by doctors and medical officers of health that they wish to know.

8475. They wish to know if there is any disease?—Yes, for instance, if there was a case of spotted fever found, it would be advisable that the medical officer should know of that, and as soon as possible; or of diphtheria. I have had many cases which have been found to be diphtheria.

8476. The precaution is taken for the benefit of survivors and contacts?—Yes, as we do go to this necessary expense in holding an inquest, I feel the same expense will enable us to find out a great deal of useful information for the community.

8477. Now what are the other reasons, apart from medical statistics?—The prevention and discovery of crime, which, I suppose, is the primary reason for coroners' inquests.

8478. And the fact that people know that coroners' inquests will be held has a deterrent effect?—I think it would have a deterrent effect. It depends upon a good many things, but, generally speaking, I do believe that.

8479. For instance, on poisoners especially, it would have a deterrent effect?—Yes. I think anybody who was educated and read up the matter would not be deterred because he would know that the weakest point in the link is the certificate of death. If he could deal with the question of the certificate of death he need not fear an inquest.

8480. We are coming to that point in your evidence, and you can give us you reasons for that?—Yes.

8481. You mentioned the collection of information for what you call quasi-criminal evidence. What do you mean by that?—I had in my mind cases where there are Acts of Parliament which either compel a coroner to hold inquests in special cases, for example, in the case of a nurse child where there is no certificate forthcoming, and in prisons and workhouses and lunatic asylums where the coroner need not hold an inquest, but every death must be reported to him.

I have hundreds in the South-western district reported every year from two asylums, most of which I do not take. I only take them if there is some reason—some complaint. Perhaps I should like to refer to that later with regard to the duty of the coroner's officer. It comes in there.

8482. Then there is the case of factories and mines which you mentioned?—Yes, factories and mines—there is a difficulty there also which I should like to refer to in connection with that, and that is the question as to the people who may legally appear and ask questions.

8483. Will you deal with that now, or will you come to it later on?—If not inconvenient, I will deal with that now. I have found there is, I will not say a sense of injustice, but a sense of inequality. Certain trades under the Factory and Mines Acts have a right of appearing, not by advocate, but by one of themselves, at the coroner's inquest.

8484. The secretary of the trades union comes, I suppose?—Yes, but railway associations, and so on, have no such right. I have felt it is not for the coroner to decide who ought or ought not to have the right, and I should like—as now the questions seems to be definitely decided in favour of giving working people this right of appearance—that it should be extended to everybody who is practically in the same position. I can find no difference logically.

8485. It ought to be all or none, you mean?—Yes.

8486. As far as you have gone have those people proved useful or not?—As advocates, no, but sometimes in giving evidence. At the same time, even on their own technical points, if they give evidence they stand at a great disadvantage as against a trained man on the other side. They often say things which put them in a ridiculous position almost.

8487. Then why extend it further than it already has been done?—I should like to see either all or none. At present it does not seem logical.

8488. Another reason for holding inquests is in connection with the questions which turn up under the Workmen's Compensation Act or insurance cases?—Yes. I find that the coroner's court is largely used by those persons who are undoubtedly civil parties for the purpose of extracting information, and I think it is very valuable.

8489. Having a preliminary canter?—They get the facts when they are fresh. The witnesses have no time to think; they give better evidence.

8490. You get better evidence before people have had time to make it up carefully?—Undoubtedly. I have had solicitors who have represented all sides say they greatly appreciate the advantage of asking questions at once; it saves litigation very often.

8491. There being no accused persons, and no parties, questions can very properly be asked which could not be asked in a civil or criminal prosecution?—That is so.

8492. Questions which are most material, but not material against a particular person?—That is so.

8493. Then you lay stress upon the question of identity?—That is a very interesting question. The only case where the law calls attention to the necessity for identification is where the mistake is least likely to occur, and that is where a man is hanged.

8494. We do not often hang a wrong man, I hope?—I do not know a case. The Act is very particular to show it is the person on whom the judgment of death has been passed.

8495. Do you find much trouble?—Yes, sometimes; there have been curious cases. There is no definite system of identification. I should like to see some Home Office rules laid down for the assistance of both police officers and coroners to improve the methods of identification.

8496. I do not understand what line you are suggesting. On what lines do you suggest the rule should go?—For example, there is no uniformity as to what a police officer should do, what form of examination he is to make, or what measurements he is to make.

8497. But if he does there is nothing to compare them with unless the man happens to be a criminal. Suppose you take the finger-marks, unless he has had his finger-marks taken for some other purpose it would not help you?—Quite so, but the finger-marks might exist; then a proper photograph is another thing.

8498. (*Sir Malcolm Morris.*) There are other things besides finger-marks—personal marks?—Yes, perhaps a deformity.

8499. Is this specially in cases of drowning?—Yes, chiefly in cases of drowning, but there were one or two cases of people who have come to London.

8500. (*Chairman.*) Strangers?—Yes, and they commit suicide, and they are evidently of good position. There was a case about which there was some discussion. There was a woman who called herself Mary Duval. She was never identified, but, curiously enough, two people, I do not think either of them were quite sane, came forward. One said it was her daughter, identified her positively, and her handwriting and everything, and it was not. Another woman, who was not very respectable, but was educated, identified the body as that of her sister. They were both absolutely wrong.

8501. We have been told, in cases where a drowned body is hardly recognisable, there are people who have claims on insurance companies identify it?—Yes.

8502. (*Sir Malcolm Morris.*) Are there any special means of identification in Paris more than we have in England?—I have seen most beautiful photographs there; they do them in two positions. Of course, they are very logical—they do it very beautifully, and the measurements are taken in a certain form, and that form has to be worked through.

8503. Would it be of any advantage to us to adopt some of their methods?—I think we could learn something from them in those respects.

8504. (*Chairman.*) It is easier to identify people in France, because everyone has to have their own papers?—I suppose it is. One case was that of a man, who appeared to be a tramp, found in a ditch in the Bois. He was photographed front and sideways, and as he was dressed. I think anyone would be puzzled to recognise a very near relative if they saw them dressed in grave clothes on a mortuary slab and photographed in that way, but if a photograph was taken of the body as found, it would be very different. I had a marked instance in a recent case, where a man attempted to steal from a jeweller and committed suicide at the Savoy Hotel. An ordinary police photograph was of no use whatever. Subsequently, one of my officers, an adept in such things, ten days after death dressed up the body.

8505. He was a policeman?—Yes, a sergeant of police. He took four photographs. Looking at the photographs I should not have thought the man was dead, and the body was identified by means of those photographs.

8506. That is a very good instance in point?—Yes.

8507. (*Sir Malcolm Morris.*) Who pays the expenses of the photograph?—I believed it is done by contract now by the police.

8508. (*Chairman.*) It is a police charge?—Yes; it is not much, I think. I think it is rather cut down.

8509. You think it is the tendency of legislation to make it increasingly important that all facts connected with death should be ascertained at the earliest possible opportunity?—That is my opinion. Yes, with regard to the increase of medical knowledge, I had this specially in view. I have always thought that we waste our opportunities a great deal. Facts which are brought out at inquests would be of great value to medical men if they could be known.

8510. Known and collected?—Yes.

8511. But they must be reported by a skilled medical reporter to be of any use?—Yes, but I do not see why there should not be one.

8512. You think, for instance, if an advanced medical student were attached to a coroner's court he could report sufficiently?—I think if there is established an official medico-legal school, that there are many students of such a school, men who wish to make their work in life in such a school, who would be only too glad to have the opportunity to act as registrars, and so on. Take such a point as overlaying, for instance: How can the facts be collected and

properly put before Parliament, if they are proposing to deal with this question, on the present system? They cannot. There are ever so many sporadic cases which have no apparent connection, and there is no means of comparing them and tabulating them.

8513. In your opinion there is a good deal of waste material in respect to inquests?—I think so; material which costs so much, and of which so little use is made.

8514. You were going to tell us something about registration of deaths, I think?—Yes. The ordinary way of registration is this: When a patient is taken ill the registered medical practitioner is called in who attends the case, and makes a diagnosis, and attends up to the death. After the death has occurred, then he gives a certificate of death. A certificate, I understand, still may be given on a form which is not the Registrar-General's form; but practically now, as far as my experience goes, it is always given on the Registrar-General's form. That certificate is taken by a relative to the registrar within a day or so.

8515. The doctor does not send it to the registrar?—No, it is taken by the relative.

8516. Who reports the death?—Yes. He reads whatever is on the certificate and he reports it to the registrar. If the registrar is satisfied, he will register the death and give a certificate of burial. The taking of that certificate of burial involves the obligation of burying the body. It is given to the undertaker, who delivers it to the superintendent of the cemetery where the funeral takes place.

8517. Ought not he to give it to the minister who performs the service?—Technically, I suppose he ought to; practically, I think the superintendent gets it.

8518. The minister is entitled to demand it before he reads the service?—I suppose so. In a cemetery where there is a minister attached they might take it for granted.

8519. It is given to the cemetery authority?—Yes.

8520. And it is not filed anywhere?—There is no obligation to file it anywhere. It can be destroyed.

8521. Or given away to somebody else?—I do not see any reason why it should not. I do not say I approve of it, but I do not see anything to prevent it being done.

8522. Would it be possible for the same burial certificate to be used for two people, that is the danger? Yes, I think so. I had a very curious case quite lately in Lambeth about three weeks ago. The cemetery authorities reported to me that my burial order was not forthcoming in a particular case. They reported to the registrar of deaths.

8523. In a case where you have held an inquest?—Yes; the registrar came to me, and I was certain that I had issued it. I asked him to made inquiries.

8524. Do you have counterfoils?—No, I do not use them. When the inquest is done I fill up and sign the burial order. He went to the undertaker and found the undertaker had the burial order. The body was buried, and he had the order. Not only that, but he found six or seven of his own certificates of death in the undertaker's possession. The undertaker said, "Oh, perhaps it is one of these!"

8525. There was nothing wrong in the case except the loose practice?—He might have used any one of those certificates to bury any body, and it could not have been found out, if he was a dishonest man. He was prosecuted for that by the Registrar-General. I advised reporting all the facts to the Registrar-General.

8526. Perhaps he had not been asked for the certificate?—I did not see how the case was presented in court, but he was fined, and I understand that his financial position was such that it necessitated a whip round among his friends to pay the fine to avoid prison.

8527. Putting aside the question as to what happens to the burial certificate, you think the death certification procedure is faulty in itself?—I do not think it affords adequate protection.

8528. Will you tell us why?—The first reason is—it is not necessary before signing a certificate for the doctor to see the dead body, as I am informed. I have known a case quite recently where a doctor gave a certificate. He was a house surgeon at a hospital in the out-patient department. He had seen the patient once; it was a child very ill.

8529. And likely to die?—Yes. The mother came up and said, "The child is dead," and he gave a certificate, but he did not know whether the child was dead or not, and he did not know whether there was another child in the house, and which child was dead. It would be quite easy for an insurance fraud to occur in such circumstances.

8530. You mean Mary is insured and Jane dies, and you claim for Mary?—Yes; supposing Jane is ill and going to die, and Mary is insured; you say Mary is dead and you get your certificate.

(*Sir Malcolm Morris.*) How do you propose to remedy this? the house surgeon cannot possibly know.

8531. (*Sir Horatio Shephard.*) He does not know Mary from Jane?—I always think it is a little dangerous in the out-patients' department of a large hospital. If it is practically inconvenient for the house surgeon to go to the house and view the body, in the case of a child I do not think it would be difficult to bring the body to him. But at the same time it would be much more desirable that he should see it.

8532. (*Chairman.*) Some witnesses have gone as far as this—I do not know whether you would agree with them—that a medical man ought not to give a certificate of death unless he has actually seen the body—that he ought to see the body and then give the certificate of death, and of course receive a proper fee for doing so?—I think so.

8533. And that any case that is not covered by a certificate of that kind ought to be reported to the coroner, not that he should necessarily hold an inquest, but every case where a medical man has not seen the body after death should be reported to the coroner, who should make an inquiry and decide whether an inquest should be held or not?—I think so.

8534. Do you go so far as that?—I do not think, when a medical man cannot personally say that death has occurred, the certificate ought to pass.

8535. You think it ought to be a certificate of knowledge and not of information and belief?—I think so.

8536. A good many witnesses have held that opinion. That would mean a good deal of extra charge on the public?—I rather doubt it; I do not think it would.

8537. A medical man would be entitled to charge for a visit, if he saw somebody after death?—Yes.

(*Sir Malcolm Morris.*) How could the house surgeon see a child that may be living 3 miles or 8 miles away? He could not do it.

8538. (*Chairman.*) Your answer would be, I take it, that the house surgeon ought not to certify; that the case ought to be reported, and the coroner would make an inquiry?—Yes, it costs nothing now to do that, and is no extra cost on the public now.

8539. (*Sir Malcolm Morris.*) It would mean an enormous increase of the coroner's duties, would it not?—I am not in a position to say how many certificates of death come from the out-patients department of a hospital; I should think not many.

8540. (*Dr. Willcox.*) Very few, indeed; in fact, it is the careless man who gives them. I think there are practically none given; it is an exceptional thing?—I thought so. Then there is a case that occurred in a neighbouring district where a medical student simulated certain diseases, called in a medical man, who was quite taken in; and then he put on a disguise, and asked for a certificate of his own death, and got it. But the medical man had his suspicions, and found it out. But he got his certificate.

8541. (*Chairman.*) He came and reported the death under disguise?—Yes; that is about two years ago.

8542. What was the motive?—Insurance, I think.

8543. I suppose the object was to get a legacy or insurance?—To realise an insurance, I think.

8544. Another objection to the present system of death certification is that no uniform terminology is

employed, and there is a good deal of carelessness sometimes in filling up the certificate?—Yes, there is. I do not pretend to speak with any medical knowledge. I only speak from what I have been told, in considering the different certificates which, from time to time, come before me; but there are all kinds of different terms used for the same thing, and also that there is not care taken always to show the exact cause of death.

8545. For instance, you may have a certificate like this: "heart failure," but it is either heart failure or lung failure in every case of death?—Yes, it means very little. The registrar who knows his duties would not accept such a certificate, but would ask for more information.

8546. What class of man is a registrar?—Well they vary from medical men down to bearers at a funeral.

8547. Do you think that a bearer at a funeral would be a proper person to say whether a certificate of death was in proper form?—Of course he would not venture to criticise it, but it is not always realized by a doctor that he ought to state if violence forms any part of the cause of death.

8548. You mean that death caused by hanging may be described as a death from failure of respiration?—That is an extreme case. Take a man who has an injury, and there are complications, and it is from the complications that he dies.

8549. Blood poisoning, for instance?—Yes.

8550. The original thing may have been a blow with a weapon?—Yes. Without any desire to conceal, not to state the whole cause of death, may have the effect of keeping facts from being known and inquiries from being made.

8551. How do you suggest that may be remedied; can you make any suggestion?—I think we could in the first place make an alteration in the form of the certificat . I think in addition to making a positive statement, there might be a series of questions which the medical man might be asked to answer, whether positively, in his opinion, the death was in any way due to or accelerated by injury, poison, &c.

8552. Calling his attention to it?—Yes, and getting his answer, yes or no.

8553–4. Your next point is that there is no general obligation to bury dead bodies in a public burial ground?—That is so. It is quite possible, and it is the law now that you may bury a dead body without any certificate at all. If a man has any knowledge of these matters, he may commit a murder in his own house, he may wait for a certain number of days, particularly in this weather, for the body to get into a bad state; he may order the coffin, and tell the undertaker he wishes to coffin the body himself. The undertaker may take that body without any certificate or order to the cemetery, and the body must be buried, and the only thing you can do is that within so many days the superintendent must report the fact to the coroner.

8555. Is there anything to prevent a man telling the undertaker who brings the coffin: "I am going to "take this relation of mine into the country to be "buried," and move the body into the country for a month or so till all signs of vegetable poison have gone?—He may move it where he likes. There is nothing in the form of the burial order to prescribe the place for burial, which I think would be another important precaution. By the time a death is registered most people would know where they would like the body to be buried, and the place ought to be prescribed.

8556. The next point is about still-born children?—Yes.

8557. That raises a very difficult question and a complicated one?—Yes.

8558. People are very sensitive about still-births being inquired into. I mean respectable people, where everything is straight?—Yes; but I think that applies to every form of violent death. I think respectable people generally dislike an inquest till the inquest takes place, when they see there is nothing to object to. I do not think it is especially with regard to still-born children.

8559. I thought a Bill was introduced some years ago, in connection with which there was found to be a very strong feeling in the House of Commons about it, a feeling reflected from the constituencies into the House?—I did not know that.

8560. I may be mistaken. Will you tell us what you have to say about still-born children?—There is very little now to enable one to see if a child is still-born or not, if the child happens to be born at a viable age. I think every respectable registered mid-wife in my district does report these cases to me, and the officer goes round and makes an inquiry, and in almost all these cases there is someone present who has seen the birth. The difficulty does not arise if there happens to have been a medical man there.

8561. Or a certified midwife?—Or a certified mid-wife. I cannot give a burial order, but I give a form of letter to authorise the disposal of the body.

8562. You do that?—Yes.

8563. Declining jurisdiction, so to speak?—Yes.

8564. Do you know if that practice is followed by other coroners?—I think by others; I do not know whether it is universally followed.

8565. A coroner can authorise burial as a still-born?—Yes.

8566. Your next point is as to the rules under which you work?—Yes, I quote there simply the language of the Act: "Where a coroner is informed "that the dead body of a person is lying within his "jurisdiction, and that there is reasonable cause to "suspect that such person has died either a violent or "an unnatural death, or a sudden death, of which the "cause is unknown, or has died in prison, or any such "place, or under such circumstances as to require an "inquest in pursuance of any Act." An Act which occurs to one is that for nurse children.

8567. We have no procedure for setting the coroner in motion. It is done voluntarily at present?—Yes, I think all coroners—we have often discussed it in our society—feel we must not act on gossip, but we must act on some reasonable information by some person in a responsible position, such as a medical man, the police, or a relation, or the registrar. It is quite certain that all cases are not reported to us which ought to be reported, and even with regard to registrars, it is by no means the case that they all know what the coroner's duties are. It is stated, and I believe it is true, that their statutory duties do not include an obligation to report a death to the coroner.

8568. Their official duties do?—Yes.

8569. Under the instructions of the Registrar-General?—Yes, what the exact nature of those instructions is I do not know, but judging from conversations with individual registrars, I should say they are frequently puzzled to know what their duty is in individual cases.

8570. Especially if the registrar is an uneducated man?—Yes. I have had cases which have been reported to me from other sources where I have found that registration has taken place—undoubted cases where I ought to act.

8571. Have you had cases referred to you by registrars?—Yes, they frequently do so. The majority of the cases are reported to me by the police, or from hospitals, or by medical men, but they are also cases reported by the registrar.

8572. Those are what you call uncertified deaths, I suppose?—No, there is a certificate accompanying in some cases.

8573. (*Sir Horatio Shephard.*) An unsatisfactory certificate, I suppose?—The certificate may be satisfactory on its face, but a prudent registrar, one who knows his duty, would always ask questions from the relatives when they appear. Some of them certainly do their duty remarkably well. They collect very sound information, and they will not take responsibility—one does not want them to—they send at once. If a death—even if the face of the certificate shows it is an inquest case—does pass the Registrar by any chance, it is not referred back to the coroner. There is no duty on the part of the Registrar-General, and he does not refer a case to a coroner if an inquest has not been held. Suppose the certificate bore on its

face the fact that the death was due to injury, and it was registered and went to the Registrar-General's office, it would not be referred back to the coroner.

8574. (*Chairman.*) It would be the local registrar alone who would deal with it?—Yes, he would finally deal with it.

8575. When a coroner receives notice of death, what do you say his duty is?—When I receive notice of death, however full the information may be, I always instruct my officer, who is, in my case, always a police officer, to make an inquiry and report to me before I decide whether an inquest shall be taken. That is of course no statutory duty, but I find in practice it is really essential to carry out one's duties in a way satisfactory to one's self.

8576. Do you get a written report from your officer?—Yes, I have a written report. There are certain headings which I make him fill up. For instance, necessary details for registration, and also to tell me whether there has been any medical history, and, if so, what; all the details of the manner of death, who the registrar is, and whether it is a case which, on the face of it, appears to be one which ought to be reported either to the Home Office, or to the County Council, or to the Local Government Board, or to any of the authorities who like to have information or have a statutory right to information.

8577. Do you find your officers trustworthy in the execution of their duties?—Yes, I am very satisfied with them. I cannot say I have always had a smooth time, but I have now; they are all police officers.

8578. You find on the whole the police officer actually in the force is the best officer you can have?—Yes. He is under police discipline, and he knows that if he commits any fault the punishment may be very severe. He may lose his pension even.

8579. You have a hold over him which you have not with anybody else?—Yes, I have seen a great many officers, several who have been police officers but are no longer so—those who have retired. I do not think they are safe.

8580. You think it is much better that a man should be under the actual discipline of the police force?—I should say it is essential. I attach very great importance to that. There is also this advantage: if a man is a private officer he will not do work for which there is no fee paid.

8581. That is very natural, is it not?—Yes, you cannot expect him to. I have about 400 cases or more every year in which there is no inquest. You could not expect the officers to do that amount of work for no payment. Small travelling charges are paid by the police to their police officers, and it makes no difference at all to them. In all lunacy cases I go through a certain form; first of all the Asylum officers report the death to me by telephone, from the asylum, and state to me whether there are any unusual circumstances. If there are not, there may be a post-mortem, unless there is reasonable objection by the friends. My officer makes a report, he inquires from the friends whether they have anything to say. I also have a written report as to the result of the post-mortem, and the history from the asylum. There is a considerable amount of work to be done therefore.

8582. Can you pay for that post-mortem in the asylum?—No. The Commissioners in Lunacy always desire that post-mortems should be made, and that, I presume, is calculated for in the salary.

8583. The medical officer of the asylum does the post-mortem?—Yes, but there is a great deal of work involved, and there is no payment for it, so you could not expect a private officer to do that in a satisfactory way.

8584. You were going to say something more about registrars of deaths?—I cannot say I am satisfied with the way in which they are appointed. I think the guardians appoint them, but I do know of a case recently, where a friend of mine went to register a death. A respectable man received him and took particulars apparently quite carefully. My friend was very much surprised to see that man bearer of the coffin afterwards. As regards knowledge, there is no doubt if a medical man holds the appointment it is very satisfactory, but I cannot look upon it as satisfactory where a man registers a death which occurs in his own practice.

8585. (*Sir Malcolm Morris.*) Do you think a medical man being a registrar is satisfactory?—As regards the medical side, certainly, if he does not register his own deaths.

8586. (*Chairman.*) You mean the deaths of his own patients?—Yes.

8587. (*Sir Malcolm Morris.*) How about a medical man as registrar, with only two or three other men in the same town making comments to the friends on the cause of death?—There it would not be satisfactory; I was thinking of a place like London.

8588. Yes, but in a small town where criticism takes place immediately?—Then I agree with you, certainly.

8589. It is a most dangerous position?—In one case in my district a gentleman applied to me for a testimonial which I declined to give him on principle because he was already a police surgeon and poor law officer and public vaccinator. I thought it was undesirable, but the guardians appointed him.

8590. Do they appoint the registrars?—Yes. They do not pay them, and I do not think they have any further duties in connection with them.

8591. (*Chairman.*) It is a little bit of guardian patronage?—Yes, I do not see what advantage there is in allowing the guardians to appoint.

8592. (*Dr. Willcox.*) What is the salary in that case?—They are paid by fees entirely. It is 2*s.* 6*d.* for a registration, I think, and 3*s.* 6*d.* for a certified copy of a death registration.

8593. (*Chairman.*) You were going to refer to what Dr. Ogle suggested?—I was referring to the evidence he gave before the Select Committee on Death Registration and Certification in 1893 when he was at Somerset House as medical adviser to the Registrar-General. He thought that the duty of registrars should be merely to collect information for statistics, and that it should not be left to the registrar to decide which cases require investigation by an inquest.

8594. That would involve the death being reported to the coroner?—Yes, that would be a very great deal of work, but his duties might be made easier if the certificate were fuller.

8595. A good deal might be done by improving the form of certificate?—Yes. I do not say you will ever get perfection under any system, but you could improve a good deal by the certificate, and of course if the community are willing to give more, they will get still better results. I suggest the possibility of a certain number of medical investigators.

8596. Attached to each coroner's court?—Attached to each coroner's district, not to be officials of the court, but to look into these matters of certificates. I do not think the public would go so far now.

8597. Would not the danger which Sir Malcolm Morris pointed out arise there, that in a country district you would have one medical man criticising his fellow medical men?—Yes, there is a great difference between town and country, no doubt.

8598. You have some suggestions to make about pathologists and post-mortem examinations?—Yes, I have described what was the practice when I took over the South-western District. I do not say that what I found there is typical, but I found it there, and I had to alter it. I take the point first of all that, at present, we are all bound to get the best result with the powers we do possess, which are of course limited in extent, and to put in force all our existing powers in order to get the most satisfactory result from the public point of view. But if there is proposed to be an alteration in the law, then I think we might get a still further advance, and we might considerably cheapen the cost of inquests.

8599. How?—In the first place, taking London—I do not know the country—I believe that about 40 per cent. of the inquests in London are due to natural causes of death.

8600. Not more?—I think the last report said 40. I wish to be well within the mark. It may possibly be

more, but I think it is 40. Those cases are reported obviously because there is no clinical history.

8601. Cases of sudden death?—Yes, they must come within the definition, "Sudden death, of which the cause is unknown." We have to go through the form of holding an inquest. I go down, say, to Wandsworth, and hold an inquest on a person who has died suddenly from an unknown cause.

8602. Say at a railway station?—Yes, that may involve a cost to Wandsworth, where the jury are generally poor and insist on payment, and the cost of the hire of room and medical fees—it may cost from four to five pounds. If there were power now for the coroner to authorise a post-mortem before the inquest, the pathologist who made the post-mortem examination could find out then what he finds out later, after an inquest has been ordered, and if he found out that there was a natural explanation of the death, I think that would avoid the necessity of having an inquest, but at the same time I do think it is advisable that the result should be stated openly in court.

8603. Whenever there is a post-mortem you think the coroner ought to say: "I have decided not to hold "an inquest; I have satisfied myself from the report "of so-and-so that death is due to natural causes"?—Yes, after hearing what the relatives have to say about it. I should not like to decide until I knew whether the relatives were satisfied and wanted an inquest or not.

8604. That need not be done in the court; it could be done by your officer?—Yes, it could.

8605. (*Sir Malcolm Morris.*) Who is to make this post-mortem examination?—I think you must appoint. You will have to create. There is no one now who is authorised to make the post-mortem examination in such a case.

8606. Because there is no medical man who has been in attendance, therefore it must be someone who knows nothing about it?—And without an inquest there is no power to pay a fee.

8607. (*Chairman.*) You need not have a special pathologist in that case. Suppose a man falls dead at a railway station. You find by inquiries that there is nothing pointed to, except disease. Surely any surgeon could make a post-mortem and find that it was disease of the heart that caused death, and that would be sufficient, would it not?—I used to think so, but I do not now.

8608. Will you tell us why?—I had a great many cases which indicated that the result of a post-mortem examination made by some practitioners is not satisfactory; they do not always find out the cause of death.

8609. Not in 19 cases out of 20, or 98 cases out of 100?—I should say a police surgeon, who is an able man, and has the qualification, and has continual practice in these things, would find the cause of death, but if a man in practice like so many men I see——

8610. Who does not make a post-mortem once in two years?—Yes, and whose fee for attendance is 1*s.* a visit, who pays an enormous quantity of visits, and does an enormous quantity of work, I do not think his work is of a character to warrant asking him to make a post-mortem examination.

8611. Could not he say in a clear case, "I can "certify, but this is a case perhaps for a further "post-mortem, for a more skilled examination; I "cannot find the cause of death"?—One would find, if it were to be left like that, that it would not affect the cases I had before I changed the system. I have never known a case of a man saying, "I cannot find the "cause of death." I have never known a man ask for the assistance of a pathologist.

8612. You have never known a medical man say he would like a skilled pathologist?—Not before I changed my practice. A very experienced police surgeon once asked me to associate a skilled man with him.

8613. (*Sir Malcolm Morris.*) How far would such a police surgeon carry his investigation; would it include analysis of the contents of the stomach?—I will speak of that later. I believe if a post-mortem examination is fully and properly made there would not be so many cases where an analysis is required.

8614. (*Chairman.*) Very often a post-mortem examination does not show the cause of death?—It may be the result of incomplete examination. I also know from information how those post-mortems have been done. I know that men who can be described as little better than hangers-on of public-houses are employed in the mortuaries to do mortuary work. I know they open the bodies and take out the organs before the doctor arrives. I speak as a layman, but with great deference I do not think you can expect a satisfactory result from a post-mortem examination of that kind.

8615. You mean absolutely unskilled men?—Yes, they take out the organs before the doctor sees it.

8616. Who are those people?—They are people who have been employed—it does not occur in the district now, but it has occurred.

8617. (*Dr. Willcox.*) The mortuary keepers, you mean?—Yes, or those who assist in post-mortems. It is not necessary to employ a mortuary keeper to assist in a post-mortem examination. Some pathologists prefer to take their own men.

8618. (*Chairman.*) At the hospitals they are exceedingly skilled men?—Yes, exceedingly skilled; they are men of very wide experience.

8619. Who have seen thousands of post-mortems, and been trained up to do exactly what is required?—Yes; I may also say it by no means follows that because a coroner gives an order to a practitioner to make a post-mortem that that practitioner has made it. Some other practitioner quite unknown to the coroner, without his knowing it, may have made it, and I know cases where it has occurred.

8620. You mean it has been done by one man in the presence of another, and not even necessarily in his presence?—That is so.

8621. (*Dr. Willcox.*) Do you know of cases where a medical man has not been present?—No, I do not know of cases of that kind.

8622. It is a common practice in hospitals for pathologists to make a post-mortem in the presence of the house surgeon?—Yes it is, but I cannot enforce it. I found, as a matter of fact, that when bodies were brought in it was not done, and just when I thought it was most important.

8623. (*Sir Malcolm Morris.*) I do not follow that?—When the body was brought in to a hospital dead, and it was therefore a case where a fee would be payable, the post-mortem was actually done very often at the public mortuary by the house surgeon. I did not consider the house surgeon was a man of sufficient importance and experience in comparison to a person in the position of pathologist at a general hospital.

8624. (*Chairman.*) You mean he cannot compare with a man like Dr. Trevor?—No, of course not. I have no power to compel any pathologist at the hospital to do a post-mortem.

8625. Have you anything to say as to the history of post-mortem examinations?—I see you have taken that question at length in previous evidence, and I need not refer to it, but it occurred to me that the jury, judging by the language of the old Acts, were expected themselves to make some form of examination.

8626. They had to look at wounds in the old days, I suppose?—Yes, they were probably fighting men, and knew something of wounds, and I suppose poisons were rather crude in those days if there were poisoning cases.

8627. We know there were a good many poisoning cases in the time of Henry VIII., because we know the punishment that was inflicted upon them?—I suggest the first practical step towards improvement was made by Wakley, who got those Acts passed that are now embodied in the Coroners' Acts, I think verbatim. I suggest those Acts were passed not meaning to prevent the coroner from doing in any way what he was already able to do, but to assist him. I have found, as I have mentioned, that owing to the wording of the Acts it has been considered that certain rights were conferred upon medical men. I do not think one ought to look at these things as rights. They are important public duties, and someone must finally settle who the proper person is to perform those public duties,

8628. You think the coroner is the only person who can do that?—No, I do not; I know there is a great difference amongst coroners about what is called a coroner's discretion. Of course the coroner must have a discretion in certain matters, but most legal coroners certainly feel—at least I do—embarrassed. I must say, "Is such a man competent to do his work from a professional point of view"? I should prefer to have the question of professional competency for his particular work settled for me by some appointment, for instance, by the Home Office, or the Crown, or the local authority.

8629. You mean the appointment of a rota of pathologists?—Either a rota or a particular person. I think if you want efficiency and economy you will have to appoint single persons to single districts, with a rota round districts from time to time if you like.

8630. You mean a man with an understudy, so to speak?—I think, as London stands now, one pathologist is quite sufficient for each district.

8631. When you have three or four hospitals with three or four first-rate pathologists, is it not better to go from hospital to hospital?—I do not know that; it would involve the hospital having the right to appoint the pathologist. I should prefer a public authority to have the right of appointing him.

8632. Have the County Council done anything in that direction?—Yes, they have gone as far as they can. They have selected a certain number of gentlemen whom they recommend to coroners to use as pathologists. They can do no more. They cannot compel coroners; they can only ask them, and they cannot make an appointment themselves. There is no power. I think it was fought out in the Dublin case that no local authority has the power to appoint a pathologist.

8633. They cannot say, "Well, that is the only "pathologist that we will pay." That is the way practically it would arise?—I think the coroner would find very great difficulty if he had to fight the County Council over his vouchers in each case. That is what it would come to.

8634. You mean they can always raise a point about it; unless the coroner employs the pathologist the County Council favour they may raise the question about repaying the fees for post-mortems?—Yes.

8635. What are the qualifications of the County Council for selecting pathologists?—I do not know whose advice they sought; they did not ask mine.

8636. Did they give you a rota?—At first they gave a single man and then a rota for all the coroners in London. I first employed a single man. I have latterly employed two. There are one or two other men on the rota whom I asked, but of course the more pathologists employed the less they have to do, and the limited number of cases is a deterrent.

8637. How many have you now?—Those I call pathologists two, but then there are also a great many police surgeons, medical superintendents of infirmaries, and people in that position who do a good deal of that work for me.

8638. I attended some inquests in your court, and I think I heard a police surgeon give evidence in two cases, Dr. Freyberger as to one and Dr. Trevor as to another?—Yes, I think that is so.

8639. Are there three pathologists at Westminster Hospital?—Yes, Dr. Hebb now.

8640. Is he on the County Council list?—I do not know whether he is now.

8641–3. Is that County Council list revised from time to time?—I have had notice of one or two withdrawals. I have had no notice of any further additions to the lists.

8644. (*Sir Malcolm Morris.*) Are they all men of repute as pathologists, or are some of them medical practitioners?—I think they are all men of repute as pathologists, but there again I do not profess to say who is or is not.

8645. (*Chairman.*) You were not consulted?—I was not consulted. All coroners had the list sent to them. The list was published in the Public Control Committee's Report for the year 1903–4.

8466. It was circulated to the whole of the coroners as a list of skilled pathologists willing to make post-mortems?—Yes.

8647. There were 18 on the list?—There have been some withdrawals; how many there are in the list now I do not know.

8648. Was the idea that each coroner should call in those resident in his district?—No.

8649. Or that he was to have the choice of the whole 18?—He could do what he liked, but practically he could not go amongst the whole list because it would not be worth their while. You cannot ask a man to come once for 2 guineas. It is a different thing if you ask him to come 10 times or more in a week.

8650. Then it becomes worth his while to go into that line of practice?—Yes. It would hardly be fair to expect a man to do it only once.

8651. You have had no additional names since 1903–4, and you have had some notice of withdrawals?—That is so.

8652. There are some objections you point out to general practitioners who happen to be called in at the death?—Yes. I am speaking of objections on general grounds. The first ground is a very important one, that very often the general practitioner has already and must from his position have taken a side. There may be a question subsequently arise of compensation or something of that sort.

8653. I mean under the Workmen's Compensation Act?—Yes, I think it is undesirable that the whole thing should be left as it would be in the hands of one man, who, if it comes to litigation, must be called as a witness.

8654. As a witness for a party?—Yes.

8655. You think there are also objections to a man engaged in midwifery practice?—Yes. Of course I do not speak from my own knowledge, but I have heard medical men talk very strongly about that, and how undesirable it is. I know some surgeons have objected very strongly, and have absolutely refused to make a post-mortem examination.

8656. Now, to come to another point. A post-mortem examination by itself, unaccompanied by any clinical history, is often ineffective, is it not?—I should think so. If there is a clinical history it ought to be heard.

8657. From the doctor who has either known the man or has seen him before death?—If there is what is called a clinical history, that is a history of the man during his lifetime.

8658. The man who can give the clinical history ought to be present at the post-mortem?—If he wishes, in the majority of cases. There may be cases where he ought not to be.

8659. He may be in the position of an accused person, practically?—Subsection (2) of section 21 of the Coroners Act provides that the medical practitioner concerned in the case shall not in certain circumstances be allowed to perform or assist at the post-mortem examination; it is a curious section. I always understood it was put in because there was a particular medical man, who was a suspected poisoner, who attended the post-mortem and jogged an elbow at the time the stomach was opened, and some of the contents were lost. I think that was the reason. But if a man is implicated in any way—if there are complaints made against him, for instance—he would probably wish to be present, and it would be highly desirable he should be, and also any medical man whom he wishes to assist him. That, I think, is most important.

8660. At present you have no power to pay any fee for attendance at a post-mortem?—I have no power to pay for it, nor have I power to ask a medical man before the post-mortem examination is made to give a report as to what he has seen.

8661. You have no power to ask him to make a report, and no power to pay him if he does it?—No. I know a case where a man has expressed an opinion as to the cause of death before the post-mortem was made, and he has no doubt altered his opinion when he made the post-mortem, and has given his altered opinion in the box. But I think it is highly desirable

that what his real opinion was when he attended the case should be known before the post-mortem is made.

8662. You think you ought to be able to call upon him to make a report, for which he would be paid?—Yes.

8663. That can be done in Scotland, can it not?—I do not know.

8664. We have had evidence that the Procurator Fiscal gets a preliminary report, for which he pays?—I think that is desirable, and also most desirable to ask the practitioner who is concerned in the case who does not make the post-mortem to be present.

8665. But you think you ought to be able to pay him for that?—Yes, I think that is fair.

8666. You would like to have the post-mortem done by a skilled pathologist, with the assistance of the clinical history, for which both men ought to be paid, one for the post-mortem and the other for the clinical history?—Yes, if they are exercising their professional skill, I think they ought to be paid for it.

8667. At present the law does not admit of it?—No, it does not. I have on exceptional occasions given two orders for a post-mortem examination of a body to be done at the same time. I am doubtful about the legality of it. It was not questioned, but I felt considerable doubt, and I do now feel considerable doubt. If I made a practice of it, I feel certain it would be challenged.

8668. We were told in Scotland in important criminal cases two surgeons were always ordered to make a post-mortem?—I think it highly desirable that that should be so.

8669. At present do you not find that a great difficulty arises? A skilled man may make a post-mortem, but he is not assisted by the clinical history, and do not you get abortive results?—No, I have not found that. In the majority of cases where there is a clinical history, I mean a real clinical history, the practitioner will wish to attend, and does attend.

8670. You mean he does it for nothing?—He does it for nothing.

8671. He does it as a public duty, and does it gratuitously?—Yes, that is a question that a pathologist, such as Dr. Trevor, would speak upon with much more authority than I can, because it is a medical question as to the advantages or disadvantages to be obtained by the presence of the practitioner there. Undoubtedly, from what I can judge, they may be very great.

8672. Surely, when a post-mortem is made in a hospital, the pathologist there would always ask for the clinical history of the case?—I do not know whether that is so. I believe in all hospitals in my district it is so, but I am not sure that in every hospital in London the body is opened by the pathologist or in his presence.

8673. There are hospitals and hospitals, and some are special and some are general. What is the next point you wish to call our attention to?—When an examination is made by a pathologist in a hospital on a case which dies in hospital, I assume if I called a pathologist to give evidence I should have to pay him a fee, because it would have been his duty to have attended the patient, but I am quite certain I should very soon get objections from the paying authority. It would cause an increase of expenditure of two guineas in each case.

8674. The existing law is that if a man gives his services out of charity to a hospital he is not to be paid for doing extra work. If he is in private practice for himself, receiving pay for his work, he is entitled to his fees. The more a man does for charity the less he is to receive?—Yes.

8675. Is there any justification whatever for that statutory rule?—The only justification is the money one—that it is cheaper on the rates.

8676. That would be a good reason for paying nobody?—As a matter of fact, you would not get an outside doctor to do it for nothing, and you do get the hospital doctor.

8677. Why should you get a hospital doctor?—There must be some reason why a hospital doctor does it. It is not because he is ordered by the coroner. I do not order the pathologists to do it, but they do it.

8678. I mean when you call a hospital doctor as a witness?—If I were to summon him to do it he is not obliged. I cannot oblige any man to make a post-mortem examination. I have no power to compel any man to do it.

8679. When you call a hospital doctor as a witness, you cannot pay him?—If it was his duty to attend that patient.

8680. If he is attending the patient for fees, you could pay him, but not otherwise?—That is what it comes to. I have only heard the rumour that the suggestion arose from the medical profession themselves.

8681. (*Sir Malcolm Morris.*) How?—There were ignorant and stupid notions about hospitals at the time, I dare say, known to every gentleman connected with hospitals, as to what was done to patients. The idea was to do away with any suggestion of that kind altogether. I cannot now see any reason except the money reason.

8682. (*Dr. Willcox.*) You consider it very unfair on medical men who give their services to a hospital?—They do it for their own advantage and for their career afterwards, but on the senior man it is a hardship, and a pathologist would be such a man.

8683. Do you not think it would be unfair to the house surgeon, because when he is away at your court giving evidence, somebody else has to be found to do his work?—Yes, looked at in that way, it is hard.

8684. And the hospitals would have to provide it?—But then the fee would not be paid to the hospital.

(*Chairman.*) It would enter into the amount of remuneration given to the house surgeon; you would get a better man.

8685. (*Dr. Willcox.*) Are not house surgeons men of good standing in the profession?—They probably will be in future leading men.

8686. But taking them as a class they are good men?—They are men of high standing for that amount of experience. You must always qualify it by that.

8687. Probably you do not think their evidence is as good as that of an ordinary general practitioner?—An ordinary general practitioner gets a great knowledge of the world of which a young surgeon has very little idea. I should say there is greater common sense in most general practitioners of experience than in a young house surgeon.

8688. As regards scientific knowledge, do not you think very often they have an advantage over a practitioner who has not held a hospital appointment?—I should think very probably.

8689-90. (*Chairman.*) Your idea rather is that a school of pathologists should be created?—I am speaking for London. I do not pretend to say what the conditions may be in the country, but it is possible in London.

8691. Will you call our attention to any further point you have to bring before us?—I do not want to go over any matters which you do not want information about, but there is one point I should like to refer to, and that is about exhumation. There seems to be a little doubt as to what the real power of coroners is. I think if there is to be any amendment of the law it might be clearly stated for our benefit.

8692. The coroner has power to order exhumation, but if an exhumation involves opening other graves or touching other bodies, he wants the Home Secretary's authorisation?—But when it is settled that the body is to be exhumed there is considerable difficulty and doubt as to how it is to be done. Exhumation very rarely occurs in any coroner's experience. I have only had two or three cases in all my years; but there are no precedents for us, and there is nothing laid down as to what we should do, who should be present, how the matter should be carried out, and by whom.

8693. We know great difficulty arose in making arrangements about the Druce case. I happened to be at the Home Office at the time?—Take a case where there is no difficulty of that kind, but you merely have to exhume the body. I think coroners would be very glad of some rules and regulations. I read a very fine report by the late Professor Brouardel on an exhumation and post-mortem examination. There again, I think,

the French could give us hints as to the legal forms to be gone through. I think we are inclined to be a little too slap-dash.

8694. A good many of your points would be met if some authority, like the Lord Chancellor, or the Lord Chancellor and the Home Secretary, with the advice of an advisory committee of coroners, had power to make rules?—Yes.

8695. There is no power to make rules at present?—No. That would be a most valuable suggestion.

8696. For every other court there is some authority to make rules, but for the coroner's there is none?—That is so. There is a point I mention as to London about the multiplication of places for holding inquests. I have brought a map here. I see in the evidence of Canon Anderson that there was reference made to this point and his desire was that one court at Wandsworth should suffice for all the inquests there. This map shows the South-western District. *Here* is the river Thames, *this* is my South-western District, and *this* is the little island of Tooting in Mr. Wyatt's district. All this coloured yellow is Wandsworth (*pointing on the map*). I think they propose a court somewhere *here*, which is in Mr. Wyatt's district, but it is quite clear I could have no authority to take any inquest there, or to allow a body to be removed there out of my district. I desire to point out that there is that difficulty.

8697. However convenient it might be?—Yes. There was another point also. I do not think that one court would do for two coroners. It would be practically inconvenient; I should never know how to settle it; we should be sure to clash. The same difficulty would arise in Lambeth. There is the huge district of Lambeth borough, which is in Mr. Wyatt's district, for which there is a court. There is a district north (which is called South Lambeth by-the-bye) where there is a court which you attended. I do not see why there should not be advantage taken to concentrate the coroner's work. It would be a great saving in juries.

8698. Power to re-arrange boundaries as well?—Yes.

8699. And to have the court in the most convenient place?—Yes, for each locality. The County Council, I suppose, would know the local conditions better, and if they had the power they could act.

8700. Are you in favour of keeping the view by the jury or not?—No, unless they desire it. I have heard arguments that juries learn something by a view, but my experience is they generally learn something wrong, some idea which has to be taken out of their heads.

8701. The only advantage would be in a particular case where a coroner called their attention to a particular wound, or something of the sort, on the body?—Yes, and then I should hesitate very greatly to draw a conclusion from a wound. I should probably be wrong.

8702. But there may be cases where it would be important that you and the jury should go and see the body, so that a medical witness could point out the actual wound to the jury; for instance, in the case you mentioned, as to whether a wound may be self-inflicted or not?—I do not think a jury would learn anything from an examination of that kind. I cannot help feeling that no objection of that kind has ever been taken at a murder trial, where the body cannot be seen by the jury which finally tries a man for his life.

8703. It has been stated, I do not know whether rightly or wrongly, that you would have many more convictions for murder if the jury could see the body of the murdered man?—Perhaps they would be wrong.

8704. The jury are liable to look upon the dead man as an abstract person, and the murderer in the dock they regard as a living person, and all their sympathies are centred on him?—With regard to juries, I do not think you have asked me about the advantage of having or not having a jury. My own opinion is in favour of preserving the jury.

8705. And preserving it in its existing number?—I should say so. As a matter of fact I have never had once a jury of 23. I generally try to have more than 12 in case of emergencies. The duty of serving on a coroner's jury does not come often in Battersea. I think it comes to a man about once in 12 years.

8706. As regards the number of the jury, do you find any magic in 12; would not seven or five be equally valuable as long as there is somebody representing the public?—You have the difficulty that the jury have the power to commit a man for trial. At present no man can go to trial for a felony from a jury of under 12.

8707. The coroner's jury may either commit him or decline to commit him, but a single magistrate can over-rule their decision one way or the other?—No, I respectfully differ.

8708. Suppose a coroner's jury found a death by natural causes, there is nothing to prevent the police prosecuting and a magistrate committing for trial?—That is so.

8709. On the other hand, supposing the coroner's jury find a verdict of murder or manslaughter, and the magistrate dismisses the case, then the counsel for the Crown offers no evidence at the assizes?—But the man must be put upon his trial.

8710. Not actually put upon his trial; he must appear, and then counsel for the Crown offer no evidence?—But there is this safeguard of the subject, that he cannot get on his trial unless 12 men say he must.

8711. He can if the magistrate commits him?—He must go before the Grand Jury.

8712. Yes. You have the coroner's jury, the grand jury, and the magistrate?—From that point of view, unless you are going to take away from the coroner and his jury the power to commit at all, I say preserve the jury. There are other reasons. I have received great assistance from juries. There are some bad juries, of course, but I have received great assistance from juries in inquiries.

8713. Will you tell us what assistance you have received?—There are a great many cases of accidents on buildings and railways, and it almost always happens that on the jury there is a man with railway or building experience, and he is generally able to put it at our service.

8714. You are more likely to get a man of special experience in a jury of 12 than with a jury of five?—Yes. Then there is this point, that there is no Bar. There is no professional element at the court; there is very little check upon the coroner. The jury is a check.

8715. Is not the old function of the jury, as representing the public, performed by the press now?—I do not know what the press do in that respect. I do not know what they would do if there was no other check, if they were the sole guardians of the public.

8716. There is another point you wish to call our attention to, and that is the provision of proper means for making pathological and toxicological examinations. Will you tell us what you have to say upon that?—Of late years the mortuaries have improved in my district, but still they are not by any means what would be expected in a good general hospital.

8717. You mean you have no freezing room, and no means of keeping a body?—I have absolutely none, and at this time of the year sometimes the consequences are appalling.

8718. It is a hardship to the relations who come to see another body in the mortuary?—Yes, I think from that point of view it is terrible, to see a succession of bodies in different degrees of putrefaction, and for the relatives to have to identify them. It is a dreadful ordeal.

8719. You mean a relative of one body has to see all the other bodies?—Yes. In better class cases, where people are likely to be more sensitive, we have them separated as far as possible, but there are some mortuaries where that cannot be done. Then the lighting and heating. Medical men often complain to me that really they are put under conditions which are intolerable for medical men—damp floors, cold rooms, improperly lit.

8720. You mean for making a post-mortem examination?—Yes.

8721. The post-mortem room is absolutely unfit?—Some of them, yes. It is quite unnecessary that that should be so.

8722. Whose fault is that? Who settles that?—In London it is curiously divided. The county council provides the coroner's court and the post-mortem room or pay a rent to the local borough. The local borough provides the mortuary, and the whole is kept by the mortuary officer, who is appointed by the borough. The county council have no authority nor has the coroner over him.

8723. There is the usual result of the division of responsibility?—Yes. On this matter I speak from information, but I may state that the equipment, quite apart from the place itself, is not sufficient in most mortuaries

8724. I think I saw one mortuary where there was no equipment at all?—Very probably—nothing that is recognised as proper in a hospital mortuary. Then as regards toxicological examinations in London, I think the county council has no power to make proper provision for the performance of toxicological examinations.

8725. That is always done by application to the Home Office?—Not in London. They have power to pay a fee, and they do appoint a toxicologist, and I think the coroners apply to the county council for the most part for a toxicological examination.

8726. Who is their toxicologist?—Dr. Freyberger; and Dr. Womack preceded him. I forget who preceded Dr. Womack.

8727. (*Sir Malcolm Morris.*) Who appointed him?—The county council.

8728. (*Chairman.*) Have you any further point to call our attention to?—There is only one other point. I do not know whether you wish me to refer to the evidence of one witness, Dr. Fox. I do not employ Dr. Fox for making post-mortem examinations for reasons personal to himself. I do not know the gentleman except officially.

8729. (*Sir Horatio Shephard.*) He did not complain that he was not called in to perform a post-mortem examination?—Then I do not know what his complaint amounts to.

8730. (*Chairman.*) Have you seen his evidence?—I have read it through. I thought he complained of not being called.

8731. Do you wish to say anything with regard to it?—Generally with regard to him as regards any other practitioner, if I consider that they have any evidence to give which ought to be heard (and in that I am not guided by my own opinion; I consider every case quite fairly) I always call them. I do not think there is any coroner in London who pays so much for medical evidence as I do. I pay very large sums, and I call every man who I think can in any way assist in coming to a proper conclusion as to the cause of death. He refers to the case of Ellen Sedgebeer. I do not know what his complaint there was. She was the wife of a tenant of his, and he was called in before death.

8732. In the capacity of doctor or landlord?—In his capacity as doctor. She was suffering from hemorrhage from a wound in the private parts, and death occurred. He did not report the case to me. I heard of it through other sources. The neighbours reported it. When it was reported, Detective-Sergeant Goggin attended, on behalf of the Commissioner of Police for information, on Dr. Fox, and he refused the information. I do not know why. In the case of my officer there was the same result.

8733. The person who asked him for information came not from you but from the police?—From both.

8734. Was it the same man?—No, different men.

8735. He refused the information to the police and to your officer?—Yes, but he was called and gave evidence.

8736. Called by you?—Yes.

8737. (*Sir Horatio Shephard.*) If you look at question 6650, that is really his complaint?—He certainly was present at the post-mortem examination. I did not refuse. He took a very strong view of the case in favour of his tenant.

8738. (*Dr. Willcox.*) He seems to object to your limiting the post-mortem evidence to a special pathologist, Dr. Freyberger?—But he was there, and he did give evidence. I do not understand what he means.

8739. (*Sir Horatio Shephard.*) He said he had to fight for his rights?—That is not my recollection of the case.

8740. (*Dr. Willcox.*) And he complained that he was not allowed to give his evidence as to the way in which the wound was produced?—But he did give it. The case was adjourned and he was heard again. I remember that the case was adjourned because he had not his notes which he made at the time.

8741. (*Chairman.*) Was there any criminal charge made in the case?—Yes, of manslaughter.

8742. Were not there counsel present?—No.

8743. Who appeared on behalf of the police?—The Detective Inspector and the uniformed Inspector.

8744. He could ask any material questions as to a criminal charge?—Yes. I think Dr. Fox is under a complete misapprehension. The other case he refers to I do not understand at all. He does not mention, and I do not remember any of the details.

8745. Have you anything to say about his evidence generally?—He mentions that my relations with the medical men in the district are undesirable or bad. I do not find that. It is certainly notorious that there was a considerable discussion when I first came into the district as to the principles on which I told you I thought I ought to act, but any feeling has entirely died down to-day, and I am happy to say that my relations with the gentlemen who practise in that district are of the most friendly nature, and I should be most sorry if it were otherwise.

8746. Was there any feeling that Dr. Freyberger was called in too many cases, to the exclusion of some of the hospital pathologists with equal qualifications and experience?—I do not know as to exclusion, but I think there was feeling about calling in Dr. Freyberger. But the difficulty of calling in other hospital pathologists was this, that I could not get them to come. I asked several. I do not think I asked Dr. Hebb, but I asked several besides those whom I do employ, and they gave reasons for not attending. Others withdrew their names. There was at the time a very considerable objection to anybody doing such work.

8747. (*Sir Malcolm Morris.*) Is it the case that you have had to give so many cases to Dr. Freyberger because you could not get other people?—That was so. It is so now as far as I know. I have no other names of pathologists supplied to me.

8748. (*Chairman.*) Dr. Trevor comes pretty continually?—Yes, he comes. As I say, I also employ, speaking from memory, Dr. Henry, of Lambeth.

8749. Dr. Henry is a police surgeon?—Yes. Then I employ Dr. Quarry, of Lambeth Infirmary, and Dr. Smith, of the same infirmary, and many others.

8750. (*Sir Malcolm Morris.*) Would you at the present time try to get a pathologist other than Dr. Freyberger in the first instance?—No, I do not think I should alter now until the alteration, whatever it may be, is made. I think it would be hardly fair. I think I could hardly have a man in the position of Dr. Freyberger, and then cease to give him work after what he has been through, particularly if there is no reason connected with his work for doubting that he is a proper man to employ.

8751. There have been expressions of opinion as to a doubt with regard to him in some cases?—I have never heard any such doubt expressed to me by any person qualified to give an opinion.

8752. What are your views about the question of holding inquests in connection with deaths caused by anæsthetics?—The practice is now that they are held when death is reported as having occurred while the patient is under the effects of an anæsthetic. It was not a strict practice when I first became coroner, but it has gradually grown, and certainly it is a strict practice now that they are always taken.

8753. Do you necessarily hold an inquest?—Yes, if it is reported that death occurred during anæsthesia.

8754. You hold an inquest in such cases?—Yes.

8755. (*Chairman.*) On the construction of the Act, do you think it is obligatory or optional?—I take the view that if it is stated to be the cause or chief cause of death there must be an inquest. I should say that if it were reported to me that it was merely an incident, and it had not accelerated death, I should not be called upon to do so, but I should think it desirable to do it.

8756. (*Sir Malcolm Morris.*) To hold an inquest?—Yes, in the present state of public opinion.

8757. Have you had any cases in which you have not held an inquest?—I do not call to mind any of late years.

8758. (*Chairman.*) It is the universal practice that you hold an inquest if death occurs under an anæsthetic?—I hold an inquiry.

8759. (*Sir Horatio Shephard.*) An inquiry?—An inquest.

8760. (*Chairman.*) Some coroners have told us that they think it is a matter of law. They would like to have a discretion, but they have not got it. Have you considered that point?—I think they have a discretion if it is stated on information on which the coroner can rely that the anæsthetic has nothing to do with the death.

8761. You can hardly get that information without a careful inquiry, when a man dies under an anæsthetic?—No, it does turn out in some cases.

8762. After inquiry?—Yes, after inquest; personally I should hold it in every case. I think we are practically compelled, because we must assume that it is one of the causes of death.

8763. Either the cause or a concurrent cause?—Yes.

8764. (*Sir Malcolm Morris.*) What are your views about the question of holding inquests after surgical operations?—I think they must be on the same lines as inquests held on deaths from anæsthesia. I cannot distinguish between them.

8765. It is your custom to hold inquests in all cases of death after surgical operations?—No. If I have information that the surgical operation was not really a material part of the death, I do not.

8766. You mean if it was death from natural causes, even though there has been an operation?—Yes. Supposing a person is brought in suffering from some natural disease, and it is considered advisable that an operation is his only one chance, and the patient dies soon after the operation; if it is considered that the operation has not materially accelerated the death, I should not hold an inquiry, that is supposing there was no complaint made.

8767. Take the case of appendicitis where an operation has been performed and the patient has died afterwards, would you hold an inquest in a case of that sort?—I should wait first of all to hear what the opinion of the medical man who attended was.

8768. The opinion of the surgeon?—Yes.

8769. You would take his opinion in the first instance?—Yes, everybody's opinion who knew anything of the case.

8770. Have you held any inquests after surgical operations without first having the opinion of the operating surgeon?—You mean the actual operator?

8771. Yes.—Yes, I should think I had. That would be if the information was distinctly that the operation had caused the death.

8772. Is it a routine custom that the deaths that occur after operations in the hospitals, for example, are all reported to you?—No.

8773. How is it that you hold an inquest in some cases and not in others?—It depends whether or no the death is reported to me.

8774. By whom?—Either by the hospital or the registrar.

8775. Or by friends?—Or by friends. If I do not hear of the case, or if I only hear gossip, I could not act. It is a very rare thing that a death after a surgical operation is reported. As a rule these cases come in the form of deaths which have occurred during anæsthesia.

8776. (*Sir Horatio Shephard.*) How do they come to your knowledge?—The cases of anæsthesia are generally reported by the doctor.

8777. From the hospital?—Yes.

8778. (*Chairman.*) In private practice who would report to you a case of death under anæsthesia—the anæsthetist or the surgeon?—That is a matter of arrangement between them, either one or the other. If they do not report it they would certify it, and the registrar would report it if it were on the face of the certificate.

8779. (*Sir Horatio Shephard.*) Would the registrar report it to you?—If he knew.

8780. Suppose it was on the certificate that he died under anæsthesia?—Yes, he would report it. I do not know what instructions registrars have on that matter, but I know this, that sometimes they have reported cases when the word "operation" is on, merely the word, without stating whether or no it is the cause of death; but merely the fact that there has been an operation.

8781. (*Chairman.*) It depends upon the individual registrar?—Absolutely.

8782. (*Dr. Willcox.*) Where a surgical operation is absolutely necessary, and death occurs four or five days after, or two or three days after, do you think it is necessary to hold an inquest in a case like that?—You mean if the operation has nothing to do with the death?

8783. Well, it is impossible to say that; but where the operation is justifiable and skilfully performed and death resulted a few days afterwards?—I do not see how a coroner has any authority to enter into the question of justification. Some coroners say it would be most desirable that they should have the power of discretion; but the Act nowhere gives the coroner power to say, for example, that an act of violence need not be inquired into if it is an accidental act of violence.

8784. Would you call an operation an act of violence?—It is a very difficult question.

8785. If an inquest were held in all cases of death after an operation, the number of inquests would be trebled?—I have no means of knowing. I should doubt it myself. I have heard statements that an enormous number of inquests would be necessary, but, personally, I do not believe it. We really do not know how many deaths occur from operations.

8786. There are many people who die after surgical operations; if an inquest were held on all of them it would be an unnecessary trouble and expense?—I should be sorry to have to hold an inquest on every death that occurred in point of time after operation without any more information, and I do not think it necessary now.

8787. I suppose you only think it necessary to hold an inquest when death occurs after a surgical operation where there is some ground to think that the operation was unnecessary?—No, I cannot go into that. I do not think I have any authority to go into that. If I find, or have reason to believe, that substantially the cause of death is the operation, I feel it is my duty to hold an inquest.

8788. (*Chairman.*) As the statute stands?—Yes.

8789. (*Sir Horatio Shephard.*) Is it "unnatural" or "violent" in your view?—I should call it a violent death.

8790. (*Chairman.*) That is death by means of somebody else's conscious act, even though done with a good object?—Yes.

8791. (*Dr. Willcox.*) But if the operation had not accelerated the death?—If the operation has not accelerated the death I should not hold an inquest.

(*Sir Horatio Shepherd.*) But you cannot find that out without an inquest.

8792. (*Dr. Willcox.*) In a case of acute appendicitis, say, the patient will die for a certainty if left, and if operated upon very likely the patient will die a few hours after the operation?—If it is a question of hours I would not take any notice of what the effect of the operation would be. I should not take the case.

8793. But how are you to judge?—It is a very difficult thing to judge. One can only say that if one is wrong there is power to enforce one to hold an inquest if one neglects to hold one against one's duty.

8794. Would you be guided by the expression of opinion of the operating surgeon as to the facts of the case?—As to the fact, of course.

8795. He is the only person who can express a reliable opinion on the case?—There are generally two or three medical men. As a matter of fact, the information is generally given by the house surgeon of a hospital, if it occurs at a hospital. If it does not occur at a hospital, it is given by the general medical practitioner; that is the person who generally gives me the information.

8796. (*Chairman.*) The practitioner who is called in?—Yes, and who was present at the operation, and I assume would have assisted at the operation.

8797. (*Dr. Willcox.*) If from that medical information you find that the operation was necessary, and had not been the primary cause of death, would it be necessary to hold an inquest?—I do not quite know what you mean by the "primary" cause of death.

8798. Well, the immediate cause of death; that it has not definitely accelerated death?—I should not take it if it had not definitely accelerated death.

8799. (*Sir Horatio Shephard.*) You say you do not regard every death which follows in point of time on an operation as a violent death?—No. It is not necessarily *post hoc propter hoc.*

8800. How are you to know?—One can only know by the information which is given one if the case is reported.

8801. If the information which is given you is to the effect that the operation was a necessary one and was properly conducted, would you not be satisfied with that information?—Yes.

8802. If it came from a proper source?—If it was stated that the operation caused the death, I should feel bound to take it. I should feel bound to take it in the present state of the law. I do not express an opinion whether it is desirable or not.

8803. You are satisfied with the information which you get from a proper source when it is to the effect that the operation did not cause the death, but you are not satisfied with the information coming from the same source when it tells you that the operation was a proper one?—I am satisfied with the information, but that information I consider makes it my duty to hold an inquest.

8804. If the doctor informs you that the operation did not cause the death?—Then I should not take it.

8805. Supposing he said it did not actually cause the death, but contributed to the death?—If it was a small contribution I should not regard it.

8806. Anyhow, you would accept the doctor's statement on both of those points?—Oh yes.

8807. Then why do you not accept the doctor's statement also on the further point that the operation was a proper one? You trust him in one case but not in the other?—I very often have cases where it is reported to me that a man has been knocked down by a cab, and that the driver is in no way to blame, but was doing his duty. I consider myself compelled to hold an inquest in such a case, and I must apply exactly the same reasoning.

8808. That is not a very parallel case. Your information as to the conduct of the driver must be evidence of bystanders, and casual people, who are hardly to be put on a par with a surgeon?—As that section stands, I regard it that I have not the choice. I am not doubting the information given me, but the information being to that effect I am bound to move.

8809. How do you distinguish the case of death following upon an operation from death following upon a course of medicine; I mean following in point of time?—I have never had such a case reported, but if it was reported to me ——

8810. Suppose it was reported to you that the patient had been going through a course of mercurial treatment or arsenical treatment?—And he died from arsenical poison?

8811. No, that he died.

8812. (*Sir Malcolm Morris.*) Or a large dose of morphia, to relieve pain?—I should want to have information as to the cause of death before I acted. If it was stated to me that a man had been treated with arsenic medicinally and he had died of arsenical poisoning I should deem it my duty to hold an inquest.

8813. (*Dr. Willcox.*) But if he were given a course of arsenic for pernicious anæmia, and if he died of pernicious anæmia, you would not hold an inquest?—If you heard that a man had had a dose of arsenic for the treatment of pernicious anæmia, and the medical evidence was to the effect that the man died from pernicious anæmia, you would not hold an inquest?—No, I should never dream of holding an inquest unless complaint were made by the relatives, and they desired it.

8814. (*Chairman.*) Take this typical case: A man is dying of a very painful disease and morphia is properly administered, but he dies under the influence of morphia?—But not from it.

8815. That might be a matter of inquiry?—It depends on circumstances. If the medical information given to me was that it was proper treatment and did not accelerate his death, and the relatives did not report it for the purpose of wanting an inquest, I should not dream of taking it.

8816. If some relation said, "I think it accelerated his death by an hour," what would you do?—Of course you can lead me on from one hour to any time.

8817. In each case it is a question of discretion really?—I think on narrow points like that it must be. I can only say that my inclination would be not to interfere, unless I was obliged.

8818. (*Dr. Willcox.*) Do you think it advisable that special pathologists for making post-mortems should have laboratories at their disposal for making bacteriological examinations?—If they were capable of doing them.

8819. It is obvious that they would be capable?—Yes, I think that that is very important.

8820. It is very necessary?—Of course you are able to correct me there, but I should imagine there are many cases where it is most desirable.

8821. You have instanced one or two already, glanders and diphtheria, where only scientific investigation can elucidate the case?—In the cases I have had they have occurred in hospitals, where I have been able to take advantage of the facilities afforded.

8822. You think it would be a very great advantage if the pathologists holding appointments in hospitals, with laboratories at their disposal, could assist the coroners as experts in the post-mortems?—If they would, certainly.

8823. Do you think the present fee of a guinea for a post-mortem is an adequate one for an expert pathologist?—For an isolated case?

8824. For a case — whether isolated or not?—I cannot imagine that it is, judging from my own experience, because I have not been able to get expert pathologists to do it for that fee, unless there is a reasonable prospect of their getting more than one case.

8825. But from your knowledge as to the work involved by one of these investigations?—It is very poor remuneration.

8826. Do you think it is at all adequate?—No, I do not, taking a single case.

8827. Or even many cases?—If you had many cases then you could apply the system of having a salary.

8828. In many cases the fee of a guinea is not an adequate one?—In many cases it is quite inadequate.

8829. When cases are brought into a hospital dead, I think you stated that you have them removed to a mortuary?—Yes.

8830. What objection would you have to the hospital pathologist making a post-mortem examination at the hospital?—In principle none, if he would do it.

8831. Is not that done at most hospitals?—My experience in my early days as a coroner was that the order was always given to the house surgeon or house physician, and it was not satisfactory. I had no means of ensuring that the pathologist did it, and I found—for what reason I do not know—that in such cases the pathologist did not usually do the post-mortem. It was done by a house surgeon, who is a man of quite a different experience from that of a pathologist.

8832. But if the house surgeon were in a difficulty, assuming he did it, he would have the pathologist to fall back upon?—He might or might not have. I do not look upon it as desirable that the order for the post-mortem should be given to a house surgeon.

8833. Can you instance any case where an incorrect result was obtained from a post-mortem done in a hospital—a case brought in dead?—Do you mean as to whether the evidence given as to the cause of death was incorrect?

8834. Yes?—I remember a house physician at a particular hospital telling me that the patient had been own-poisoned by the drug which had been prescribed by his physician. I thought that information was incorrect, and I sent for the physician.

8835. Did that house physician give evidence?—He gave evidence upon it.

8836. (*Chairman.*) That some strong poisonous remedy had been prescribed, and that he attributed the death to the remedy?—Yes. He had the courage to make that statement.

8837. (*Dr. Willcox.*) That was an expression of opinion. I wanted to know if you knew of any instance of an incorrect conclusion from the post-mortem examination having been arrived at by the man who made the post-mortem?—Yes, I remember one old case in the Trafalgar Square riots. A man was trodden under foot and broke his leg. There was a post-mortem made first of all by the house surgeon of the hospital. Then the friends got hold of the body, and stated that there were heaps of bruises which had never been described. I asked Dr. Hebb of the Westminster Hospital to make a post-mortem, and he found many other things which had not been described. It did not affect the result, but the first post-mortem was not completely successful.

8838. If at the hospitals a pathologist or a person holding a pathological appointment makes a post-mortem, do you consider that post-mortem will be efficiently made?—I hope so.

8839. That being so, would there be any necessity to remove a case which was brought in dead from the hospital to a public mortuary?—For that reason, no; but there are other reasons.

8840. What are they?—The general policy as to whether the appointment or selection of pathologists to perform post-mortems should be made by hospitals or whether they should be made by the Home Office or by the county council.

8841. But surely in the case of a person who is brought in dead into a hospital, the hospital pathologist has a certain claim to the making of the post-mortem?—I do not think so. I should not have said so. I have never had such a claim from a hospital pathologist.

8842. (*Chairman.*) You have many more facilities for making a post-mortem in a hospital than in the mortuaries of the courts. You have everything in the hospital laboratories, and nothing in the mortuaries in the courts?—Well, you have seen those in the courts.

(*Chairman.*) Yes, I have seen both. However, that is rather a by-point. We hope that your mortuaries will be improved some day.

The witness withdrew.

Sir Victor Horsley called in and examined.

8843. (*Chairman.*) You are a Fellow of the Royal College of Surgeons and a Fellow of the Royal Society?—Yes.

8844. And you hold the post of surgeon to certain hospitals?—The National Hospital for the Paralysed in Queen Square, and I am consulting surgeon to the University College Hospital.

8845. I suppose we may take it that you have done more important brain operations than any man alive?—I have done a good many.

8846. You have paid some attention to the question of coroner's inquests in so far as they affect the medical profession?—Yes, I was chairman of a representative meeting of the British Medical Association for three years, during which time the question of amendments of the Coroners' Act, and the question of riders to verdicts by coroners' juries, and the question of death registration and certification, were considered by the meeting when I was in the chair, and also the conduct of Mr. Troutbeck as coroner for South West London. Of course I have had a great deal of experience of working with coroners in London for about 25 years.

8847. In what way—as a witness?—Yes, as a witness, and helping them in their preliminary inquiries.

8848. Now let us take this in order. As regards coroners generally, in your précis you divide your evidence into official and personal?—That is only my experience. I have just given that. I have stated what my experience was based upon. The first point I wish to draw attention to is the very important question of preliminary inquiries by the coroner. The feeling in the medical profession at the present time I think, I may say is that the present system is bad, because of the preliminary inquiry being in the main conducted by the coroner's officer.

8849. Who is in most cases a police officer?—Where it is a police officer it is well done, but even then the preliminary inquiry, involving, as it often does, medical points, ought not to be carried out really by a police officer.

8850. Who would you suggest should make it?—There is a further point. In the first place, as I said just now, the present system is regarded as bad because the preliminary inquiry is chiefly done by the coroner's officer. The second part of the inquiry is that addressed by the coroner to a medical man who is in attendance on the case, if there be one. Now at the present time, in the present state of the law, the coroner obtains from the medical man information, but the coroner is not empowered to pay for that information, and the feeling in the medical profession is that inasmuch as the information furnished by the medical man is very often (in fact I suppose almost always) the means of saving the State the cost of an inquest, the answer of the medical practitioner ought to be in a statutory form and of course paid for by a statutory fee.

8851. As in Scotland?—Exactly. Then further, the coroner at the present moment has not the power to pay for a post-mortem examination to support the statements for instance, or to inquire into the correctness of the statements made by the medical man.

8852. He has power to pay for a post-mortem examination?—I am speaking of the preliminary inquiry.

8853. But if the post-mortem is ordered he must hold an inquest?—Exactly. If you retain the office of coroner we feel he ought to be empowered by change of statute to obtain first from the medical man a good report, and then if necessary he should have a post-mortem examination made and then come to his decision as to whether he will hold an inquest.

8854. The report would be so to speak a clinical history?—There should be a clinical history and post-mortem examination if necessary.

8855. Would you only require that report where there was a medical man in regular attendance, or would you have a report, say, where a medical man is called to a person who has fallen down dead in a public place?—The evidence of the medical man who is called to a person who is found dead or has fallen down dead in a public place certainly ought to be received by the coroner.

8856. And you think the medical man ought to be paid for that?—Certainly; he gives an expert view of the condition of the body as found, which is often of great value and very material.

8857. For instance, a medical man called in after death in a case of, say, strychnine poisoning, what he saw would be most material?—Most material, yes.

8858. Your suggestion there is that there should be power to call for a written medical report and pay for it?—Yes.

8859. And that there should be power to order, if necessary, a post-mortem examination, without necessarily putting everybody to the inconvenience and trouble and expense of an inquest?—Exactly.

8860. Mr. Troutbeck goes one degree further. He thinks in that case the coroner ought to announce the result in open court. What do you say about that?—Yes, there is certainly no objection to that.

8861. Your next point is the holding of inquests?—Shall I take the question of the fee for such reports?

8862. Yes?—The British Medical Association will appear before you I understand to state what is the final conclusion of the Association after a representative meeting which is going to be held at the end of this month in Belfast. I am not, therefore, in any way speaking for the British Medical Association, but I have heard numerous discussions upon this question, and the general feeling appeared to be that a fair schedule would be this: that for the report a medical man should receive a guinea; that for the post-mortem, if it was a simple uncomplicated case, and therefore a post-mortem might be made by a practitioner in attendance or by a practitioner not of the standing of an expert pathologist——

8863. For instance a police surgeon?—Yes; the fee should be two guineas; and that if made by an expert it should be five guineas. That was the general conclusion arrived at by the Association.

8864. They probably follow the Scotch practice there. I mean they were guided by what is done in Scotland; that pretty well follows what we were told is done in Scotland?

8865. (*Sir Malcolm Morris.*) There seems to be one fallacy there, that in a preliminary inquiry it would hardly be a question of an expert?—In the vast majority of cases it would only be a two-guinea post-mortem.

8866. The other hardly comes into it?—Hardly, but I thought I ought to mention it.

8867. That applies really to the later stage?—Yes. In regard to your question, this schedule arose out of a question which I shall have to refer to again directly, namely, the county council's list of pathologists.

8868. (*Chairman.*) Which you have seen, I suppose?—Oh, yes.

8869. All these points would be met if there was power to prescribe fees in the same manner that there is power to prescribe fees in ordinary cases by the authority?—Yes, but not by statute.

8870. In ordinary criminal cases the scales of fees are drawn up by the Home Office or whoever it may be?—Yes, exactly. Of course the profession feel very strongly that it is now some 70 years since this scale of fees was revised, and economic conditions have wholly altered. The next point is the question of holding an inquest. On this matter some trouble has arisen, but it entirely depends on the coroner. It entirely depends on the Coroners' Act which gives the coroner so much discretion. Of course, in a vast majority of instances, the medical profession find the coroners very loyal officers to work with. But there is one point in regard to holding an inquest, and that is that the coroner's court, as a court of inquiry, has distinctly a criminal atmosphere about it.

8871. It may lead up to criminal procedure?—Exactly, and therefore the cases upon which inquests are to be held, ought not to be entirely at the discretion of the coroner. It must be done by alteration of present statutes. Under the present law most coroners feel that they must hold inquests in certain cases. We think that that ought to be revised, and it would have this beneficial effect, that a great many cases upon which inquests are held are of a trivial nature, in fact we may almost say of a contemptible nature. If the matter of preliminary inquiry was extended in the way I have already indicated, those cases would never come to inquests. We think, therefore, that the coroner's court would gain in importance and influence.

8872. May I point out to you one thing there. In dealing with county coroners they are salaried officers, but when you come to borough council or franchise coroners they are paid per inquest?—Yes.

8873. If you reduce the number of inquests very considerably you would reduce the emoluments of those officers very considerably. The first step to carry out your suggestion would appear to be to make every coroner a salaried officer?—Certainly; undoubtedly.

8874. (*Sir Malcolm Morris.*) It would be difficult if there were only a few inquests a year?—Yes. The difficulty between the scattered rural district and the urban district goes all through. In regard to public officers of health and everything else there is the same difficulty. Unquestionably in a coroner's court cases are very frequently heard as regular inquests for which the State ought not to be called upon to pay.

8875. (*Chairman.*) Is not that mainly because there is no power now to hold the necessary preliminary examination?—Yes.

8876. It is not the fault of the coroners, but of the system?—That is so; it is the fault of the system. In fact the present system of inquests might be described as very often merely a means of obtaining adequate registration of death. Again, it is open to the fundamental objection that a coroner's court is not the best means of obtaining accurate registration of death. An inquest by a coroner's jury is not the best means of finding the cause of death.

8877. It is a highly scientific problem often?—Very often. Then I come to the question of unnecessary inquests. Unnecessary inquests are held apparently by one coroner on the ground of the wording of the section of the Act which uses the term "violent or unnatural death."

8878. In what class of cases?—It is impossible to define from the medical point of view cases of violent or unnatural death, but I would like to point out in the first place that if an unnecessary inquest is held there is injury done to several parties. There is injury done to the relatives; great pain is caused to them, and in certain cases, take suicides for instance, although it may be perfectly right to hold a public inquiry as to whether it was a case of suicide or murder, if the verdict is suicide that recoils upon the relatives of the person who kills himself, which seems a great hardship. Then as regards the inquests held on ordinary medical cases there is very often injury caused to a medical practitioner.

8879. What do you mean by an ordinary medical case?—A case where it is wholly unnecessary to hold an inquest; a case which has died under ordinary medical treatment, whether it be surgical or medical. Then again the public is extremely sensitive on the question of public institutions, and justly so. Consequently if any young institution, for instance a hospital, carrying on its practice under proper qualified conditions is made the object of an attack by a coroner in the way of holding unnecessary inquests, it recoils very severely on the hospital; it affects the reputation of the hospital. It is also a very cruel thing, because it affects the morale of the persons who seek medical treatment at that hospital. So much is this the case, that Mr. Troutbeck's recent action in regard to holding inquests, as he feels himself obliged to do apparently, in cases of operations, has so affected one of the hospitals in his district, namely, the Bolingbroke Hospital, which, so far as I know, is the only hospital the cases from which he has held inquests upon, that they have appealed to the Lord Chancellor to prevent Mr. Troutbeck from holding these inquests, so that it is a very serious question.

8880. It is a question of conflicting expediency?—It is not a question of expediency as regards the public welfare. If the relative of a person treated in the hospital thought there ought to be an inquest, undoubtedly in the large majority of cases there ought to be a public inquiry. But if a relative makes no complaint, if the medical certificate is in perfect order, and on inquiry the procedure carried out at the hospital is found to be regular procedure in medical or surgical practice, there is no reason to hold an inquest at all.

8881. I am not putting it as an actual case, but there will always be a possibility of abuse. You may have a medical certificate in order; you may have no complaint of the relatives, because they might not be present, or would not understand what they saw, but you might have, for instance, a particular surgeon who might perform reckless operations?—A coroner's court is not the place to find that out.

8882. What other court is there?—His own court. Every surgeon at an institution is under the active criticism and eye of his colleagues and of the committee that appoints him. Every hospital medical officer is under the strictest supervision. I am speaking now from the point of view of public welfare.

8883. I am considering that point of view too; but do not the unlearned public feel an additional protection in the fact that a coroner has power to inquire into operations? You know what reckless statements are made. I daresay you saw a very reckless statement last week where it was publicly declared by a Member of Parliament that operations were performed in hospitals as experiments pure and simple?—Yes.

8884. That is made by a responsible politician and frightens people out of their lives?—I should have thought that was made on the strength of Mr. Troutbeck's inquests, because there is no evidence of such a thing. If he once starts an idea like that and foments it by holding an unnecessary inquest, of course the public say: "Oh! Why did the coroner "hold an inquest in that case? Because he thought "there was some foul play going on."

8885. That is one possible view?—It is the medical point of view, and it is very strongly held by the profession

8886. The other possible view is that here are people talking wildly about what is going on in hospitals. It is much better to show that all things are in order, and have a public inquiry to show that the whole of the hospital authorities are blameless, and were perfectly willing to submit to a public inquiry?—Very good; then you must hold an inquest on every case that dies in a hospital. There is no alternative course.

8887. I am not quite sure of that? — As a hospital medical officer I am absolutely sure.

8888. What you do is, you hold a certain number of inquests, so to speak ——?—To whitewash the hospital?

8889. To assure the public, so that when these reckless assertions are made the public feel, "Well, "here is a hospital, there have been four or five in- "quests in connection with it, four or five inquiries, "everything has turned out right. After those ex- "haustive inquiries in public we are perfectly justified "in trusting that hospital, and to disbelieve those "people who make reckless statements like this "politician made"?—You have only one hospital that you can deduce evidence from on this point.

8890. I beg your pardon; in the preliminary part of our inquiry we have had two others, in quite another part of the world, referred to?—Hospitals? My point is the question of unnecessary inquests. I am quite in favour of inquests being held in cases where death is stated to be due to an anæsthetic, that is to say, I am in favour of public inquiry. There is only one hospital of which we have any experience in regard to this allegation of unnecesary experiments, and that is the Bolingbroke Hospital. The governing body of that hospital, not a medical staff at all, find that a serious injury is done to their institution and to the patients who go into the institution by this practice of holding unnecessary inquests, and, therefore, they have petitioned the Lord Chancellor to stop it.

8891. I do not know the Bolingbroke Hospital?—It is a very enterprising progressive hospital.

8892. Is it a general hospital?—It began in a small way as a small paying hospital. It is now developing, and it will develop into a general hospital for the south-west of London. They have just built an operating theatre on the most modern principles; everything has been done in the most modern way. My experience of it is limited to one case; but nothing could have been better than the accommodation and treatment of that case.

8893. (*Sir Malcolm Morris.*) Are some of the patients there now free, or do they all contribute?—There are some free and some contributing. Unnecessary inquests held by, as we hold, a wrongful reading in the Coroners' Act of the term "violent or unnatural death" are a source of injury and public danger at the present time.

8894. (*Chairman.*) How do you suggest the Act should be altered?—I am not a lawyer. I hope I know my own position.

8895. I mean as a matter of principle?—I will come to the question of public protection directly. Then the same thing applies *a fortiori* to nursing homes. In fact, if a nursing home had one or two inquests held in connection with its work it might as well be shut up.

8896. On the other hand, in a nursing home you have not nearly the safeguards that you have in hospitals?—No; I think they ought to be registered and inspected; that would give us those safeguards.

8897. Personally I should feel much safer in a general hospital than in a nursing home as regards everything proper being done?—Quite so. I am speaking of the holding of unnecessary inquests; that is, inquests on registered deaths.

8893. (*Dr. Willcox.*) Especially after surgical operations?—Yes, but it applies to drugs too absolutely if you are logical at all. This point is no new one in a sense. Protests were made long ago. There is Lord Selborne's Judgment and his adjudication upon a coroner.

8899. That was the case of a coroner who declined to hold inquests?—Lord Selborne was criticising the action of a coroner as to what was and what was not a necessary inquest. We have nothing really to add to that. Then again, still on this point, Mr. Troutbeck made a statement bearing upon it that other coroners were in sympathy with him on this point. That statement was made in the "Times;" it was in the course of his address to a jury in a case in which I was present. The British Medical Association applied to the Coroners' Society and found that is not the case. Nay, more, that the Coroners' Society, some 13 years ago, stated that, in their opinion, an inquest was not necessary if an operation, for instance, had been performed under ordinary circumstances, and the death certificate had been given in the ordinary way. And that certainly is the feeling of the profession; it must be.

8900. (*Chairman.*) We have had a good many individual coroners here who have taken rather a different view?—I am only quoting the Coroners' Society, which numbers nearly all the coroners in England.

8901. It numbers about two-thirds, I think?—I thought it was more than that. I only know one other case of a coroner who behaved in any way similarly. He was of opinion that the death certificate of every case operated upon should be initialled by himself. He caused the Registrar to send the certificates to him for initialling. One day a practitioner discovered that such a certificate had been initialled at a time when he knew the coroner could not possibly have done it, and he then discovered that the coroner had authorised his wife to initial these certificates when he was out. That, on being brought to the notice of the Association, put a stop to the practice at once. Irregularities, we submit, arise from the fact of the coroner's office not being sufficiently controlled by statute, his discretion being too ample. In connection with this same point, I should like to draw your attention to the fact that inquests of this sort lead very often to riders to the juries' verdicts, and that is a point upon which the profession feel very strongly.

8902. I think the coroner has no option; he must take the verdict of the jury, whatever it is, and it is very often difficult to distinguish the rider from the verdict. We have had some curious instances where a coroner has been obliged to accept the verdict?—Oh, yes, I can give you a curious instance.

8903. "Suffocation; want of fresh air caused by collapse of houses." "Disease of heart and other organs caused by alcoholism—otherwise natural"?—These riders are very often drawn up in a manner hostile to the medical practitioner in charge of the case or responsible, and the profession has approached the only authority, the Lord Chancellor. I hope this Committee will report upon that point.

8904. With regard to riders of the jury it does not matter whether a coroner accepts them or not. If the jury give vent to a rider the press are sure to take it up. The mischief is done by the press?—Yes. Of course, if I understand from you that a coroner is bound to accept the rider there is an end of it.

8905. He is bound to accept the verdict, and it is very often difficult to distinguish between where the verdict ends and the rider begins. Anyhow the jury, of course, are entitled to make a statement. He cannot prevent them saying what they like, and the press take it down. That is the difficulty?—Yes. The next point is the actual finding of the cause of death. Of course the feeling is very strong amongst most medical men that the jury system is futile—I am speaking now of medical verdicts—because the jury have no technical knowledge. The jury accept the direction of the coroner practically.

8906. You mean the jury is the fifth wheel to the coach?—Yes, the direction of the coroner is perfectly inefficient; he very often has no real technical knowledge, and he frequently, unintentionally, of course, misleads the jury as to their duty.

8907. May I put this to you. Are not you in this dilemma: either you have a medical coroner who is wrong in his law, or a legal coroner who goes wrong in his medicine?—I am quite aware of that. I am only giving my opinion on the system. I am quite ready to suggest that the officer should be, as in Scotland the procurator fiscal is, a legal officer.

8908. (*Sir Malcolm Morris.*) Is that the general view of the profession?—If you retain the office of coroner as at present.

8909. I think you would find the majority were in favour of the coroner being a medical man, that is so far as the Association is concerned?—Yes, because under present circumstances the cases occurring in his court really demand a medical inquiry.

8910. (*Chairman.*) Some of them?—Well, a great many.

8911. I think probably if you took a vote of the legal profession you would find they would be equally strong in favour of a lawyer?—Perhaps.

8912. (*Sir Malcolm Morris.*) Has a vote been taken upon that in the medical profession?—No, never; it would be fairly considered if brought before a representative meeting.

8913. I did not know whether it had been?—No, it has not been.

8914. I find medical men I come into contact with very divided?—Very. I think the feeling amongst most medical men is that as this is one branch of the judicature that terminates in the higher courts, you had better begin in the Court of First Instance with a legal authority in the chair.

8915. (*Chairman.*) Who trusts to the evidence and not to his own knowledge?—Yes; but the idea that the State and the public are protected by a jury, who, as I say, are usually imperfectly educated, and are instructed by a man who is not educated technically, we think is a great mistake.

8916. It is a question of getting proper expert evidence in the case of any tribunal, is not it?

8917. (*Sir Malcolm Morris.*) He is much in the same position as a magistrate, is he not?—Yes.

8918. (*Sir Horatio Shephard.*) It depends what the inquest is for?—Yes, and how he directs the jury. For instance, Mr. Troutbeck, in some of the operation cases, directed the jury that it was their duty to find if the operation were justifiable.

8919. (*Chairman.*) That necessarily arises in an inquest, does it not; it is a question of fact, and any question of fact is for the jury?—But how are the jury to find whether an operation was justifiable or not?

8920. By evidence *pro* and *con*; probably the evidence would be entirely in favour of its being justifiable. It is like any other case of justification, is it not?—That is simply treating all that evidence as mere common evidence; it is not common evidence. It is expert evidence. If for some reason the members of the jury were antagonistic, say, to the medical practitioner in a district, they may find a verdict out of malice that the operation was not justifiable.

8921. Exactly the same point arises if a man runs over another, in a motor car. If the jury dislike him they can say he was driving recklessly?—Yes, but this is the point: here is a method of arriving at a result which can be arrived at by another method perfectly safely. At the present moment we are using a method which is cumbrous, and, we suggest inaccurate.

8922. That is an objection to the coroner system altogether?—To the jury part of it.

8923. It would apply to other courts too, would it not; the same point might arise in any other court where there is a question of malpractice. Supposing an action is brought by a patient, as there was by a lady the other day against a surgeon for having performed an operation upon her. There the jury had to perform functions analogous. They were guided by expert evidence. They found it was a case of an hysterical woman?—The courts have always taken the line: "Was the registered medical practitioner doing his best?" They do not go into the question: "Was that the best treatment?" That has been dealt with again and again, of course. The case has been settled in favour of the practitioner solely on the point as to whether he was doing his best.

8924. (*Sir Malcolm Morris.*) "No want of reasonable skill," or something like that?—Yes.

8925. (*Chairman.*) That he exercised "reasonable care and skill"?—Yes; but that is a different thing from the determination of a scientific point of this kind, from a medical man's point of view. The result is that false verdicts have been returned; for instance, in my own case, Mr. Troutbeck suggested to the jury to return a verdict of accidental death. He also did so in the case of a friend of mine, who had operated in the Bolingbroke Hospital — "Accidental death." The patient did not die an accidental death; the patient died some days after the operation in my case, in the ordinary natural way, from cerebral tumour, which death the operation had failed to avert. She did not die of the operation, and her death was not an accidental one.

8926. (*Sir Horatio Shephard.*) If she did die of the operation it would not be an accident?—No; the whole thing is ridiculous, as well as wrong. I mean it is contemptible from our point of view—from a medical point of view—and it brings the whole of the coroners jurisdiction into contempt. I suggest to you that it arises out of the system, and it arises out of the wording of the Act. Mr. Troutbeck says he is obliged to read the Act in that way. We suggest he is not obliged to do anything of the kind; on the contrary, he has not carried out his duty in our opinion. The medical profession consider that the Coroners Act is to be read with the Acts for the Registration of Births and Deaths. If you do that then an inquest of this kind is wholly uncalled for.

8927. (*Chairman.*) Have you ever taken a high legal opinion upon it?—No, not upon that point.

8928. Would not it be a useful thing?—If Mr. Troutbeck would pay the fee we should be delighted to do it.

8929. He takes the permissible view that he must exercise his discretion until he is better advised.

8930. (*Sir Malcolm Morris.*) Has not the British Medical Association taken any opinion?—Not on that point. I will come to the further point. Consequently the system leads to false verdicts, when you have carried out this so-called idea of protecting the public.

8931. (*Chairman.*) What harm has it done? In the case where a jury found "Accidental death," what harm did it do?—I did not say that the verdict did any harm. I say that the holding of the inquest has done a great deal of harm. That is what we are complaining of.

I am only saying from a judicial point of view, looking upon the coroner's court as part of the judicature of this country, that this is evidently an extremely grave and dangerous step to have taken. Perhaps it would be more convenient if I referred to Mr. Troutbeck's evidence, unless you would like to call me again, because I have only what I took down in long-hand.

8932. Perhaps you will do that when we meet again. There are a great many other questions upon your précis which we should like to ask you?—Certainly.

The witness withdrew.

Adjourned to Tuesday next, 11 o'clock.

At the Home Office, Whitehall, S.W.

TWENTY-FOURTH DAY.

Tuesday, 20th July 1909.

PRESENT.

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

Sir Malcolm Morris, K.C.V.O., F.R.C.S.
Sir Horatio Shephard, LL.D.
Sir Thomas Arthur Bramsdon, M.P.
Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

Mr. Thomas Edward Sampson, J.P., called in and examined.

8933. (*Chairman.*) Are you coroner for the City of Liverpool?—Yes.

8934. And a solicitor?—Yes, but not in practice.

8935. And you have been coroner for the City of Liverpool since 1891?—Yes.

8936. And during that period you have held 17,173 inquests?—Yes.

8937. In addition to 12,254 inquiries into cases of death where you found it unnecessary to hold an inquest?—Yes.

8938. You have an unusually large proportion of cases where you hold inquiries but do not find it necessary to have an inquest?—Yes, that is so.

8939. Have you any comment to make upon that?—I do not know that I have anything particular to say about it. With regard to the non-inquest cases, they give me a very great deal of anxiety and trouble, and I am not quite sure whether it is not always easier to hold a public inquest. Many of the non-inquest cases are very simple, but others lead to a great deal of trouble.

8940. You consider in those cases that the public interest does not require the holding of an inquest?—Yes, I am satisfied, of course, that the deaths are from natural causes.

8941. In the case of a coroner paid by fees, as most borough coroners are, the coroner in a case where he holds an inquiry without an inquest has all his trouble for nothing?—Yes.

8942. It is exceedingly hard upon him?—Yes.

8943. I do not say that coroners would yield to it, but there is a temptation in those cases to hold an inquest when an inquiry might have dispensed with an inquest?—There is a temptation, but I should be sorry to think that it is yielded to.

8944. Still it is an unfair position to place the coroner in?—Yes, I am going to make a suggestion with regard to that. I think that for all non-inquest cases there should be some allowance made where coroners are paid by fees.

8945. But that system, you probably feel, is a bad system?—Yes.

8946. You yourself are a whole-time official receiving a fixed salary of 1,400*l.* a year?—Yes.

8947. To which no pension attaches?—To which no pension or superannuation attaches.

8948. Therefore there is no age limit?—No.

8949. Do you appoint your own deputy?—Yes, I appoint my own deputy, subject, under the Act, to the approval of the Lord Mayor for the time being. On that head I think it would be a very good thing if the Deputy Coroner when once appointed should also have power to appoint another in case of need.

8950. We have had cases of that at the Home Office. We had an application some time ago when a borough coroner and his deputy were both laid up with influenza at the same time?—I put it in this way: Supposing one is away for a holiday and the deputy is ill, or something happens by which he cannot hold an inquest, I may be on the Continent and not easily get-at-able.

8951. Is it not much better that the coroner should have power to nominate an understudy to his deputy?—Practically that is the same thing.

8952. It would hardly be in accordance with the general legal principles that a delegate should again be able to delegate?—That is so; but I think there should be some special power for that purpose.

8953. Would it be right that the coroner should be able to appoint two deputies, or that, say, the Lord Mayor in a case of emergency should be able to nominate some person?—I think the coroner should appoint his deputy and also another deputy to act in case of need, subject of course to approval.

8954. To the like approval?—Yes.

8955. Do you think it is important that the deputy should have a professional qualification, either legal or medical?—I certainly think so.

8956. You would not think yourself of appointing a man with no professional qualifications?—Certainly not.

8957. The payment of the deputy is a matter of arrangement between him and the coroner, of course?—In Liverpool there is an allowance made to me for the purpose of paying him.

8958. Is that in case of your annual holiday?—In case of my being away through sickness, or in other emergency. My deputy acts in my absence, which is generally speaking for holidays or illness, for which he

gets an allowance, which is made to me to pay to him. It is making me an allowance really, but I pay it to him.

8959. In a place like Liverpool, have you several mortuaries and courts, or one court with several mortuaries?—One court and practically several mortuaries; but those mortuaries are at the hospitals. There are two general mortuaries, which are used mostly for bodies which I cause to be sent there of persons dying at home or in the street, or of persons drowned. For accident cases at the docks which do not get taken to the hospital, there is a proper mortuary situate close at hand to which bodies are brought.

8960. Close to the hospital?—No, close to the docks, and to that mortuary those bodies are taken by the police; and then I send down my officer to inspect and view also.

8961. How far have the jury to go to have the view in that case?—In that case about three-quarters of a mile,—rather less than more.

8962. And you yourself have a certain way to go?—I go always, of course.

8963. Do you go with the jury?—No.

8964. You go previously?—Yes, I go previously.

8965. In cases requiring careful post-mortem examination, can you direct the body to be taken to the hospital mortuary, so as to be able to obtain the services of a skilled pathologist?—No; those bodies, unless they are already in the hospital, would be taken down to what we call the Prince's Dock Mortuary. In that case I instruct a pathologist who I think would be a capable and proper gentleman for the purpose of making a post-mortem; but, in the case of hospitals the hospital surgeons and their honoraries make the post-mortems.

8966. Is there not a special pathologist at the Liverpool Hospital?—Yes, there is a pathologist at the Liverpool Hospital. I do not always call him, I do not think it is necessary; but the surgeon in attendance I call, and he gives me his view.

8967. That is the House Surgeon?—Yes, he tells me what his view is, and I know it has been arrived at by presence at the performance of the post-mortem by the pathologist of the hospital. But if there is any case of doubt, or if I think it desirable, I call a pathologist in.

8968. In addition?—Yes.

8969. Is there any trouble about paying two fees in Liverpool?—No, I have never had trouble.

8970. You mean that your town council take a broad view of the matter, and give you a free hand when you think it necessary?—Yes. I am glad to say that the officials, the medical officer, the town clerk, and myself, work upon terms of an amicable desire to attain the ends of justice. I never have any difficulty.

8971. Have you any rule there about allowing the first doctor called in to the case to make the post-mortem, or to be present at it?—If I may explain my practice with regard to that; if a doctor has been in attendance upon the patient, or has been called to attend in case of accident before death, as a rule I ask that gentleman to conduct the post-mortem examination; but if I think that that gentleman should be supported by another, I instruct another;—generally speaking a gentleman in leading practice in Liverpool.

8972. You can pay both of them a post-mortem fee?—I do, and I have never had any question raised about it.

8973. Therefore you have never had any difficulty with the medical profession with respect to post-mortem examinations?—None whatever.

8974. You know that great difficulty has arisen in London?—Yes.

8975. But that difficulty has not arisen in Liverpool?—No. Some years ago I consulted with some of the leading members of the medical profession. My practice has been,—and it has been continued,—to instruct and take the evidence of the gentleman attending the patient.

8976. What do you mean by instructing him?—I ask him to make the post-mortem. If there is no doctor in attendance I ask another gentleman of standing, whose opinion and evidence would be of weight, to conduct the post-mortem and to give an opinion as to what is the cause of death.

8977. I suppose you agree that a post-mortem examination is very often futile unless there is some clinical history?—I would not like to say it is futile.

8978. Worse, perhaps—misleading, unless you have the clinical history?—Yes.

8979. Supposing that a medical man has attended a patient and perhaps has not seen him for some days before death, and the death is something out of the ordinary course of things, is it fair to have a post-mortem by a pathologist and to ask the medical man who knows the previous history of the case for a report for which he cannot be paid?—Certainly not. I generally instruct that gentleman, if I know that he is able to make the post-mortem, either to make the post-mortem, or to give an opinion in court.

8980. To come as a witness?—Yes.

8981. Then you can pay him?—Yes. Of course I am referring now to cases where inquests are held. In other cases I think there ought to be some fee paid to the gentleman giving his medical opinion.

8982. As matters stand now, in the 12,000 cases in which you have not held an inquest, you have had to get a medical opinion, and that has been given gratuitously?—Yes; quite so. I do not think that is fair. At the same time I must say that doctors are always willing to give me information.

8983. Because they know that if an inquest is held you will call them?—Yes.

8984. In Scotland, as you know, the Procurator Fiscal can call for a written report from the medical man who was in actual attendance on the deceased, and can pay him?—Yes; we have not power to do that.

8985. Do you think it is desirable to have a similar power in England?—I do not think it is fair to ask a medical gentleman to give his opinion without giving him some fee for it.

8986. You mean when his patient is dead and he can no longer charge the relatives for professional work, therefore he ought to be paid for it by the public in whose benefit it is done?—Yes; upon that ground I have suggested it.

8987. Further, have you ever had to consider the question which arises under the Act, which forbids you to pay fees to medical officers who give their services at hospitals gratuitously?—I have, and I think the law is at present very doubtful on that head, and should be made perfectly clear.

8988. In what way. Do you think that when a man gives his services gratuitously at a hospital, you are entitled to have his gratuitous services at an inquest as well, or do you think he ought to be paid?—I think the Act as it stands at present debars one from paying a medical gentleman called from a hospital.

8989. It certainly does. Do you think that is right?—I do not. To pay him I think would increase expenses considerably, and therefore the matter would require a little consideration.

8990. But surely, as a matter of right and wrong, if you call an ordinary medical man who is getting fees, it is a less hardship to call him for nothing than to call a man who is already giving his services gratuitously and is paid nothing?—Yes, I think it is, but many of these gentlemen give their services gratuitously for the sake of the practice, and also the standing.

8991. They give their services gratuitously no doubt to the patients?—But not for an inquest, I think.

8992. They do not want to be called away from their work to an inquest?—No, I agree. In many cases when I have called the honoraries from the hospitals,—I do not say in every case, but in many cases,—I have paid them a fee when I have not paid the ordinary resident surgeon.

8993. But the ordinary resident house surgeon in the London hospitals is unpaid, is he not?—I do not know the practice.

8994. Is he paid in Liverpool?—Yes.

8995. I think in London he gets lodging and food?—I speak, of course, subject to correction; I

think in Liverpool they pay them some small annual sum, about 100*l.*, in addition to food and lodging.

8996. And those hospital appointments are much sought after by many medical men, for the sake of the practice and reputation?—Yes, very much; in fact, it is sometimes a great fight at elections amongst subscribers and others.

8997. Do not the medical staff have the nomination?—I think not. In some institutions the Committee have the nomination, but as a rule I think they are appointed by the special governing body.

8998. I think you have already kindly answered the questions which have been circulated to coroners?—Yes.

8999. So that I will take you shortly through them. In your opinion the view by the jury ought to be kept up?—I think so, certainly.

9000. Will you state your reason?—My reason for it is this. I have always found that Liverpool juries take a very great interest in the view. Everything is done to make it as convenient as possible,and as simple as possible. I have never had any complaints from them, and they have very frequently called my attention to certain matters not alone connected with the body, but with the surroundings, which I think is of immense importance.

9001. You mean, the surroundings in the home, when the view has been in the home itself?—Yes, many questions from time to time have been asked by jurors, which has shown me that they have inspected the body. My officer has instructions always to allow the jury to see the full body if they think it is desirable.

9002. In case of wounds, for instance?—Yes, on one occasion,—it was a case of murder of a little girl who had been outraged in Liverpool and the pathologist gave it in his opinion as being a case of violence by reason of the outrage,—one of the jurors mentioned that which I myself had seen in my inspection of the body, some slight marks upon the throat. The pathologist and the surgeons had overlooked that. I directed a further examination to be made, with the result that the opinion then expressed was that death was due not alone to outrage but to strangulation.

9003. Possibly, I suppose, the marks came out more strongly after the lapse of a certain time?—Probably that would be so. But that convinced me of the value of the view by the jury. Then again, I think it has a further advantage from the moral point of view. I do not know whether we ought to go into that question at all?

9004. Certainly?—From a moral point of view I think the fact of the jurors going round has a deterring effect upon persons, especially in the lower-class districts of a large city. My officers have told me from time to time that they have heard observations made, "Now "you had better take care; if you don't, remember the "coroner's jury will be down."

9005. You mean cases of cruelty and neglect of children?—Yes, and cases of actual starvation of persons. So that I have been led, after many years now of experience and thought, to the conclusion that I should be sorry to see the view by the jury done away with.

9006. And do you not think it ought to be discretionary with a coroner according to the nature of the case?—If it were an absolute discretion, yes; but if it is a discretion which is to be subject to the approval of the jury, I say certainly not. I saw a suggestion made,—I do not know whether in some medical journal or not,—that it should be left that if a majority desire a view, it should be had.

9007. I have also seen a suggestion that any juror who wished to go and view, might go?—I think it should be all or none.

9008. Either the existing law or an absolute abolition of the view by the jury?—Yes.

9009. I imagine, like most coroners, you think it is important that the coroner himself should view?—Undoubtedly.

9010. Another thing which has been suggested to us is that it is a good thing that respectable citizens, chosen as a jury, should see the way their fellow citizens live and die?—Yes.

9011. It is important from that point of view. Have you any view on that?—I bring that under the head of the moral value. I have not mentioned that in precise terms, but I certainly agree with it. It has had the effect I know in Liverpool, from attention having been called to the surroundings that you refer to, of very great improvements being brought about in sanitary and other matters. I have had cases in which deaths have occurred in very dirty houses where the persons at one time had been in a good position in life but have never shown themselves or have sought assistance; Landlords took their rents and made no enquiries; There they had been living under conditions that would be a shame to any civilised community. Attention has been called to it by the very fact of the view taking place, and representations have been made to authorities, with the result that very great improvements have come about.

9012. Your next point is that you think it most desirable that coroners should be able to direct a post-mortem without necessarily holding an inquest?—Yes.

9013. Because everything may be cleared up by the post-mortem?—Yes, and a great deal of pain and expense saved probably.

9014. Do you think the inquest plus the post-mortem is a great additional infliction of pain on the relatives?—I do.

9015. I suppose either a post-mortem or an inquest is a matter which relatives shrink from in most cases?—That is so, of course; but still if we had power to direct a post-mortem to be made and we were satisfied by the result that the death was from proper natural causes (in many cases it turns out to be so, but you cannot find it until evidence is given in the box) an inquest might well be dispensed with.

9016. All you want is power to pay the fee?—Yes.

9017. And there is no further change required in the law. You could hold a preliminary inquiry?—If there were power to pay the medical gentleman for his post-mortem, I think that is the only power that would be required for that purpose.

9018. What is your practice as to the place where the post-mortem should be conducted?—I always have the post-mortem made at the mortuary.

9019. You do not have them in private houses?—No.

9020. Even in the case of well-to-do persons with spare rooms, do you allow a post-mortem in a private house?—If there was a special reason for it only. I would not go the extent of removing the body if I thought it would give pain. But I have never had any difficulty in that respect, although I have had post-mortems made in private houses.

9021. You think that post-mortems in public institutions ought not to be made until the coroner has been consulted?—I do, in inquest cases. Of course I have nothing to do with anything else.

9022. You are not referring to ordinary pathological post-mortems?—No.

9023. It is a protection to everybody, in a case where inquiry is necessary, to have a coroner's order?—Yes, because we have had complaints where a post-mortem has been made without the sanction of the relatives, in inquest cases even. But that now, I think, has been stopped entirely.

9024. Some coroners have told us that they have allowed the following practice. There is a case of sudden death, say a man dies at a railway station. If there is nothing suspicious, in ordinary circumstances they have allowed the relatives, after communication with the coroner, to have a post-mortem made, and if the result was satisfactory have certified that no inquest was necessary?—I have adopted that practice myself.

9025. Then the fee for the post-mortem has to be paid by the relatives?—Yes.

9026. Whereas it ought to be paid by the public authority?—It ought to be paid by the public authority, I think, generally speaking, the relatives are only too glad to pay the fee; but still there ought to be power to pay it.

9027. With regard to the payment of jurors, in Liverpool you do not pay the jury?—No, and I have never had any question raised with regard to that. I have had this sort of joke "What are you going to give us for this?"—perhaps made by a friend that I know.

9028. But you have had no serious complaint?—No.

9029. What list do you take your jurors from?—They are taken by streets.

9030. The Post Office directory, so to speak?—The Post Office directory. We have the burghers' list, but we do not confine ourselves to that. My instructions, or suggestions I had better say, to the officer summoning are that he should always get a rather better class than what I call the ordinary class.

9031. You do not get the day labourer?—I tell them to avoid the day labourer. I do it for this reason, that they cannot afford to lose the time. I will not say that they are not as intelligent, but I get my juries from the tradesmen, shopkeepers and merchants. If I want what I call a good jury, a better class, I select a special neighbourhood.

9032. So to speak a special jury list?—Yes.

9033. For instance, if there were a delicate question, like death under anæsthetics, would you select a special jury?—I select what I call a better-class jury.

9034. Who are your responsible officers?—We have a detective inspector of police, a first-class sergeant and two police constables attached to the court. They make the inquiries and report in due course. There is one court for the whole district. When the boundaries were extended I tried the system of holding local inquiries, but I found it did not work well. I found that all the witnesses and the medical gentlemen, and the professional gentlemen, preferred to come to a central inquiry.

9035. You yourself have a preference for the existing number of the jury?—A strong preference.

9036. You think a jury of seven would not answer the purpose?—It might answer the purpose, but I do not think it is so satisfactory.

9037. To the public?—To the public. Twelve is the natural number.

9038. It is the number we are most used to?—Yes; and I have never had any difficulty with regard to getting them. It may be different in country districts; I cannot answer for that.

9039. Have you any opinion about the unanimity of the jury. Do you think the verdict of a majority might be safely taken?—I should hesitate to answer that question in the affirmative. Again, I ought to say I have had no difficulty whatever. If there has been any serious difference of opinion, I have suggested that they should find the facts alone.

9040. A special verdict?—Yes; but I have seldom had that difficulty.

9041. Have you ever had a jury sent to the Assizes for the judge to sum up to the jury?—No.

9042. As to the payment of witnesses you have no suggestion to make, except what you have already said as regards medical experts?—Yes, quite so. We have practically no schedule in my court. There is a very old one, but it is restricted in extent, and I have followed the practice of paying small fees; but in cases where I think the witness has lost a great deal of time, and shown a desire to assist in every way, I have made an increased payment, not of course a large one. And I have had no difficulty whatever in getting it allowed.

9043. That pre-supposes a reasonable town council?—Yes.

9044. Which is a rare hypothesis in some places?—No doubt. Also it pre-supposes a willingness on the part of the officials of that town council.

9045. Who made your schedule?—I can hardly tell you. I think the date is 1845. I think the town council did it.

9046. Its authorship is unknown?—Yes.

9047. Have you had any trouble about producing documents?—Never, but I think that there should be power given that the coroner should in cases be able to issue a subpœna *duces tecum* for that purpose in order to avoid any question. In Liverpool I may say I am favourably situated with regard to that. I have never any difficulty. I know most of the gentlemen connected with the offices and so on, and when my officials go down and they raise any little question about it, I generally get at them, and they are willing to accept what I say.

9048. Do your officers make their inquiries in uniform or in plain clothes?—In plain clothes.

9049. You think that is better?—Clearly.

9050. Do you have any trouble in a rough place with plain clothes officers?—No.

9051. Do you have any trouble with witnesses outside your jurisdiction; do you have to summon them on a Crown Office subpœna?—No, I have not. I have generally got the Liverpool police to communicate with the police of the district, and have offered to pay the necessary expenses of travelling, and the witnesses have come. I get them from Ireland, Scotland, and all parts of England—London.

9052. And you have never had any trouble?—Never.

9053. Have you ever considered the provisions of the City of London Fire Inquests Act, under which the coroner holds an inquest in cases of fire where no death has been occasioned?—I have considered it, but not in any expert way; but I think it is desirable to have an inquest on fires.

9054. Do you agree with the Scheme of the London Act, that the coroner can either initiate the inquest of his own motion or must hold one if set in motion by somebody?—I think he should be set in motion by someone.

9055. By the Chief Commissioner of Police, the Lord Mayor, or the Home Secretary in London?—I have not the terms of the Act before my mind at the moment, but I think it should be somewhat on the same lines as you would hold an inquest on the death of a person; that upon information received the coroner should direct an examination.

9056. It is more restricted than that; there must be a request from certain high officials?—That might answer the purpose.

9057. What object do you think would be gained in holding inquests in case of fires?—I think you can get information, not alone as to the cause of the fire.

9058. Information on oath you mean?—Yes, which is very valuable.

9059. Information on oath given in public, which is even more valuable?—Yes, as to the character of the structure, and such other things.

9060. You mean that you can make important recommendations?—Yes, I can make important recommendations with regard to them.

9061. Do you think that the power to hold such an inquest would have any effect on incendiary fires?—I do.

9062. Because at present, supposing there is a suspicion of incendiarism, the police can only make inquiries, and answers are not given on oath, and they cannot compel answers?—No; and if we prosecute anybody they are confined to the strict rules of evidence.

9063. You inquire into the fact of a fire; they inquire into the evidence against particular persons?—Yes, quite so.

9064. Now you have had a great many cases of deaths of persons wearing flannelette which have been the subject of inquests?—Yes.

9065. Will you kindly give us the figures?—I have them for the last five years; that is to say, for the years ending 1908. These are all of children—healthy strong children. In 1904 there were nine males and thirty females—total 39.

9066. Are these simply deaths from burns, or deaths where children were wearing flannelette?—Deaths where children were wearing flannelette.

9067. Do you attribute any part of the cause of death to the wearing of flannelette?—I do.

9068. Or was it merely a concomitant?—A child has got close to the fire or has been playing with fire, and a spark has flown out and set the flannelette on fire; the flannelette is highly inflammable and the child is enveloped practically at once; the stuff itself adheres to the flesh and cannot be so easily removed as ordinary

cloth would be; the shock is greater and the burns are more extensive.

9069. Would you give us the number of cases?—In 1905, 10 males and 31 females—total 41. In 1906, 8 males, 27 females—total 35. In 1907, 10 males, 21 females—total 31. In 1908, 9 males and 29 females—total 38. During those five years the total number of deaths due to burning where the deceased was wearing flannelette was 184—46 males and 138 females.

9070. Why were there so many more females?—Because I suppose there are more at home, or they get playing about the fire, while the little boys get playing about the lobbies, or in the streets; but the fact remains that that is so, and that of course is a very serious matter. These were all proved to be healthy fine children.

9071. You have told us of these 184 deaths in the case of children wearing flannelette. You have had a lot of other cases of deaths of children from burning?—Yes, but not where flannelette has been used.

9072. What has been the cause of the accident in those cases?—The burns have come under two heads, first of all scalding.

9073. Scalds we can put out altogether; but I mean in the case of fire burning?—I have had cases of burns from wearing cotton dresses or muslin, but they have been very few and far between.

9074. Muslin is quite as inflammable as flannelette, is it not?—Undoubtedly.

9075. And it would be very difficult, if any legislation were undertaken, to draw a distinction between an inflammable substance like flannelette and an equally inflammable substance like muslin?—I think it would be very difficult. With regard to flannelette, I would suggest that there should be some method by which there should be a Government test by way of standardisation.

9076. Just as you standardise petroleum, for instance?—Yes. I was going to illustrate it in another form. The Government of New Zealand, for instance, standardise butter and cheese before they send it out of the country; the government stamp is put upon it. That is to say they have a standardisation and the price rules accordingly.

9077. Would not that require an enormous army of inspectors?—I do not know that it would. The system I suppose, in New Zealand, is this: All the butter, milk, and other produce, are sent to a central factory and there they have inspectors, and it is made up there and stamped.

9078. You could hardly do that with flannelette, could you?—I do not think that you could, except that the manufacturers should be obliged to send their flannelette into some central place to be tested.

9079. That would add to the cost a good deal, would it not?—That may be. But it would add also to the saving of life in my opinion.

9080. You think there is sufficient danger to life to justify that?—I do. I have only separated these flannelette cases from other cases of death from burns in the last five years in consequence of a request from the Home Office.

9081. As a matter of fact I suppose the children of the poor are universally clothed in flannelette—Yes, I should say so.

9082. And if these children had not been clothed in flannelette but in other garments, do you think you would have had an equal number of deaths?—No.

9083 You attribute the number of deaths to the more severe burning caused by flannelette?—Yes, I do, and the medical opinion has been to that effect also, when I have thought it necessary to call medical evidence.

9084. Is there much distinction between different classes of flannelette?—There is a distinction, but I am not a sufficiently able expert to say. I have sent out and bought specimens of cheap flannelette, and the dearer price flannelette, and I have found them all to be inflammable, but the cheaper kinds particularly so.

9085. They have blazed up more?—Yes, at once. I have done it in public before the jury. I discussed the subject with one gentleman on a jury some years ago in a flannelette case. He was, I should say, a draper carrying on a small trade, and he said he dealt very largely in flannelette, and he asserted that I was rather too severe in my strictures with regard to the use of it. On that day I had one jury for the whole of the cases. I have had as many as 18 cases on one day, and sometimes three or four. One of the cases had to be adjourned, and on the next occasion the gentleman I refer to produced some specimens of flannelette which he said were perfectly harmless. One of the other jurors said, "You had better let us see if it does get on fire." A match was struck, and then the flannelette produced blazed up, and he had to drop it out of his hands. There was another specimen that was not so much of a failure; but they were all failures.

9086. They were all inflammable?—Yes.

9087. Have you considered at all whether foreign flannelettes are more inflammable than English flannelettes?—I have not considered that.

9088. There is a large amount imported from Germany, is there not?—I do not know that.

9089. We have had evidence that there is a large amount with a loose web and very inflammable. It depends, does it not, on the looseness and length of nap?—Yes, so far as my experience goes.

9090. Have you had any experience of any scientific process for diminishing the inflammability of flannelette?—No, I have heard of it.

9091. You cannot give us any opinion on that?—No.

9092. I take it that your practical suggestion is that flannelette should be marked as inflammable unless it answers to a Government test?—Yes.

9093. People might sell it at their own risk?—It ought to be marked, certainly, inflammable or non-inflammable, and if they say inflammable, they ought to take the risk. But I would prefer there being no risk whatever, by reason of having a Government test.

9094. That would raise the price on the poor of course?—I do not like to say that; but I think possibly, if the price were raised slightly, it might diminish the spending power in other directions, which might be a very great advantage.

9095. Supposing that any material could be added to the washing which would render it non-inflammable each time it was washed, do you think people would be got to use it?—That would require some education, and then it would become a question of whether the stuff it was washed in would really be efficacious.

9096. We have had evidence that a good many substances will reduce the inflammability for one or two washings?—But not further.

9097. But do you think the poor would ever be induced each time they washed it to use a pennyworth of mixture which would render it non-inflammable?—I am afraid not.

9098. Do you think that the marking of flannelette "inflammable" would have any effect whatever on the poor buyer?—I think it is a question of the cheapest; they would take the least expensive. I am afraid the poor would not quite consider spending a few pence more per garment to get a non-inflammable garment; they would not think about it. They will go for the cheapest article.

9099. They will not, so to speak, pay extra for an insurance ticket?—Quite so. I should like to mention upon that head, that possibly the effect of recent legislation with regard to fire guards may obviate the cases of death by burning.

9100. I think that most of the cases that have come before you have been cases where the garment has come into direct contact with the flame; it has not been a mere spark?—A mere spark has done it, but in the great majority of cases they came into actual contact with the fire.

9101. The child has turned round and the petticoat has caught?—Yes, or they have been sitting down close to the fender before going to bed, or when they get up in the morning before being washed; so that possibly the effect of the legislation of the Children Act with regard to the use of fireguards may have some effect in diminishing the number.

9102. Have you had any cases of adults?—Yes. I had a case of a nurse a short time ago, in one of the hospitals; she was wearing a flannelette nightdress.

9103. A dressing gown?—Something of that sort.

9104. There are many cases in which severe burns result from the use of flannelette from which death does not occur. Have you made inquiry about those?—No, I have not.

9105. Coming now to the question of anæsthetics, if a death takes place under an anæsthetic (I do not say necessarily from the anæsthetic) do you consider that on the true construction of the Coroners Act, you are bound to hold an inquest when it is brought to your knowledge?—Yes, I do.

9106. There is no option?—I think not.

9107. Some coroners think they are bound to make an inquiry but not to hold an inquest?—I think we are bound to hold an inquest, because it is death by accident presumably, and you have to find out whether the death has arisen from pure accident or by reason of criminal neglect.

9108. Do you find any difficulty in trying those cases with a Coroner's Jury?—None.

9109. You think they really appreciate the scientific evidence; or do they take your ruling?—My juries appreciate the scientific evidence. I have had questions of a highly scientific character asked of the doctor in the box by jurors. But I must add to that, that I get my jurors from a very good class of men.

9110. You rather specially choose a good class in those cases?—Not always; I do not know that I do always; I do sometimes. If I know beforehand; for instance, if I get a report to-day of a death from that cause, I would say to my beadle, "You had better, as "there is a question of a scientific character in this "case, tell the officer to summon a better jury."

9111. Who is your beadle?—He is the inspector of police.

9112. Will you give us the number of deaths from anæsthetics that you have had to investigate?—I have taken them for the same period of time as I have the death from burns. In 1904 there were 8; in 1905—6; in 1906—4; in 1907—7; and in 1908—10; and for this half year, 2. In all those cases the jury I should say found that the anæsthetic had been properly and skilfully administered, and when an operation had taken place that it had been properly and skilfully performed.

9113. Do you refer to cases in which the anæsthetic had been given with a view to an operation?—Just before the operation commenced.

9114. Death occurred before the operative procedure began?—Yes.

9115. There is a danger no doubt with people with weak hearts?—Yes, that is why I always ask the question; and it is known now in Liverpool that the patient should be examined with the greatest care before administration—unless it is a case of absolute life and death.

9116. But every skilled anæsthetist makes an examination of his patient to choose the anæsthetic, does he not?—He should do so, but I always make the enquiry.

9117. Have the doctors in Liverpool raised any question about the necessity for an inquest where death has occurred under an anæsthetic?—No, never so far as the cases have been reported to me.

9118. And in your opinion the Act gives you no option?—I certainly think not.

9119. In all the cases you have dealt with the anæsthetic has been administered skilfully by a qualified medical man?—Yes.

9120. Have you had cases of dentists?—One only, I think.

9121. Was it nitrous oxide that was used?—No, chloroform I think it was in that case. In that case of the dentist—I am speaking from recollection of some years ago—a brother dentist administered it.

9122. There were two dentists?—Yes, I commented upon it; I am speaking now, it must be of 12 or 15 years ago; and whether in consequence of that, or not, dentists generally get in a qualified man to administer whenever the anæsthetic is to be chloroform.

9123. That would not apply to nitrous oxide, I suppose?—I should say not.

9124. But when one of the longer anæsthetics like ether or chloroform is used, you think it should be administered in the presence of a qualified medical man?—Yes.

9125. Who has experience to know what to do in case of an emergency?—Yes, that is the great thing.

9126. We have had some complaint before this Committee of comments made by coroners in cases of deaths in hospitals. It has been suggested that there is unnecessary public anxiety. Have you any opinion on that?—I think it is a pity to lay too great stress upon deaths arising under such circumstances. It not only causes or may cause the medical gentlemen themselves to be a little anxious and so not to bring that coolness that is required when they are performing operations, but I think it has tended to alarm patients or others who may have to undergo operations.

9127. And if patients are unnecessarily alarmed it increases the danger as regards the anæsthetic. If a man is put under an anæsthetic in a state of grave apprehension there is greater risk?—Yes. I have often made the observation in court when these cases have been investigated, that, having regard to the very large number of cases in which relief has been given to patients by reason of the operation and the administration of anæsthetics, it would be well not to place too much emphasis upon the few deaths that take place now and again as likely to deter persons from undergoing operations.

9128. That is not the fault of the coroner or the jury; it is the fault of the press. It makes good copy?—Yes; but there again I think our press in Liverpool are very judicious. They do not always report these cases.

9129. You think they have been public spirited, and do not go in for sensational paragraphs in these cases where everything has been done that could have been done for the patients?—Yes; of course, if there has been neglect, that is another matter; but in these cases they seldom report them. I think that is very desirable also; it tends to allay any unreasonable apprehension.

9130. Do you think, if the law was altered, it would be sufficient if every case of death under anæsthetics was reported to the coroner? If he satisfied himself that everything has been done properly and in order, and the death was an inevitable accident, he should have power to dispense with an inquest?—Yes, that is very desirable.

9131. That is the law in Scotland. Everything is done by the Procurator Fiscal in private?—Yes. My observation is subject to this: that in large cities there is always a public opinion, which is a good thing. In small districts, I am not quite sure my experience would lead me to say whether an inquest ought to be dispensed with or not; but it certainly should be in the discretion of the coroner. In large cities there are always a number of medical gentlemen who know the facts, and if anything was wrong the coroner would be sure to hear of it. And then again the coroner in a large city is, I take it, of course, above all considerations of personal matters. What would be the effect in small country districts with a widely dispersed population I would not like to say.

9132. Now as regards death certification, you have one or two points to bring out. That, of course, touches the coroners' jurisdiction?—Yes. I am of opinion that all still births should be registered upon the certificate of a registered medical practitioner, and in the absence of such a certificate those cases should be reported to the coroner.

9133. Who would report them?—That is the question; either the midwife, if there is one in attendance, or some person in the house; or the police, who generally know of these cases; at any rate, anyone who knows the fact. Whether you could enforce it or not is a question for consideration. But I think they should be reported to the coroner in a case where there is no medical certificate.

9134. Then the medical certificate of still birth would be filed with whom, the coroner or the registrar?—The registrar.

9135. At what stage of pregnancy?—I am not a medical man.

9136. There is the difficulty; you have to draw a line?—Yes. I should have to leave that to medical experts.

9137. You think that the present system of dealing with still births is not satisfactory?—I certainly think so.

9138. Do you think much actual crime is concealed, or is it more cases of not obtaining proper assistance?—It is a very hard question to answer.

9139. It chiefly arises in the case of illegitimate births, I suppose?—I should say it does; but it arises in the case of legitimate births too, and I think there ought to be every safeguard with regard to it. We hardly ever get cases of still births reported to us, except if there is something peculiar, and the difficulty has always been to get the real facts.

9140. You have no jurisdiction if a birth is really a still birth?—No, we have not as the law at present stands; and that is our difficulty. To require still births to be reported would increase the coroner's work enormously.

9141. And people are very sensitive, especially the better class of people, about still births, are they not?—That is so; but the better class people as a rule have a medical attendant.

9142. And his certificate would cover anything?—Clearly. Supposing that a still birth were reported to me, and I found that a medical gentleman had been in attendance, I should take his certificate at once; and if I saw the body myself I think I am a sufficient expert now to say whether it was still born or not. But if I had any difficulty, I should call a medical gentleman in.

9143. Do you approve of the system under which a medical practitioner gives a certificate of death without having seen the body?—I do not. I think before a certificate is given by a medical gentleman he should see the body.

9144. Even if he has been in attendance very near before the time of death?—I do, unless he happens to be present at the death itself, of course.

9145. Then he has seen the body?—I suppose he does practically.

9146. I should like to get on record the grounds of your opinion?—I think the question of identification is set at rest. I think it would save any question of bodies being interchanged, so to speak, for insurance purposes. The safeguards altogether are in favour of the body being seen by a medical gentleman.

9147. It has been suggested that there is the possibility of people being buried alive. Have you any opinion as to that?—I have never had any such suggestion in my experience.

9148. You have never had it suggested to you as a ground for an inquest, that a person was prematurely buried?—Never.

9149. We had one witness who collected various reports upon the subject, but I cannot say that they were very carefully investigated?—I should doubt it very much.

9150. In countries where bodies are kept for some time, as they are in England, you think it is an impossibility?—I should say it is absolutely impossible; but it is a question for a medical expert.

9151. But, on the other hand, a view after death by a medical man would be a great comfort to many people?—It would undoubtedly, and it would save a great number of questions arising. Why should not a medical gentleman go and see the body?

9152. No difficulty would arise in the case of the richer class people, where he could charge his fee; but in the case of the poor it would be another expense where perhaps there was not much money?—That might be provided for in the case of the poor, by the Medical Officer of Health and his officer or the parish doctor doing it.

9153. That would be throwing a considerable additional burden on him and he would have to have extra pay for it?—Yes.

9154. But you think some medical man should always view the body?—Yes.

9155. And if the relations could not afford it, public funds should pay the small necessary fee?—Yes.

9156. And every uncertified case ought to be reported to the coroner, you think?—Certainly.

9157. At present in Liverpool I suppose the uncertified cases are practically reported to you?—All of them, I should say.

9158. But there are a certain number of cases which are certified, where no medical man has seen the body after death?—I should think a very large proportion.

9159. The Registration Law, in your opinion, would be complete if two changes were made in it; first, if it were provided by law that the body before burial should always be seen by a medical man; and, second, that if a medical man did not certify, the coroner should be informed?—Yes.

9160. He need not necessarily hold an inquest, but he should have an inquiry?—Yes, as he does now.

9161. In cases of uncertified deaths?—Yes.

9162. I think you have one further suggestion to make, that doctors shall report all cases as to which there is any doubt of the cause of death, direct to the coroner?—Yes.

9163. Not give the certificate to the registrar?—Yes, I think it would save a great deal of time, and enable the coroner's officer to make his enquiries earlier.

9164. In such cases it is always important that the body should be seen by the coroner's officer at the earliest possible moment?—Yes.

9165. Especially where there is any question of crime involved?—Yes.

9166. Are there any further points that you wish to call our attention to?—There is the point about the duty of the registrar, that if he gets a report sent to him he should report at once to the coroner.

9167. At present he is instructed by the Registrar General to do so?—Yes, but he generally makes a sort of informal inquiry himself, and satisfies himself of the cause—natural death.

9168. He so to speak acts as coroner?—Yes, I think all those cases should be reported to the coroner by the registrar without any distinction, and let the coroner take the responsibility.

9169. As the law stands at present, has the person who reports to the registrar to report in person or in writing?—I think he must go in person; but I think it is often done in writing.

9170. He ought to take with him the doctor's certificate?—Sometimes they take the doctor's certificate with them. I think that is the general rule.

9171. Then the registrar gives the order for burial, and that is handed to the undertaker?—Yes, and then the burial takes place.

9172. In the case of better class families in Liverpool, is that done by the head of the house in person?—I think it is generally done by the head of the house, so far as my experience goes; or the medical gentleman very often sends the certificate direct to the registrar.

9173. Is it taken without the householder's declaration?—I think the registrar generally finds out in some way and satisfies himself. I think that in the case of the better class they do it for the purpose of saving pain and trouble. I have known registrars go round to houses when they have got the information. I do not think it is usually done, but it has been done.

9174. However, you think that the registrar is there a little poaching on the domain of the coroner?—I would not like to say that, but I think for safety it would be better in that class of case that it should be sent down to the coroner and let him make his enquiries in the ordinary way, not with the view of holding an inquest.

9175. But of satisfying himself that everything is right?—Yes, there is great safety in it.

9176. I take it that, in the vast number of inquests that you have held, very few cases of crime have cropped up?—Very few, taking it all round.

9177. But still the fact of holding an inquest and the knowledge that an inquest will be held is an admirable deterrent?—Undoubtedly.

9178. What in your opinion would be a fair way of dealing with the question of superannuation?—I do not know that I have considered it very fully. I suppose the number of years a coroner has been in office and the relative salary that he gets should be taken into consideration.

9179. You only suggest pension and superannuation in the case of whole-time officers, I take it?—No, I think it should be also with regard to others. But with regard to a whole-time officer it should be done undoubtedly, because he has no chance whatever of making money outside his office. As a rule the whole-time man is a person who has been at work in his profession years before he was appointed; he has to give up his professional duties and is thrown upon the office for the purpose of his livelihood. Then in case of ill-health he is practically done unless he resorts to some subterfuge, which is not right.

9180. You mean that it is a great inducement to a man to go on when he can no longer perform his duties?—Yes, he is bound to do so, or go to the workhouse; because he cannot save much money out of his salary and has to keep up a position.

9181. On the other hand, in a pensionable office you can get men for a lower salary?—Yes.

9182. The pension is in the nature of deferred pay?—Yes. My predecessor had a larger salary than I have now—That is 25 or 30 years ago.

9183. But the actual salary is a question of bargain between the authority who appoints and the man who chooses to take the office?—That is true; in a sense it is a bargain. But generally speaking there is an announcement made that the coronership is vacant and the salary is so much, and you make your application accordingly.

9184. That is to say, you take it or leave it?—That is true. But although you do that, it is quite reasonable in my opinion that some arrangement should be made by which, when the office is open, there should be some pension attached to it. I think you will observe that I am a member of the council of the Coroners' Society.

9185. And you support generally their recommendations?—Yes.

The witness withdrew.

Mr. M. S. NEWTON called in and examined.

9186. (*Chairman.*) What is the name of your firm?—Horrockses, Crewdson & Company, Limited.

9187. How long have your firm been manufacturers of flannelette?—About 15 years.

9188. And you turn out about 9,000,000 yards a year?—About 9,000,000 yards, rather more.

9189. What class of flannelette do you turn out?—The best class. When we commenced to make flannelette, it was a very low-class trade; the trade was gradually getting lower and lower; people were trying how cheaply they could produce flannelettes. When we commenced the trade we went on the opposite tack, to see how good we could make them, and we raised the quality considerably.

9190. Will you explain to us, who are not experts, what you mean by raising the quality?—Instead of confining ourselves to the production of flannelette at, say, 2¾*d.* and 3¾*d.* a yard, we went up to 4*d.*, 5*d.*, 6*d.*, 7*d.*, and 8*d.* a yard.

9191. I want to know the difference in texture; is there any difference in the texture?—Yes, we make it closer instead of making it loose. Low flannelette is made loosely and openly with a long nap.

9192. Is it more inflammable the looser it is?—Yes, I should say undoubtedly.

9193. Have you experimented at all?—To a certain extent I have, with the better kind, and I can demonstrate to you; but our flannelettes are made with a closely woven foundation and a short close nap.

9194. More like closely-woven flannel?—Something like that; but the threads are put very close together, and the nap is short and close, so that when it does get on fire—we do not say that it is non-inflammable, because everything will burn—it is no more inflammable than ordinary calico. Then with regard to the difference in inflammability between the low qualities and better ones; the low quality ones being open and loose the flame gets hold of the body of the cloth and it offers no resistance through the flame getting such a perfect hold upon it. With ours, it takes some considerable time for it to get that hold.

9195. What kind of prices do your higher priced flannelettes sell at retail. I am not speaking of the wholesale prices?—Our lowest price, retail, is 4¾*d.* I have purchased, for the purpose of this inquiry, samples of our flannelettes in some of the leading retail shops in London.

9196. You have repurchased them so to speak?—Yes, just at their ordinary selling prices. I notice that the lowest we could get is 4¾*d.*, and I think it goes as high as 8¾*d.*

9197. Your flannelette then would not be used by the very poor?—I think it would not. I notice that Mr. Gibson in evidence the other day told you that he had not had any trouble with flannelette at a higher price than 4¼*d.* The lowest price of our flannelette is 4¾*d.*

9198. Do you know anything about foreign flannelettes?—Not very much.

9199. There is a good deal imported from Germany, is there not?—I do not think there is as much as there used to be. We come in competition, of course, with them, but I do not think the trade is quite as large as it used to be.

9200. But I suppose the probability is that the majority of deaths from flannelette burning occur among the very poor who cannot pay much attention to their children and who buy the very cheapest qualities?—Very likely.

9201. Can you make any suggestion how that evil can be met?—I cannot. Unfortunately, this "Non-flam" process will not help us, because it costs from ¾*d.* to 1*d.* a yard; but in addition to that one has to remember that during the "Non-flam" process the cloth shrinks very considerably, so that the cloth would have to be made in wider looms; instead of being made in the ordinary 40-inch looms, in order to get 36-inch finished, you would have to have a loom perhaps three or four inches wider. Our customers like a cloth to measure 36 inches wide. A 40-inch loom would not give you much more than a 34 to 35-inch cloth. You would have to pay more for weaving, and there would be the extra space that the loom stands in, all of which would have to be paid for; and there would be more cotton required.

9202. Do you do your own finishing?—No.

9203. Where are your works?—At Preston and Bolton.

9204. Have you practically the main trade in the better class of flannelettes, or are there other firms?—There are other firms besides ours, but we do a very large portion of the trade. I should think we have about 1,500 workpeople engaged in producing these flannelettes.

9205. Have you made any tests with "Non-flam" and other preparations?—Yes, we have tested non-flam, and I can show you samples of it now, after washing. After it is washed and rinsed it will burn quite as readily as any other.

9206. We have been told that it depends upon the rinsing, upon the water in which it is rinsed?—I cannot speak as to that. I have not washed it myself but I have had some of it washed, and I have always heard that it was washed in the ordinary way and rinsed, I suppose, in water.

9207. We have been told—I do not know how far it is correct—that when laundries wash flannel, not flannelette, the custom is not to rinse it in pure water but to leave a certain amount of soap in the water, and that if that is done with non-flam flannelette it remains uninflammable. On the other hand, if it is carefully rinsed in pure water we are told it loses its virtue of non-inflammability after a certain number of washings?—I think it will do that the first time.

9208. By rinsing in very pure water?—Yes.

9209. Or if the slightest amount of alkali is left in the water, we are told that that preserves its non-inflammability?—That I cannot say. We have not tried it scientifically at all, we have just given it the ordinary washing test.

9210. What do you mean by the ordinary washing test; have you washed it yourselves?—It is washed in our warehouse; we have some charwomen who do it. I do not know what they did, but at any rate they washed it.

9211. It has been washed at home?—Yes.

9212. You think that there is a certain amount of danger with all flannelette unless people are instructed in the way of washing it?—I think there is no security at all from danger except a fire guard. I do not think you can have anything to beat that. You may wash it and you may give people these preparations, which they may or may not use; probably they will not use them. If you told them how to wash "Non-flam," that they were to leave the soap in, I do not suppose they would do it.

9213. We have been told by another witness that if in washing flannelette you added a pennyworth of his mixture, the flannelette was non-inflammable, and was equally good to wear. Do you think that people would be induced to spend that 1*d.*?—A certain number of the population would, but the great majority would not. It would not be because they would not spend the 1*d.*, but from carelessness. They would not take the trouble.

9214. If I understand your position rightly, you think that the poorer class flannelette of looser texture is a source of danger?—Undoubtedly.

9215. What is your suggestion for remedying it; would you prohibit lower class flannelettes, English and foreign?—If you prohibit lower class flannelettes you simply drive people to use calico, and calico is quite as inflammable as flannelette, as I can demonstrate to you.

9216. I rather understood from the Liverpool coroner just now, and also from the Manchester coroner in his evidence, that though calico is inflammable it does not produce the same severe burns; it is more easily dealt with?—I have got a sample here of a piece of calico that is more widely sold—a greater quantity of pieces are sold—than any other individual cloth in the world, and I think its burning qualities are unequalled, certainly by flannelette. It is far more dangerous.

9217. But it is not so deep in clinging. We are told that flannelette is so deep in clinging and that it produces more severe burning from calico or muslin?—I cannot imagine anything that can be more severe in burning than thin calico.

9218. You think that is an equal source of danger?—Undoubtedly.

9219. If that is so, it is a curious thing that we have had no evidence of any considerable number of deaths from calico burning?—You see flannelette is very much more comfortable for wear.

9220. You mean that calico is not worn to anything like the same extent?—It is worn; but almost every child is clothed in flannelette, and if a child has a flannelette undergarment on at all, even though it has a muslin or print frock, if it caught fire the coroner would attribute the death I am afraid to the flannelette.

9221. And the real deep burns that caused death would be the flannelette burns and not the superficial muslin?—I think the muslin would be equally inflammable.

9222. There is no doubt that muslin is hideously inflammable?—Yes, it is unquestionably.

9223. And yet we do not hear of many deaths from it?—I do not know how that is. It is quite as inflammable as flannelette I am certain; and I can convince you too if I may demonstate it to you.

At this point the witness produced a specimen of his ordinary manufacture of flannelette which is sold at 6¾d. a yard, and it was a long time in catching fire, but it was inflammable after being exposed to the direct action of fire for a certain time, although it appeared to resist the action of anything like a spark or a dropped match. The witness also produced a piece of "Non-flam" which had been washed and rinsed once, and this was somewhat less inflammable than the first specimen, but it did burn after the continued action of flame was applied to it.

9224. (*Sir Thomas Bramsdon.*) The piece of "Non-flam" which you showed us had a distinct nap on it?—It had a nap.

9225. Whereas your manufacture seemed to have very little nap on it.—Very little nap.

9226. Do I rightly gather that the nap in your opinion is the practical test of inflammability?—As I said before, if the cloth is loosely and openly made with a long nap it is dangerous, but if the cloth is made closely and compact it is not so dangerous, especially if you have a short nap.

9227. I should like you to illustrate as fully as you can what in your opinion is the cause of the inflammability of these flannelettes beyond, if possible, what you have already stated?—You saw how readily the piece of calico I showed you burnt; that is because the calico is so thin that it has nothing to offer in resistance to the flame; and it is the same with low flannelettes, you cannot afford to put a great amount of cotton in the low-priced article and make it close and compact, and if it is open and loose the flame can get hold of each separate thread and there is nothing to stop it; but there is a certain amount of protection by putting the threads close together undoubtedly.

9228. Then, if I understand it correctly, the inflammability is largely due to the texture of the material?—Yes.

9229. (*Chairman.*) Not to the substance it is made of, but to the texture?—And the quality. In the "Non-flam" flannelette, for instance, all their dyed cloths have been made from waste; I will say the majority. I will not say everyone, because I am not acquainted with them all; but ours are made from very high grade cotton.

9230. (*Sir Thomas Bramsdon.*) Is it possible or is it impossible to make very cheap flannelette without this nap, or with a more closely woven texture?—I do not think it is possible; you could not do it at the price.

9231. And so far as you know, you do not think that any material applied to it makes it less inflammable?—I do not see how it can. If there are any goods at all to which the "Non-flam" process ought to be applied, it is low flannelettes, and yet I am afraid the extra cost of weaving and producing cloth heavy enough puts so much extra upon the cost, that it puts it out of court; you raise it in price from a low quality cloth to a high quality cloth, and therefore when you come to take a low-priced cloth subjected to the "Non-flam" process, I do not consider that it is as good as cloth made on the lines that I have shown you; I do not say our own, but any similar cloth.

9232. Do I correctly gather from your evidence that if flannelette is made closely woven, with scarcely any nap, without any process such as "Non-flam," in your opinion it becomes less inflammable?—I regard it as safer than calico. I do not say it is non-inflammable, because it is not.

9233. I said less inflammable?—I beg your pardon; it is less inflammable undoubtedly, and I think it is safer. I think it is the safest material known if it is properly made.

9234. (*Chairman.*) How does it compare with muslin?—There is no comparison at all, muslin will fire instantly. I have a nainsook here, if you would like to see it, which will fire faster than calico.

9235. What is nainsook?—It is a kind of muslin; it is the nearest thing to muslin that we make. It will fire much quicker than calico.

9236. (*Sir Thomas Bramsdon.*) You are not in any way interested in the "Non-flam" process?—Not in the slightest.

9237. I take it, therefore, that you can offer a perfectly independent opinion upon it?—We do not adopt it ourselves. I may say that when the "Non-flam" process was first originated, we had samples of all our cloths treated with it, as we were anxious to have the very best. The result was that they were simply spoiled in our opinion as marketable cloths.

9238. What is your opinion of the "Non-flam" process?—It is not suited at all for cloths like ours; in fact, one of the proprietors, Mr. Whipp, told me at the time that our cloths were not suited for it, and did not require it; and he said: "You should make your cloths "more open and more loosely, and take out some "cotton; we will put in the filling, and then you will "have a satisfactory cloth." We did not agree, because, if cloth were made on the lines that Mr. Whipp suggested, more open and loose, we should just simply reduce the quality of our flannelette to low-class cloth, and make it more dangerous when the filling had gone, as it will when it is rinsed or washed in pure water.

9239. Can you give us any idea of the relative inflammability of your closely woven material at a given price, and a similar article at a similar price treated with the "Non-flam" process?—If it is washed and rinsed in water like that sample that you saw—I suppose the rinsing is necessary—I should say there is not very much in it.

9240. Can you give us any opinion as to the practicability of a certain fire test being imposed upon the making of flannelette?—That goods should come up to a certain standard, you mean?

9241. Yes?—I do not see how you would do it. If you had all these flannelettes, or the majority at any rate, sent to a finisher's works, you would have to have a large staff of Government Inspectors in the works, and I believe that every piece would have to be tested. I do not think you could do it by taking a batch.

9242. I think that is beside the question. My suggestion was rather this: supposing the makers were required to mark the article as inflammable, unless it was able to resist a certain fire test, without its passing a Government test, would there be any difficulty in that?—What test do you suggest?

9243. That is a matter that an expert would have to decide. Do you follow my question?—You want to know whether it is possible to establish a test?

9244. What I mean is, is it possible to make the selling of an article not marked inflammable sufficient warranty that it satisfies certain tests against fire, and, as a sort of guarantee under the Merchandise Marks Act, throwing the responsibility of it upon the seller?—I do not quite understand.

9245. It is perhaps difficult—let me try again. You know that under the Merchandise Marks Act, certain articles sold have certain responsibilities?—Yes.

9246. Is it possible to extend that responsibility to the seller so that any article of flannelette sold, unless it were marked inflammable, should stand a certain test against fire?—I really do not see how you could do it.

9247. (*Chairman.*) May I make a suggestion? Supposing you took ordinary flannel as the standard and any flannelette that was more inflammable than ordinary flannel would have to bear a label "Inflammable," you could easily find out the inflammability of flannel, that is to say, that it would burn at a certain distance from a flame of a certain strength from a spirit lamp, and then you would find out how inflammable flannel was, and any flannelette that was more inflammable than flannel should be marked inflammable?—Then you would have to mark them all.

9248. I should have thought yours was about on the same level as flannel?—I have a wincey here which is a cloth made with a mixture of wool and cotton. I have no flannel here; but I think flannel would resist fire better than ours.

9249. Then perhaps a somewhat lower standard might be taken. The specimens you have shown us seemed reasonably safe?—I think there is no doubt about that.

9250. What do you say to all flannelettes that did not come up to your standard being plainly marked inflammable?—From our own point of view we should like it, but I hardly think it would be practicable. It would lead to endless disputes.

9251. Why. The Government Inspector would casually take samples, and he would say "You are "selling an article which ought to bear the mark "'*Inflammable*'." That is how it would operate.

9252. (*Sir Thomas Bramsdon.*) May I take the converse and try to help the illustration? You agree that some flannelettes are very inflammable?—Yes, I do, undoubtedly.

9253. Supposing that a retailer sold a very inflammable article which manifestly did not stand the test suggested by the Chairman, would it not be easy in that case to sustain a conviction?—Undoubtedly it would; but there are many flannelettes that might approach very near to our standard, and that is where your trouble would come in. There is no broad line of demarcation between the two. You might say that ours were safe and somebody else's were not, and then there would be a question of dispute.

9254. But supposing you took, as the Chairman said, a low degree of inflammability, could not that be done?—Yes, if you took a low degree, but you might frighten people off it, and then they would take up ordinary grey calico, which is practicaly as dangerous.

9255. (*Chairman.*) And less sanitary?—Yes, and not quite so comfortable to wear. But I might rather qualify that. I am not sure that grey calico would be quite as dangerous as low-class flannelette. It certainly is more dangerous than better class flannelette, but when you get to low-class flannelette at 2¾*d.* and 3¾*d.* it is not so.

9256. Take your flannelette which you showed us which resisted flame very well; as it is washed from time to time and gets thinner and thinner, does it become more inflammable, or does the stuff shrink closer together?—It would to a certain extent "mill up"—get closer together; but I do not think the inflammability would increase. But I have not tested it.

9257. (*Sir Thomas Bramsdon.*) Do you think that the application of even a low test would seriously interfere with the commercial trade?—It would to a great extent. I think it would tend to frighten people—people are alarmed already of course, and even people who buy our flannelette have got a scare; flannelette has got a bad name. I wish our cloth were known as something else.

9258. Supposing the very low-class flannelettes were marked "Inflammable," would that interfere with the sale?—I think it would.

9259. Are the makers of flannelette also makers of grey calico?—I think, in some cases, they are.

9260. If the sale of flannelette were lessened, would it be made up for, as it were, by the sale of grey calico?—To some extent it might be, but probably not.

9261. Then you think that it might injure certain classes of manufacture?—Undoubtedly.

9262. Is that closely woven flannelette as comfortable as flannelette with a nap on it?—Yes. The people who wear our flannelette tell me they never see anything like it. I could produce several cases where it has been supplied to mothers' meetings and so on, where the people say, "I wish I could buy this in shops." They can, of course, in a great many shops, but they say, when a private individual gets it, that they have never seen anything like it. I have a case in my mind now where I gave some away, and they tell me they have never seen anything like it.

9263. (*Chairman.*) Is that because of its wearing qualities, or because it is equally comfortable to the skin?—For both reasons.

9264. I can understand that its wearing qualities would be a good deal better than some we have seen, but I have seen some which is certainly dangerous, but exceedingly comfortable to the skin?—I think it is for both reasons.

9265. (*Sir Thomas Bramsdon.*) Do you make both the closely woven flannelette and the flannelette with a nap?—We have some with a longer nap than others.

9266. But the large sales are with the closely woven nap?—Yes, we have one material with a closely woven foundation and rather long nap.

9267. I should like to ask you whether all persons, men and women as well as children, wear this flannelette?—Not every one, but amongst a large section of the population flannelette is universally in use by people who cannot afford woollen garments.

9268. Men and women?—Yes, men wear it for night-shirts and day-shirts. We have one cloth that I should like to show you that is used simply and solely for shirts.

9269. For men and women?—For men's shirts.

9270. What about women?—Our ordinary flannelette is used for women's underclothing as well as men's.

9271. We spoke just now about the number of accidents arising from fire to children who were wearing flannelette. Is it a fact that there are a very much greater number of children who wear flannelette now than there used to be?—I should think almost every child whose parents cannot afford to supply it with wool wears flannelette.

9272. May we say that among the artizans and poorer classes it is almost universally worn?—Yes, and among higher classes than that—even the middle classes wear this flannelette of ours.

9273. Can you tell me within what period of time that has been developing?—In the last 15 years, ever since we commenced to make it. The flannelette trade has been going since 1885, but then it got down to a very low cheap material; and we tried to raise it up. First of all it gradually got down and people kept on trying to see how cheaply they could produce it. Then we tried to improve the quality, and we got it up to what you saw.

9274. Do you think that you could get an even better quality of flannelette as time goes on?—I think we are getting it pretty nearly of as good quality as we can get it, but if any improvement can be made we shall do it. It has got to a very high standard of excellence no doubt.

9275. Can you give us any information or offer any opinion as to the period of time within which the deaths of children from fire have had attention called to them?—I am sorry I cannot.

9276. Do you think it is an incident only that children are wearing flannelette?—I think I may say that it is the very popularity of flannelette that has called the attention of coroners to it. Every child is clothed in flannelette. I do not think the accidents are attributable to the flannelette, but to the fact that the children happen to be clothed in it, and when a coroner finds case after case of children clothed in it, he probably does not know much about it and he naturally assumes that the flannelette is the cause of it.

9277. That brings me back to my question: If the child had not been wearing flannelette do you think it would have been burnt probably just as much?—Yes, I do with calico.

9278. So that the wearing of flannelette is after all, as I said, only an incident in the case?—Yes.

The witness exhibited specimens of material to the Committee.

The witness withdrew.

Sir Victor Horsley, F.R.S., F.R.C.S., recalled and further examined.

9279. (*Chairman.*) I think you wish to make some observations on the evidence given by Mr. Troutbeck?—Yes; I was dealing quite impersonally last week with the question of false verdicts arrived at in Mr. Troutbeck's court as examples of the faults of the coroner and jury system, as contrasted more especially with the Procurator Fiscal system in Scotland, or with the system which I hope to lay before you in a very few words directly. I must unfortunately now deal with the question of a personal matter, because Mr. Troutbeck in his evidence stated to this Committee quite clearly and distinctly, that he had not to deal with the justification of an operation, or whether it was necessary or not; you will find that at questions 8783 and 8787. Take question 8787: "I suppose you "only think it necessary to hold an inquest when death "occurs after a surgical operation where there is "some ground to think that the operation was "unnecessary? (*A.*) No, I cannot go into that. I do "not think I have any authority to go into that. If I "find, or have reason to believe, that substantially the "cause of death is the operation, I feel it is in my duty "to hold an inquest." Well, Mr. Troutbeck might think that, and might think that it was a question for a jury; but I wish to point out to this Committee that his action in my case, in which he directed the jury to enter into the matters he now repudiates, was a malicious one. It must be remembered that in my official capacity as Chairman of the Representative Meeting of the British Medical Association, it was my duty four years ago officially to draw the attention of the Lord Chancellor and the Prime Minister to the action of Mr. Troutbeck.

9280. With respect to your own case?—No; with regard to a great many other cases; it had nothing to do with my case at all. My case, in fact, did not arise until some years afterwards. Mr. Troutbeck was appointed coroner in 1888, but he held no inquest of this kind until 1908, in my case.

9281. Do you mean that he held no inquest into a case of death under anæsthetics?—The question of anæsthetics has nothing to do with it. He held no inquest into a case of death under a surgical operation in which the patient had been under the care of a responsible medical practitioner and a death certificate had been properly filled up.

9282. By a qualified medical practitioner?—Yes; by a registered medical practioner.

9283. In your case the patient lived long after the operation?—For about two and a half days, I think it was—at any rate for some time.

9284. So that there was no question of death under the anæsthetic?—Not in the least.

9285. It was a question of the operation?—Yes; I wish to point out that Mr. Troutbeck was coroner for 20 years before he held an inquest on a case of that kind, and mine was the first case on which he held one; but he said in answer to this same question, 8787, that he felt it to be his duty to hold an inquest in such cases. He says that it is not a matter of choice either. If you turn to Question 8808, where Sir Horatio Shephard had objected to Mr. Troutbeck's parallel of a cab-driver (and I should also like to put in my humble objection to being compared to a cab-driver under those circumstances—it is not a parallel case), Mr. Troutbeck in his answer referred the Committee to the section in the Act. His words are: "As that section "stands, I regard it that I have not the choice. I am "not doubting the information given me, but the "information being to that effect I am bound to "move." I submit to the Committee that Mr. Troutbeck for 20 years did not feel bound to move, although he was under that section of the Act, until my case came under his notice.

9286. What was the nature of the operation in your case?—For tumour of the cerebellum, the small brain.

9287. Was any special information given to Mr. Troutbeck in that case?—We have never been able to find out who gave the information except from a postscript in a letter to the *Times*, in which Mr. Troutbeck said it was the registrar; but who instructed the registrar to give him information on such cases has never appeared. I presume it was Mr. Troutbeck himself. Certainly it was not the relatives; the relatives wrote furiously to the *Times* a letter saying that Mr. Troutbeck's action was "unadulterated impudence"; so that it certainly was not the relatives.

9288. It was not the relatives who wrote to the *Times*; it may have been some other relatives?—The relatives appeared and denied all knowledge of it.

9289. Who was the patient—a boy or a girl?—The patient was a lady of about 54 years of age.

9290. Did you operate at the Bolingbroke Hospital?—Yes.

9291. That is a hospital for patients who can afford to pay?—Yes.

9292. Rather like St. Thomas's paying Home?—Exactly. That is the only case which I have ever operated upon there; it is the only time I have operated within Mr. Troutbeck's district, that I know of, under such circumstances, and I did so as a matter of convenience to the patient's friends, who were not at all well off. What I am pointing out to the Committee is that if Mr. Troutbeck was legally obliged to hold an inquest in such cases, either his evidence given to this Committee is not to be relied upon, or he acted in my case with malice.

9293. Or there is a third alternative: that he acted on some information that he had at the time which is not before you?—But Mr. Troutbeck answered several of my letters in the *Times*, and if he had some information it was his duty, from a public point of view, to make that information known. I do not believe for a moment that any such information exists.

9294. We must give Mr. Troutbeck an opportunity, of course, of making any explanation?—Quite so; but there is another point that shows the maliciousness of his action. When he was challenged on this point in the *Times*, not by myself, but by Dr. Shearer——.

9295. Who is Dr. Shearer?—He signs himself "Donald F. Shearer, F.R.C.S., Joint Honorary Secretary, South-West London Medical Society"; he is a practitioner in Mr. Troutbeck's district. His last paragraph is this: "In the absence of a reasonable "cause of suspicion against Sir Victor Horsley's "skill and good faith, this peculiar inquest held by "Mr. Troutbeck can only be attributed to his specific "animus against the medical profession. Year by "year hundreds of death certificates have been regis-"tered in Mr. Troutbeck's district in which an "operation has been set down among the 'causes of "death.' Yet, till he could attack Sir Victor Horsley, "who took part in the agitation against him some "years ago, Mr. Troutbeck let them pass." I endorse that. I say, he let them pass for 20 years.

9296. I suppose there must have been a good many deaths after operations in Westminster Hospital?—Of course, a great many; and to say at the end of 20 years that you are legally bound to carry out a judicial act on behalf of the public is ridiculous.

9297. Just to complete the case, this is a case in which you were called in as a specialist?—Yes.

9298. Who was the medical man who called you in?—I am coming to that; that is another evidence of Mr. Troutbeck's malicious action. The practitioner who called me in was Dr. Biggs, a practitioner at Wandsworth, in Mr. Troutbeck's district.

9299. Is he a physician or a general practitioner?—A general practitioner; and also Dr. Thompson, who was a specialist physician for nervous diseases, who had seen the patient in the institution and recommended my being called in.

9300. Had you all had a consultation before the operation?—Yes.

9301. Who was present at the operation; was either of those gentlemen present?—Dr. Biggs was present and Dr. Thompson too.

9302. You performed the operation in the Bolingbroke Hospital?—Yes.

9303. Is there an operating theatre there?—Yes, there is a first rate modern theatre.

9304. Were other people present besides?—Yes, there were a great many people present.

9305. Nurses?—Yes, and three house officers, Dr. Aitken being the senior. Still arising out of this question of Mr. Troutbeck's evidence, Mr. Troutbeck also informed the Committee that he invariably, or almost invariably, asked the surgeon who had performed the operation, or the practitioner in charge of the case, about the case before he held an inquest. That statement is absolutely untrue.

9306. (*Sir Malcolm Morris.*) Is that statement in Mr. Troutbeck's evidence?—Yes.

9307. Where?—Suppose you take the answer to Sir Horatio Shephard's question, No. 8799: "You "say you do not regard every death which follows "in point of time on an operation as a violent death? "(*A.*) No, it is not necessarily *post hoc propter hoc.* "(*Q.*) How are you to know? (*A.*) One can only "know by the information which is given one if the "case is reported. (*Q.*) If the information which is "given you is to the effect that the operation was a "necessary one and was properly conducted, would "you not be satisfied with that information? (*A.*) "Yes." Now Mr. Troutbeck never inquired of Dr. Biggs or of myself or of Dr. Thompson as to whether the operation was a necessary one, or whether it was properly conducted; and he did not do so for a very good reason: that he did not intend to get that answer from me. I can prove that from his letter to the *Times*. This point I may say is as to the calling of clinical evidence. You asked Mr. Troutbeck the same question several times over, and several times you got the same answer from him that he regarded the clinical evidence as most important, that he always called it.

9308. I suppose that everybody must regard it as most important?—Yes; but I am proving to you that it was Mr. Troutbeck's practice not to call it. I raised this point naturally in my letter to the *Times*. What was Mr. Troutbeck's comment on it? "I may also add that Dr. Biggs's name as the "medical attendant was not given to me until I "reached the court. The medical superintendent of "the hospital gave me the particulars"; but he was not the gentleman in charge of the case. Dr. Biggs was the responsible person in charge of the case.

9309. The Bolingbroke is one of those hospitals, is it, where a patient may be attended by his own private medical man?—Yes, and this lady was so attended. Of course, all Mr. Troutbeck had to do was to ask who was the physician in charge of the case, and he did not do it.

9310. And who was the operating surgeon?—Yes. And this is his comment with regard to myself: "I have, "however, no reason to doubt that Sir Victor Horsley "was perfectly able to give full information of the "clinical facts to the jury." So that he had made up his mind to have an inquest and to drag me before the jury. He did not ask me the facts of the operation. It was his intention to hold an inquest; in other words, as I have explained before, to have an inquiry of a grossly imperfect nature (which again I am going to refer to) in a court which has a *quasi*-criminal atmosphere about it; and that action in regard to a practitioner, especially a surgeon, I hold to be malicious, and so does every one of my professional colleagues.

9311. To go one step further, as regards the conduct of the inquest itself, were you satisfied with what took place?—Oh, yes; except in one or two points of judicial procedure. For instance, Mr. Troutbeck asked the nearest relative of the patient a purely medical question, and the relative immediately said "Where is Dr. Biggs, I cannot answer that question." He might well ask where was Dr. Biggs. Dr. Biggs was not summoned to the inquest.

9312. Dr. Biggs had been in charge of the case for some time?—Yes, for years; he was the family attendant, and he had been so for 25 years, but Mr. Troutbeck never inquired into his existence, and never summoned him to the inquest.

9313. Practically your complaint comes to this then: that you do not object to Mr. Troutbeck making inquiries into the cause of death in this case, but you say that it was a case in which, if he had made sufficient inquiry, there was absolutely no necessity for an inquest?—Exactly. There is not, of course, the slightest objection, and I take it from the public safety point of view, the whole *raison d'être* of the coroner's office is that he should inquire into such deaths as he thinks ought to be inquired into. I stated that in my evidence last Thursday. It was only the fact of an unnecessary inquest being held that we object to. I was not then dealing with it from the personal point of view as I am now. I was dealing with it from

the public point of view then, of pain to the relatives and injury to the hospital. So that I have brought the matter up now to the fact that Mr. Troutbeck did not carry out this procedure of his (which he, nevertheless, told the Committee he was legally bound to do by the Coroners' Act) for 20 years until my case occurred, and four years before that I had, as Chairman of the Representative Meeting of the British Medical Association, been responsible for the action taken against him before the Lord Chancellor.

9314. You think, therefore, that there was a causal relation between the two facts?—The whole of the medical profession think so, and I do not see what more evidence you could wish for than I have stated, which I take from Mr. Troutbeck's letters and his evidence given to this Committee.

9315. Apart from possibly unnecessary pain caused to the relatives by holding an inquest, it does no harm to hold an inquest, does it?—Do you mean to me personally?

9316. To you personally we know it has done no harm, because it has not affected your practice. What do you suggest is the harm caused?—To surgical work, and especially the hospital. As I stated on Thursday last, the Hospital Committee have petitioned the Lord Chancellor to put a stop to Mr. Troutbeck's conduct.

9317. But I do not see what harm it can have done to the hospital when an inquest is held and the hospital authorities are reported to have done everything that ought to have been done?—If you had been a hospital medical officer, as I have for 25 years or more, you would know perfectly well that the public are extremely sensitive on hospitals, and that if an inquest is held on a case that has been treated in a hospital, I do not care what the verdict is, a great many people will interpret that fact as reflecting upon the conduct of the hospital and the treatment endured by the patients in that hospital. May I point out to you also, that Mr. Troutbeck really meant to produce that impression, as you will see if you read the language in which he addressed the jury (this is on the judicial point that I was referring to just now), and which, I think, is scandalous. In the first place, as I stated on Thursday, he made the statement that all coroners agreed with him in his reading of the Coroners' Act. I pointed out to the committee that that was not so, that the Coroners' Society, which represents most coroners, has actually passed a resolution to the effect that such inquests were not necessary and should not be held. In the second place, I have here the report of his charge to the jury, from the *Times* of June 4th, 1908. Mr. Troutbeck was speaking about what he called the acceleration of death by the operation. Of course, anyone will agree that an operation might be held to accelerate death; that is not the question; the question is: what was the cause of death? and, as I have explained, the cause of death in any case was a natural cause of death, namely, the kind of failure of respiration and the heart that occurs in cerebral tumour, and that the trouble was that the operation failed to avert it.

9318. Death would have occurred in the same natural manner whether there was an operation or not?—Yes.

9318A. You think the operation caused a certain shock to the system that might have accelerated death by a few hours?—The disease was a fatal one, and would have killed in that particular way. I pointed that out, if you remember, to show that Mr. Troutbeck's verdict, which he obtained from his jury, was a false one, namely, "accidental death." It was not accidental death; it was death from natural causes. To return, Mr. Troutbeck, having raised this question of operations, said that "owing to the advance of surgery, operations were much more frequent than they used to be." You might as well say "I shall hold an inquest because coal tar products are much more frequently used than they were." The thing is ridiculous. Very powerful drugs, phenacetin, and so on, especially the coal-tar products, are a brand new thing in medicine in the last 10 years.

9319. I suppose the meaning of the observation is this: that modern methods have made surgery so safe compared with what it used to be, that people who almost recklessly undertake operations now trust to the safety of the surroundings?—But allow me to point out that that has been the practice of medicine since the time of Hippocrates; there is nothing new in that. That is no reason for holding an inquest.

9320. Unless you have some specific information?—Exactly, which has never been revealed in my case, and which I assert does not exist.

9321. Let me put this sort of case to you. Supposing that you found in a particular hospital that there were a large number of new forms of operation and a large number of deaths, would the coroner be justified in taking a test case to go into the question? Of course not, not for a single moment. That is my point. If the public want an inquiry into the subject, you must have a properly constituted tribunal such as I have sketched out in my *précis*. But that is my whole point. I say that the coroner and his jury are both absolutely unfitted for it. I do not care whether the coroner is a medical man or a lawyer, the coroner's court is an absolutely unfit place in which to discuss that sort of subject.

9322. For instance, when the operation for appendicitis was introduced?—Yes, or take ovariotomy. When ovariotomy was first performed by Sir Spencer Wells, people said that an inquest ought to be held on such cases and there ought to be a verdict of manslaughter. It is an exactly parallel case. Whereas the operation now of ovariotomy has a death rate, I suppose, of about 2·5 per cent.

9323. But in the early days, when the death rate was higher, you do not think that an inquest would have been justified?—Of course not.

9324. In your opinion, the coroner would not have been justified in holding an inquest?—Certainly not, because the fact of his holding an inquest might, and probably would, have prejudiced the public and have delayed the progress of surgery in that particular direction. As a matter of fact, of course hundreds of operations on the nervous system are done all over Europe and America at the present time, and the thing is past being injured by Mr. Troutbeck; but his inquest might have had that effect upon the mind of the public. Now to return. I was pointing out the malice with which he addressed the jury; that is the first point, namely, that he pointed out to the jury that operations were more frequent than they used to be. That is, of course, an obvious fact, but that has nothing to do with the justifiability of holding an inquest. He then went on to say that "He knew now that a considerable "proportion of deaths which undoubtedly were in "great part due to surgical operations were never "reported to the coroner . . . . the registrars did "not forward them to the coroner, as he thought they "should do."

9325. Those are duly certified deaths?—Yes, "Because perhaps they were not fully aware of the obligations of the Act of Parliament." There is nothing about it in the Act; it is only Mr. Troutbeck's reading of the Coroners' Act, and reading it alone and not in connection with the Registration of Births and Deaths Act, as we contend he ought to do. But this is the point I specially wish to draw your attention to: "It was a serious matter and one for which a legal "remedy was undoubtedly required." That is to say, he put it into the minds of the jury that here was a great public injury being inflicted by performing these surgical operations. He goes on. "On inquiry he "learnt that from the Bolingbroke Hospital alone "14 such deaths had occurred this year, and the "registrar stated that during the same period of time "there had in 30 other cases been operations in con-"nection with the last illness. Whether or not those "operations accelerated death one could not tell, but a "very serious condition of things stood revealed." That paragraph I also particularly want to draw the attention of the Committee to, because it suggests to an ignorant jury that here was a public danger, and that he, Mr. Troutbeck, was sitting and protecting the public. I say that those facts, together with the others that I

have laid before the Committee, especially the fact of this being the first case for 20 years in which Mr. Troutbeck took action, shows that he acted in this particular case with malice.

9326. You think it was a personal matter to yourself?—Yes.

9327. And if another surgeon had performed the operation no question would have been raised?—Exactly.

9328. That is the inference that you draw?—It is the opinion of everybody in my profession. But now, having entered upon this course, Mr. Troutbeck has held one or two more inquests of the same kind, and the same false verdicts have been returned so far as I know, namely, "Accidental death."

9329. Assuming that in a very desperate case an operation has to be undergone and the patient dies from shock or hæmorrhage under the operation, what do you say is the proper verdict?—"Death from natural causes."

9330. Surely not; hæmorrhage or shock under an operation is hardly a natural cause of death, is it?—Why not? You are dealing with a given fatal disease—a disease that must kill.

9331. Take the case of a man who is brought into hospital fearfully smashed up by a train and the only chance of saving life may be to take off his leg; you put him under anæsthetics and he dies of shock or hæmorrhage under the operation. Surely that is not a natural cause of death?—Certainly it is. Supposing he dies of shock, why does he die? Amputation of the thigh is not a fatal operation. If the operation were to be done on a normal individual he would not die nowadays, thanks to Lord Lister.

9332. It appears to me that it is all part of a violent death, although the operation was in itself satisfactory?—With all respect it seems to me that it is not the cause of the man's death; that man would have died if no operation had been performed.

9333. Yes *ex necessitate*?—Then the operation is simply another fact in the case, it is not the cause of death, because the man would have died anyhow from natural causes.

9334. Is not that carrying your argument a little too far? Take this case. Here is a man who is certainly absolutely dying, lying in the road dying. Supposing a motor-car goes over him and kills him five minutes before he would have died, that is a violent death?—If you will allow me to say so, I see no parallel between my motor-car running over anybody and my performing an operation upon a patient.

9335. There is an exact parallel, barring motive; one is done to save life, and the other is not?—But that is the whole of our contention. The whole of our contention shortly is that the Registration of Births and Deaths Act was passed by the Legislature in order to meet this very point.

9336. *(Sir Thomas Bramsdon.)* In what way?—What is the object of having a registered practitioner to fill up a death certificate except that he is a man recognised by statute?

9337. In what way did the Act you have referred to deal with the subject that you are talking about—speaking of operations in hospitals?—By providing a registered practitioner to sign a death certificate.

9338. But I do not see the analogy between that and the case you have been talking of all along, about operations being performed upon persons practically *in extremis* or in a dangerous condition of health?—I do not see any analogy at all—I must really apologise for saying so—between my motor-car and a surgical operation. The two things are not parallel in my mind at all.

9339. I am very sorry that I was not here on the last occasion and I am sorry also not to have had an opportunity of reading the evidence that you gave, but I see throughout the whole of it there is a reference to Mr. Troutbeck?—Yes.

9340. So I gather from that, as from what you have said here to-day?—Yes; last time I was dealing impersonally with objections from the general point of view of expense. Now I am dealing with them more directly.

9341. So that what you are saying to-day is really on a matter of personal difference between you and Mr. Troutbeck?—Yes, in part.

9342. To-day you spoke of his action being a malicious one?—Yes.

9343. And of the malice with which he addressed the jury?—Yes.

9344. Showing that there is a personal difference between you and him in connection with the matter that you have spoken to. That is so, is it not?—A personal difference! I have nothing to do with Mr. Troutbeck.

9345. I took your own words. What you have been speaking about is the action being a malicious one and the malice with which he addressed the jury concerning you. That shows that there is a serious grievance between you and him?—Certainly, I say that he acted as a judge, as part of the judicature, in a malicious way.

9346. That means that you have a personal grievance against him?—Certainly.

9347. And you have come here to-day to ventilate that grievance?—Undoubtedly; it is my only chance of obtaining a public consideration of the case.

9348. You said, I gather, that people wrote letters in times past in connection with his action?—Yes.

9349. And you, and those associated with you, have laid the whole of the facts before the Lord Chancellor?—Yes; but your question is not quite comprehensive enough.

9350. Will you add to it?—The matter of Mr. Troutbeck, and his action as a coroner, as a judge, as a man in the position of a judge, was called in question so long ago as 1903 by the British Medical Association, of which I then happened to be Chairman of Representative Meetings, and our application to the Lord Chancellor was made then in full detail. The particular point that I am referring to now has not been raised before the Lord Chancellor. I have never made any personal application to the Lord Chancellor on my own case.

9351. But a great many of the facts that you have detailed in your evidence formed the subject of an application to the Lord Chancellor concerning Mr. Troutbeck?—Yes, but nothing relating to my case.

9352. And the whole matter was gone into judicially by him?—No, we do not know what the Lord Chancellor actually did.

9353. He investigated it?—No. So far as we know from his last letter he is still investigating it.

9354. Has he not come to any decision at all about the matter?—No final decision at all.

9355. *(Chairman.)* It is not the same Lord Chancellor, is it?—No, it is a new Lord Chancellor. We applied to the new Lord Chancellor, and we have only suspended further pressure upon the Lord Chancellor (if one can exert such a force) since the institution of this Committee; we have suspended action pending the report of this Committee, because we understood that the Lord Chancellor, at any rate, was cognisant of the appointment of this Committee, and we thought that it was not proper to go on with the matter.

9356. *(Sir Thomas Bramsdon.)* But you have stated that application had been made to the Lord Chancellor concerning Mr. Troutbeck?—Since 1903 we have made a number of applications.

9357. And presumably the Lord Chancellor has inquired into these matters?—Presumably.

9358. And has acted upon it in his capacity as Lord Chancellor?—No, that is exactly what I stated just now. The letters we have received both from Lord Halsbury and Lord Loreburn are that their reading of the Coroners' Act in relation to the term "misbehaviour" is that it only gives the Lord Chancellor the power to remove a coroner for——

9359. But you are suggesting improper behaviour on the part of Mr. Troutbeck?—Certainly.

9360. Some of which I gather has been already submitted to the Lord Chancellor, and some of it has not, which has formed the subject of a subsequent grievance on your part?—Yes.

9361. You know perfectly well from what you have done that if you have any grievance against

Mr. Troutbeck, your proper course is to bring it before the Lord Chancellor?—Yes.

9362. Then may I ask you why you come here and reopen your personal grievance before this Committee?—Because I understand that this is the only place where my personal grievance would have a public hearing.

9363. But we are here on public grounds to enquire into the working of the Coroners' Law?—Yes.

9364. Not to enquire into a personal grievance?—But if a personal grievance reveals a failure in the working of the law, that is surely a matter for the Committee. I have adduced this as proof of a failure of the working of the law as it happened in Mr. Troutbeck's instance.

9365. Would it not be better, instead of making these personal accusations as to malicious behaviour, if you were to deal with his public acts?—I have already done so.

9366. Do not you think you have been rather laying your personal grievances before us to-day?—I explained to the Committee before you were here that that was my intention.

9367. Do you suggest that Mr. Troutbeck, on the facts that you have detailed, did not exercise an honest discretion?—Certainly. I cannot reconcile the fact of his being coroner for so many years and alleging that by the Coroners' Act he was bound to hold these inquests, with his yet not holding them for twenty years.

9368. Have you any similar complaints to allege against other coroners?—Not one.

9369. Then, so far as the system is concerned, you have no ground of complaint?—No.

9370. Your only complaint is against an individual?—No, I am complaining against the system which permits an individual to do these things. I quote these things as an example of what an individual will do under a faulty system.

9371. But, with the exception of Mr. Troutbeck, you have no complaint to make against the system?—No. I have worked with a great many coroners and have received nothing but the utmost courtesy; they are all satisfactory to deal with.

9372. Dealing with the subject about which the chairman has asked you some questions, I gather that your point is this: that if a man is taken into hospital suffering from a disease that must terminate fatally, and if an operation takes place and death is accelerated, you would say that that was a death from natural causes?—Yes.

9373. Even though the death may be accelerated by, say, one hour?—Yes.

9374. Let us by parity of reasoning go a little further. Supposing that the man was not quite so ill, but that the operation was performed and blundered and the man's death was caused when he ought to have lived a month or a year, would you suggest that that was a death from natural causes?—No, I should say it was an accidental death.

9375. Is it not, then, merely a question of degree whether a man dies as the result of the operation or his death is accelerated by the result of the operation an hour or a year?—I am afraid I do not understand you. How do you mean it is a question of degree?

9376. What I mean is this. If a man were not so seriously ill and the operation were performed and blundered and he died when he ought to have lived for a year, you say that it is a death from accident or negligence?—Yes, it is either an accidental death or a death from negligence.

9377. If an operation were performed on a man and his life was shortened by a day or a few hours, you think, in that case, that it is a death from natural causes?—Yes.

9378. Is it not, then, as the Chairman suggested to you, a question of degree?—How far does that go?

9379. That is the point I venture to submit to you?—I say definitely, where some adverse fact has occurred during the operation. You used the word "blundered."

9380. I did so advisedly. Let us take the point over again. Supposing that a man blundered over his operation, and as a result of the blundering the patient dies only an hour or two hours before he otherwise would, do you say still that that is a death from natural causes?—I say distinctly that that is an accidental death.

9381. Then you do agree that in some circumstances a man may die even two hours or three hours before his normal time, and that his death may be due to accident?—Of course.

9382. Then do you suggest that the coroner should not make any investigation or hold any inquest in all those cases?—Certainly I do. If you had read my *précis*——

9383. I have read your *précis*?—Thank you; then you would find in it that I have provided a proper treatment for trying those cases.

9384. Then you want to take them out of the coroner's hands?—Yes, absolutely. I said so at the beginning and all through my examination.

9385. Then do I rightly gather that you suggest that the coroner should not hold any inquest on deaths that may occur in hospital of people who originally were ill from natural causes?—I have never said that. I said that it seemed to me that the coroner's court is not the proper place in which to try to ascertain the cause of death in a case where a patient has been under the care of a responsible registered medical practitioner and where a certificate has been duly filled up in accordance with the Registration of Births and Deaths Act

9386. Then you want to deprive the coroner of a certain portion of his jurisdiction?—Undoubtedly.

9387. Why?—Because I hold that his court is not a fit place in which to discuss such questions.

9388. I should like to follow the question up for a moment about a person dying within an hour or two after the operation. Supposing that a person was very seriously ill and was struck by another and death was caused by the assault, would not the person committing the blow be guilty of a crime?—So far as I know he may be legally. I am not a lawyer.

9389. Do you not think that he would?—I think that an inquest ought to be held in such a case, just in the same way as you hold an inquest, very properly in my judgment, on lunatics who have been treated with restraint.

9390. Will you take it from me as a lawyer that in that case a charge of manslaughter would result?—I daresay. I said just now that I do not know what the legal position would be, but I agree that it would be a proper case in which to hold an inquest.

9391. In that case death has been accelerated by only an hour or two, although the person would have died, if the assault had not taken place, in the ordinary course?—Yes.

9392. Is not that another reason why an inquiry should always be held in a case where persons die prematurely before their normal time?—From what? I really do not understand you. When you speak of persons dying before their normal time, what would you call their normal time to die?

9393. Let me put it again. Do you suggest that if an operation were performed on a person and death arose an hour or two or a day before it ordinarily would, that is a death at a normal time or an abnormal time?—I should say at an abnormal time.

9394. Then that death is not the result of natural causes?—On the contrary, I think that death is the result of natural causes.

9395. Then where does the abnormality come in?—It comes in a little earlier, that is all; and such a case is certified by a registered practitioner. My point is that if you want a public inquiry you must hold that public inquiry by a reasonably intelligent court.

9396. I am not raising the question as to whether it is advisable that you should hold inquiries in cases where operations are performed and deaths occur. I am merely taking you on the legal technical question that you raised and with regard to which, with all respect to you, I think you are wrong?—I daresay.

9397. Now I would like to ask you one question upon another point on which I think that you and I will agree. There may be and probably there are cases

where, although death is accelerated by the operation an hour or a week, you think inquiries ought not to be held?—Certainly. If I understand you aright, in such cases death is, as it were, simply anticipated and therefore I say that to hold a public inquest is wholly unnecessary.

9398. That is another point; that is the technical question that you and I talked about just now?—But it has a bearing on the social question that I referred to on Thursday last in detail.

9399. I take it that you mean that if a surgeon finds perhaps that the best chance of saving a person's life is by performing an operation, all things being apparently satisfactory, the coroner ought not to hold an inquiry?—Certainly; it is because surgeons consider that they ought to give the patient the chance, and that they ought to do the operation. It is certain that inquests like that held by Mr. Troutbeck in the Bolingbroke Hospital will very soon prevent surgeons from undertaking that chance. You do not suppose that surgeons will undertake the chance of an operation if they are going to be hauled up before a coroner's jury.

9400. In other words, you think that the holding of an inquiry is unnecessary because it interferes with the good work that is done by the hospital?—That is why the non-medical Administrative Committee of the Bolingbroke Hospital have protested to the Lord Chancellor.

9401. So that, after all, a good deal depends upon the good judgment and honest discretion of the coroner?—Yes, and there is no other coroner in London that does this sort of thing, or, so far as I know, all through the kingdom.

9402. (*Chairman.*) Are we not rather in a difficulty in going into a question that only concerns one particular coroner? You would hardly recommend a change in the law based on the action of one single individual?—But I have brought this forward as proof that the coroner's court was a very bad system for the purposes for which this case was conducted.

9403. Is that so, if there are 500 coroner's courts and 499 of them are satisfactory?—It is very plain that an enormous amount of evil can be done.

9404. By a single man?—Yes, by a single man, and, as I am just about to show, no redress to the public results.

9405. (*Sir Thomas Bramsdon.*) Just one question before we pass to that. Do you think it is possible to establish any tribunal that would not possibly be open to objection by reason of the conduct of one person out of 500?—That is 2 per 1,000. I think that a minority like that is not worth taking notice of.

9406. (*Chairman.*) What is your next point?—My next point is the very important question of the relation of the coroner to the medical profession.

9407. That is point No. 2 in your *précis*?—Yes. As regards the relation of the coroner to the medical profession, this of course is a very important question, first as regards the general medical practitioner, and, secondly, as regards expert medical advisers—pathologists. You asked me on Thursday last whether I was aware of any special legal advice having been given on the first question as regards the general practitioner.

9408. (*Sir Malcolm Morris.*) I asked that question?—Yes; I beg your pardon. The British Medical Association took the advice of Mr. Muir Mackenzie and Mr. Clavell Salter on the point.

9409. (*Chairman.*) On what point?—On the question of Mr. Troutbeck not calling any clinical evidence. As regards the calling in of clinical evidence, so far as I know, most coroners call in clinical evidence, that is to say, the evidence of the practitioner who is in attendance on the case; and Mr. Troutbeck informed you that that was his custom. Mr. Troutbeck informed the Lord Chancellor that I had stated that he did not do this, and that my statement was not true; and Mr. Troutbeck has repeated that in the *Times* newspaper. Therefore it is incumbent upon me to prove that Mr. Troutbeck does not call the clinical evidence in some cases. I have already stated to the Committee this afternoon that he did not call the clinical evidence of importance in my own case; he neither called Dr. Biggs nor did he call myself in consultation before he held the inquest. He called me to the inquest for his own obvious reasons. But the British Medical Association laid before the Lord Chancellor a print, of which I have circulated copies to the Committee, containing this statement by Mr. Troutbeck. "The first fact alleged in the printed "memorandum is that I have departed from the usual "and recognised procedure adopted by coroners, in that "I have dispensed with the evidence of the medical "practitioners who had been in attendance on the "deceased prior to death. This is supplemented by "Sir Victor Horsley, who states that he has evidence "to establish a charge against me that I have con-"travened the Coroner's Act in that I have in a large "number of cases deliberately set aside the clinical "evidence. I have carefully read the memorandum "and report in search of any particular case quoted "which could support the allegation, and I fail to find "one such case quoted or particulars given of the "clinical evidence rejected. I know of no such case." On that occasion I was merely the spokesman of the Association when Lord Halsbury received us in a deputation. The cases were in existence in my hands, and therefore we furnished Table A, the cases that I was referring to, and cases which must have been perfectly well known to Mr. Troutbeck. As I said before, this was actually in 1902. He did the same thing in 1908 in my own case. It may not be Mr. Troutbeck's practice invariably to suppress the clinical evidence, but he suppresses the clinical evidence on occasion.

9410. I do not quite understand the phrase "To suppress the clinical evidence"?—I use the word "suppress" with regard to my own case, of course, naturally, because it applies so strictly to it.

9411. You mean that Mr. Troutbeck, as coroner, generally does not inquire from the general practitioner who attends the case?—All other coroners with whom I have ever had to do have always inquired of me direct or of the medical practitioner.

9412. A point that we have had raised before us is this: Is it fair to make inquiries of the general practitioner and not to call him as a witness?—I answered that last week.

9413. It seems to me that it makes all the difference whether the doctor is a busy man or a man who wants a guinea. Take the case of a physician in large practice: he would not mind writing a note to say exactly what he knew about the case, but he would very much object to being called away from a valuable practice for one guinea, to spend three or four hours in the coroner's court?—I was saying that in my case neither the general practitioner nor myself was applied to.

9414. I rather want your opinion on this point as representing the British Medical Association?—If I may refer to my answer, it arose with regard to preliminary inquiries; it is at No. 8850; it is as follows:—"There is a further point. In the first place, as I "said just now, the present system is regarded as bad "because the inquiry is chiefly done by the coroner's "officer. The second part of the inquiry is that "addressed by the coroner to a medical man who is "in attendance on the case, if there be one. Now at "the present time, in the present state of the law, "the coroner obtains from the medical man informa-"tion, but the coroner is not empowered to pay for "that information, and the feeling in the medical "profession is that inasmuch as the information "furnished by the medical man is very often (in fact, "I suppose almost always) the means of saving the "State the cost of an inquest, the answer of the "medical practitioner ought to be in a statutory form "and, of course, paid for by a statutory fee." There is no medical man who would refuse to do so. Why should he?

9415. That is the Scotch system, of course?—Yes.

9416. (*Sir Thomas Bramsdon.*) I should like to ask you a question on this point. Take the case of persons who are in hospitals who have been previously attended by their own practitioners?—Are you referring to free patients or paying patients?

9417. I do not think that matters for my purpose. Take the case of a person who dies in hospital upon whom it is necessary that an inquest should be held, that person having been previously attended by a practitioner outside the hospital. Do you think in those cases the outside practitioner should be called as a witness as well as the surgeon or officer in the hospital?—I do; at any rate, he ought to be applied to to see whether his evidence is material. Exactly that point arose in respect of Mr. Troutbeck's conduct of his court.

9418. Would not that lead to a large amount of expense?—I do not think so.

9419. (*Chairman.*) It is a question of degree again; because if the patient had been some time in hospital, the evidence of the hospital doctor would be sufficient; if he has just come in the day before, then the question of the previous history arises?—Yes, it does arise. It would have saved another false verdict on November 12th, 1903, in a case where the patient was poisoned by alcohol, and was removed to Wandsworth Infirmary (that is Sir Thomas Bramsdon's point), where she died.

9420. A case of acute alcoholic poisoning?—Yes.

9421. A very large dose taken at once?—No, not so large as that—not to produce rapid death. It made her very ill and she developed broncho-pneumonia; so that she was removed to the Wandsworth Infirmary and died there. The case is given in the documents furnished to the Lord Chancellor. An inquest was held. Dr. Freyberger was appointed to make the post-mortem, and he found that the patient died of exhaustion following corrosive poisoning, although there was no change in the gullet as there would have been if there had been corrosive poisoning. If the practitioners who had treated her for alcoholic poisoning and had been treating her for it a few days before had been called at the inquest, a proper verdict would have been returned. We do have cases, of course, admitted into hospital in a very dangerous state, that have been treated by practitioners outside; and if an inquest is held upon them the practitioner from outside ought to be called.

9422. (*Sir Thomas Bramsdon.*) Do you think that ought to be done in all cases?—If the coroner determines to hold an inquest, yes.

9423. You think that in all cases under all circumstances the outside doctor should be called as well as the doctor of the hospital?—Certainly, if an inquest is to be held.

9424. Do not you think it is a question, as the Chairman said just now, depending upon the circumstances. Supposing that a man had been in hospital for three months, is not the evidence of the hospital doctor enough?—Yes.

9425. It must be a question of degree and discretion?—Yes.

9426. Then you are thrown back again to the question of the coroner's discretion?—Yes.

9427. I take it that if the coroner honestly carries out his work and he is of opinion that it is desirable or necessary to call the outside practitioner, he ought to do so?—Yes.

9428. Would not that meet your case?—That is a difficult question to answer. Your premiss is, if the coroner honestly carries out his work?

9429. Yes?—Then, of course, that means what are the correlative circumstances in the performance of his duty by that particular officer; and as regards the action taken by the Association there were a very large number of correlative circumstances.

9430. Presumably the coroner as a judicial officer ought to exercise an honest and proper discretion?—Yes.

9431. And if he does so, your point ought to be met?—Yes, quite. Then of course the evidence of the practitioner in attendance is essential.

9432. (*Chairman.*) Of course, the mere evidence of the pathologist without the clinical evidence is very apt to lead the court wrong; that is what it comes to?—The cases contained in the document from which I have just quoted prove that up to the hilt.

(*Sir Malcolm Morris.*) How about the case of practitioners who do not want to give evidence and who try to avoid it?

9433. (*Chairman.*) A very busy man, a physican in large practice, would think it a horrid nuisance to be called to the inquest?—Yes, it is; but that arises, as I said on Thursday, because a great many inquests are held on contemptible subjects. But if it is a really serious case, the practitioner would wish to be called.

9434. If there was any question affecting the practitioner?—Or any question affecting the public.

9435. If there was any question affecting crime?—Yes, that is the whole point. These cases would be entirely provided for by a proper system of preliminary inquiry. If the statute were altered so that the officer, call him the Procurator Fiscal, the coroner, or what you like, could conduct the inquiry statutorily, and the medical information be paid for, these cases would not arise and certainly the convenience of the profession would be absolutely met.

9436. (*Dr. Willcox.*) Is it a fact that in a great number of cases of disease, such as epilepsy, diabetes, and so on, the pathologist would be quite unable to find the cause of death from the post-mortem examination without the clinical evidence?—Exactly; that was so in one of the cases laid before the Lord Chancellor where Dr. Freyberger alleged that the child had died of convulsions. There are no post-mortem evidences of convulsions; nevertheless Mr. Troutbeck duly instructed the jury to return a verdict to that effect.

9437. (*Chairman.*) Probably there had been some private information given by the medical practitioner who attended the case?—No, that was one of the cases in which the evidence of the medical attendant was suppressed by the coroner, although the real facts would then have been known.*

9438. If a man dies in an epileptic fit, are there any post-mortem appearances from which a pathologist could infer the cause of death?—No.

9439. What is the name of that case to which you refer?—William Henry Abel was the name of the child; it was an overlaying case. Dr. McManus received no answer to his communication from the coroner, and only read in a local paper a week afterwards that Dr. Freyberger had made a post-mortem examination on the fourth day after death, and had thereupon given evidence that the child had died of convulsions, which it certainly had not, and which could not, as is well known, be ascertained by a post-mortem examination only.

9440. (*Dr. Willcox.*) In a case of death from overlaying, the external signs of suffocation might only be present for a few hours and might only be seen by the medical man who was called in to attend?—That is so.

9441. And other post-mortem signs two or three days after a death from convulsions or a death from overlaying would disappear?—Yes.

9442. (*Sir Thomas Bramsdon.*) Do I rightly understand you to say that there are no characteristic post-mortem appearances in the case of a death from epilepsy?—Yes.

9443. There are some symptoms, I suppose, some appearances, from which you can deduce epilepsy?—There is nothing that you can ascribe to epilepsy when it comes to a post-mortem examination.

9444. (*Chairman.*) Foaming at the mouth?—That is all gone, of course, at the time of the post-mortem. During an epileptic attack the patient is very much asphyxiated, but the appearances of asphyxia disappear.

9445. (*Sir Thomas Bramsdon.*) If the patient falls on his face, he might become asphyxiated in that way?—Yes.

9446. Do you not sometimes get adhesion of the membranes in epilepsy?—You get adhesion of the membranes from all sorts of diseases. One cannot

* *Note by Sir Victor Horsley.*—In this case it will be seen, Q. 9770, that Mr. Troutbeck directed the jury to return their erroneous verdict, not only on the impossible assertion of Dr. Freyberger, but also on the statements of the mother and mother's sister.

say that it produced epilepsy. Epilepsy after all is only a symptom: it is not a disease at all; it is simply a symptom that may arise from all sorts of brain conditions. If you mean idiopathic epilepsy, of which a good many patients die, you can find absolutely nothing.

9447. (*Dr. Willcox.*) Epilepsy is included in what are called functional diseases, namely, diseases which have no organic sign?—Yes. It is quite wrong, of course, to speak of it as a disease.

9448. (*Sir Thomas Bramsdon.*) Then what I understand you to say is, that if a person dies from epilepsy, there are no general post-mortem appearances which would point to that as the cause of death?—Exactly.

9449. (*Chairman.*) What is your next point?—"Expert medical advisers" is the next point in my *précis*. This has become an extremely important question, in London especially, and it must be so in any urban population. The medical profession of course are extremely anxious that expert medical advice should be given in public inquiries into the cause of death, but it must be by an expert, and if it is by an expert, then the position of that expert should be properly determined. I heard Mr. Troutbeck state in his evidence to you that the County Council had a list of pathologists to whom coroners could apply.

9450. They furnished the coroners with a list of pathologists, about 18 names?—Yes.

9451. Some of which have since been withdrawn?—Yes, I should think they have. They have almost all withdrawn. The whole thing is a farce. I inquired at the County Council office this afternoon whether, for the information of the Committee, they could furnish me with the list, and they very courteously told me that the list was cancelled, but that they might be able to produce one.

9452. A new list?—A new list. I asked them to send it here by 2 o'clock if they could do so. I have not received it yet. The reason why is, of course, perfectly notorious, namely, that experts are paid at the same rate as general practitioners. Mr. Troutbeck employs Dr. Freyberger, who being a general practitioner, and not an expert pathologist, though perhaps by now he has some experience, agreed to accept such fees.

9453. He has made a great many post-mortem examinations?—Exactly. I can only say that he made a very gross error in my own case, by reason of his performing the post-mortem incompletely; and yet that evidence was given to the jury and accepted by the jury, namely, that there was another portion of the tumour which had not been removed. If he had taken the trouble to make the post-mortem completely, and had cut it open, he would have discovered that it was a simple blood clot. I pointed all that out at the time.

9454. (*Dr. Willcox.*) Were you present at the post-mortem examination?—No, but I obtained the specimen afterwards.*

9455. (*Sir Thomas Bramsdon.*) Would Dr. Freyberger admit this now?—I do not know. He never answered it in the *Times*, so that I should think it went by default.

9456. (*Chairman.*) How did Dr. Freyberger's name get on the list of pathologists of the County Council?—I do not know—we do not know. I should like to point out to you (because the medical profession have been grossly misrepresented by Mr. Troutbeck in this particular) that the British Medical Association called a conference of London pathologists, and they agreed as follows: "(*a*) That the employment of "expert pathologists to assist in the post-mortem "examination in medico-legal cases of special "difficulty is highly desirable, and indeed necessary. "(*b*) That such an expert cannot replace the medical "practitioner." That was on the point of clinical evidence just specially dealt with. "(*c*) That the "medical practitioner, through his attendance during "life, or presence at or about the time of death, "is in possession of first hand knowledge which "should be available both in evidence at the inquest, "and also at the post-mortem examination. (*d*) That "the employment of expert pathologists should be in "addition to, and not in substitution for, the employ-"ment of the practitioner who has previous knowledge "of the case. (*e*) That experts should be remunerated "at expert rates, with a minimum fee of five guineas "for post-mortem examination and evidence. Any "separate investigation to be paid for at special rates. "(*f*) That expert pathologists should decline to act in "any case in which they have not an assurance that "the principles of these clauses will be observed."

9457. There of course comes in the difficulty of expense?—Exactly. The point taken was that if the statutory fee was two guineas, that statutory fee was based on the idea of the general practitioner making the post-mortem; because at that time expert pathologists were not thought of, and that if you employed a man who had been at very great expense to qualify himself as an expert pathologist he ought to be paid at a higher rate.

9458. I suppose, in 19 cases out of twenty, you do not want an expert?—Exactly.

9459. Who is to exercise a discretion as to whether an expert pathologist should be called in or not? That is my difficulty. Very often you can entrust the post-mortem to the general practitioner?—Yes, very often. Mr. Wyatt gave evidence to that effect, but Mr. Troutbeck says: No, they are not fit to make the post-mortem. There is a difference of opinion among coroners on that subject. Undoubtedly these exceptional cases only occur rarely.

9460. My difficulty is: How are you to know what is an exceptional case? You may miss it if you give the port-mortem to the general practitioner as a rule; or if you give it to an expert as a rule, then you deprive the general practitioner of certain post-mortem examinations that he might very fairly well do?—There are a large number of practitioners who do not wish to make post-mortems.

9461. If they are attending midwifery cases, for example?—Exactly. If it became the statutory duty of expert pathologists to make all post-mortem examinations, I believe that would be quite satisfactory to the profession.

9462. (*Sir Malcolm Morris.*) You mean in cities?—Yes.

9463. (*Chairman.*) Do you think it would? We have been told by several witnesses that they think the general practitioner who has been called in to the case should make the post-mortem unless it is an obvious case for an expert?—That opinion, of course, was simply advanced, in the deputation to the County Council, as an individual opinion. There has been no claim by the Association that that is a statutory right of a registered practitioner at all. Mr. Troutbeck's evidence on that subject is not accurate.

9464. I think we have had evidence to that effect before us?—When a man has been in attendance on a case and is willing to make the post-mortem, naturally he would expect to be instructed to make the post-mortem; and there is no reason why he should not do it.

9465. Then, again, you might get absolutely misled by a man who had not sufficient pathological experience?—That is so; but, as I was saying just now, if you were to adopt the system of having expert pathologists to make the post-mortems, I am quite sure that the profession would welcome it, so long as they were really expert pathologists.

9466. Have you looked through the list of expert pathologists that was circulated by the County Council some time ago?—Yes; they were the gentlemen who came to the conclusions that I have just read to you.

9467. Have you looked through the list that the County Council circulated to the coroners of expert pathologists?—Yes, I am saying so. The gentlemen originally on that list were those who met us in conference, and I have just read the conclusions of that conference.

9468. Dr. Freyberger was one of them?—No, he was summoned but did not come.

* *Note by Mr. Troutbeck.*—This was given to Sir Victor Horsley by Dr. Freyberger.

9469. Have you any objection to the County Council list? Were the gentlemen well-known pathologists, with the exception of Dr. Freyberger?—That original list does not exist.

9470. But it was circulated and acted on for some time—it was drawn up some years ago?—I think it was drawn up in 1903.

9471. Have you any criticism to make on the list, with the exception of Dr. Freyberger?—Oh no, none at all.

9472. Dr. Freyberger's name was on the list?—I do not call him an expert pathologist.

9473. That is just my point?—I beg your pardon. If you ask me, do I object to Dr. Freyberger's name appearing as an expert pathologist? yes, I do; because he was not an expert pathologist; he was a general practitioner in North-West London.

9474. Were there any other names included in the County Council list, except that of Dr. Freyberger, of persons who were not expert pathologists?—No.

9475. All the rest were expert pathologists?—All the others, so far as I recollect, were pathologists at hospitals and were men of experience and position. But that list, of course, no longer exists.

9476. We know that. I wanted to know whether, at the time when it was drawn up, it was, in your opinion, fairly drawn up?—You see those gentlemen did not understand the position that they were placed in. When they found that they were to perform the post-mortem examination and give evidence for two guineas, which is the rate for a general practitioner, it was an absurd position; but Dr. Freyberger agreed to do it at that rate, and therefore Mr. Troutbeck employs him.

9477. Because by getting a large number it would pay him to do so, which it would not have done otherwise?—I do not know what actuates Dr. Freyberger. All I know is that Mr. Troutbeck is the only coroner in London who employs him in hospital cases. If you turn to the Annual Report of the Proceedings of the London County Council for the year 1908 you will find the cases in which an expert pathologist, but not a hospital officer—which is the point I was raising on Thursday—is employed; the star indicating that in those cases the coroner employed a pathologist not connected with the hospital to make the post-mortem and give evidence, and in every case the statutory fee of two guineas was paid. That occurred only in the practice of Mr. Troutbeck, apparently. It was on this question of expert pathologists that I was pointing out just now that the medical profession quite recognise that there ought to be such officers, and you asked me the question as to how I thought they could be appointed. The feeling at the Representative Meeting at Oxford, at which this matter was discussed, seemed to be in favour of district officers being appointed.

9478. What do you mean by that?—A pathologist, say, for half a county.

9479. You are speaking of places outside London?—Yes, I am—and of course for a corresponding portion in London, whatever was found to be practical and necessary.

9480. In country places you would have this difficulty, would you not, that there would be very few inquests, but you would suddenly find that your expert was called to one part of the country for one case and to another part of the country to another case on the same day?—Yes, I am only telling you what occurred at the discussion when I was in the chair. I fancy that many of those who discussed that question were rather actuated by their knowledge of the French system and the German system. In the German system, of course, the position more closely corresponds to that of the Police surgeon.

9481. (*Dr. Willcox.*) Do you think it is necessary that these experts should have a knowledge of bacteriology and morbid histology, and should have laboratories at their disposal?—Yes, I think it is most essential.

9482. Do you consider that in London and in large cities the pathologists at hospitals are the most fit men to hold these positions?—Certainly.

9483. Owing to their having all the appliances for scientific work to their hands?—Quite so.

9484. (*Chairman.*) Do you think it would be an improvement in the law if the coroner, in a case requiring careful expert examination, could order the body to be removed to the nearest hospital laboratory, where all the apparatus necessary was in existence for a skilled pathologist?—The actual performance of the post-mortem could be done in the post-mortem room, belonging to the coroner's court; but the subsequent investigation, bacteriological or other, must be done in a laboratory such as you indicate.

9485. Supposing that you had a death in Westminster which required a very careful post-mortem examination, would it be more convenient that somebody should be called, say, from Westminster Hospital or St. George's, down to the Westminster post-mortem room; or that the coroner should have power to direct the body to be taken to St. George's or Westminster Hospital, and that the examination should be conducted there?—It would be most convenient for the pathologist, of course, to have the body removed to the laboratory and the post-mortem room of the pathologist, if you appoint the pathologists to hospitals for this purpose.

9486. (*Dr. Willcox.*) But there is one objection to that, is there not: that there would be a danger of spreading infection, say, in the case of small-pox?—I quite agree.

9487. Is it not better, on the whole, for the post-mortem to be made in the mortuary?—I qualified my answer, you will have observed, by saying that, for the convenience of the pathologist it would be better to remove the body to the pathologist's laboratory; but I quite agree with you that on the whole it might be better not to remove it.

9488. (*Sir Thomas Bramsdon.*) If I might sum up your evidence in a question or two, are you or are you not in favour of special pathologists performing all post-mortem examinations?—Yes, I am, personally. I think, if you adopted the Minority Report of the Poor Law Reform Commission, and if you had a State Medical Service, the ideal condition would be, of course, the appointment of one of those officers in such districts to be the expert pathologist for that district.

9489. Who should perform all post-mortem examinations?—Yes, for the State for medico-legal business.

9490. Do I rightly gather that that would necessitate calling clinical evidence in addition in each case?—Yes.

9491. Would these expert pathologists be expected to perform the post-mortems for the same fees as are paid now?—Oh, no; they would be salaried officers; you would get rid of the fee just in the same way as with a coroner's office, they should be salaried.

9492. Then there would be that salary to consider?—Yes.

9493. In addition to the ordinary clinical evidence which they get at the present time?—Yes.

9494. What qualifications would you expect the persons so appointed to get?—They should get the very highest—M.D., F.R.C.S.—and they should produce evidence, as Dr. Willcox suggested just now, of a training in bacteriology, toxicology, and other things.

9495. It would be necessary for an expert pathologist to prove that he had had an experience in pathology?—Yes, that he had educated himself on this very question.

9496. Would it not be sufficient, do you think, if a certain number of these expert pathologists were appointed in each district. The other condition is the ideal?—Yes, I quoted it as an ideal system.

9497. Do not you think it would be sufficient for the ordinary system if a number were appointed in each district?—Yes, I should think so, if they were paid an adequate fee.

9498. The other condition is ideal; this is more practical—it is cheaper?—It is more an adaptation, unfortunately, of our present state of things. I cannot admit that it is more practical.

9499. If such a course were adopted, namely, that there should be a certain number of special pathologists appointed in each district, that would presuppose

that the present system of the ordinary practitioner performing post-mortems would be continued in certain cases?—Yes.

9500. And the calling in of these experts in difficult cases?—Yes.

9501. Can you suggest any reason why the coroner should not exercise that discretion as to when he should call in an expert pathologist?—I think if you retain the coroner that is the only course.

9502. You think that the coroner would be the person to call in this expert pathologist when he thought that the circumstances were serious enough to warrant it?—Undoubtedly if you retain the coroner's office then the coroner is the only officer who could exercise that discretion.

9503. I take it that you do not suggest that the coroner should not be retained under those circumstances?—If you are discussing the retention of the coroner's office now, I am coming to that; but so far as I have gone, under ideal circumstances I think he ought not to be retained.

9504. (*Chairman.*) That is the next point; you wish to abolish the office of coroner?—Yes.

9505. That is rather a large question?—Quite so. The whole question is, how is the State going to be best served. We see that the present system has a great many disadvantages, and it is time to consider whether there is any better one. As regards abolition, of course the proposal to abolish the office of coroner would excite horror in some minds; but when you come down to practical working, considering that in Scotland they have no coroner, I think it is all mere sentiment.

9506. They have the Procurator-Fiscal there?—Yes.

9507. (*Sir Thomas Bramsdon.*) Is that so—that it is mere sentiment?—Perhaps it is also vested interests. At any rate it is not a question of State importance, except upon one ground, that is, the point that was raised by Mr. Guy Stephenson before this Committee, namely, the question of the advantage of the publicity of an inquiry in a court, which, I have just said, has a criminal atmosphere about it, in order to prevent crime. I suggest that the advantages of such a publicity are largely neutralised by the ridiculous cases in which a coroner does hold an inquest, which does not add to the dignity of his court in any way. The percentage of important criminal cases is really comparatively small. Supposing that you decide that the office of coroner must be retained, then how can you bring his office into line with modern requirements? Clearly the experience of the British Medical Association and of the Lord Chancellor with regard to the present jurisdiction of the Lord Chancellor over coroners, shows that at least the Statute must be revised. The coroner's office cannot be permitted to retain its present irresponsible judicial position. The coroner should be an officer of the State under the control of the Home Office.

9508. (*Chairman.*) I am afraid that the Home Office would be rather loath to take that responsibility?—I do not see why it should not. The Home Office takes that responsibility in a great many instances.

9509. The Home Office is not responsible for any judicial offices?—I am just coming to that. An amendment of the Coroner's Act would deprive the coroner of a great deal of his judicial character, and if you do that then surely it is a most constitutional thing to provide that an officer of this importance should at least be represented in the House of Commons by a Minister; I mean bringing it back to a constitutional position.

9510. At present the Home Secretary can make inquiries and can give answers in Parliament, but he has no control over the functions of the coroner?—I know.

9511. Nor has he any control over the judicial functions of any Judicial Officer, Magistrate, or anybody else?—But I am suggesting that the judicial position of the coroner should be altered.

9512. And he should be made more like an administrative officer?—Yes.

9513. (*Sir Thomas Bramsdon.*) Would you make a sort of Coroner General to sit in the House?—No; that is no more necessary than in Scotland, where they have the Procurator Fiscal.

9514. (*Chairman.*) The Procurator Fiscal is attached to the Lord Advocate?—Yes.

9515. And the Lord Advocate answers to the Attorney-General?—Yes; he is a Law Officer of the Crown. Certainly, I think that most people connected with them associate the working of cases of this sort with the Home Office. What Mr. Troutbeck said about exhumation is quite correct. If the law requires altering on that point that is evidently a Home Office business; and why should not the whole thing be under the Home Office,—it certainly seems the most logical thing? However, that is only a suggestion. As regards the present statute, neither the present Lord Chancellor nor his predecessor has in our opinion put the statute into force in the way of regulating Mr. Troutbeck's action, for instance.

9516. The only power of the Lord Chancellor, I imagine, is either to remove the coroner or not to remove him. He can censure him, of course; but censure is nothing?—We do not think so. We think that if we have shown that a coroner's actions are not such as they should be in his court, it is the Lord Chancellor's duty to censure him; and evidently Lord Selborne thought that that was his duty.

9517. That was in a case where there was misconduct which might almost have led to removal. It was not a case of a wrong exercise of discretion, but a case of persistent refusal to do his duty, was it not?—I do not know the actual complaint. I know that the terms of Lord Selborne's judgment exactly express the feeling of the medical profession on that subject. What the medical profession feel is, that if the coroner's court results in false verdicts and injuries to individuals and to institutions, and so on, it is the Lord Chancellor's duty to intervene, and as the late Lord Chancellor did not intervene, the British Medical Association applied to the Prime Minister, and as the Prime Minister, Mr. Balfour, did not answer the letters of the Association, the Association passed a vote of censure upon him; whereupon he did answer their letters. But as that Government went out, then fresh application was made to the new Lord Chancellor.

9518. Who, after three years, is still sitting upon it?—So far as I know. So that is the position. It is quite clear that the present Coroner's Statute is not efficient in regulating the action of coroners.

9519. What is your alternate proposition?—I have understood from a very distinguished judge that the present Judicature Act admits, in other causes, of the constitution of a court parallel very much to the German court for assessing damages for injuries; and technical matters requiring expert evidence require expert persons to hear that evidence. That is recognised in the case of Admiralty matters.

9520. By means of assessors?—Yes. Therefore I suggest that the most economical plan would be that medico-legal inquiries should be held by a court consisting of a judge of the High Court sitting as chairman with two medical assessors.

9521. I am afraid that the difficulty there, is that you cannot get a judge of the High Court to try his own cases, and probably you would have an inquest held two years after the death?—I have nothing to do with the present insufficiency of judges. I am only here to suggest a court which would have the confidence of people who carry on the practice of medicine and surgery, as I do.

9522. But I understand from you that there are some 20 coroners in and around London, and that 19 of those have your confidence?—No, I said that no difficulty had arisen with them. You did not ask me whether I thought their verdicts were accurate in a medical sense; very often they are not.

9523. (*Sir Thomas Bramsdon.*) You suggest a High Court judge to supplement the coroner?—Yes.

9524. Would you pay him the same salary that he gets now, 5,000*l.* a year?—Yes, they would only have to try, perhaps, a comparatively few cases a year; because,

as I have already pointed out, the bulk of the coroner's duty would be provided for by a system of preliminary inquiry. That would get over all that, just as the Procurator Fiscal in Scotland does.

9525. (*Chairman.*) You mean that you would have an officer corresponding to the Procurator Fiscal, who would deal with 999 cases out of a thousand and the thousandth case would be referred by him to a judge of the High Court?—Under the heading C. of my *précis*, *i.e.*, on machinery, which is really in existence, only it is not administered, I have raised the question of police action, action by the Procurator Fiscal as a Home Office official advised by a district medical expert and by the medical practitioner in attendance.

9526. That is the Scottish system with modifications?—Precisely, but there are very few cases carried on to a higher court.

9527. (*Sir Malcolm Morris.*) Does a judge of the High Court in Scotland try the case?—Yes, it goes to the High Court.

9528. (*Chairman.*) Only if the Lord Advocate takes it up?—Yes, and as a matter of fact, very few cases go on.

9529. A case goes on by way of prosecution?—Yes, and there is no reason why it should not go on.

9530. (*Sir Thomas Bramsdon.*) But, leaving out the question of publicity, what is the difference between the duties of the coroner and the duties of the Procurator Fiscal?—Leaving out the question of publicity at the present moment, as I understand, the coroner says that if he receives such and such information he is bound to hold an inquest.

9531. In certain cases?—Yes. I am pointing out that if you alter the statute it will not be necessary for him to hold an inquest at all.

9532. A great number of cases are settled by the Procurator Fiscal in camera, as it were?—Yes.

9533. But the inquiry is practically held by the Procurator Fiscal in camera?—Yes.

9534. Therefore, if the coroner held his inquiries in the same way, he would practically be doing the same thing as the Procurator Fiscal does?—Yes.

9535. Then, except for the question of publicity, what is the difference?—That as I understand is the whole question, Mr. Guy Stephenson's point.

9536. Is it not a fact that there is a very strong objection in certain quarters to the secrecy of the Procurator Fiscal's system in Scotland?—I have not heard it.

9537. Would you be surprised to hear that there has been strong objection taken to the secrecy with which the inquiry is held, and that publicity is reckoned one of the advantages of the coroner's system in England?—I have no doubt that that is said.

9538. At any rate, you will admit that there is a great advantage in publicity in a great many cases?—No; on the contrary, as I said before, any advantage with regard to publicity seems to me entirely neutralised by the mass of ridiculous cases in which inquests are held in coroners' courts.

9539. You agree that there is some advantage?—I am quoting Mr. Guy Stephenson to that effect. Some authorities hold that.

9540. Therefore it is a debateable point whether a public inquiry or a private inquiry is the better?—Yes.

9541. (*Chairman.*) Would there not be an enormous outcry if persons were deprived of this very public inquiry?—I daresay.

9542. (*Sir Thomas Bramsdon.*) Take the case of an alleged grievance in a neighbourhood where the public is in a state of arms as to whether a person has been guilty of cruelty to a child or cruelty to an old person, and death ensues. Is not the fear of that very much allayed by the public inquiry which is held?—But that case under my system would go on to the court, and a public inquiry would be held.

9543. Under what circumstances?—Any case of suspicion of that sort would be referred. It involves criminal conduct on the part of some individual.

9544. Not necessarily. I used the word alleged?—Most crimes are alleged till they are tried.

9545. Is it not a fact that a large number of inquiries are held by coroners in which when the matter is originally opened there is a tremendous amount of suspicion, which is allayed and public excitement is allayed by the public inquiry itself?—Yes.

9546. Is not that a distinct advantage?—Undoubtedly, that the public anxiety should be allayed by any public inquiry, certainly.

9547. Therefore that would be a distinct advantage over the Scottish system at the present time, of holding inquiries secretly?—I do not understand that to be the Scottish system. If there was a public feeling of that sort, the case would be passed on.

9548. We have had it given in evidence here that, except in certain specified cases, accidents to machinery and so on, the great majority of inquiries in Scotland are held by the Procurator Fiscal in camera?—I think they might perfectly well be held in camera. If you read the list of verdicts returned by coroners' juries, the vast majority of those cases should never have gone to open court.

9549. What has put this into your mind that the coroner's court is unfitted and the system is wrong?—Simply that I have had 25 years' experience of their verdicts.

9550. Are you led to make the suggestion in consequence of the encounter that you have had with Mr. Troutbeck?—Not a bit of it.

9551. This is not solely on that ground, but solely in the public interest?—If you read the history of the coroners' system from the times of Wakley, I should have thought there was evidence there, long before Mr. Troutbeck was ever heard of, to show that the coroner's office at least wanted very considerable alteration even with the Coroners' Act as it stands to-day.

9552. But you want to abolish the coroner?—I have put before this Committee two systems. I have already first stated that in my opinion the best thing would be to abolish the present system of the coroner; and I have also put before this Committee the means whereby, if you retain the coroner, the thing could be made a little better. Those are two distinct systems. I am on the first now.

9553. No doubt the present system wants improving, as all systems do whenever they have been in existence for a certain time. But can you tell me of any large public discontent which exists in connection with the position of coroners, and, if so, what is your evidence of it?—Among the public, no.

9554. Then I am to take it from you that on the whole the public are satisfied with the system?—No, I do not know that either; I have heard a great many adverse comments among the public on the coroner system.

9555. Then it really comes to this: it is merely your own opinion?—That is exactly what I was asked to give.

9556. (*Chairman.*) What is your next point; do we now come to the question of anæsthetics?—I am quite ready.

9557. Do you agree that, as the law stands at present, every case of death under an anæsthetic which is caused by an anæsthetic ought to be reported to the coroner?—Yes.

9558. The view which most coroners hold is that that they have no discretion; that a death under anæsthetics is an unnatural death, and that they are bound, therefore, to hold an inquiry without any option?—Yes, a great many of them do, but the Coroners' Society did not hold that view. But I think that an inquiry ought to be held in every case of death due to anæsthetics. Note that is quite different from an inquiry in every case of death during anæsthesia.

9559. But until you have had the inquiry it is difficult to differentiate?—Yes, and these cases are most difficult; and I think again that the coroner's court is absolutely incapable of coming to a correct opinion on the subject.

9560. Can they not hear expert evidence?—Undoubtedly they can; but they have to decide.

9561. (*Dr. Willcox.*) Can they assimilate that expert evidence?—Absolutely no; and I do not see why any

one form of medical treatment should be enquired into by an inquest in the coroner's court any more than any others.

9562. (*Chairman.*) You cannot draw a distinction between poisoning by chloroform and poisoning, say, by morphia?—No.

9563. Half the drugs that you employ are poisons?—Yes. The reason why the custom of coroners' inquiry has grown up is obvious, namely, that a perfectly healthy person may be suddenly put to death, and if the public wish an inquest to be held, it must be held to satisfy the public mind; but the verdicts returned, in my opinion, are perfectly ridiculous.

9564. We have had the Liverpool coroner here to-day and he told us that he had had on an average in the last six years eight deaths under anæsthetics, and in not one single case was there any blame attaching to anybody; the anæsthetic had always been carefully administered with the greatest skill and the operation was an absolutely necessary one?—Well, there are two sources of death as it were: one is an accident that may occur during anæsthesia from a foreign body getting into the wind pipe; and the other, which is the real question that the jury ought to return a verdict upon, is the question of dose. That is the real question; but it is only of quite recent years that the question of dosage has since Dr. Snow's time been worked at. The evidence offered in the coroner's court has nothing whatever to do with the dose, because, if the anæsthetic is given by the open method and the gentleman giving it is giving it in full consciousness, as he considers, of his power to give anæsthetics, he has no means of knowing the dose that he is actually giving by the open method; so that the coroner's jury do not have before them the evidence, even expert evidence, on a fundamental point of that kind.

9565. Do you hold, with Dr. Waller, that the dose ought never to exceed 2 per cent?—I am coming to that. I am only pointing out at present that the coroner's courts never exercise a proper judicial examination of the case, because they do not have the evidence before them.

9566. That is the fault of the expert who gives the evidence, and not the fault of the coroner, surely?—But it comes to the same thing, that the verdict of coroners' juries at the present time on this subject are not reliable. And as regards protection of the public in this matter, I do not believe in it for a single moment; I think these inquests are simply a source of alarm to the public and make them nervous about taking anæsthetics, and contribute thereby to heart failure and so forth by fainting, and they are an injury to the medical practitioner who happens to be doing his work perfectly loyally, and they are often an injury to the Institution involved.

9567. You think that the coroner ought at any rate to hold a preliminary inquiry, and, unless there is some suspicion about the case, it ought to go no further?—Yes.

9568. And that in the public interest?—Quite so. May I quote a well-known case in London. Dr. Waldo made a most valuable series of inquiries—they were most of them inquests—and he deduced from those inquiries that for the open method you ought to employ men of expert standing. But that need not have been done by means of open public inquests; it was not a bit better for being an outcome of public inquests. That discovery as it were—a very obvious discovery—was found by Dr. Waldo's direction through his inquiring into the deaths. But the coroner's jury never helped him a bit; on the contrary, it was Dr. Waldo only, so far as I know; and the conclusion that he arrived at is a working conclusion which other institutions had already come to before.

9569. I suppose that an expert by watching the signs in his patients knows exactly what dosage he is giving?—No, he does not—emphatically not. He knows only when he is getting near the danger line.

9570. That is all that you want, is it not?—No, it is not.

9571. It is practically all?—No, we want a great deal more. But let me just conclude on the first part of the subject. If a public inquiry is thought to be necessary, then you should have an expert tribunal to try these cases. The expert tribunal I have suggested already would do admirably. Personally I do not think it is necessary, but still, that is only my opinion.

9572. You think that the ordinary coroner and jury are not a good tribunal?—No.

9573. With a good coroner or a bad one?—I think they are perfectly incapable.

9574. (*Sir Thomas Bramsdon.*) You recognise, I think you said just now, that the coroner's court is a *quasi* criminal court?—Yes.

9575. And one of the principal objects, if not the principal object, of that court is to inquire whether crime has been committed?—Yes.

9576. I suppose you admit that it is conceivable that crime may be committed under anæsthesia?—Yes.

9577. Therefore in any case wherever inquiry is held, an inquiry by the coroner is necessary to see whether crime has been committed?—No, I do not think so. You meant to say, that every patient who is treated by some medical man is possibly a victim of crime—that is what it comes to.

9578. No; I put to you a hypothetical case that crime may be committed under anæsthesia?—While the patient is unconscious, I understand so.

9579. Say, by means of anæsthesia?—Yes, while the patient is rendered unconscious crime may be committed; for instance, false accusations have been made in such cases.

9580. Then it is necessary for a *quasi* criminal court to make investigation into those cases?—If there is an allegation of crime, yes; but I am referring to cases, and I understood the Chairman to refer to cases, of deaths under anæsthesia which were duly certified by a medical practitioner.

9581. I am coming to the legal aspect. After all, that is our duty here in connection with this investigation: we are dealing with the law and practice of coroners and their courts. Is it not the duty of the coroner and his court, and is it not his practice, to ascertain whether crime has been committed?—I thought it was to find out the cause of death.

9582. In connection therewith let me put it again. In the case of the death of a person upon whom the coroner is holding an inquest, it is one of the primary duties of the coroner to ascertain whether crime has been committed?—I daresay.

9583. You admitted just now that crime may be committed under anæsthesia?—Yes, supposing a person gave an anæsthetic to somebody else alone, crime might be committed.

9584. Then surely that is a case in which an inquiry ought certainly to be held; and to investigate such a case as that it must come before the coroner's court?—If a person kills his patient by means of an anæsthetic, undoubtedly.

9585. Then, if the coroner believed that he was justified in holding an inquest, he would of course do so?—Certainly.

9586. And with respect to the medical or surgical aspect of the case, or the scientific side of it, there would be no necessity for the coroner to go into a detailed scientific inquiry in the case of a person dying under anæsthetics?—I said that he could not do it.

9587. You say that he could not do it. I go a little further, and I say in connection with his office that, as long as he is satisfied that no crime has been committed, there is no necessity for him to go into any enlarged scientific aspect of the cause of death under anæsthesia?—I thought his duty was to find the cause of death. Crime seems to me to be another issue.

9588. Is it not an important one?—It may be in the mind of the coroner who holds the inquest.

9589. If the coroner can ascertain the cause of death—that it is not due to crime—that is really all the coroner's duty?—Is it?

9590. Is it not so under the coroner's law at the present time?—I understand that he has to find out the cause of death; whether he has to find out crime I do not know.

9591. I said just now, if the coroner ascertains the cause of death, that it is not due to any crime, that is all he wants to do; that is all the duty that is imposed upon him?—Is it?

9592. Will you take it so?—I will take it from you, of course.

9593. Therefore, there is no absolute necessity for him to go minutely in detail into any scientific basis in connection with a death under anæsthetics?—Pardon me, there is; because he will not have arrived at the real cause of death. And that is what invariably happens.

9594. I concluded that he had done so?—I say that he cannot do so. He cannot ascertain the cause of death if the anæsthetic has been given by the open method.

9595. Then what is your suggestion?—The really vital question of course is the question of dosage—it all turns on that. It is like any other chemical poisoning. If you are going to give a chemical poison to a person, you ought to know the dose for that person, and whether it is tolerable by that person. Now, on this matter of vital importance to the public, the public have done nothing; but the general practitioners of this country have spent nearly 1,500*l.* on experimental researches and clinical researches in order to try and find out what is the minimal dose—that dose which should be sufficient to produce an anæsthesia (insensibility to pain) and at the same time is not dangerous to life. The British Medical Association have spent 1,447*l.* on this point. They appointed a clinical committee in 1901, and an experimental committee in 1905, and they have found, as Dr. Walter told you, that 2 per cent. may be regarded as a safe minimal dose, that a person can tolerate 2 per cent. at any rate for a very long time.

9596. (*Chairman.*) Does not that depend on individual idiosyncrasy?—In the case of the individual, of course, that must always be left an open question scientifically.

9597. (*Sir Malcolm Morris.*) Can you disregard idiosyncrasy at 2 per cent.?—Yes, I personally believe that you can.

9598. (*Sir Thomas Bramsdon.*) We are getting right away from the question?—No; if any protection for the public is to be drawn up on the question of anæsthesia, I think it can only be done with an accurate and full knowledge of the principles of anæsthetics.

9599. May I remind you of my question? My question was: if a coroner's inquiry is not a proper one for making investigations in cases of death under anæsthetics, what inquiry do you suggest?—I have already suggested one.

9600. I have not heard it?—I am sorry, but I said a few minutes ago that (under (C) "Machinery") if a public inquiry was necessary, I should advise the appointment of a medico-legal tribunal.

9601. In which a High Court judge should take the place of the coroner?—Certainly.

9602. Let us assume for the purpose of argument that that is an impracticable suggestion (I do not say that it is), and that something on the lines of existing affairs is to go on: you would then deprive the coroner of the investigation, but you would set up another tribunal?—Certainly, the coroner is absolutely unfit to do it. If you ask me who should take his place, at the present moment, with our present apparatus (that means the Judicature Act), then, if I have understood the learned judge correctly, the present law admits of the formation of a court such as I have stated *ad hoc*.

(*Sir Thomas Bramsdon.*) I am sorry that I was not aware of it.

9603. (*Chairman.*) Every High Court judge is *ex officio* a coroner?—Yes.

9604. (*Sir Thomas Bramsdon.*) But he never acts as such. I would like to follow this up, if you will allow me. Your suggestion is that a High Court judge should hold these investigations?—Yes.

9605. Can you tell me why a High Court judge should be more competent to hold these investigations than a coroner?—I said a High Court judge with two medical assessors.

9606. Would it not be desirable to give the coroner the same power, with two medical assessors?—Except that, as regards the coroners, they have not the status of a judge.

9607. Granted; but would not the coroner with his experience be just as capable?—That is a purely legal administrative point, on which I am not qualified to express an opinion. I would accept the coroner if you thought fit, but he must have two medical assessors.

9608. Just bearing upon what the Chairman asked you at an earlier stage, do not you think that the same result would be arrived at, or possibly a better result if, instead of having two medical assessors you had two medical witnesses?—No, that is my whole point. The men must be in the position of judges to avoid the Chairman as it were coming to a wrong decision.

9609. You would do away with the jury?—Yes, absolutely.

9610. Who would give the decision; the two medical assessors or the coroner?—The two medical assessors, tempered by the coroner or judge.

9611. Supposing that the medical assessors could not agree?—Then the coroner or judge would decide between them.

9612. Then in those cases it would be the same as if the coroner formed the opinion in the first instance?—If that were true you would have to abolish any court of appeal when judges do not agree.

9613. (*Sir Malcolm Morris.*) Coming back to the question of dose—which is the real key to the position—do you say that 2 per cent. is now accepted by the British Medical Association?—That is the result of the findings of the committee. The Association, of course, have not voted upon this subject. It is a subject that would not be put before a Representative Meeting.

9614. (*Chairman.*) It is not a votable subject?—No, it is not.

9615. (*Sir Malcolm Morris.*) Strictly speaking you are expressing your own opinion as regards dosage?—I have a very large experience now of three years' work with the Vernon-Harcourt apparatus, which is the most practical apparatus for giving a known dose of chloroform, and I do not know of any case of death occurring with the use of that apparatus due to chloroform.

9616. (*Chairman.*) Can anyone use it?—Yes, anyone. All statements about complications are absolutely beside the mark; they are not the case. The apparatus is absolutely simple: you simply turn a tap and you can put out any fraction, from nothing to 2 per cent., by a simple movement on a dial.

9617. Does not the dosage depend upon temperature?—Yes.

9618. You must have a uniform temperature?—Yes.

9619. And must you have a perfectly uniform kind of chloroform?—The quality of the chloroform has nowadays nothing to do with it; purity in manufacture is general.

9620. (*Sir Malcolm Morris.*) It is not necessary to have the Waller apparatus?—The Waller apparatus is very good, and so also is Dr. Allcock's.

9621. (*Chairman.*) That is an index apparatus?—In the Vernon-Harcourt apparatus you can see in a moment what percentage you are giving in a given time. During the whole of an operation I am asking the anæsthetist what he is giving, and I have it lowered by a tenth of 1 per cent. down to nothing and then up again according to the state of the case, and we know exactly what we are giving.

9622. (*Sir Malcolm Morris.*) Do you think that the scientific position is now ripe for making it penal to use the open method?—No. Unfortunately it takes something like 10 years to introduce anything into public use.

9623. (*Chairman.*) But any skilled anæsthetist would use different methods in different cases, would he not?—Certainly, he would.

9624. I have seen two cases myself, and in one case the mask was used and in the other the shield, by a skilled anæsthetist in operations. You would

hardly make the mask and index universal?—You cannot.

9625. That would only apply to hospitals and not field work?—No; field work is subject to no difficulties.

9626. I was rather thinking of this case. A country practitioner is called in to a man who has had a bad accident with an agricultural machine; he has to take a bottle of chloroform and a handkerchief, and to do the best he can?—If he has to give the anæsthetic and do the operation, as sometimes happens.

9627. Or to get in a friend to use the apparatus?—Yes; but it would be much safer if he used the Vernon-Harcourt apparatus and gave that to the friend, because the friend could not kill the patient.

9628. (*Dr. Willcox.*) And it is very portable?—Yes. These other apparatus are undoubtedly very complex, but the Vernon-Harcourt is not.

9629. And Allcock's is portable?—Yes, but it necessitates a blow through by bellows or motor fan. The advantage of the Vernon-Harcourt in my opinion is that it is entirely done by the breathing of the patient—it is a draw through apparatus.

9630. (*Chairman.*) It is done automatically by the patient?—Yes; he simply draws the anæsthetic through two apertures.

9631. You have had great experience in operations. I should like to get your opinion on one or two points connected with anæsthetics. In what you said about dosage, do you refer only to chloroform or to ether?—I am only referring to chloroform, because it is much more difficult to regulate the dose of ether.

9632. Are there many cases in which the anæsthetist says: "In this particular case I would rather employ ether or a mixture of chloroform and ether"?—There are some.

9633. Then your remarks do not apply to those cases?—No, they do not apply to ether.

9634. Or to a mixture of chloroform and ether?—Personally I think such mixtures are extremely dangerous, because by experiment it has been shown that, with the so called A.C.E., it is purely a question of dilution; you are really using a dilute form of chloroform.

9635. And there is no advantage in the way of strengthening the heart derived from the ether and the alcohol?—As regards ether, ether does produce less depression on the heart than chloroform; but if a person drew in as much alcohol as there is in the mixture, his heart would soon be adversely affected by the alcohol; but of course he does not get it. In fact no one knows exactly the proportionate evaporation from the compound. All we know is that deaths have occurred under A.C.E., and the assumption has been naturally that the anæsthetist thought he was quite safe in using it: he has poured it into some inhaler and put it upon the patient's mouth; the patient has inhaled 4 per cent. of chloroform and has gone off from cardiac arrest.

9636. Are there not a large number of accidents with anæsthetics due to other causes than heart failure?—There are two great causes of deaths from toxic action of anæsthetics: one is paralysis of the respiration, the other heart arrest. Drs. Embley and Martin have entirely cleared that up scientifically.

9637. Is that Dr. Martin of the Lister Institute?—Yes. The arrest of the heart has been produced when by the open method the mask was put on the face and death occurred; the patient often is stated to have inhaled only a few times. There can be no doubt on the point, since in Dr. Waller's laboratory it was shown that under a Skinner's mask, by pouring chloroform on the top of thin flannel an atmosphere of 4 per cent. of chloroform could be produced in the cavity of the mask; and Embley and Martin showed that with 4 per cent. you could get reflex inhibition of the heart—that is one form of death. Then another form is where during the long continued action of chloroform the blood-pressure falls and the respiration gradually fails; the respiratory centre under those circumstances will often suddenly stop working and the heart go on beating. That was the position that was taken by the Hyderabad Commission. In fact both these causes of death exist, and they are both proportional naturally to the dose of poison. The only point at which idiosyncrasy can theoretically come in is in cases where persons have unsuspected heart weakness.

9638. Is that what is referred to as status lymphaticus?—Not necessarily heart failure, unsuspected heart weakness may only be shown by the direct toxic action of chloroform on the heart; that is to say, the dose that kills one patient might be tolerated by somebody else.

9639. (*Dr. Willcox.*) In other words, there is idiosyncrasy?—Yes, you must always keep the point open.

9640. (*Chairman.*) Idiosyncrasy of the disease?—Actual organic disease of the heart as the cause of death under anæsthesia is extremely rare.

9641. Is that because surgeons hesitate to operate when people have heart disease?—No; I never hesitate with the Vernon-Harcourt apparatus to give chloroform to anybody. I do not care how diseased the heart is.

9642. Can you regulate the percentage so precisely?—Yes, up to the point of losing conciousness, and then you can bring it down to nothing.

9643. (*Sir Thomas Bramsdon.*) Even in the case of chloroform with bad valvular disease?—Yes; for cases where we used to operate under local anæsthesia we frequently give chloroform.

9644. (*Dr. Willcox.*) With regard to the action of chloroform upon the heart, the most important thing is the condition of the heart muscle?—Yes.

9645. One of the characteristics of the condition described as status lymphaticus is that the heart muscle is often degenerated?—It is so described.

9646. And that would account for these deaths under anæsthesia?—Yes.

9647. (*Sir Malcolm Morris.*) In your long operations do you use chloroform much more than ether?—I practically now never use ether, because ether has several disadvantages: that it produces irritation of the respiratory passages and chloroform does not; but my chief reason for using chloroform is that it is much more agreeable to the patient afterwards.

9648. (*Chairman.*) And at the time of administration?—Yes.

9649. (*Dr. Willcox.*) You are not a physician, but I think you can tell us this. In those cases of fatty degeneration of the heart muscle with normal valves, that condition is practically unrecognisable during life?—Yes.

9650. So that it is only after the accident has happened that you find out the cause of it?—Yes.

9651. Do the appearances show that on the post-mortem?—No.

9652. So that you really require a very skilled pathologist to detect it?—Yes; now it requires an extremely skilled pathologist, because the little band of muscle which communicates the rhythmical impression from one part of the heart to the other is extremely small, and an ordinary pathologist would not detect any changes in it at all.

9653. Are those changes visible to the naked eye?—Very often they are not.

9654. Does it require staining?—They require microscopical examination.

9655. Miscroscopal examination and staining?—Yes.

9656. (*Sir Thomas Bramsdon.*) Are there no post-mortem appearances at all in the case of death under anæsthetics?—No.

9657. (*Chairman.*) It depends upon the cause of death, does it not; there may be asphyxial conditions?—There again these asphyxial conditions disappear by the time the post-mortem is made.

9658. (*Sir Thomas Bramsdon.*) *Quâ* anæsthetics there are no particular post-mortem appearances?—No.

9659. (*Dr. Willcox.*) Only signs of asphyxia?—And they will have disappeared. Besides, very often they are very slightly marked.

9660. (*Chairman.*) Before we go on to the question of who may administer anæsthetics, I should like to ask you one or two more questions. Do you think that the anæsthetic ought to be chosen by the surgeon or by the anæsthetist?—By the surgeon. That question

has been discussed I am sure in medical meetings, and I feel convinced that the general conclusion was that it is the surgeon who is responsible for the operation, and therefore primarily the question of the anæsthetic ought to be settled by him; but undoubtedly the anæsthetist would be perfectly within his right in protesting, if on his examination of the patient he found certain conditions existing which he thought militated against that particular anæsthetic which the surgeon wished for.

9661. In your own experience you have come to the conclusion that chloroform is the best anæsthetic, and that it is as safe as any other if the dosage can be regulated?—Yes.

9662. Is that taught in Medical Schools?—Yes; but it is not taught in all.

9663. Can you tell us what steps the General Medical Council have taken to enforce the teaching of anæsthestics to students before they are qualified?—When I was a member of the Council I brought forward the subject and endeavoured to carry a resolution that it should be a compulsory part of the curriculum. I lost that.

9664. That is some years ago?—Yes, and I have been off the Council now for four years, so that I do not know the actual present position; but I am still absolutely of opinion that it would be perfectly possible to make it part of the compulsory curriculum.

9665. (*Dr. Willcox.*) Are you aware that most of the London Medical Schools insist on a student presenting to the Dean a certificate that he has undergone an adequate course in anæsthetic instruction, before he is allowed to go up for his Final Examination?—I did not know that it was accepted by all the schools. I believe that University College was the first school at which a systematic instruction of the house officers in giving anæsthetics was a condition of their appointment, but I did not know that it was now adopted generally.

9666. In several schools that is so. You think it is a desirable system?—I think it is essential, and I cannot see any reason why the qualifying body should not carry out the examination in the ordinary way.

9667. (*Chairman.*) This question of anæsthetics is a very important question, and it is a question which has more or less been referred to us against our will. What do you think would be an adequate training for the ordinary student? He ought to have theoretical instruction; and what practical instruction ought he to have? I should like to know what you advocate on both those points; what would be the standard that you would set up?—In the first place, as I stated to the Royal Commission on Vivisection, I think that all students ought to be taught to give anæsthetics on animals first. I do not think that any student ought to gain his first experience by anæsthetising human beings.

9668. Not even under supervision?—Certainly not. He ought to learn by giving anæsthetics to animals first. Then when he comes to the hospital side of his work he ought to receive, as he does receive certainly at University College Hospital from Dr. Buxton, theoretical lectures on the subject and practical instruction in the Anæsthesia Room at the hospital. I think that the instruction given there is quite adequate, barring that the man has not, under present regulations, had the previous experience of anæsthetising a living thing.

9669. A living thing under circumstances which try his nerves?—Exactly, and whose death does not matter—that is the point. There is no moral responsibility if you give too much chloroform to a cat.

9670. You mean that men are turned out into the profession who have not had a sufficient experience and who are appalled by the consequences of what they are doing and thereby lose their nerve?—I think that the public suffer more from anæsthetics being given imperfectly; from a patient having so much as to make him very uncomfortable after the operation, or having so little as to make the operation more difficult.

9671. In hospitals, of course, a skilled anæsthetist ought always to be present?—Yes.

9672. You would never let a student, I understand give anæsthetics?—Yes, I would allow him to give anæsthetics if he has had a preliminary training by giving them to animals. I would allow him to do it then under the direction of an expert anæsthetist.

9673. Surely any student who has got up to his third or fourth year can give anæsthetics directly under the anæsthetist's eye with safety?—Yes, I should say with safety to the individual. I do not think that individuals thus anæsthetised run any appreciable risk. What I meant was that unless some one has the primary responsibility of watching the respiration, and so forth, and appreciating the variations in respiration—unless he has gone through that preliminary training he would not appreciate it when he came to do it in a hospital.

9674. You think that the whole theory of anæsthetics ought to be taught to every student?—Yes.

9675. For instance, the danger of the tongue falling back, and the danger of anæsthetics after food?—Yes, all those things are taught very fully. And allow me to point out that I think they ought to be taught, not only to every person who is going to be registered on the Medical Register, but to every person who is going to be registered on the Dentists' Register.

9676. Now we come to another point: Who really ought to be allowed to administer anæsthetics?—I think a registered medical practitioner, or a registered dentist.

9677. Would you allow a registered dentist to adminster any other anæsthetic than nitrous oxide?—Yes; I think that the qualification of L.D.S. is quite enough, provided the man has had this training that I speak of. In that matter I do not agree with Dr. Hewitt.

9678. Would you permit the same person to administer the anæsthetic and to perform the operation?—I do not think it is possible to prevent it by statute; but so far as possible it ought to be prevented.

9679. It is possible to prevent it in the case of dentists, because their operations are never very urgent?—I do not think it is possible in the case of dentists in the country; the dentists in the country often have to give gas and then extract.

9680. I was thinking of the more lasting anæsthetics—chloroform and ether?—I do not think they should ever be given without a second person being present. I was thinking of gas. It is a question of expense, you know, to the public. The ordinary patient of a dentist could not bear the expense of having an expert, as it were, to give the anæsthetic; but a dentist gives gas which costs 5*d.* or 6*d.*, and then quickly extracts a tooth without much risk to the patient.

9681. In your opinion nitrous oxide is a very safe anæsthetic?—Yes.

9682. Especially when given with oxygen?—Yes.

9683. Referring to some evidence which was given before the Vivisection Commission, it is a fact, is it not, that the danger of chloroform can be mitigated by giving certain drugs to the patient?—Yes, we used to give morphia of course, but those drugs have certain disadvantages.

9684. I am thinking more of heart stimulants such as atropin?—Yes, atropin again is given; but you may overdo it. In a case that I operated upon a short time ago, the heart suddenly began to run away in the middle of the operation, and we had to stop the operation. I found out afterwards that the patient had had a dose of atropin given him by the anæsthetist, and it was entirely due to that. The patient, I may say, made an excellent recovery from the operation.

9685. (*Dr. Willcox.*) Do you know how much was given?—I am not sure whether it was a $\frac{1}{100}$th or a $\frac{2}{100}$th, that is to say, a one-fiftieth. The simpler the anæsthetic the better. I do not give any drug now of any kind.

9686. (*Chairman.*) You simply confine your attention to the dosage?—Exactly.

9687. (*Sir Malcolm Morris.*) Which do you consider responsible, the surgeon who operates or the anæsthetist?—The surgeon.

9688. He can say which anæsthetic he wishes?—Yes.

9689. (*Dr. Willcox.*) In difficult cases I take it that you would consult with the anæsthetist as to which anæsthetic should be used?—Certainly.

9690. And with a physician possibly?—If necessary.

9691. (*Sir Thomas Bramsdon.*) With regard to dentists, you think that nitrous oxide is a very safe anæsthetic?—Yes.

9692. You know that there are a large number of persons who are not registered dentists?—Yes.

9693. They are unregistered, but they claim to have a good deal of knowledge of the practical work of dentistry?—Yes.

9694. Would you give them the right to administer nitrous oxide?—Certainly not.

9695. Would you give a registered dentist the right to administer a local anæsthetic?—Yes.

9696. You think that is safe, such as cocaine?—Yes.

9697. I think you are of opinion that registered dentists are fairly competent?—Yes, I think the L.D.S. is a very substantial qualification. And, besides, you see you have the advantage of protection to the State through his being a registered man; you have that disciplinary control over him. Unregistered persons simply prey upon the public, because they escape with only an occasional death and they still play havoc with the public.

9698. (*Chairman.*) You may have a very skilled unqualified man, but you have absolutely no guarantee?—That is so; and instead of their being convicted of manslaughter, they escape punishment.

9699. (*Sir Thomas Bramsdon.*) Do you know anything about the Incorporated Society of Adaptors and Extractors of Teeth?—I have heard of it.

9700. You do not know anything about it of your own knowledge?—No, not personally. That is how the law is evaded, of course. These people found out very soon that they could evade the law respecting registration, by forming themselves into companies, and unfortunately the House of Lords has never accepted the various amendments of the law which the British Medical Association have put forward in order to stop this evasion of the Registration Acts. We have made numerous attempts, beginning with an amendment of the Companies Act. Mr. Ritchie did accept it while it was passing from House to House, and then unfortunately he threw it away again in the House of Commons; consequently the public remains unprotected to this present day.

9701. (*Chairman.*) You say that general anæsthetics ought not to be administered except by a qualified practitioner?—Yes.

9702. I suppose you confine that to anæsthetics administered for the purposes of a surgical operation?—Yes.

9703. For instance, would you prevent a midwife under a doctor's orders giving an anæsthetic to a woman in childbirth?—No, because she is not then primarily responsible; she is simply giving it under the direction of the doctor, she herself being a registered person, we must not forget, and therefore being under disciplinary control.

9704. Therefore in recommending legislation, one could confine it to administering general anæsthetics for the purpose of some operation?—Yes.

9705. (*Sir Thomas Bramsdon.*) Would you allow a nurse to administer an anæsthetic under the jurisdiction of a surgeon?—No. Unfortunately the Government will not accept the registration of nurses. If you put a nurse under registration you clearly have her then responsible to the State, her responsibility is more assured, and you have got some control over her.

9706. You give her a certain knowledge and position?—No, it has nothing to do with her knowledge in any sense. I am thinking of the responsibility. The primary responsibility would rest with the doctor who ordered her to do the thing, and who is there also directing it. But at any rate you would have this extra control, that if she, for instance, being registered, did it on her own, as it were, she could be brought up for it.

9707. Perhaps you will explain the difference between a qualified nurse at a hospital and a midwife. Is it because the midwives are certificated?—Yes, because they are registered.

9708. (*Chairman.*) Surely you would allow a nurse in a lying-in hospital under the doctor's orders to give a sniff of chloroform to a patient?—I do not think they ought to do it. I have no doubt that it is done. I think that anæsthetics ought only to be given by persons who are on a register, and even in the case of a midwife she would not do it on her own; she would simply be the agent of the doctor who was directing her at the time.

9709. But surely in a lying-in hospital you do not have midwives—you have nurses, and those nurses would, under the doctor's directions, give a sniff of chloroform?—I would not allow them to give it on their own responsibility. Of course the lying-in hospitals have resident doctors.

9710. Still you may have a dozen women in labour at the same time?—Yes, I do not know what the requirements are; I do not know also whether they have anæsthetists appointed; I do not think they do.

9711. You do not object, of course, to a nurse in a hospital, under the doctor's orders, giving morphia?—No, of course not, as she only gives a finite quantity as ordered.

9712. (*Dr. Willcox.*) You mentioned that the great danger in administering chloroform was that of an overdosage?—Yes.

9713. Do not you think that before any blame can attach to an anæsthetist, it would be necessary in most cases to prove an overdosage?—Absolutely. As I have explained, of course that cannot be done at the present moment.

9714. You are aware of the method published in France, the analysis of the blood?—Yes.

9715. Which, to a certain extent, would give evidence of an overdosage?—Yes. Of course the percentage quantity of chloroform detected by the Gréhant method, by which you can detect whether it has gone over the point, was first ascertained by Pohl; but I do not think that is at all safe. It could never enter into evidence before a court.

9716. I am speaking of analysis of the blood after death?—So am I. I do not think it ought to be accepted as evidence before a court.

9717. You think it is desirable, do you not, that in cases of death under anæsthetics an analysis should be made in order, if possible, to arrive at some conclusion as to whether one can judge that an overdose has been given?—Certainly.

9718. But you think it is undesirable to fix any limit in the present state of our knowledge?—I think it is a very desirable thing to make an analysis, but a very difficult thing to base any judgment upon with our present methods.

9719. Do you think that in cases of death under anæsthetics occurring at hospitals it is very advisable that the hospital authorities should make a full investigation in order to determine all the conditions which obtained during the administration?—I do.

9720. Is not that done at most of the hospitals?—It is.

9721. And the results recorded in books?—In many hospitals the results are recorded.

9722. There is one other point which Sir Thomas Bramsdon referred to. When an anæsthetic is given to a patient, especially a woman for the purpose of an operation, is it not almost invariably the custom for another person to be present?—Yes.

9723. So that there would be no possibility of crime being committed on the patient?—No; that point has arisen several times.

9724. (*Chairman.*) And is it not the case when chloroform is given, that women are very apt to make false statements?—Yes.

9725. Especially with chloroform?—Yes.

The witness withdrew.

Mr. JOHN TROUTBECK recalled and further examined.

9726. (*Chairman.*) You have heard the evidence given by Sir Victor Horsley?—Yes.

9727. I should like to ask you generally whether you have any comments to make upon it?—I have heard the whole of Sir Victor Horsley's statement to-day, and I do not wish to add to my evidence on general points with reference to what he has said; but there are one or two questions of facts that affect me personally which I think I ought to correct at the earliest possible moment.

9728–9. Certainly?—They were not dealt with in historical order, but I think perhaps it will be more convenient if I do so. As I stated before, I was appointed coroner in 1888, and the statement has been made that before the case of Sir Victor Horsley no inquests were held by me in similar cases. Coroners, as I have already stated, can only act on information; they cannot go and overhaul the registrar's office and see what certificates have been given and what have been passed; and no such case as Sir Victor Horsley's had ever before, as a matter of fact, been reported to me. That would satisfactorily account for my not having taken such a case. Whether they have or have not occurred since without being reported to me I cannot say, but I should judge from statements made during that inquiry that very frequently deaths have occurred a day or two after an operation, and therefore when the question of anæsthetics would not arise, although the death might be said to have been materially accelerated by the operation, but the death was registered, and never came to the coroner's notice. That is, in fact, why no such a case has been taken before in my district.

9730. How did this particular case come under your attention?—This particular case was reported to me by the registrar of deaths.

9731. What made him act for the first time in Sir Victor Horsley's case?—That I do not know. I should say that the duties of the registrar had been more strictly attended to; that was the reason in this case.

9732. At any rate it was unfortunate, you having come across Sir Victor Horsley previously, that the registrar should choose him for the first report?—Well, he did so at all events.

9733. (*Sir Horatio Shephard.*) What certificate had the registrar before him in that case?—The registrar had a certificate of death signed by Dr. Aitken. Dr. Aitken was the then Superintendent of the Bolingbroke Hospital. On the registrar's report being made to me I went through the ordinary course, that is to say, I at once referred it to the officer, telling him to make inquiries.

9734. I meant, what was the purport of it; there was a written certificate?—It was to the purport that there had been an operation. I cannot give the words of the certificate now; but when a death is reported I never decide, as I told the Committee, unless I have a report from my officer; and consequently, I instructed the officer to make enquiries, and I myself had telephonic communication with Dr. Aitken, who had signed the certificate of death, and as a consequence of that I held the inquest. The statement was to the effect that the patient's probable duration of life without the operation, would or might have been about one year. I have no means of saying whether that opinion was correct or not.

9735. (*Chairman.*) But the statement made to you was that minus the operation the patient might have lived for about a year. Plus the operation, she lived 2½ days?—Yes; I was assuming all this time that Dr. Aitken, who had signed the certificate giving me the information, was a person who had knowledge of the facts. He was a registered medical man, and superintendent of the hospital where the death occurred. Therefore I held the inquest, and I gave notice to Sir Victor Horsley, and I gave him the opportunity, of which he availed himself, of sending someone to the post-mortem examination to represent him, and I believe some gentleman did attend or obtain information from the Pathologist, Dr. Freyberger, for him before the inquest.

9736. Who conducted the post-mortem examination?—Dr. Freyberger.

9737. Somebody representing Sir Victor Horsley was present at the autopsy?—Yes, so far as I know. At that time no information was given to me by any person, by Sir Victor Horsley or by Dr. Aitken, or by any one else, that there were any other medical men concerned in the case. The names have been given of Dr. Biggs and Dr. Thompson. I summoned Dr. Aitken and also Sir Victor Horsley to give evidence, and they had had the opportunity both of them, if they wished, to attend the post-mortem examination. Dr. Biggs' name and Dr. Thompson's name were then unknown to me. I had not heard of them in connection with the case. Dr. Aitken did not obey the summons to attend, giving as the reason that he knew nothing of the case. But he had signed the certificate of death. In his place came the house surgeon, who went into the box. He was present at the operation, but he knew very little and he said that he knew very little of what occurred. The evidence of what had led up to the operation was given by the person chiefly concerned, namely, Sir Victor Horsley, and during the whole of this time there was no suggestion for one moment that there was any reason not to accept fully everything that Sir Victor Horsley said, and as a matter of fact it was accepted; there was no question about it. The verdict was given, and before the verdict was given no request whatever was made, for an adjournment for hearing further evidence, nor was the evidence of either of the doctors now mentioned tendered. Of course there must be, I assume, a moderation in all things. If I was to summon every doctor in connection with a case, the expense I think would be unreasonable; and if one had, as I believed I had, one of the chief surgeons of the day giving evidence and giving a full account, I could not imagine in the absence of any statement to the contrary, that we were not getting, as I believe we did get, the full facts.

9738. You got all the information you wanted, and you and the jury were satisfied?—Yes. That is shortly why I took the case.

9739. You acted on Dr. Aitken's telephonic statement, that if the operation had not taken place the patient might have lived a year?—Yes. And I may say that to an extent Dr. Aitken's opinion was supported by Sir Victor Horsley in his evidence, who said that it was impossible to say for certain but that the patient might have lived some months.

9740. Although death must ultimately have occurred?—Yes, he gave that opinion; that death would have occurred from natural disease. Sir Victor Horsley suggests that the reason why I took this action was that I had some malice against him. I do not think it is necessary to say that such thoughts do not cross my mind when I am considering my official duties. It was clear to my mind on receiving that statement, that I was obliged to hold an inquest. As a matter of personal preference, I think it is very obvious that it was an inquest that I would rather not have taken than taken, considering the relations which had existed previously between Sir Victor Horsley and myself. But there was a legal duty imposed upon me, and therefore I had to act.

9741. I rather want to get these two points clear from you. It was not in any way on your own initiative you say that this case was reported to you?—It was reported by the registrar.

9742. Without any suggestion from you?—I suggested to the registrar afterwards, I think, or about that time, that he ought to report to the coroner deaths which were stated to be due to operations; because of course the registrar is not bound, there is no statutory duty in that respect. I assume, however, that any registrar would wish to report those deaths, which it is the coroner's duty to take.

9743. I think just about this time you had seen the registrar?—No, I had not seen him.

9744. You had communicated with the registrar?—Yes.

9745. And you had told him that he ought to report to you deaths that were stated to be due to operations?—Yes.

9746. Even although there was a proper medical certificate?—I should not call it a proper medical certificate.

9747. (*Sir Horatio Shephard.*) Was the death stated to be due to the operation?—Whether the registrar had got that on the face of the certificate I am not prepared to say. The certificate will show that, which, of course, is in existence. It is the registrar's property; it is not a document in my possession. The registrar would act on information given by the certificate and on information that he would get from the relatives when registering the death. He has other sources of information besides the certificate.

9748. (*Dr. Willcox.*) Since you wrote to the registrar I take it you have had several similar cases reported to you?—Not many, very few.

9749. Some?—One or two.

9750. Upon which you have held an inquest?—I think I have held one; but I have passed several for the reasons I have given to the Committee.

9751. (*Sir Thomas Bramsdon.*) Can you give us any idea of how many inquests you have held on deaths after operations pure and simple, without being mixed up with anæsthetics?—Very rarely.

9752. Can you form any idea of how many?—I could not. I can only say that they very rarely occur. I do not remember a death being reported to me before this case as being due entirely to the operation and nothing else.

9753. Since you called the registrar's attention to the matter, can you say how many such cases similar to Sir Victor Horsley's case, where the patient survived the operation and died within 24 or 48 hours, have come before you?—Possibly one or two.

9754. (*Dr. Willcox.*) Sir Victor Horsley mentioned that at the Bolingbroke Hospital four or five inquiries have been made recently in which everything turned out all right. Do you accept that statement?—If he would give me the names I could tell you.

9755. (*Chairman.*) Where the patient died under anæsthetics?—It frequently happens that when the case is inquired into the question of anæsthetics is eliminated by the witnesses; they say it had nothing to do with the death, but the operation had, and, of course, there are many inquests in cases which turn out to be cases due to the operation and not to the anæsthetics.

9756. Or due to the patient's antecedent condition?—Yes, I imagine that that always occurs in every case.

9757. (*Sir Thomas Bramsdon.*) Have there been many cases reported to you (I am dealing now with reported cases) of deaths under an operation unaccompanied by anæsthetics?—I do not think I ever heard of a death from an operation where there has not been an anæsthetic.

9758. I mean to say, in which the anæsthetic has not played any part in the death, as in the case of Sir Victor Horsley?—They are very rare indeed. I may say that until Sir Victor Horsley's case, no such death was ever reported to me.

9759. Have you dispensed with inquests in any cases since similar to his?—No.

9760. When you have had a case reported to you since similar to his, have you held an inquest?—Yes, if I had reason to believe that materially the death was due to the operation I have held an inquest.

9761. (*Chairman.*) Where death was accelerated?—Yes. I do not say by a question of hours; but materially; that is to say, the patient might have been alive for another year so far as the medical opinion goes.

9762. (*Sir Thomas Bramsdon.*) Those cases have been very few?—Very few indeed.

9763. (*Dr. Willcox.*) There have been several such inquests at the Bolingbroke Hospital?—I do not think so. There have been several cases that I have inquired into after operations at the Bolingbroke Hospital accompanied with anæsthetics. If the cases are referred to I can give the details. I have the names of the cases and the dates if they are wanted.

9764. (*Chairman.*) Now we may take it that you tell us that any personal friction on a previous occasion with Sir Victor Horsley had absolutely nothing to do with this inquest?—Oh, dear, no.

9765. It was an unfortunate coincidence and nothing more?—It was impossible for me to avoid it. It was a duty imposed upon me, and it was impossible for me to avoid it.

9766. It was most unfortunate?—I may say that I had never heard of Sir Victor Horsley's name in connection with the Bolingbroke Hospital at all. I was quite unaware that he practised anywhere in my district.

9767. But it is unfortunate that the very first death that was reported to you of this kind should be a case of Sir Victor Horsley's, with whom you had some little strained relations?—I do not know Sir Victor Horsley, but he made certain charges against me which I can deal with afterwards.

9768. What is your next point?—My next point is that Sir Victor Horsley states that certain statements of facts were made by him on behalf of a Society to the Lord Chancellor, before whom I think he attended, and he gave to-day one instance. At the time these details were, of course, submitted to me, and I went very fully into them, comparing the statements made by or on the authority of Sir Victor Horsley with the evidence that was given at the inquests upon oath. The case that he gave to-day was the case of William Henry Abel, which he put in Table B. "Cases "in which the medical practitioner who first saw the "deceased after death had no communication from "the coroner." At the time that this representation was made I had held, since my appointment to the South Western Division, about 1,000 inquests. The names of the cases in the entire statement number 37, 26 of those 37 are not supported by any particular facts, by any facts at all, but the same cases do duty in various tables until you get quite a stage army of cases; but they are the same supers reappearing. In this case of William Henry Abel, the facts as stated by the Society are these: "Dr. McManus, of 54, St. John's Hill, S.W., "was called to see Henry William Abel, aged one "month, of 76, Speke Road, at about 8 a.m. On "arriving at the house he found the infant dead. It "had been sleeping in a narrow bed between its "parents and presented all the appearance of having "been overlaid." That is an important statement. "Dr. McManus made careful notes of what he saw, "and wrote to the coroner stating that he was unable "to give a certificate without a post-mortem. In the "meantime the body was washed, the limbs straightened "the tongue put back between the lips, and most of "the post-mortem signs observed by Dr. McManus "removed."

9769. Who did all that?—I am reading the statement.

9770. You do not know the fact?—I am reading the statement that was made in Table B.: "Dr. McManus "received no answer to his communication from the "coroner, and only read in a local paper a week after-"wards that Dr. Freyberger had made a post-mortem "examination on the fourth day after death, and had "thereupon given evidence that the child had died of "convulsions, which it certainly had not, and which "could not be ascertained by a post-mortem exami-"nation only." On referring to the evidence, I find that the mother and mother's sister were examined, and the evidence which they gave was that "this was an eight months child," it was "weak since birth; no "doctor had attended it. It was found dying (not "dead) in bed and of a blue colour. The mother "picked it up" (this is her statement) "and ran down "stairs with it to her sister-in-law, who rubbed it and "warmed it in front of the fire. The child got its "natural colour back and it was thought to die a few "minutes before the doctor saw it. Dr. McManus "reported that he could not say the cause of death or "certify." By my direction the pathologist wrote to Dr. McManus to give him notice of the post-mortem

examination, so that he could attend if he wished; and he received this answer. You will observe that Dr. McManus stated that he received no answer to his communication from the coroner, and that he only read in the local paper a week afterwards that Dr. Freyberger had performed the post-mortem. I have here his answer to Dr. Freyberger, before the inquest and before the post-mortem.

9771. Dr. Freyberger being your agent to make the communication?—Yes, I requested him to do so as a matter of quickness and convenience "Westwood House, "St. John's Hill, S.W., 5th January 1903, Sir, I regret "I cannot see my way to meet you, but in taking a "case which is legally and morally mine, I consider you "are acting unprofessionally: yours faithfully (signed) "L. S. McManus."

9772. How did he mean, legally and morally his?—I did not understand that either.

9773. There is no property in a corpse?—That is the letter that he wrote, and I presume that details of the case must have come from him, although that I do not know, because in the course of this correspondence with the Lord Chancellor it is stated that a great deal of the information was gathered from local newspaper reports, which are made by very worthy reporters, but they are not always highly educated and they are very frequently incorrect. That is what he said, "That it "presented all the appearance of having been over-"laid." Dr. Freyberger did make the post-mortem, and what he found was bronchitis, pneumonia, and abcess in the thymus gland; and there was no question at all, quite apart from the medical evidence and any evidence given by all the persons concerned, that this was a possible case of overlaying. And, of course, it was a serious thing to make an allegation against parents that they had overlaid their child, when it is not true, or when there is apparently no *primâ facie* reason for making such a charge.

9774. (*Dr. Willcox.*) Did the jury find that the child died of convulsions, as stated in this paper?—The opinion was given by Dr. Freyberger who said, "Pro-"bably it ended in a convulsion."

9775. But in this document it is stated that Dr. Freyberger found and gave evidence that the child had died of convulsions?—He found what I have first stated. He said that it probably ended in convulsions.

9776. And that was the verdict of the jury?—The jury gave that verdict.

9777. (*Chairman.*) This pathological condition ended in convulsions which caused death?—That was the ending of the inquest. I do not know whether that is a matter susceptible of strict proof, but it is a matter on which a medical man is competent to give an opinion, which may or may not be acted upon by the jury.

9778. (*Dr. Willcox.*) Was pneumonia mentioned in the verdict of the jury?—Yes.

9779. I should like to know what the verdict was?—The verdict would be "natural death," and in the inquisition that they signed, the full cause which I have stated would be set out.

9780. What was the cause of death stated in the verdict?—That was the cause of death found—Bronchitis, pneumonia, and abcess in the thymus gland.

9781. That is the verdict of the jury?—That was the inquisition signed by the jury.

9782. (*Sir Horatio Shephard.*) Is the 5th January the date of the inquest?—That is the date of Dr. McManus's letter.

9783. It is the date of the inquest apparently?—That would be before the inquest.

9784. I want to know, was it the date of the inquest?

9785. According to this tabular statement, it suggests that it was the date of the inquest. It could not have been the date of the medical attendance?—That is impossible.

9786. It must have been the date of the inquest. That letter apparently was written on the very day of the inquest?—I cannot give you the date.*

* *Note by Mr. Troutbeck.*—Subsequently I find the date of the death is January 3rd, and of the inquest January 5th. —J. T.

9787. (*Sir Thomas Bramsdon.*) May the post-mortem have been made on the same day as that on which the inquest was held?—It is quite possible; it is quite likely too.

9788. (*Chairman.*) Do you happen to know whether Dr. McManus declined to meet Dr. Freyberger at the post-mortem because of any personal feeling between himself and Dr. Freyberger, or because he objected to any pathologist making the post-mortem?—I take the reason to be what he stated: "In taking a case "which is legally and morally mine, I consider you "are acting unprofessionally."

9789. Therefore it did not matter whether it was Dr. Freyberger or a doctor from St. George's or a doctor from Westminster Hospital?—The same reasons seem to me to apply. I am not aware that there has been any connection other than in this way between Dr. Freyberger and Dr. McManus.

9790. Then after Dr. Freyberger had made the post-mortem examination, Dr. McManus was not called as a witness at the inquest?—No.

9791. Would not his evidence have been material at the inquest?—I do not think so.

9792. You think that the post-mortem without clinical evidence was sufficient?—There was no clinical evidence, in my opinion.

9793. (*Sir Horatio Shephard.*) You do not know; you had not seen it?—Dr. McManus stated when the inquiries were made that he could not say the cause of death or certify.

9794. (*Dr. Willcox.*) Did he say that to your officer?—Yes.

9795. Before the inquest?—Yes.

9796. (*Chairman.*) There is a distinction between saying that you cannot certify and that you cannot give evidence which would throw a light on the cause of death?—That report would be made to the officer.

9797. (*Sir Horatio Shephard.*) You do not know the date?—It was before the inquest. I cannot give you the date. I should say that there was plenty of time to summon Dr. McManus if I had thought it necessary.

9798. (*Dr Willcox.*) I take it that that was the reason why Dr. McManus wanted a post-mortem to be made, that he could not tell your officer the cause of death?—I think from the officer's report he went further; that he said he did not know anything.

9799. Still he might have been able conceivably to have given you some help?—In this case I do not think so.

9800. (*Sir Thomas Bramsdon.*) Can you tell us to what extent Dr. McManus had seen the deceased during life?—He had never seen him in life at all at any time.

9801. Was he called in after death?—He was called in after death, after the child had been moved.

9802. Then he could form no better judgment than another person who came in and performed the post-mortem?—A post-mortem means after death.

9803. (*Chairman.*) He had not seen the body *in situ*?—He had not seen the body *in situ*.

9804. (*Dr. Willcox.*) He saw the body immediately after death, did he not?—He saw the body immediately after death.

9805. And he heard the statements made at the time by the relations; the people who called him in made statements to him?—I do not know that.

9806. It is possible for a baby with pneumonia to be overlaid?—I suppose it is, but these were respectable people; here was no suggestion of drinking or of improper conduct in any way; and in face of the fact that the child had died in the arms of one of them not the mother, as she sat and rubbed it in front of the fire, there was no ground for such an allegation. Nor was such an allegation made before the inquest.

9807. (*Chairman.*) Is there any other thing you would like to call our attention to?—I do not think there is any other question of fact that I heard in Sir Victor Horsley's evidence, as to which I need say anything. I was going to say that I found on inquiry that that was the class of complaint made in the 11 cases of which details were given, as to which I was able to compare the statements about the cases made; but I

went into every one of the 37 and I found them of that class. It is some years since I looked through them, but I brought the statement with me thinking that perhaps it might be useful. There was one statement made about Dr. Rowe of Wandsworth, on page 12, it was under the heading of "Cases where the coroner "had made no communication to the doctor." That was the case of Alfred Robert Bond; I have not got the date here, but this is what I wish to call attention to, that Dr. Rowe was called in and saw the body after death; he was present at the post-mortem and was summoned to give evidence at the inquest; and no details are given by the Society of this case.

9808. It was a misapprehension as to the facts?—Yes, it was a misapprehension which was very likely to occur. If the facts were collected, as they suggested, from the local newspapers, there were very likely to be such mistakes.

9809. I suppose, like other newspaper reports, the local newspaper reports the immaterial and omits the material very often?—Yes, I find the whole statement of that character. But I do wish to say that it is my constant desire to call in all evidence which may be called of a clinical character to assist at these inquiries. I do not wish to exclude any of it, and, as I said before, I do not believe there is any coroner in England who pays such a large medical witnesses' bill as I do.

9810. You are strongly of opinion that the Scotch system ought to be introduced, and that you ought to be able to call for medical evidence and pay for it in cases where no inquest is held?—Yes, I think that is fair. I think it is simple justice.

9811. We have heard various remarks made about Dr. Freyberger, who is not here. Do you know whether he ever held a hospital appointment as pathologist?—I believe he did in London.

9812. He was a hospital pathologist before he went into general practice?—Yes, I believe so, and I may also say that he has had an advantage which very few English practitioners have had. He is an Austrian, an M.D. of Vienna University. At Vienna University there is a very fine School of Forensic Medicine in which he worked, and he was Assistant, and has had a very considerable experience there just in the way that is most useful for inquests here. There is another matter that I want to refer to. The suggestion has been made that no other coroner has employed him; but I understand that Dr. Danford Thomas employed him very largely, and other coroners, I believe, employ him too—certainly for analysis.

9813. And in your own case have you received valuable useful assistance from him?—Extremely valuable. I speak as a layman, but so far as I am able to judge of these matters he is a man of very great ability.

The witness withdrew.

Adjourned to to-morrow at half-past 11 o'clock.

At the Home Office, Whitehall, S.W.

TWENTY-FIFTH DAY.

Wednesday, 21st July 1909.

PRESENT:

SIR MACKENZIE CHALMERS, K.C.B., C.S.I. (*Chairman*).
Sir HORATIO SHEPHARD, LL.D. | Sir THOMAS ARTHUR BRAMSDON, M.P.
Mr. J. F. MOYLAN (*Secretary*).

Mr. M. S. NEWTON re-called and further examined.

9814. (*Chairman.*) We had some interesting tests made by you yesterday as to the resistance to flame of your flannelettes. Do you make any point of that in selling your goods?—We claim that they are equally as safe as ordinary calico—no more, no less.

9815. Do you announce that in any way?—We have only one advertisement, in which we say: "Flan-"nelette. If purchasers of this useful material for "underwear all the year round would buy the best "English make, which can be obtained from all leading "drapers, they would avoid the risks they undoubtedly "run with the inferior qualities of flannelette. Hor-"rockses' Flannelettes (made by the Manufacturers of "the celebrated Longcloths, Twills, and Sheetings) "are the best, 'Horrockses'' stamped on selvedge "every 5 yards."

9816. You say nothing in your advertisement about non-inflammability?—No, that is all the reference we make to it, because we cannot claim that our goods are non-inflammable. All we can claim is that they are as safe as ordinary calico. I am disposed to go further and say that they are even safer.

9817. When the retailers sell you your flannelettes do you know whether they make any specific allegation about them or not; has that been called to your attention?—I do not know of any case of any retailer having stated that they are absolutely non-inflammable.

9818. We have been told that some retailers sell flannelette as non-inflammable (I am not speaking of the "non-flam"), and we heard the other day of a flannelette that was being sold as "non-flare" flannelette. Do you know anything about that?—I do not; but if any draper sells our flannelette as non-inflammable he makes a mis-statement and one for which we are not responsible. We do not give them any encouragement at all to do that sort of thing. We discourage it. We do not want to sell our flannelettes for anything of the kind.

9819. (*Sir Thomas Bramsdon.*) Would you regard "non-flam" as non-inflammable?—Under certain conditions; but if it is washed and the washing is not done in a certain manner, it is inflammable; that is to say, if it is not properly washed. My qualification is that if it is merely washed in soap and water it

is totally uninflammable; but if you do leave the soap in it you leave part of the dirt in and it is not properly washed.

9820. I meant, at the time it is sold would you regard it as non-inflammable?—Yes, at the time of sale.

9821. Though it may vary afterwards, if it is washed?—Yes.

9822. (*Chairman.*) I understand that you wish to call our attention to one further point in summing up your evidence?—Before my examination closes, I should wish to be allowed to say that since the appointment of this Committee I have given a great deal of consideration to the question upon which I have given evidence. I may claim to have very considserable experience, both of the manufacture and distribution of the cotton goods which are known as flannelettes, and I am convinced, as the result of many trials, that these goods are not as inflammable as the other cotton goods which would be substituted for them if by legislation any restriction were placed upon the sale of flannelettes. I know of no process of rendering non-inflammable garments made of flannelette or other cotton fabrics, which is entirely reliable. The non-flam process is costly, adding something like twopence per yard to the price, and cannot be depended upon if the garments are properly cleansed and rinsed.

9823. Is that the retail price?—That is the wholesale price.

9824. The process costs a penny, but there are incidental expenses?—Yes.

9825. And it reduces the width?—The "non-flam" process reduces the width, and if our goods had to be made subject to that process, we should have to make them in wider looms, and there would be additional weaving expenses, &c., as I have already said. Our experience is that if the cost of flannelettes is raised even one half-penny per yard, a cheaper make is substituted; proving that the mass of consumers will not pay above a certain price. The low class flannelette has prejudiced the better qualities which we produce, and I am certain that coroners have, through inexperience and the receipt of interested communications, been only too hasty to assume that because a child who was burnt wore a flannelette garment, its death was caused by flannelette.

9826. I do not suppose that any coroner has hitherto gone into the question which now seems to arise, as to the quality of the flannelette being material; flannelettes have been all lumped together as more dangerous or less dangerous?—I should like to say that we have never heard of a single burning case in connection with our flannelettes.

9827. I suppose people would hardly write to the wholesale manufacturer?—We should hear of it at the inquest probably.

9828. (*Sir Thomas Bramsdon.*) Do you mean with any of your flannelettes?—Yes; we have never heard of a single case.

9829. (*Chairman.*) I have never noticed in the reports that I have seen that the flannelette has been attributed to any particular firm or any particular grade?—But Mr. Gibson in his evidence said that he had never come in contact with any flannelette priced above 4½*d.* retail, and that it was invariably of low quality. That could not have been ours, because our lowest flannelette is 4½*d.* When an accident has happened like that, I have heard of letters being sent to the coroner by another firm in which they sent a pattern of their own flannelette and also a pattern of what they term ordinary flannelette. That ordinary flannelette is common loose flannelette, made like that which I described to you yesterday, and not like ours: so that it is not at all a fair comparison, and I consider that the coroners have been misled.

(The witness invited the Committee to inspect his firm's works where the flannelette is manufactured, and also the process of finishing, at Rochdale.)

The witness withdrew.

Mr. Walter Heap called in and examined.

9830. (*Chairman.*) You are a member of the firm of Samuel Heap and Son, Limited, flannelette finishers?—Yes.

9831. Where do you carry on business?—At Rochdale.

9832. You are chairman, I believe, of the Flannelette Association, which includes about 90 cent. of the flannelette finishers?—Yes.

9833. Finishing being of course distinct from the manufacture?—Absolutely.

9834. Would you tell us what finishing consists in?—The article comes to us from the loom. I will not go into every process, but for the process of raising the flannelette, it goes on a machine which consists of a set of minute steel cards or teeth, which raise the fluff all over the flannelette.

9835. The flannelette comes to you unfluffed?—Yes.

9836. You could perhaps show us what flannelette is as it arrives before it is finished?—It is very like calico. I am very sorry I have not brought some up with me, but I thought you had seen it already. Some of it is just simply raised and nothing else is done to it; that is the better quality.

9837. For instance, Messrs. Horrockses'?—Some of the patterns that were shown to you are done nothing to but raised.

9838. Slightly scratched on the surface?—Yes. The lower qualities of flannelette after raising go through the process of what we call finishing, which introduces a little filling into it, either of soap or salts or anything like that, to make it feel a little better than it really is.

9839. A little softer or warmer?—A little thicker. You may call it an adulteration.

9840. It is what is done in the sizing of cotton and cloth?—Yes, simply sizing the cotton. Those salts which are put into it make it a little less inflammable than without; but they are not put in for that purpose.

9841. That is an accidental advantage?—Yes.

9842. Which does not last long?—It comes out at the first wash. Of course the best cloths that we do, such as you have seen, do not go through that process, and therefore they have not that advantage, and practically they are as good before washing as after washing.

9843. If the salts are left in, they wash very thin, and we all know that a very thin thing is very inflammable?—I have noticed in some of the evidence that I have read, that some people say that when they are washed the raising gets longer. It does not. It goes off and eventually disappears entirely, and leaves the flannelette exactly in its original state of calico.

9844. It becomes like ordinary calico?—Yes.

9845. (*Sir Thomas Bramsdon.*) Do you mean that the nap does not get longer?—No, it gets shorter; it disappears by washing. The first wash might make it a wee bit longer, but the more washing the less nap.

9846. Would that seem to show that the more washing the less inflammable it is?—No, not necessarily; because I contend absolutely that flannelette is not as inflammable as the bleached calico. I have made many experiments on it. I was astounded when I found it out. What I contend is that if you legislate against flannelette you ruin our industry—not the manufacturers, they have nothing to do with me; but we are absolutely and only finishers of flannelette. If you put the costs on to that flannelette, you drive the people on to grey calico, you close our works, and the people are not any safer than they are at present.

9847. (*Chairman.*) Would it not suit you and the public too if they were driven on to better grade flannelettes?—Yes; that would suit us; but you must remember that during the last five or ten years flannelettes have been growing better and better in quality. I might say that I am of opinion that only about one per cent. is sold in shops at 2¾*d.*

9848. Of what you produce?—Yes.

9849. About how many finishers are there?—About 40.

9850. You seem to do a good deal of flannelettes, like Messrs. Horrockses'?—Yes, but there are other finishers that do similar qualities; you can take ours as a type, because we are the largest finishers of flannelette.

9851. How many million yards would you finish in a year?—40,000,000, and the turnover in the trade last year, which was a bad year, was 195½ millions.

9852. You do 40,000,000 out of 195,000,000 yards?—Yes.

9853. Does that include the imported German flannelette?—No, it does not.

9854. I suppose we have no figures about that?—None at all.

9855. Have you examined many specimens of imported flannelettes?—I have not seen a great many.

9856. Do you know of what quality or type they are?—They are of various qualities; they go from a low type up to a very good type. I have nothing to say against the type of foreign flannelettes, I am sorry to say. If I could stop them coming in I would do so.

9857. At the same time you cannot take their character away?—No.

9858. (*Sir Thomas Bramsdon.*) Would you say that there is much foreign flannelette imported?—I should say that the foreign flannelettes were about one-fifth of the total production in England of about 200,000,000 yards.

9859. When you said just now that flannelette has been getting better and better, did you mean as to quality?—Yes; I am not certain of my figures but my idea is distinctly that only about one per cent. of that 200,000,000 yards are the low qualities at 2¾*d.* 20 per cent., including that 1 per cent., are sold under 4¾*d.* in the shops. Then I say that the remainder, fully 80 per cent., are 4¾*d.* and over in the shops. The trade has greatly altered within the last ten years. It used to be all low stuff.

9860. By low stuff, do you mean closely woven with a long nap?—Yes, the nap is entirely changed.

9861. (*Sir Horatio Shephard.*) You are speaking of the retail trade now?—Yes.

9862. (*Chairman.*) You say that the tendency now is to have more closely woven stuff with a closer nap?—Yes.

9863. But for comfort, as a substitute for woollen things in winter, do not people like a long nap?—No, they will not have it.

9864. How is that?—I think the short nap feels thicker and nicer. We have a range of patterns here. Mr. Robins, who is a buyer in London, has a whole range of his flannelettes here, from the lowest to the best, of course in the state in which he sells them, not washed; and not one has a very long nap, not even the lowest. People will not have a long nap to-day; we cannot sell it.

9865. Do you know what amount of long nap flannelette is actually sold now?—I should say practically nothing at the present time.

9866. There may be some old stocks?—Yes, the long nap is used only for inside linings of coats.

9867. (*Sir Thomas Bramsdon.*) In your opinion is the long nap more inflammable?—I should say that there might be a chance of it being more inflammable, because if the nap is lit and the flame runs over the surface at all, the longer the nap the more hold the flame has on it.

9868. (*Chairman.*) Certainly it catches fire quicker; any loose matter must catch fire more easily?—Yes, that is what I think. Therefore by the nap being longer it gets into what you call a flame, and it will get to the body of the cloth; whereas with a very short nap, it will just simply flash over and will not get to the body; it will not light the body of the cloth.

9869. (*Sir Thomas Bramsdon.*) Do I rightly follow that the better flannelette being made more closely woven is less inflammable and therefore the matter is remedying itself. Is that your point?—Yes, that is my point.

9870. (*Chairman.*) We saw a good many specimens the other day with a fairly long nap and fairly loose texture?—It is very awkward for me to come here and try to point out what we do. Mr. Newton has just said that if it were possible for you to come down to Lancashire, you could see every quality of flannelette going through our works from the commencement.

9871. What we want is simply the finished product as it reaches the consumer; we do not care how it is made. The question is, when it reaches the consumer what state it is in?—We have the finished product here from the very lowest, both the foreign article and the English as it reaches the consumer, and at the present time the trade has absolutely gone off the long nap.

9872. (*Sir Thomas Bramsdon.*) Do you suggest that by our going to view your works we should be better able to decide which was inflammable and which was not?—I think if you came to see our works you would decide that none of it was inflammable to the same extent as calico.

9873. Do you think we are more likely to be convinced than by merely hearing evidence?—Yes.

9874. (*Chairman.*) Or than by bringing a specimen here and putting a match to it; that seems the real ultimate test. If these long nap loose woven flannelette are going out, naturally nobody would be hurt if they were in any way penalised by legislation?—Immediately you penalise flannelette by legislation the public being ignorant do not understand what you are penalising. If you penalise 2¾*d.* cloth by legislation, a person will say of 6¾*d.* cloth "that is flannelette; I dare "not buy it."

9875. For instance, if the low grade flannelette had to be plainly marked "inflammable," would that affect anybody?—It would affect all the raisers of low class flannelette; and would drive the public on to plain calicoes.

9876. All the raisers?—All the finishers, and a lot of manufacturers who do not make plain calico but simply make flannelette.

9877. But I understand you to say that the low grade flannelettes are naturally dying out?—They are.

9878. And this would give the *coup de grace* merely?—But you should not absolutely kick them out.

9879. If they are a source of danger to the public it might be a right thing to do so?—But if you were to put "inflammable" on the flannelette, you see calico is highly inflammable, and when you come to muslin it is terribly inflammable.

9880. If all substances were graded according to inflammability and marked accordingly, you would have no objection?—No.

9881. Your objection is to picking out one particular substance and marking it "inflammable," while other equally or more inflammable things are left alone; that is the real point?—That is my strong point. I have only just glanced through the previous evidence, and I should like to know how you are going to mark it inflammable. Who are you going to leave it to—the finisher.

9882. We have not made any recommendation. There are various ways in which it might be done. You might say that a man who sold retail any article that did not answer a certain test, should be bound to mark it "inflammable"?—Then the poor retail man would have a lot of work put on to him that he is not really capable of understanding.

9883. The butterman and the margarine man has somehow to do it?—Yes, but the butterman has a consignment of a big quantity of butter.

9884. You mean that a man buys a lot of things ready-made?—It is impossible to do so. The only way of inspecting it would be at the finisher's works.

9885. You mean, inspecting it at the finisher's works and then passing it?—Yes.

(*Chairman.*) That is a practical question, of course.

9886. (*Sir Thomas Bramsdon.*) That, I apprehend, would right itself. It would be a matter for the trade to decide who should put the actual mark upon it, and it would be so marked before it reached the retailer's hands?—But the trade, so far as I understand, would put it on to the finisher, he would have to do it.

9887. (*Chairman.*) I suppose that everybody would like to put it on to somebody else?—Yes.

9888. (*Sir Thomas Bramsdon.*) I was going to say this is where you feel that you come in?—Exactly. If we had to take and test every article—say a delivery of cloth comes in to-day, and we find that it has not passed that test, or that it has passed the test and another delivery come in, we cannot say that this next delivery will take the same test. We should have to test every piece.

9889. In what size pieces does it come in?—About 100 yards long.

9890. May we take advantage of your expert knowledge, and ask you to give us your opinion on this point. We have come to no conclusion at all, but supposing the Committee thought that there should be some marking of the goods, what in your opinion would be the easiest way of doing so without inflicting any, or only the very least, injury upon the industry?—In my opinion there is no easy way. Whatever you do will inflict great hardship on every part of the industry. But we will take it that everything has to pass a certain test, then that test must be made after the piece is washed; it would be unfair to make it before. If we had to take every piece in our works, and take a sample of it and wash it, we should need 20 men at least doing nothing but that for 10 hours every day.

(*Chairman.*) That is supposing it is tested at the finisher's; but there are alternative ways of doing it.

9891. (*Sir Thomas Bramsdon.*) Those are the difficulties. Assuming that you get over the difficulties, what could be done, and what is the best way of reaching it?—I do not know that you could really do anything, excepting what has already been done, such as the legislation as regards a fireguard.

9892. I should like you to help us, if you can. I am speaking now as regards this particular subject. Putting a purely hypothetical case, supposing the Committee came to the conclusion that these things ought to be marked as inflammable in certain cases, what is the best way to carry out that suggestion?—If the Committee thought that, the best way would be to stamp it on the selvedge with a stamp "Inflammable."

9893. That is the raw material?—After it is finished.

9894. (*Sir Horatio Shephard.*) Every piece?—Every piece—every so many yards.

9895. (*Chairman.*) Why should not the retailer put a ticket on "Inflammable"?—He can do so on a garment, and he can put it on the top of a piece; but yet you would not get what you want, because the person who bought it would not know that it was inflammable. The draper would have it on the top of the piece, but a poor woman who wanted to buy a couple of yards would not know it.

9896. But supposing he took it down, he could wrap the two yards in paper with "Inflammable" on the outside?—I do not think that would do at all; I do not think that would meet your case.

9897. If a piece of flannelette is sold, is it wrapped up in paper?—No; in a draper's shop it is only put in a fixture, not in paper; it is in a roll, and they take yard after yard off it and just put it back again as it was. If it is stamped on the top of the piece, the first couple of yards would take that stamp off.

9898. But when a woman goes into a shop and buys two yards of flannelette, how does she take it away; is it not done up in paper?—Yes.

9899. And the paper in which the customer takes it away, unless the material has passed a certain test, or unless the tradesman thinks it can pass a certain test (he must take the risk), should bear a label "Inflammable"?—He could do that. That would undoubtedly take all the trouble out of our hands, both manufacturers and merchants, and put it wholly on the draper.

9900. (*Sir Thomas Bramsdon.*) That would put it in the same position as margarine, would it not?—I do not understand exactly how it is done with margarine; I suppose it has to be put in a paper parcel with "Margarine" on it.

9901. I mean in the way that the Chairman put it, because it would appear as a notice to the purchaser that the particular article was inflammable?—The best way of doing it would be as the Chairman suggested, by putting it on the paper parcel.

9902. (*Chairman.*) On the outside; just as when you go into a chemist's shop and buy a liniment, he puts "Poison" on the most harmless liniment in the world, a belladonna liniment, say?—Yes.

9903. (*Sir Thomas Bramsdon.*) There is another point, and that is, is there any means by which you could readily inform the retail trade of the fact that the particular flannelette that they purchase wholesale from you or from the manufacturer, is inflammable?—Then you want to know what the test is, and there would be no easy way without testing every piece. I noticed that in testing a specimen witnesses held it up and put a certain flame underneath. It all depends upon how quickly that flame burns up.

9904. (*Chairman.*) In the Government laboratory, where tests were carried out for this Committee, they regulated the flame; of course, they tested samples with a perfectly regulated flame?—That is what I have read. I do not know what the test is, but I should take it that you want to know whether that could be done in the finishing works in order to advise the manufacturer.

9905. (*Sir Thomas Bramsdon.*) My suggestion is whether the retailer would not be embarrassed to know whether the thing is or is not inflammable?—Then you throw it back upon the manufacturer and finisher.

9906. (*Chairman.*) Would not the best way be that all flannelette should be marked "Inflammable," unless the finisher or somebody else has taken upon himself the responsibility of saying, "This will answer the test." Practically you would have all flannelette marked "Inflammable" until some chemical process had been prepared for dealing with it?—Yes.

9907. Then people would be put on their guard?—They would know that it was inflammable; but nearly everybody knows that now. A person at the present time knows that all cotton is inflammable, and if people think that flannelette is more inflammable than cotton, it is not.

9908. They are deceived?—They are deceived in a wrong way; they are deceived against us.

9909. Take the case of a belladonna liniment for sprains; everybody knows that it is poisonous, but their attention is called to the fact by the label?—But would you label all cotton material?

(*Chairman.*) There comes in the difficulty, of course, when you come to muslins and curtains which blaze up with the least provocation.

9910. (*Sir Horatio Shephard.*) Are not people inclined to confuse flannelette with flannel, and knowing that flannel is not readily inflammable, to hope or think that flannelette may not be?—Not now; they used to be before the prosecution.

9911. (*Chairman.*) If you called it cottonette instead of flannelette, would people be more careful?—There has been a lawsuit on that point.

9912. (*Sir Thomas Bramsdon.*) That is an old question?—Yes, and it is all finished with now. Personally I do not mind whether you call it cottonette or anything else; the article now has got a sale. At the beginning it might have been unfair to flannel, but now it is not.

9913. (*Chairman.*) It is a most important thing, no doubt, for the poor, and there is a demand for it, there is no doubt about that?—That is so.

At this point Sir Horatio Shephard took the chair.

9914. (*Sir Horatio Shephard.*) The bulk of flannelette is, in your opinion, of such a nature that legislation in the way of giving warning is unnecessary and would be disastrous to the trade?—Absolutely.

9915. Do you know anything about the "non-flam" process?—Yes, we finish the "non-flam" process.

9916. Can you tell us at all what is the added expense?—We do not know exactly the added expense, because we have never paid for it; we have taken no risk and we have not charged for the chemicals; we only charge for the extra labour. We are told that the added expense is ¾*d.*; but if it came to the point that we had to guarantee every piece of "non-flam"

ourselves, we should say that the expense would be considerably greater.

9917. Why?—Because we should make certain that every piece was thoroughly non-inflammable, and therefore we should add more chemicals than we do at present.

9918. Is the "non-flam" process applied to the fabrics of all grades, or only to the superior grades?—The "non-flam" process is applied to the inferior grades; and the very best grades, so far as I know, are spoilt by the process of non-flam.

9919. That being so, how do you account for the fact, which I believe is a fact, that the "non-flam" is more expensive?—Because if you make an article and a man buys the article in the trade at 2¼*d.* and he sells that article at 2½*d.*, the draper sells it at 2¾*d.* The drapers have constant selling prices of 2¾*d.*, 3¾*d.*, 4¾*d.*, and 6¾*d.*, &c. You must put the article at a certain price before the wholesale merchant, and supposing that price is 3*d.* and you add a 1*d.* or ¾*d.* a yard on to it, that throws that article into another selling line, and therefore it gets 2*d.* a yard on to it when it comes to the drapers; the draper sells it at about 2*d.* a yard more because of the added material. That is the reason why it is more expensive. To sell the article "non-flam" in a shop at 2¾*d.* it would have to cost about 1½*d.* to start with; whereas, ordinary flannelette costs 2¼*d.* It throws it out of one class and gets into a higher class.

9920. Perhaps you would also explain how it is that so little "non-flam" is offered for sale or bought?—That I cannot tell you.

9921. Is it unpopular?—That also I cannot tell you.

9922. Or can it be said that the retail dealer makes less profit on it?—I cannot tell you that.

9923. Is it a fact that it is not altogether popular?—I cannot even tell you that, excepting the quantity that we turn out year by year.

9924. We have certainly had some evidence that it is not easy to obtain in the ordinary draper's shop?—It is not.

9925. You cannot account for that?—I cannot.

9926. Do you consider that the "non-flam" process is fairly satisfactory?—Until yesterday I did not know that the "non-flam" could possibly be washed out; I always thought the "non-flam" was absolutely satisfactory in every way. I had not the slighest reason to doubt that it would stand 20 or 30 washings. I always considered that it was a splendid article as regards fire, until yesterday.

9927. What happened yesterday to make you alter your opinion?—I read some of the evidence in which it is stated that it could be rinsed out.

9928. Perhaps you would tell us what evidence you refer to?—I refer to Dr. Parry's evidence.

9929. I should like to follow this out. Will you tell us where you mean in Dr. Parry's evidence?—Dr. Parry stated in his evidence that if you washed a piece of "non-flam" with soap and water and then rinsed it in cold water afterwards, it destroyed the property of "non-flam" in the article and it burnt like ordinary flannelette.

9930. Do you mean one washing and one rinsing?—I take it at that.

9931. Have you made any examination of it yourself?—I have not. I have aways understood that it is absolutely non-inflammable.

9932. You have had that impression without making any investigation?—Without making any investigation.

9933. I understand that you have the exclusive finishing of the "non-flam" process?—Yes.

9934. You do it all?—We do it all.

9935. Is there anything further you wish to add?—I should like to make one point Mr. Gibson, coroner for Manchester, at Question 8,197, stated "I had a "case the other day of a little child, four years of age, "who, in the absence of her parents, as usual, caught fire. "She was dressed entirely in flannelette with the excep- "tion of a print frock." What I want to argue on that is, that that distinctly bears out my point, that there was only one thing on that child that could catch fire, and that was the print frock outside to start with; therefore it was burnt to death. But Mr. Gibson draws the conclusion that it was the flannelette; whereas I argue that it was not the flannelette; it was the print frock.

9936. (*Sir Thomas Bramsdon.*) Do you think that a print dress is more inflammable than a flannelette?—Yes.

9937. Even assumming that the flannelette might have been a long-nap flannelette?—Even assuming that.

9938. Bearing on that, has there been a very much more extended sale of flannelette during, say, the last 10 or 20 years?—Yes.

9939. As the result of that, do you think that most children, if not very nearly all, are clothed in flannelette?—Practically all children are clothed in flannelette.

9940. And do you think that what is attributed to flannelette is merely a coincidence, that children are wearing flannelette and therefore it is put down to the flannelette when really it is a coincidence?—Yes, that is absolutely my opinion.

The witness withdrew.

Mr. Herbert Lee Robins called in and examined.

9941. (*Sir Horatio Shephard.*) What are you in trade?—I am a buyer for Bradbury, Greatorex, and Company, of London.

9942. Have you had long experience of flannelettes and other fabrics? Mostly flannelettes—flannelettes and flannel.

9943. Not in cotton or calico?—No.

9944. How long have you been in the business?—25 years.

9945. Twenty-five years ago had flannelette started—No, about 23 years ago we first began to deal with it; that is when flannelettes where first introduced, I think.

9946. Would it be correct to say that flannelette as it appeared 23 years ago was quite a different thing from the present flannelette?—It was quite different.

9947. The nap is not now so long?—No, it is not.

9948. And the fabric is a better one?—It must be a better one if they do not raise it so much. It is not raised so much, and therefore the body of the cloth is better.

9949. The more it is raised, one may say, the more it destroys the texture?—Yes.

9950. And the more it is raised the more dangerous it is?—Yes.

9951. Is that highly raised flannelette commonly sold in the market now?—No, we very rarely see it at all; it is unsaleable; drapers will not buy it now.

9952. Can you explain why it is unsaleable?—Because it soon gets out of condition; it becomes dirty, and the wearing properties are not as good; therefore the public do not inquire for it, and one cannot get drapers to buy it.

9953. It has nothing to do with its dangerous character?—No.

9954. Is it well understood that flannelette is dangerous, do you think?—No, I should not like to say that. I do not think that flannelette can properly be called dangerous.

9955. It is dangerous, is it not, as compared with flannel?—I do not think that "dangerous" is quite the word to use. I should not call flannelette dangerous.

9956. As compared with flannel, it is more inflammable, is it not?—Yes, I say that.

9957. But as compared with cotton or other fabrics which might be used?—I do not know that it is more inflammable at all.

9958. You have had to do, of course, with "non-flam?"—Yes.

9959. Is it a fact that the demand for "non-flam" is not great?—Yes.

9960. Can you explain why that is?—In the first place, I do not think the public believe in this so-called danger of flannelette; they do not see any danger in it, and they do not see any necessity for providing any safeguard against it. Then again, "non-flam" when it was first introduced—it may be better to-day—had a disagreeable smell, it attracted moisture, and became damp at times, and people got to dislike it. I do not think it has ever recovered. I think it was marketed too soon; possibly, if the manufacturers had waited until they had perfected the process more, they would have had a better result; but the bad name that it got at first I think still attaches to it to-day.

9961. (*Sir Thomas Bramsdon.*) Is it improved now?—They claim that such is the case.

9962. What is your opinion?—I think it is; but we sell very little of it; we get very little inquiry for it.

9963. (*Sir Horatio Shephard.*) There is no smell attaching to it now, is there?—I think not.

9964. Does it attract moisture now?—I have not noticed that it does recently.

9965. Supposing that those two difficulties were out of the way, there would still remain the question of the added price?—Yes, which is prohibitive.

9966. You think it would be prohibitive?—It puts on a good deal. For instance, flannelette can be bought in the ordinary way for 2¾*d.* by the public, but "non-flam" cannot be bought under 4¾*d.*, that is 2*d.* a yard on 5*d.*

9967. And people would not think it worth while to pay 2*d.* more for the supposed advantage?—No.

9968. (*Sir Thomas Bramsdon.*) That is 2*d.* a yard What would the extra cost be upon a little child's under garment, say, how many yards would a child have to have to make it?—Only a yard or two; but even then that little is of importance to very poor people.

9969. (*Sir Horatio Shephard.*) Have you any experience of the use of flannelette on the Continent?—I have seen a good deal in use over there, and when I have been visiting various manufactories over there I have seen the flannelette that is being sold for the Continent.

9970. Is it much the same in respect of inflammability as our English flannelette?—It is quite the same. I have frequently seen it more highly raised there than would be saleable over here.

9971. (*Sir Thomas Bramsdon.*) Is it more inflammable?—Yes.

9972. (*Sir Horatio Shephard.*) Have you ever heard any complaint there on the subject?—I have never heard a word of any sort.

9973. There is no legislation with regard to it, as far as you know?—I know of none.

9974. Do you think you would have heard of it if there had been?—I am almost certain that I should.

9975. Do you think it would be possible to devise by legislation any means of marking flannelette inflammable?—Not without inflicting very great hardship on somebody or other; some one would have to suffer. It might do some people good, but it would do other people a great deal of harm. There are many manufacturers who do not produce the better qualities of flannelette, and if you rule out all the low ones, what would become of them? It might suit the manufacturers who produce the better grades, probably it would be all right for them; but it would be very bad for the others.

9976. You heard what the last witness said with regard to the possible means of warning the public; do you agree with what he said, or do you disagree, or have you anything to add?—About drapers affixing a label to it?

9977. Yes?—I think it would be laying the trade under a very great stigma, which it would not be just to do.

9978. The suggestion was that the retail dealer should put the mark "Inflammable" on every piece sold, or every article sold, and something to that effect, unless he was assured in some way or another by the people from whom he bought the stuff that it answered a certain test?—I do not think you should apply that to flannelette only. If you are going to put that on flannelette I certainly think it should be put on cotton material.

9979. Would that scheme be practicable of the retailer putting a label on?—It would be very difficult, but I do not know as to the practicability of the test.

9980. The test is a scientific matter which can be arrived at; but would it be possible for the wholesale dealer who supplied the retail dealer to certify with regard to every piece that he sold?—He could only sell it if he got a guarantee from the people from whom he bought it.

9981. Would it be possible for the manufacturer to certify that it was not readily inflammable?—Every piece would have to undergo the test; that is where the difficulty comes in and the trouble and expense. It would naturally put the price of the material up of itself.

9982. You think in fact that there is no reason why all this trouble and expense should be incurred with regard to this particular fabric rather than with regard to other fabrics which are equally inflammable?—That is my opinion.

9983. (*Sir Thomas Bramsdon.*) Would you kindly tell me who Messrs. Bradbury, Greaterex and Company are?—They are wholesale merchants dealing in all kinds of soft goods.

9984. They are wholesale merchants in the drapery line?—Yes.

9985. And you are buyer for them?—Yes.

9986. Do I correctly understand from you that you go round to the manufacturers and purchase from them the articles that your firm want?—Yes.

9987. You said just now that the nap of the flannelette sold now is not so long as it used to be?—That is so.

9988. Therefore I take it that the deaths of children from flannelette burning ought to be fewer?—Provided that the population remains the same, possibly.

9989. I mean proportionately they ought to be fewer. Do you think so?—That seems to follow.

9990. You said just now that you thought there would be a stigma on the trade if they had to sell the article wrapped up in a piece of paper or with a ticket marked "Inflammable"?—Yes.

9991. Do you seriously think so?—I do. I think it would certainly injure the flannelette trade very much if you applied it to flannelette and nothing else.

9992. You mean, that it would lessen the quantity of the article sold, because it would be placing upon the article some name that might prevent its sale?—Most decidedly.

9993. And that would deter people from buying it?—Yes; I think that a woman going into a shop and having something of that sort handed to her, would be very reluctant to buy another there.

9994. You think it would frighten her?—Yes.

9995. Do you agree with the statement of the last witness as to the large quantity of flannelette that is sold now as compared with former times, and that every child is clothed in flannelette?—Yes, I should like to associate myself with that absolutely.

9996. And with the fact that it is probably a coincidence; that on account of children wearing flannelette the attribution of the fire to the flannelette arises?—Yes.

The witness withdrew.

Mr. A. M. Jones called in and examined.

9997. (*Sir Horatio Shephard.*) I think you are a manufacturer of flannelette in Manchester?—Yes.

9998. For how long have you been so?—My late employer was one of the pioneers of the flannelette trade. He manufactured his own cloth, both grey cloth and stripes, he dyed his own cloth, he raised his own cloth, he did everything from the grey yarn to the finished article. I was manager under him, so that I have practical experience in every branch of the flannelette trade.

9999. For how many years?—The Moser raising machine was patented in December 1884. That introduced the flannelette trade into England. Prior to that none of the English raising machines were capable of raising low quality cloths. Practically there was no flannelette trade in England prior to 1885.

10,000. (*Sir Thomas Bramsdon.*) Then it is a foreign introduction?—It is a foreign introduction, inasmuch as prior to 1885 there were a number of raised articles raised on what are known as English machines; they were sold under various trade descriptions,—lamb skins and other names. Raised Harvards was another name. They were sold under numerous names, but the trade was a very small one.

10,001. But was flannelette as a substance known in England prior to the date you speak of, as such?—It was not known as flannelette prior to 1885.

10,002. Was the material known?—The material was known; it has been going I should think for more than half a century in a very small degree, but only in the better qualities. No machine had been invented up to then that would raise the low qualities.

10,003. Was the word "flannelette" an introduction from another country?—The word "flannelette" was first introduced by the firm of Potter and Martin.

10,004. Were they an English firm?—They were an English firm, and the word was used for one of these raised articles. That was many years before the invention of the Moser machine. All this has been fought out in the Law Courts.

10,005. (*Sir Horatio Shephard.*) Is the Moser machine used at the present time, or an improvement of it?—I may begin by saying first of all that the Moser machine practically introduced the flannelette trade into England.

10,006. Is it still going?—The Moser raising machine cost at that day 290*l.* for the narrowest Moser raising machine made. To-day Moser machines are only fit practically for scrap iron and can be bought in the open market, as many as are required, for 20*l.* each; they are entirely superseded by other German patents, but more especially by what are known as the English upright raising machines.

10,007. Has the article been improved with the machine?—Very considerably. The original Moser machine put a long thin nap on: that is to say, you could take a penknife or a pencil, and move the long nap on one side and thus expose the body of the cloth. To-day it is impossible to do so; the raising of the fibre to-day tends to what is known as felt; it has a felt process instead of lifting it straight up like grass grows in a field; it tends to work it into the texture of the material.

10,008. In point of danger, we understand that that flannelette with a long fibre was infinitely more dangerous?—In the early stages of the flannelette trade it was very dangerous; to-day it is not more dangerous than any other textile article except wool.

10,009. (*Sir Thomas Bramsdon.*) Then the matter is righting itself?—Undoubtedly, in my opinion.

10,010. (*Sir Horatio Shephard.*) Have you gone into the question of the number of deaths supposed to be due to the use of flannelette?—I have here the Registrar-General's figures for 25 years.

10,011. What do you deduce from them?—They are so variable and erratic that you can deduce no argument from the Registrar-General's figures, although they are correct. The one argument that I can deduce from them is this. One of your witnesses, Mr. Gibson, of Manchester, stated in his evidence,* at Questions 8217 and 8218, "Do you mean that a column is inserted by "the Registrar-General?—(*A.*) No; all coroners for "that particular year had to make a special return. I "think it was in the year 1906. (*Q.*) Was not that the "year in which there were 400?—(*A.*) I think it was. "They were unfortunately very imperfect. I do not "think the returns were all what they ought to have "been. (*Q.*) The only point is this, that the children "wear flannelette, not that flannelette was necessarily "the cause of death?—(*A.*) It is impossible to demon-"strate, of course." Mr. Gibson here makes a clerical error—the year was 1907, not 1906. That is trivial, of course, but the statement as to there being 400 children burnt, whoever makes it, is utterly incorrect.

10,012. (*Sir Thomas Bramsdon.*) What is the point about the 400 children?—There is a statement made in that evidence that there were 400 children burnt to death in the year 1906 (1907 really), directly attributable to the wearing of flannelette garments. That, I think, is what you gather from that.

10,013. (*Sir Horatio Shephard.*) It looks like it?—It is utterly incorrect, and Mr. Gibson, or anyone else, could have found out, if he had taken the trouble to turn up the Registrar-General's Returns, that it was incorrect. The total number of deaths correctly attributable to flannelette garments by the coroners, who, I submit, are prejudiced, in the year 1907 was 120.

10,014. (*Sir Thomas Bramsdon.*) Was that stated in the Registrar-General's Returns?—Yes.

10,015. (*Sir Horatio Shephard.*) Where does Mr. Gibson's figure come in?—I should think he evolved it out of his inner consciousness.

10,016. You must not say that; it is a statement by the Chairman: "Is that the year in which there "were 400?" Evidently the Chairman had before him something in which there was the number 400?—I cannot find it.

10,017. (*Sir Thomas Bramsdon.*) It is evidently a clerical error?—But it is like a good many other clerical errors.

10,018. (*Sir Horatio Shephard.*) You say the figure ought to be 120?—Yes; but those are very serious clerical errors; they are very condemnatory of flannelette.

10,019. (*Sir Thomas Bramsdon.*) Are you sure about the reduced figure?—Yes.

10,020. (*Sir Horatio Shephard.*) Suppose you take 1906?—They were not separated then. It was Mr. Gibson's recommendation that caused them to be separated.

10,021. What would the number be for 1906?—It is impossible to tell you.

10,022. What was the number of cases of fire?—I have here a chart drawn out with the population; it is rather elaborate, but you may take it as correct.

10,023. Does it not give the number of fires?—Yes, the percentage per 1,000,000 and everything is there (*handing in the same*).

10,024. These are only percentages?—You will find the quantity on the next page. You will see that there is a total at the bottom of the last column of all, I think.

10,025. There is no 400 here?—No.

10,026. The figure must have strayed in from somewhere?—My contention is—and this is the only reason why I bring it forward—that since the invention of the "non-flam" patent (which I have nothing to say against; it does not concern me), the flannelette industry has been placed in a very unfair position; for this reason: you can attack an industry without fear of being prosecuted for libel; you cannot attack an individual without fear of a criminal prosecution. Messrs. Whipp Brothers and Tod, the patentees of "non-flam," have persistently libelled the flannelette trade, inasmuch as they have circularised coroners, members of religious bodies, the free churches, every conceivable philanthropic body and every coroner in the country; they have sent to them samples on the one hand of their "non-flam" article, against which, as I say, I say nothing. It has to stand or fall on its own merits as a commercial article; but what I do object to is that they have not sent along with those "non-flam" articles, samples of the commercial flannelettes retailed at the same price at which their "non-flam" articles are retailed, but they have sent samples of the lowest rubbish sold in the flannelette trade. I am sorry that I have not brought any samples with me, but I think that any coroner can produce them. The consequence has been that when any person of ordinary intelligence and honest feeling has the two samples put before him,

* The references in *Q.* 10,011-10,025 to Mr. Gibson's evidence are to an uncorrected proof, in which it was made to appear that Mr. Gibson was referring to the Registrar-General's returns, whereas, in fact, he referred to the Coroners' Inquest returns in the Judicial Statistics for 1904. The questions and answers from 10,011 to 10,025 misapprehended the facts. (*See Q.* 10,030 *et seq.*)

one rubbish and the other fireproof, he will say, "I will "have nothing to do with this article, it is rubbish and "dangerous." He is not an expert in the textile trade, he forgets, or he does not know, all the intricacies of the business, and he condemns all flannelette on the basis of this rubbish that has been submitted to him. That rubbish, so far as the drapery trade is concerned —that is the piece goods trade, goods sold over the counter by the yard—is practically non-existent. When the flannelette industry began we sold 90 per cent. of our goods to be retailed in drapers' shops at 2¾*d.*

10,027. That is what you now consider rubbish?—Yes, to-day it is almost in the inverse ratio; there is not 10 per cent. of that low rubbish sold, and even that low-priced material that is sold to-day is infinitely safer owing to the improved methods of raising. Of course, as I say, we have been tongue-tied and we are not tongue-tied here. Unfortunately there is a fair quantity of low grade flannelette sold yet, but the great mass of it is sold to what is known as the making-up trade, those are people who make up garments, and it is sold to people who make up garments for the very poor, where the garment has to be brought in at a very low price. And the singular thing about it is that Messrs. Whipp Brothers and Tod, who are the patentees of this "non-flam," are, I think I may say, the largest makers of this low grade flannelette for the making-up trade. I do not know what their turnover is, but they have the reputation of doing the largest trade with makers up of low grade flannelette. On the other hand, they pose, as the Manchester coroner recognised, as philanthropists. I think that is absolutely unfair to the trade. I say, give us a fair field, and no favour, we have not the slightest fear that we can hold our own in the flannelette trade, there is nothing that we need be ashamed of, nothing that we need wrap up; but let us have a fair field. This thing has been worked during the last seven years by all conceivable methods. Bookkeepers and clerks in the employment of certain firms have written asking questions in the papers, and then other gentlemen have answered them. It has been done in that way and in numerous ways. I have seen a letter within the last six weeks written to a coroner who brought in a verdict that the child was burnt to death through the absence of a fireguard, and that letter was written to the coroner suggesting if the child had been clothed in a "non-flam" garment, it would not have been burnt. I forget the gist of the letter. I only just read it through casually; but I think those methods of doing business are not fair. Let us have straightforward dealing.

10,028. The amount of "non-flam" which is sold in the market is not very large?—It is infinitesimal.

10,029. You have not suffered very much?—Yes, we have—that is just my point; it is not a question of the "non-flam" that is sold; it is the damage that is done to the trade otherwise; that is to say, a lady who can afford to buy, say flannel, who has been using flannelette, reads these damnatory articles that are instigated by "non-flam," and she says, what any mother who can afford it would say, "I will have nothing to "do with it; I will be safe; I will buy flannel." That is where the damage has been done, not to the poor; the poor cannot afford to buy flannel.

10,030. To go back to the question of Mr. Gibson's evidence. I have got now the correct return, which is really for the year 1904, and I find that it is a special return, not by the Registrar-General, of "Inquests "held upon the bodies of persons whose deaths were "caused by burns and scalds," and then there is a sub-head, "Death caused by ignition of flannelette clothing "at unprotected grates and stoves." The figure of 412 appears for that year?—It is very singular that when it was officially taken, and all the coroners in the kingdom were advised of it, and they were on the *qui vive* to find out the cause, there were only 120 deaths from flannelette.

10,031. I am now giving figures for 1904. These are the coroners' returns for 1904?—That was the return, if I remember rightly (I think I remember the incident), when the coroners were circularised by the Government and asked to give a return.

10,032. These are the annual returns as to inquests by coroners' juries for the year 1904, and in the returns for that year there are two supplementary tables of inquests in cases of deaths from burns?—That does not disprove my argument that it was a special return owing to the recommendations of certain coroners.

10,033. What is the year that you refer to?—1907.

10,034. What are your figures for 1907?—According to the coroners' special returns in the year 1907 there were 120 persons burnt to death through causes directly attributable to wearing flannelette.

10,035. That is a great reduction?—Yes, there is a special note in the Registrar-General's returns to that effect. The actual figures supplied by the coroners of deaths from burns from flannelette is 3·43 per million of population for the year 1907. The total deaths from burns, that is exclusive of scalds, explosions in mines and conflagrations, for the year 1907 was 52·47 per million; or, in other words, although the coroners were anxious to saddle flannelette with every conceivable case that they could, there were less than one-fifteenth of the total that they could attribute to that cause. I maintain that when nearly every child in the kingdom, except what you may call the upper classes, wears a flannelette garment of some description, that is really a very small percentage of the total.

10,036. (*Sir Thomas Bramsdon.*) Is not that rather a sweeping statement to make about coroners?—I do not want to make it about any given coroner. I think you will understand that my argument is this. If any body of people are circularised by individuals and then on top of that they are asked by the Government to supply information, they are naturally on the look out for it. I do not mean that they are biassed by any means, but they are naturally looking out for this cause.

10,037. I am sure you do not want to make any misstatement; I am sanguine of that. My suggestion to you is this. You said just now in addition that the coroners were prejudiced?—I do not mean personally prejudiced.

10,038. You mean, I take it, that by force of circumstances of what has occurred, they have been misled?—Yes. I can give you two cases, if you will allow me, where it is even a case of personal prejudice. I have the particulars of an inquest in Mid-Somerset.

10,039. That is as to a certain individual coroner?—Yes, but as a body they are above reproach.

10,040. They possibly have been misled?—Yes.

10,041. Instead of prejudice?—Yes, that is the word. Misled is a better word than prejudice. Taking also the Registrar-General's Returns bearing on the flannelette question, I have taken out the death-rate for the last 25 years. In 1885 it was 18·75 per 1,000.

10,042. Due to flannelette?—No, the death-rate of the country from all causes. In the 25 years it has been reduced to 15. Now I would not for a moment claim that that reduction is due to wearing flannelette garments, but I do reasonably claim that some portion of that reduction is due to wearing flannelette garments; because in my time I have had a lot to do with the poor, and prior to the introduction of flannelette as a cheap article of commerce, the children of the poor were much worse protected from the cold than they have been since the introduction of this article, and I think as a set-off against any possible burnings that we must admit there have been from flannelette, we may reasonably claim some small percentage in the reduction of the general death-rate of the country. I do not think that is unreasonable.

10,043. You mean, that the poor have had now placed within their reach at a reasonable price an article which clothes them and makes them warm and prevents their getting diseases?—Undoubtedly; that I think needs no proof.

10,044. And that has prevented bronchitis and inflammation of the lungs?—Pulmonary diseases I say in one of my letters.

10,045. That is the same thing?—Yes.

10,046. (*Sir Horatio Shephard.*) The balance of advantage, therefore, is really in favour of flannelette, in your opinion?—I think so.

10,047. (*Sir Thomas Bramsdon.*) Still, of course, if there should be any excess of deaths from fire, which is a very terrible thing, you would be most anxious, as all others would be, to try and obviate that by any course that might be adopted?—Undoubtedly, I have spent since this question came before the public, I think I may claim to say, more time than anyone else over the matter, but I cannot see how it is possible by legislation to bring about a change.

10,048. (*Sir Horatio Shephard.*) Do you despair of science discovering some better means of rendering flannelette non-inflammable or less inflammable?—There is at the present time this "non-flam" before the public.

10,049. As to which, by the way, you have not given us your opinion. You admit, I presume, that it does render it less inflammable?—It renders it safer, and until yesterday, when I found that if it is rinsed in clean water some of its properties disappear, I have never said a word, either publicly or privately, against "non-flam"—never once. All I say is that it is put out of the reach of the poor, and I have figures here to show it. Mr. Whipp, in his evidence at Question 7412, speaks of "non-flam" at 2¾*d.*—the material costing 2*d.* and being sold at 2¾*d.* That is absolutely incorrect; it is rude to say so, I will admit, but it is absolutely incorrect.

10,050. What is the price at which it is sold retail?—First of all, to get the "non-flam,"—*there*, there is their own set of patterns (*handing in the same*). The lowest price on those is 5¾*d.* I have scoured Manchester, and the lowest I can buy is 5¾*d.* But this is my argument. Take this low stuff that is retailed at 2¾*d.*, which we say there may be a danger in. If that 2¾*d.* article is treated with "non-flam," our price, the manufacturer's price for that cloth, is 2¼*d.*; the merchant sells it to the draper at 2½*d.*; and the draper retails it at 2¾*d.* The next price the draper retails at is 3¾*d.*; the next is 4¾*d.*—there is nothing but ¾*d.* in the drapery trade practically; they have a fixed price system. The next price we sell at is 2¾*d.*, the merchant sells it at 3¼*d.*, the draper at 3¾*d.* Now if you take our 2¼*d.* article, which is the lowest that is sold over the counter, and treat it with Messrs. Whipp Brothers and Tod's "non-flam" process, they say it can be done for ¾*d.* a yard. I maintain, according to their own figures, that it costs 1*d.* That lifts that 2¼*d.* article up, and brings it up to the 3¼*d.* quality, which is retailed by the draper at 4¾*d.*; that is to say, the merchant sells it at 3¾*d.* or 3¾*d.* So that although the cost of "non-flam" is only 1*d.*, with the extra charges and the fixed price in the drapery trade the lowest "non-flam" article that is at present on the market is practically 2*d.* a yard dearer than its intrinsic value.

10,051. Is it the fact that it can be bought at 4¾*d.* retail?—No, I have never seen it.

10,052. You do not admit that that is a fact?—Here is the wholesale price (*handing in a document*) to the merchant of "non-flam," and I think you will find that the lowest price there is 3$\frac{11}{12}$*d.*

10,053. 4$\frac{1}{12}$*d.*?—That is the drapers' 5¾*d.* line.

10,054. What is this document you have handed to me?—That is the wholesale price list of "non-flam." On the top of that there is 25 to 33 per cent. to be put on for the drapers' profit; the draper cannot work under 25 per cent. profit. I am showing you that, to show that there are no low-priced "non-flam" articles on the market; or, in other words, that the poor do not benefit by the "non-flam" process. Supposing any legislation made the "non-flam" process compulsory, the purchaser would be paying a tax through this 2*d.* profit, not to any individual, not to Messrs. Whipp, but the purchasers of the country would be paying a tax of 1,666,000*l.* per annum for the privilege of having their stuff non-flammed. I do not mean that Messrs. Whipp would reap that profit Messrs. Whipp give their figure; they only want one-eighth of a penny for their royalty. If they had obtained that eighth for their royalty during only last year, they would have received in royalties 100,000*l.* If the proposed legislation had the effect—the desired effect, I suppose they would put it—of deterring the poor from buying the ordinary flannelette, then they would have to pay something more—2*d.* a yard more—than they do now. I think Mr. Whipp himself, or any one else, will agree with me in that roughly. That is a tax on the consumer of 1,666,000*l.* per year.

10,055. (*Sir Thomas Bramsdon.*) You referred just now to the evidence given by Dr. Parry with regard to the washing process of "non-flam." Are you aware that in the evidence given by the "non-flam" people they do not admit that statement by Dr. Parry?—I do not base my argument on that at all. I say that I have never spoken a word derogatory to the "non-flam" process.

10,056. I feel sure that you would wish that we should put that statement before you?—When the thing was first introduced, the fact of the matter is that the Manchester Chamber of Commerce held a meeting about it, and all I said was that I did not deny the advantages, but I questioned the mercantile value of it. That was seven years ago, and I think that has been borne out by the facts.

10,057. I understand from your evidence that when flannelette was first put upon the market it was more inflammable than it is now?—Considerably.

10,058. And that there has been a great improvement in the process of manufacture which has rendered it less inflammable as time has gone on?—Not in the manufacture so much as in the finishing; the improvement has been in the improved methods of finishing.

10,059. That is immaterial for my purpose; when it reaches the purchaser in the market it is less inflammable now, owing to the improvement in finishing, than it used to be?—Yes.

10,060. Therefore, as a consequence, the public is being protected against the inflammability by the process of manufacture of the finished article?—Yes.

10,061. Do you think that is likely to be extended even more as time goes on?—As people get more educated and take better care of themselves.

10,062. That is not my point. Do you think that in the process of finishing flannelette it will become even less inflammable than it is at the present time?—Undoubtedly. The machinists of the world are on the *qui vive* to improve the raising machinery.

10,063. And that is actually being done at the present time?—Actually.

10,064. Can you tell us the date when this improvement in the finishing arose?—It has been gradual, and I must be fair; I think the continual putting before the public by Messrs. Whipp Brothers and Tod of the dangers has considerably hastened that period.

10,065. Then in the long run it has had a beneficial effect?—In the long run; only it has materially damaged the industry itself.

10,066. You heard just now the reference to the return; I think there were 412 cases of deaths from flannelette in the year 1904, and in the later return for 1907 I think the number was 120?—Yes.

10,067–8. Do you think that any of that improvement might be attributed to the better finishing of flannelette?—Not in that period. With all due respect I think that 412 is in some sense a mistake—that the cases have not been accurately taken. It is, perhaps, a return made after the 12 months have elapsed, and I should imagine that it has been done largely from memory.

10,069. Still you would expect that a return made by the same officials in two different years would be based on the same principle, would you not?—No.

10,070. Why not?—In the one case it was arranged beforehand.

10,071. (*Sir Horatio Shephard.*) I think you are mistaken. The Coroners' returns in the Judicial Statistics are annual returns?—But it was only a special return. I do not think you can find it prior to that year.

10,072. The returns are annual; the deaths from burns are given in a special column for the year 1904?—Yes, that is what I mean.

10,073. (*Sir Thomas Bramsdon.*) What you mean is that 1904 was the first time the return was ever asked for, and probably the coroners had to go back and get the

information in the best way that they could during that year?—Exactly.

10,074. And that afterwards perhaps the cases might have been more carefully tabulated as they went on?—Yes.

10,075. That they paid special attention to the cases as they arose, and made such a note upon them as would give the public a better return in consequence?—Yes, that is my argument—that the one is correct and the other is not.

10,076. Without in any way reflecting upon the coroners?—Thank you. I could not put it in those words.

10,077. You agree to that?—Undoubtedly.

10,078. I take it—you will not mind my asking the question—you are a manufacturer in a large way?—Not necessarily. I have been largely engaged in it. I am only a manufacturer in a small way, comparatively.

10,079. How many yards do you turn out a year?—Perhaps 50,000 ends of 50 yards.

10,080. Solely of flannelette; or do you manufacture other things?—Other things.

10,081. And you have had experience, not merely personally, but I suppose you have had experience of other manufacturers as well?—As I explained at the beginning, I have been through the trade in every branch, and then I have had my own personal experience going about the country. Then, owing to the fact that at the commencement of this campaign by Messrs. Whipp Brothers and Tod, or "non-flam," I was a speaker at the first meeting, and showed the commercial weakness of the article; that means that anyone who has had anything to do with flannelette has brought me any figures. I have been a sort of bureau for collecting information.

10,082. You have been like a committee unto yourself?—Yes.

10,083. I see that you have written a very long and interesting letter to the *Manchester Guardian* on the 21st of October last, on this question, in which you have gone very exhaustively into it?—Yes; and if you will excuse my dealing with it, on the following Saturday the *Manchester Guardian* had a leader upon it; and everyone knows the *Manchester Guardian* is above reproach.

10,084. I am glad to find there is anything above reproach?—I think they are unbiassed, any way. You will see that I have underlined certain paragraphs which bear out the statement that I made, that all this agitation has been worked for private purposes.

10,085. (*Sir Horatio Shephard.*) Do you speak for other members of the trade?—I would not like to say that. I will say this, that if you require further information, we will bring you a trainload of people down; you have only got to say "Hold, enough."

10,086. You think they will all agree with you?—Yes.

10,087. One question more. Sir Thomas Bramsdon asked whether you thought there was any prospect of improvement in the process. I should like to follow that up. I understand how flannelette has become safer owing to the nap being less raised and at the same time being treated in the way that you have explained, but how do you suggest that any further improvement in the direction of safety can be hoped for?—The engineering intelligence of the textile world bearing in one direction, will tend to improve the make of the raising machinery. It is entirely a question of machinery. The raising is a mechanical process, and this being such a large industry, engineers of note will devote their attention to improved machinery, thereby, year by year, improving it.

10,088. At present the result is that it has a sort of felt-like surface given to it?—Yes.

10,089. You cannot get further than that, surely?—You can improve upon improvements. We have not reached finality in raising, by a very long way.

10,090. I am speaking of improvements in the direction of making it safer?—We have not reached finality in that direction by a long way.

10,091. You think that still there is something to be done?—Yes, by mechanical means.

10,092. Is there anything else you want to say?—I have a number of notes here; there are a number of questions in the evidence which I would very much like to traverse. I would like to point out, if I may, the enormous volume of this business of the flannelette trade.

10,093. We have had that already?—Then I think there is nothing else, unless you wish to ask me any questions.

The witness withdrew.

Adjourned to Thursday the 29th inst., at half-past 11 o'clock.

At the Home Office, Whitehall, S.W.

TWENTY-SIXTH DAY.

Friday, 29th October 1909.

PRESENT:

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

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

Mr. WILLIAM WHITING called in and examined.

10,094. (*Chairman.*) You are, I believe, coroner's officer for the parishes of Richmond, Barnes, Mortlake, Petersham, and Kew?—Yes.

10,095. Under what coroner is that?—Dr. Michael Henry Taylor.

10,096. Which is his division?—The Mid-Surrey. It is called the Kingston district of Surrey.

10,097. Has he more than one coroner's officer?—Two.

10,098. I think you retired from the Metropolitan Police in 1893, with the rank of sergeant?—Yes.

10,099. While you were in the police force you were coroner's officer for Wimbledon?—Yes, Wimbledon and Merton, from 1884 to 1893.

10,100. And then when you left the police force you became coroner's officer to the Mid-Surrey coroner?—Yes, after 3½ years. I was under the late Mr. Braxton Hicks at that time.

10,101. And you have held that post for 11 years?—Yes.

10,102. I think, altogether, you have made inquiries in something like 2,000 cases?—Yes.

10,103. Will you tell us shortly what your duties are as coroner's officer?—Might I explain my duties at the time I was appointed coroner's officer whilst in the police, first?

10,104. Do the duties differ when you are in the force?—At that time I was partly employed as coroner's officer and partly on police duties; sometimes I was employed in town at public meetings and at racecourse meetings, with the result that I would be away when there was a case reported, and it would have to remain until I returned home before I could do anything.

10,105. It is inconvenient, in fact, if the coroner's officer is not a whole-time officer?—Yes, it is. When I returned home, the case was reported to me.

10,106. Who would report to you?—The inspector who might be on duty at the police station. When I arrived at the house where the body was lying, sometimes I found the relatives in a distressed state, because no officer had been earlier. I had to explain that I regretted that I was not able to come earlier to them.

10,107. That you were on other duties?—Yes. Sometimes I was employed on station duty, and if a case was reported in between 9 and 10, say, in the morning, if I was on station duty I should not be relieved before 1.30 by the officer out patrolling, so I would not be able to attend to that inquiry until I was relieved at 1.30.

10,108. Did not the coroner complain that he had not your whole time?—He did not complain, because we did not report till the following morning.

10,109. But if this happened time after time?—But we did not make a complaint, because we were serving, as we thought, the police and the coroner.

10,110. Surely the coroner could have said: "It "would be much more convenient if you could give me "your whole time"?—Yes, that is how it did arise. In one instance, when I was on station duty, an inquest was fixed for 3 o'clock in the afternoon, and I did not get relieved till 12 o'clock to go and get a jury. I had not left the station more than three or four hundred yards before I met a man who said he had lost four or five fowls. I said, "I am sorry I am not able "to attend to it; would you mind calling in at the "police station, which is close by?"—He promised me he would. I went on and got my jury, and in seven or eight days after this occurrence (this man failed to call at the police station as he promised) he called and saw the inspector and wanted to know what had been done in his case.

10,111. He was an unreasonable person, like many others?—The inspector of course did not know anything about it, as he had failed to call. Some unpleasantness arose with him and the inspector, and in consequence this man wrote to the Commissioner of Police complaining of neglect as no one had been to make any inquiries; his letter came back to the superintendent and inquiries were made. He stated in his letter that he had reported it to the section sergeant—that would be myself—and on inquiry I stated what had happened; I was called on for a full report, and appeared before the superintendent on the following morning, who threatened to report me for a gross neglect of duty and to remove me from coroner's officer's work. In this case, had I stopped to make any inquiries I could not have got my jury, so I was bound to fall between one and the other, trying to serve two.

10,112. I think the result of your evidence is what I suppose most people would imagine, that the coroner's officer ought to be a whole time officer?—Yes.

10,113. And I think in most cases they are?—A great number, but not in the suburban parts.

10,114. In London they are always?—Yes, there is sufficient to occupy their time.

10,115. And in the big provincial towns they always are?—Yes.

10,116. But here the difficulty arises, I suppose, because there is not sufficient work to occupy a man's whole time?—Yes. Then 11 years ago I was appointed private officer to the Richmond sub-division—that is Richmond, Petersham, Kew, Mortlake, and Barnes. There were two police sergeants doing this duty at the time; the one stationed at Barnes used to take Mortlake and Barnes and the one at Richmond used to take Richmond, Petersham, and Kew. The officer at Richmond was being promoted, and I was offered the appointment, and then it meant that the other sergeant at Barnes would be withdrawn. I saw the superintendent, and I told him I was appointed to this sub-division, and he said he was very pleased, because it would give him two sergeants for police duty, and I was to tell Mr. Hicks from him that the police would render any assistance they could. After I was appointed I served one of my cards on every doctor in my district, asking them to report direct to me any cases of sudden death they had to report. That was with the permission of the coroner, and they do do so; sometimes they call upon me at my residence, in any special case, and report particulars to me in that way.

10,117. Who else reports to you besides the doctors?—The police in other cases. In consequence of that, half the number of cases I make inquiries into do not come under the police—they do not know anything of them until I report that the inquest is fixed for so and so. That goes to save the annoyance of the police calling at these houses, little petty annoyances. There have been complaints, not against the man, but against the uniform.

10,118. Now we come to another question. You have had 20 years experience: is it better in your opinion that the coroner's officer should go in uniform or in plain clothes?—In plain clothes. In my time the service regulation did not permit it; I do not know if it does now, but in many instances at the time I was officer the relatives used to ask me if I could attend in plain clothes. I had to tell them the regulation did not permit it. But a policeman going to houses causes curiosity sometimes.

10,119. It causes curiosity in some neighbourhoods?—Certainly; it appears in the press.

10,120. Where he is expected to call in fact?—Yes. Certain little annoyances have occurred in many cases in better class neighbourhoods; it sets the maids talking, and the neighbours asking, "What is the matter there?" that is my experience.

10,121. If there is likely to be an inquest, the maids are talking already, are they not?—Possibly.

10,122. However, on the whole you think it is much better that the officer should go in plain clothes?—Yes.

10,123. Is there not sometimes a difficulty about a plain clothes man being admitted when a policeman in uniform would be admitted as a matter of course?—None whatever on the coroner's work, because the doctor has very likely told the relatives, "Mr. So-and-So will call; he is in plain clothes, and will produce his card."

10,124. Have you got the coroner's card with you?—I produce my own card.

10,125. It says "Coroner's officer," does it?—Yes.

10,126. (*Sir Malcolm Morris.*) Are there not some instances where it is an advantage to be in a policeman's uniform?—None whatever; not in my experience.

10,127. (*Chairman.*) Is it not the case—perhaps you do not know—that the coroner has discretion as to whether his officer should go in plain clothes or in uniform?—I do not know.

10,128. We have had evidence from other places about that. Have you anything to say about Inspector Shorthouse's evidence?—Yes; I do not agree with him. He mentioned something about that there might be friction between the private officer and the police. During my 11 years as private officer I have had a number of cases of all kinds: suicides, accidents in the streets, murders. I had the case of the missing lady doctor, Miss Hickman; there were 32 witnesses in that case, and I took a statement from each witness. The police went on and made their own inquiries. There was a staff of detectives under Chief Inspector Fox, and they rendered the coroner every possible assistance they could. After the inquiry was over the coroner was kind enough to tell me that he examined every witness on my statements, which he took because he found on

reading them there was more detail. I had reported more fully, although of course he appreciated in every way what the police had done.

10,129. (*Sir Horatio Shephard.*) There was no friction?—No; just the reverse.

10,130. (*Chairman.*) You must remember that you are an old sergeant of police, and you naturally would keep up friendly relations with the force?—There is no friction.

10,131. But supposing that the coroner's officer was a man not connected with the police at all?—I should not recommend that.

10,132. (*Sir Malcolm Morris.*) You had been in the force in the very district; you knew everybody?—Yes.

10,133. That of course is an advantage?—Yes.

10,134. (*Sir Horatio Shephard.*) And they knew you?—Yes.

10,135. (*Chairman.*) You, of course, receive a police sergeant's pension?—Yes.

10,136. I forget what that is?—64*l.* odd I am receiving, 25 years' service.

10,137. Apart from your pension, if you were not a police officer, the coroner's officer's fees are not sufficient to support life?—No; I could not live on it.

10,138. About what do the fees average in your district, which is a pretty heavy one, for a year?—Just under 1*l.* a week.

10,139. It would be quite impossible to get a man of sufficient experience and sufficient character at that price, unless he was a police pensioner or on the active list of the force?—My having the police pension just assists me to be respectable and live in a respectable house and comfortable.

10,140. (*Dr. Willcox.*) Does that 1*l.* mean 1*l.* clear or 1*l.* minus some expenses?—1*l.* clear.

10,141. (*Dr. Willcox.*) For a whole year?—Yes.

10,142–3. (*Chairman.*) I think your evidence is interesting, at any rate, on the uniform question. In the 20 years you have had no difficulty through not appearing in uniform, simply producing your card?—None whatever. I notice that Inspector Shorthouse spoke about the uniform; he said that there was discipline, and the uniform might have great effect in court. I should like to mention that in all these cases I mentioned I was able to keep order just as well in plain clothes as in uniform.

10,144. You mean that when an inquest was held, you still appeared in plain clothes, whether you were a policeman or not?—No, I had to be in uniform as a police officer, but now I am able to maintain order in any case, just as well as if I was in uniform.

10,145. Well, you are a good big man?—I do not think there has been any difficulty in that. As regards discipline, being under the coroner, of course I mean to say it suits me to carry his responsibility; it is my duty to be faithful to him, just as if I was in the police force, and if there was any irregularity he would soon pull me up, I expect.

10,146. But your experience on the whole has been in what I may call well-ordered districts?—Yes.

10,147. When you come down to some places at the East End, is it not important that the man should go in uniform?—Not for coroner's officer. I certainly, from a public point of view, say no.

10,148. (*Sir Horatio Shephard.*) But you have no very rough parts in your district?—No.

10,149. Does not that make a difference?—No, because I think a plain clothes officer is better for any district.

10,150. (*Sir Malcolm Morris.*) Have you had, in all your long experience, any question about tips from people trying to avoid an inquest?—No.

10,151. Have you ever been offered a tip?—No.

10,152. You have never had a case?—No.

10,153. What is the custom among medical officers; do they give you the shillings?—Yes, they do.

10,154. In a large number of cases?—In a large number of cases.

10,155. (*Dr. Willcox.*) Not in all?—Not in all.

10,156. (*Chairman.*) You hand them a sovereign and a shilling, and they usually hand you back the shilling?—Yes, and if it is two guineas they leave the two shillings.

10,157. (*Dr. Willcox.*) It is never your custom to ask for it?—No.

The witness withdrew.

Mr. Alfred Pleavin called in and examined.

10,158. (*Chairman.*) May I ask what you are?—A doctor of medicine.

10,159. Of what University?—The College of Art, Science, and Medicine, Buffalo, New York, United States of America.

10,160. Are you an American citizen or naturalised?—I am a British subject.

10,161. Naturalised?—No, born.

10,162. How did you get your American degree?—By qualifying for it.

10,163. Here, or in America?—Here.

10,164. Can you qualify for a medical degree from an American University here?—I am qualified for this.

10,165. What are the conditions, will you kindly tell us?—The conditions are that you shall have the curriculum that the college requires.

10,166. It is rather new to me, can you tell us anything about this curriculum?—Yes, my medical education has been obtained in this country, in London, Edinburgh, and Yorkshire.

10,167. In what hospitals?—No particular hospitals; it has been gathered in pieces from attending medical class rooms and being coached by registered medical practitioners.

10,168. As part of a medical school or not, or at private classes?—As part of a medical school, I understood. It is a great number of years ago, of course, I daresay it is 28 years ago since I was in London.

10,169. Whose classes did you attend?—I could not tell you. I could not find the place. I know it was off High Holborn.

10,170. It was not in hospital?—No, it was not in hospital.

10,171. What clinical instruction did you get there?—The lecturers, of course, gave lectures on all the various subjects—demonstrations.

10,172. Do you know who any of these lecturers were; could you give some names?—No, I could not. It is too long ago.

10,173. We may take it, then, that you attended lectures. Were they by duly qualified medical practitioners?—Yes, both in Edinburgh and London, and in the other districts.

10,174. How many people would attend those lectures?—About 50 in London.

10,175. Were the lectures designed for any particular examination?—Yes, so far as I know they were.

10,176. You do not know what examination?—But in those days, of course—I had better tell you—I was financially not in a position to pay to have a total and complete continuous medical education, so, of course, I obtained my medical education in the way I will explain, so far as my funds enabled me to go, getting the most I could in one place while I had money, and then going to work to earn money.

10,177. Going to work in what capacity?—Engaged on the railway. My father was a local agent for Chaplin, Horne & Co., and under him I worked.

10,178. And in the intervals you attended medical lectures?—Yes, when I got the money.

10,179. How did you go through your course of anatomy?—

10,180. (*Sir Malcolm Morris.*) Did you ever dissect a body?—I have dissected part of the body. The upper and middle half of the left side only

10,181. (*Chairman.*) Was that done at these lectures?—Yes.

10,182. (*Sir Malcolm Morris.*) You do not know the name of the school?—No, I could not remember it. I could not find the place. I have been in London several times since and tried, but I could not find the place.

10,183. Was it Mr. Cooke's?—I could not tell you. I would not like to commit myself.

10,184. Did any man studying there ever pass for any recognised degree in this country?—Yes, they were qualifying for it.

10,185. The College of Surgeons, and so forth?—Sure enough.

10,186. (*Dr. Willcox.*) Was this place where you attended lectures connected with any medical school?—I could not tell you. I was not in a position, as I explained, to go in for the full medical curriculum on account of finances. So, having obtained these places out of the "Lancet," and such like medical journals, which communicated with me, when I had got funds in hand, I used to come up.

10,187. This was not connected with any hospital medical school?—I believe it was, but I am not quite sure.

10,188. You would remember its name if it were?—No, this is quite 28 years ago.

10,189. (*Sir Malcolm Morris.*) I was qualified much more than 28 years ago, and I remember the place?—It was not in London.

10,190. (*Chairman.*) How long did you attend these courses in London?—For about five months, I think.

10,191. How often in a week would that be?—I was there daily.

10,192. For five months?—Yes, and I used the whole of my time up reading.

10,193. How long in the day?—From early morning to mid-day, and then again in the afternoon, and then I would have a coach in the evening.

10,194. Was there a dissecting room in this place in Holborn?—No, I do not think there was a dissecting room. I did not dissect the body there. I went to another place.

10,195. Where did you do dissections?—I only did one.

10,196. Where was that?—I really could not tell you, it is nearly 30 years ago. I have told you that I could not find the place again. I have tried repeatedly. I marched about different parts of London.

10,197. (*Sir Malcolm Morris.*) Did you get any certificate of having done that dissection?—No.

10,198. Then what proof was there for the college in America that you had done it?—After I had gone through this particular part of the curriculum I went on going to work afterwards, and then going to another place; I went to Edinburgh and attended a place of a similar nature at Edinburgh. I remember that one, that is more recent.

10,199. What was it called?—It is a street commencing with a C; it is near the University. I could easily find it again.

10,200. You attended that for how long?—I attended it two or three times—not so long.

10,201. Did you get certificates there?—No, they did not give certificates. It was a school where they coached you; where they advanced you as you might call it.

10,202. Did you have any other medical instruction?—Yes.

10,203. What was it?—I followed on from that and took a course with a registered medical practitioner for six months.

10,204. (*Sir Horatio Shephard.*) Where?—In Yorkshire, with the object of taking the L.M. Dublin. Of course my finances would not enable me to go on after my course was finished, because I had a very unfortunate circumstance occur in my life then; my father died and it took all my money, and I had to give it up. I could not go in for the L.M. examination.

10,205. (*Sir Malcolm Morris.*) Who was the man in Yorkshire—which town?—I cannot remember that. He gave me a book on midwifery—Meadows on Midwifery.

10,206. Where did he live; in which town in Yorkshire?—I do not remember. It is a great number of years ago, and just now I ought to tell you I have passed through a very sad bereavement. My eldest son, a fully qualified medical practitioner, has died within the last month, and my memory is very bad.

10,207. (*Chairman.*) When did you get your degree from Buffalo?—I wanted to tell you I went further than that. I then took a course of medical instruction with a society that called itself the British Eclectic School of Medicine; I have got the certificate. I did not pay any special moment to it, but I qualified for the certificate and passed the examination and received it.

10,208. Who are they, I have not heard of them?—One man is named Parkinson, I remember him because he is a town councillor.

10,209. (*Sir Malcolm Morris.*) Where are their headquarters?—They did not have any particular headquarters, these particular people used to give courses of lectures in different towns.

10,210. (*Chairman.*) Surely they had an office somewhere?—No, the lecturers used to meet in a given town; it was a moving business.

10,211. Were they composed of duly qualified medical men or not?—No.

10,212. Were they herbalists?—One gentleman I believe was an American herbalist.

10,213. The rest of the people were interested in medicine?—Yes. I do not think they had any qualification. One was a graduate of Victoria University, Manchester, but in what I do not know.

10,214. It may have been in Arts or Science or anything else?—Yes.

10,215. (*Dr. Willcox.*) And the lectures were to the public, not to pupils?—No.

10,216. Was every one who attended the lectures going in for the medical profession?—Yes.

10,217. Are you sure?—When you say the medical profession, of course I cannot speak for people except for myself.

10,218. Were they working for an English medical degree?—I do not think so, because they could not from a school like that, I know that. But I am interested in the study of medicine that they taught, the materia medica.

10,219. (*Chairman.*) They taught materia medica?—Yes.

10,220. Is there any special form of materia medica belonging to the eclectic school?—No. They taught the same principles pretty much as the eclectic schools do in America.

10,221. I am afraid I am ignorant of what the eclectic schools in America teach?—They go through the full curriculum required by the State laws of the different States.

10,222. What are the eclectic principles?—The eclectic principles, so far as I understand them, are that they have, and they reserve the right, to choose from all and every source what they consider the best treatment adapted and suitable to any condition and case that they may come in contact with.

10,223. Is not that open to regular qualified medical practitioners as well?—I would not like to say yes, and I would not like to say no. But I have a doubt.

10,224. How many lectures did you attend; had you to pay for these lectures?—Oh! yes.

10,225. How much?—Only a nominal sum. It was not very much; it was more to cover expenses than anything else. It did not further my interests more, so far as helping me any further to acquire knowledge in their materia medica, to see what they would teach.

10,226. (*Dr. Willcox.*) They were not teaching for English medical qualifications?—No, I knew they could not do that.

10,227. They were not qualified?—No.

10,228. (*Chairman.*) When did you begin practice?—About 20 odd years ago, I could not tell to a year.

10,229. Did you take your American degree before you began to practise or afterwards?—When I had taken this curriculum, whatever you call it, in these different places, I got into communication with different medical journals; I subscribed to two or three, and having done so I began to write articles.

10,230. For what journals did you write?—For the "Chicago Medical Times" and in the "American Medical Journal."

10,231. None in England?—No, all American. I practise the American system of medicine.

10,232. We will come to that presently; now let us lead up to the degree, please—how you got the degree?—In writing to these journals I wrote various papers, and I had eventually conferred on me an honorary degree.

10,233. By what body?—I never made use of this particular degree, so I have not taken very much interest in it, though it came from an American institution and it is signed by all the professors.

10,234. It would be interesting to know what it was?—I think I can tell you, the American Medical College of Ohio.

10,235. Do you know anything about that college?—No, I do not.

10,236. They gave you an honorary degree on the strength, as I understand, of the papers which you contributed to these American journals?—Yes; I never made any use of this diploma.

10,237. (*Dr. Willcox.*) Not on the grounds of any curriculum that you passed?—No, I never used it all. I only hung it up.

10,238. Let us now come to the Buffalo degree; will you tell us about that, how you got it?—I got into communication with a gentleman in this country, an American graduate in medicine and midwifery. When I got into communication with him, after the medical knowledge that I was possessed of, and told him what I had been doing and what I had done, he then advised me or suggested to me that I should go in for this examination of this college of Buffalo, in the State of New York; I was really averse to it until he explained the situation to me, and then I said I could not see my way clear to do it. However, I finally prepared for it. I got coached and read myself up and filled in all the necessary examination papers.

10,239. Did they send the papers over here to you?—Yes, and then they were posted off, and then a lot more papers came that I had to fill in, and I filled in those.

10,240. When you say papers, do you mean examination questions?—Yes, on various subjects. Then I was put through a set of oral examinations.

10,241. By whom?—By this medical man I was in communication with at this time.

10,242. He was in England?—Yes, of course.

10,243. (*Sir Malcolm Morris.*) Did you see the medical man? Did he personally examine you or did he write?—No, it was a personal examination. Then I had some doubts about taking this diploma—whether it would be any use to me or not, and I thought I would not bother with it. However, he was so convincingly satisfied that everything would be perfectly satisfactory, and when I received that assurance from him and saw it myself, I took it.

10,244. Did you pay any fee for it?—Yes, I did; I paid a pretty heavy fee.

10,245. How much?—I am coming to that in time. Then on that this gentleman supplied me with proof that he was appointed under seal by the Senate of Washington White House, United States of America, by authority from this University or college to examine students for this qualification, and he being satisfied, of course, that I had the curriculum equal to its requirements, he put me through these various examinations orally. Then I filled in all the other papers. Having one so, they were sent away, I suppose.

10,246. You had his word for it that they were sent away. He told you they were sent away?—Under this seal; I saw the seal. If I had not seen it I would not have taken it. I saw the seal from Washington White House, and all the things in connection with his appointment.

10,247. Do you remember how he was described?—He was described as a medical man. He was an American graduate.

10,248. (*Sir Malcolm Morris.*) Where does he live?—He is at present in a place near Pontefract, in Yorkshire; at least, he was. I have not been in communication with him for the last twelve months.

10,249. (*Chairman.*) What was his name?—Mr. Tempest; he is a graduate of Chicago.

10,250. Is there a medical school at Chicago?—Yes.

10,251. (*Dr. Willcox.*) Did he examine you in all the medical subjects?—Yes.

10,252. Anatomy?—Yes.

10,253. Physiology?—Yes.

10,254. Materia medica?—Yes.

10,255. Medicine?—Yes.

10,256. Surgery?—Yes.

10,257. Midwifery?—Yes.

10,258. He must have been a very clever man to have been able to examine in every branch of medicine ——

10,259. (*Chairman.*) How is it that he, being a medical graduate of Chicago, was the agent for giving degrees from Buffalo; how did that come about?—I cannot tell.

10,260. Buffalo and Chicago are a good long way apart?—Yes, that is so. It is quite 900 miles between the two cities.

10,261. Had you to prepay the fee for the degree?—I had to pay in advance something over 40*l.* for the examinations.

10,262. You paid that to Dr. Tempest?—It was in American money. It was English money changed into American money. It was done in dollars.

10,263. But it would come out at 40*l.* English money?—Over 40*l.*

10,264. Have you got with you this diploma?—No, I have not got it with me. It has been examined under the authority of the High Court of Justice.

10,265. Where?—By the Birkenhead coroner and four or five allopath doctors.

10,266. We should like to have seen it. I am not doubting that you have it?—I have it, of course. It has been examined under the authority of the High Court. I received an order from the High Court of Justice to produce my qualifications on one occasion, and I produced them, and they were examined, as I have explained, under the authority of the High Court.

10,267. I have no doubt that the High Court examine a great many documents, but we should have been interested to see this diploma. Can you tell us in substance what it is?—It is all written up in Latin, the whole of it, really, except the heading. It is an incorporated University, I may tell you, because it has a charter, and it has it printed on it.

10,268. To whom did you pay the fees?—This doctor.

10,269. To Dr. Tempest, in Yorkshire?—Yes.

10,270. (*Dr. Willcox.*) You say you filled in the examination papers?—Yes.

10,271. Who guaranteed that you did not look up in books to write the correct answers?—There was no one to guarantee it.

10,272. It rested on your personal honour?—Yes.

10,273. (*Sir Horatio Shephard.*) You never went to Buffalo yourself?—No; that fact is known to the world; I have made it known to the world.

10,274. (*Chairman.*) May we take it, then, that the Buffalo University, or whatever it is, in granting this degree, acted purely on statements made by Dr. Tempest?—I cannot say, I do not know what position he was in. I can only tell you that I saw the seal under the authority of Washington White House, and if it had not been for seeing that I should never have taken it.

10,275. That was not quite what I was asking you. What I asked you is this, you had no communication with the University except through Dr. Tempest?—No.

10,276. Who was in England?—Yes.

10,277. And who, you tell us, held a Chicago degree, and not a Buffalo degree?—Yes, he is a graduate of Chicago. I have seen his name in the curriculum of the college that he came from.

10,278. (*Sir Malcolm Morris.*) Were the questions in these papers on allopath medicine or on the eclectic principle?—On both, really. I will tell you why. I have been engaged in my time with two medical gentlemen—registered medical men—as assistant, and, of course, the medicines prescribed and used in that system of medicine and the medicines used that I have read up and studied in the eclectic materia medica are

not in a great many instances very different. The eclectic school, of course, uses a great many allopathic medicines and drugs, and the allopath schools use a great number of drugs that the eclectics use.

10,279. (*Chairman.*) Would you, for instance, in your eclectic practise, use the British Pharmacopœia?—Well, I have done and I have not. The basis of my treatment is American. I have subscribed to the "Chicago Medical Times" for a great many years, and the "American Medical Journal."

10,280. Will you kindly tell us the difference between the American treatment and the English treatment, if you can?—The American treatment is based mainly, so far as I have gathered from text-books on this. I have read both sides of the story. I read up and practised the allopathic system of medicine in my early days, and I read up and practised the eclectic system.

10,281. I am ignorant, I am sorry to say, of the eclectic system?—I can give you the best explanation by an illustration. If you take the case of an ordinary neuralgia patient who goes to an allopath doctor in this country, 99 times out of 100 he will prescribe some preparation of iron to meet it, or quinine. He may give a preparation, of course, of an opiate, but that other treatment will be the basis of his treatment, according to the text-books I studied when I was young and what I have seen of the allopathic system. The system of medication recommended and adopted, and specialised by the eclectic school—of course, is that that condition, neuralgia, shall be understood in its pathology before you prescribe for it.

10,282. That is very reasonable?—That being so, you are guided to prescribe for neuralgia by ascertaining and satisfying yourself, so far as it is in your power, what is the actual cause. You see, neuralgia may arise from a great variety of causes. My experience of the allopathic system of medication, and I had a fair experience in it, is that there is little or no trouble taken to specialise the cause, because the patient in a good many instances will be anæmic, of course, and iron is prescribed to meet that condition.

10,283 What is your treatment then?—In the very large majority of cases you are brought to the treatment by the eclectic school by examination of the pulse, and neuralgia being the congestion, of course, of some nerve.

10,284. Do you draw any distinction between neuralgia and neuritis?—Yes, and a very big distinction in the treatment. The treatment then you see would be prescribed according to the condition of the pulse. If there are any other general indications beyond the pulse rate and its action, of course those other conditions will be prescribed far; but the basis of treatment for neuralgia is gelseminum—not gelseminum from the British Pharmacopœia.

10,285. But from what?—From the American dispensary.

10,286. Is that a special preparation?—Yes. There are a great many preparations of gelseminum in the States, through extract, concentrated tinctures, specific tinctures, and ordinary tinctures.

10,287. Will you tell us how long you have been in practice?—I cannot tell you to a year or two, but it is over 20 years. I have been in the same place I am in now. My surgery, at the present time, has been open over 20 years.

10,288. Do you deal with surgical cases as well as medical?—Yes, all sorts except midwifery. I do not practise midwifery, for this reason. I have no one to work with me, I do all my practice myself, and not being able to call in the assistance of anyone in case of necessity, I have given it up; in fact I do no midwifery, and have not for something like 18 years. But I have taken all sorts of cases that follow midwifery cases.

10,289. Complications?—Yes *post partum* hæmorrhage, uterine hæmorrhage, and all its various complications; I take and treat on the American system, or the eclectic system as advocated in America. That is the basis of my practice; that is what I claim to be.

10,290. (*Sir Malcolm Morris.*) Is homœopathy mixed up with it, too?—I cannot say that it is, but of course a lot of medicines that we use are used by homœopathists. But then we use them in a different way. For instance, I have used pulsatilla for quite 20 years.

10,291. For what?—I use pulsatilla, and I treated successfully with pulsatilla the members of the household of a homœopathic doctor, and they told me that they had been taking pulsatilla for three weeks previous to coming to me for treatment.

10,292. Then you gave an increased dose?—The condition of this patient was a thickening or enlargement of the inguinal gland of the right groin, and I prescribed fluid extract of pulsatilla, and a homœopathist would give the German tincture of pulsatilla. I examined them both, and I found that the pulsatilla prepared in Michigan, as used in the States (I get it from Michigan), is very much stronger and more effective in its results, and has been so in my hands.

10,293. (*Dr. Willcox.*) What about these cases of *post partum* hæmorrhage that you referred to? Had they been attended by a doctor?—No; a midwife.

10,294. Are you aware that it is a dangerous complication?—Certainly.

10,295. How was it that you undertook the treatment of *post partum* hæmorrhage when you declined to undertake the confinement?—I had not been asked to take it.

10,296. I thought you said that you declined to take midwifery cases?—I had not had the midwifery cases. I do not practise midwifery. I do not go to labour cases.

10,297. Because you cannot call another man in?—In case of necessity.

10,298. How is it that you will undertake one of the dangerous complications in a confinement case. You would still be in the same position?—I can explain it to you. This particular instance I illustrate to you occurred on a Sunday afternoon; the woman had been confined between 2 o'clock and 2.30.

10,299. (*Sir Horatio Shephard.*) It is only one case?—I am illustrating one case. I can tell you of numerous cases. The woman had been confined between 2 and 2.30. She was attended by a midwife. About 3.30 to 4 she commenced to vomit and flood. The husband went out to look for doctors, and a little after 5 o'clock he came to my house and begged of me to go and see his wife immediately, saying she was dying. He said he had been to five others and could not get them. I said, "I am a makeshift for nobody. I will not go." He said, "You will not?" I said, "No." He said, "Why?" I said, "Because I am not a makeshift for anybody." He did not tell me what was wrong; I did not ask him. He said to me, "For "God's sake come, my wife is dying, and I cannot get "any other doctor," so I went. I was in the middle of my tea. I left my tea on the table and went across to the man's house. I went upstairs to the bedroom and I found his wife in bed in almost lack of consciousness, and pulseless, I could not trace the pulse up to the shoulder. I took off my coat, rolled up my short sleeves, and examined her. I found blood had gone through the bed on to the floor, where there was a pool of blood. I grasped the uterus externally——

10,300. (*Dr. Willcox.*) Had the child been born?—Yes, the child had been born three hours then; the child was alright. I grasped the uterus externally, and having done so, I put a very tight binder on it. I went straight out and got a draught composed of 10 grains of Dover's powder, and gave it to her myself immediately. I said she was to be kept very quiet. I went back to see her again at 10 o'clock the same Sunday night. When I got back again at 10 o'clock the hæmorrhage had ceased entirely except a very tiny flow; the vomiting had stopped; the woman was conscious and recognised me. I again examined her, made her comfortable, said she was to be kept quiet, and given very light food, a little drop of beef tea, and left her for the night. I told the husband to come back with me and I would give him some more medicine for her. When I was going downstairs I met someone on the stairs; it was dark, of course I did not recognise who it was until he spoke. He must have recognised me or knew I was there; he said, "Hullo, have you got a patient here?" I knew his voice. I said, "No,

I have not, doctor." He said, "Well, what is it?" I said, "It is a case of *post partum* hæmorrhage, I do "not want the patient, I just went to get her over "the difficulty." He said, "Where is she?" I said, "She is upstairs." So I said, "You are going up?" He said, "Yes, the man came for me about three in the afternoon, I understand." "Alright," I said, "I will come back with you." I went back upstairs with him. I explained what the condition was that the woman was suffering from. He examined her, and said, "Oh, well, you are very comfortable now." I came downstairs with the doctor, and he said, "What are you going to do?" I said, "I do not want the "case, I have plenty of work, more than I can do. "What had better be done?" I said, "You had better have the case." I went with him to the corner of the street, and went home, and he attended the case and the case made a good recovery. That was the end of that one. I can give you another case.

13,301. (*Chairman.*) It is no use giving us these particular cases?—I can give you one of 14 weeks standing.

10,302. (*Chairman.*) There is just a question I want to ask you first. Do you administer anæsthetics?—No.

10,303. If you have to do any small operation you do it without anæsthetics?—I do it with local anæsthetics; that is all.

10,304. You do not give general anæsthetics?—No, I have not found it necessary in my very extensive practice.

10,305. Your operations are small ones?—Yes, I do not go in for major operations.

10,306. What local anæsthetics do you use—cocaine?—Yes. I have used chloroform.

10,307. As a local anæsthetic, not as a general anæsthetic?—Yes.

10,308. About how many patients a day do you have?—75 is the greatest number.

10,309. In one day?—Yes.

10,310. That is a long day's work?—Yes.

10,311. In the course of a year how many patients do you see?—I cannot tell you, but I can tell you what I did do once, for curiosity. I always write a prescription for every patient that comes to me.

10,312. Do you make up your own prescriptions?—Yes, I got summoned for it 20 years ago by the Apothecaries' Society, and was find 20*l.*, and there was a public indignation meeting afterwards which denounced it tooth and nail. I did not know I was doing wrong. I do not want to do wrong. I have always tried to do right. I have always tried to comply with every law in this country in relation to my existence. But evidently I was doing wrong, and it was from a spite on the part of the medical profession that I was singled out for prosecution. I paid the 20*l.*, I did not fight the action, I communicated with an eminent London counsel, and he advised me——

10,313. To pay?—No, he did not, he advised me of the position I was in. He advised how I was liable under the Apothecaries Act—that I did not know; when I read his letter I waited for the last moment on the county court steps, not to pay it too early to the enemy, and then, of course, I whipped in and paid at the last moment. Then, immediately, I advertised the fact through the town broadcast, and they held a public indignation meeting, and the gentleman who took the chair was the son of an alderman whose child I had cured of a complaint.

10,314. Now we will come to the points you want to call our attention to. You have told us about your practice; what do you wish to say about coroners' inquests?—I want to report to you those instances that have brought me in contact with the present coroner. He has not always been our coroner. About 10 years ago I attended a child of Mr. Richardson a few months old. It had been treated by Dr. Pearson. The mother said each time she gave it medicine, it made the child worse, the father had been advised to have me to treat the child.

10,315. What position in life were these people?—Working people. The child was very weak and debilitated. It made a good recovery in four weeks under my care. I had done with the case; I had not seen the child for quite two and a half weeks. I had finished the case. The mother came to me one Sunday morning at 8 o'clock and said she found the baby dead in bed about 6.30.

10,316. An unfortunate termination to the cure, was it not?—It was, but of course it was not any fault of my treatment or of my professional ability.

10,317. What happened next?—The mother came to me one Sunday morning about 8 o'clock and said she found the baby dead in bed about 6.30. She wanted me to give her a certificate. I refused, and told her that she would have to go to the coroner. She cried and begged for a certificate. To get rid of her I told her I would call at 10.30. I called and examined the body. The body was discoloured down the left side, hands, and feet. I explained to the mother what she would have to do. She got so excited that I told her I would go and explain to the coroner myself, and then he would arrange for an inquest. I went to the coroner and gave him all the particulars. The coroner took the matter up and ordered a post-mortem examination, and gave it to the medical man, Dr. Pearson, who had previously said: "I will have that devil in gaol yet." That is your humble servant—for curing his patients.

10,318. Well, not for curing the patient was it?—Not this particular patient, plenty more before it; Dr. Pearson had been discharged from the case previously when I was sent for. The coroner served me with a notice to attend the inquest, and also a notice from the High Court to produce any diploma that entitled me to call myself a doctor. He had no legal right to do anything of the kind; he had no power to try any action against me in his court, as to whether I was a doctor or not.

10,319. He can ask you questions. I suppose, when you appear as a witness?—That may be so, but he went further than asking me questions when he ordered me to produce my diplomas. I was not there to be tried whether I was professing to be a registered medical practitioner or not. He had absolutely no power.

10,320. (*Dr. Willcox.*) He might have wanted to know what fee to allow you if you were qualified, if you wanted a big fee?—That might be your opinion; I have a different opinion about the Birkenhead coroner. I had also a summons to appear and give evidence. I had nothing whatever to do with this case. I had not seen this child for two and a half weeks previous to its death, and was not attending the child. My attendance had finished. I left the child progressing very nicely. I produced the diploma, together with what certificates I had.

10,321. (*Chairman.*) That was the Buffalo diploma?—Yes, which the coroner professed to read. There were four or five allopathic doctors in the room. The coroner handed them round. I gave evidence that I had previously attended the child for gastric and enteric trouble, it having had a rash, but had gone through it, and that the child made a good recovery, also that I had finished my attendance and had not seen or heard anything of this child for quite 2½ weeks. The mother bore me out in the fact that under my care the baby improved, in fact, got better. In the face of my certificates, also my evidence, and that of the mother that I had cured the child, the coroner told the jury that I was only a herbalist, and could not give a certificate, and that was why they had been called and the inquest held. I objected to the coroner misleading the jury.

10,322. But you could not give a certificate, surely, as the law stands at present?—I will come to that if you will give me time. I objected to the coroner misleading the jury. He said if I did not keep quiet he would have me put out. Thinking the coroner intended mischief, I had instructed counsel to be at the inquest. During the coroner's summing up to the jury, counsel objected to him telling the jury that I was a herbalist, and said to the coroner, "Mr. Coroner, how "can you say that when Dr. Pleavin produces his "certificate, which distinctly says he is an M.D. of "the United States of America?"

10,323. That is not a degree known to the law, is it; there is no such thing as an M.D. of the United

States. There may be an M.D. of particular Universities, but there is no such thing as an M.D. of the United States?—Well, that is how he put it. The coroner went on. The jury returned, at the coroner's suggestion, a verdict that the child had died from marasmus, and that in the face of the mother's evidence that she found the child dead in bed by her side at 6.30 in the morning, and that it was black down the left side, as if it had had a convulsion.

10,324. Was a post-mortem made on the child?—Yes.

10,325. By Dr. Pearson?—Yes, by the man who was going to have me in gaol.

10,326. (*Dr. Willcox.*) Did the other medical men see the post-mortem? You said there were four other medical men, did you not?—They were only at the inquest.

10,327. Giving evidence?—No, simply looking on.

10,328. (*Chairman.*) Yes; is there anything more?—That is all that case, with the exception, of course, of the objections that I want to raise.

10,329. Let us hear your objections?—I object to the coroner calling me. I had nothing whatever to do with the child's death.

10,330. You were the last person who had attended it, that was all, and under the Act the coroner is empowered to summon the last person who attended the child?—Then if I had not attended this child for 2½ weeks the coroner had no business to call me.

10,331. (*Sir Horatio Shephard.*) You were also the first person who saw the child after death except the mother?—I think he had another motive.

(*Chairman.*) That we cannot go into here.

10,332. (*Dr. Willcox.*) You attended the child during its last illness?—But then, you see, in summing up to the jury, he distinctly stated to the jury—or rather, I should say, the man who made the post-mortem gave evidence and said the child died of marasmus. That was in direct contradiction of the facts I found in the child after death when I examined the body; and the coroner accepts that.

10,333. (*Chairman.*) You made a statement in court, I suppose?—Well, you see, I and the coroner get on very badly, and unless I said "Yes" or "No" to the questions he asked me, we fell out. I would not be dictated to by him, and therefore got into hot water.

10,334. (*Dr. Willcox.*) Have you had any special training in post-mortem work?—No.

10,335. (*Chairman.*) How many post-mortem examinations have you made?—Not many; the coroner does not give post-mortems to me. He cannot do it by law.

10,336. And in your medical experience have you ever made a post-mortem?—No. Then I objected to his insinuations that I was a herbalist. I objected to the verdict, in face of the mother's evidence that she found the child dead in bed by her side, black down one side of the body. I object to his saying that the inquest was being held because I could not give a certificate; he was bound by law to hold an inquest, the child having been found dead, and there could be no question but that the death was sudden.

10,337. Then the Act compels him to hold an inquest?—Yes, but there are different ways of holding an inquest, of course. The mother, in her evidence, said the child was all right when she went to bed on the Saturday night and she found it dead on the Sunday morning.

10,338. Is there any further case you wish to bring to our notice?—Yes. The next one is the wife of Alderman Thompson, J.P., senior partner in the firm of Thompson, Hughes, and Mathison, leading solicitors and commissioners in Birkenhead. She was ill in bed with rheumatic paralysis, very feeble. Dr. Pearson had been attending her. Mr. Thompson sent a message to me to visit his wife. Mrs. Thompson said she wanted me to get her better. I treated her, she got stronger, and eventually she became Mayoress of Birkenhead.

10,339. After the treatment?—Yes. I continued to attend her at times for a few years. She got an influenza cold which turned to bronchitis. Of course, this part of the history is after my attendance periodically for years. She dies in this illness. She had had an influenza cold, which turned to bronchitis. I was sent for, and I ordered a fire, poultices, and other treatment. She was very ill for two weeks; she grew very weak and then began to pick up; and when apparently doing very nicely, and having expressed herself to her husband on the Saturday night that she was getting on well, on the Sunday morning she was all right when she woke up at 7 o'clock. A little before 8 the nurse gave her a cup of tea; shortly afterwards she could not get her breath, and died instantly. The house immediately became upset, and through some misunderstanding one of the servants sent to Dr. Pearson instead of Dr. Pleavin. Dr. Pearson arrived and immediately said there would have to be an inquest. When I reached the house the inquest was mentioned to me by Mr. Thompson. I said, "No inquest is needed; I know the cause of "death, and will give you a certificate."

10,340. (*Dr. Willcox.*) What did you think was the cause of death?—Bronchitis and cardiac syncope. I gave a certificate, and a messenger was sent to the registrar for him to go to Mr. Thompson's house to register the death. This was on the Monday morning. The death was registered and a burial order given to Mr. Thompson by the registrar. During the afternoon I called at Mr. Thompson's office to inquire how he was, when his partner said, "All upset. The coroner says he will hold an inquest." "What for?" I asked. "I don't know," he said, "but he is going up to the "house at 6 o'clock to arrange it for to-morrow." But I said, "He has no right to interfere." I went straight to Mr. Thompson's house. There were several aldermen and councillors present. I saw Mr. Thompson and said, "I hear the coroner is coming here to arrange for an inquest to-morrow." He said, "Yes. Is it not shameful?" "But," I said, "you have registered the "the death; the cause of death is known; it is not "sudden, suspicious, found dead, poison, or suicide."

10,341. (*Chairman.*) I thought you said she died suddenly?—I was continuously in attendance. I had seen her only a few hours before death.

10,342. And you did not anticipate death when you saw her?—She only died like thousands will.

10,343. Then she died suddenly?—But it was not a case in which an inquest was necessary.

10,344. That is another point, whether an inquest was necessary?—But she died like thousands of other persons do. I have seen hundreds of people die the same way at different ages. I have seen them take a drink of hot milk at night going to bed, and walk upstairs, and then are dead in 10 minutes.

10,345. Surely in that case there should be an inquest?—Yes, but not in the case of Mrs. Thompson.

10,346. (*Dr. Willcox.*) You said Mrs. Thompson was making good progress?—So she was. She said to her husband on the night previous, before she retired, "I am getting on splendidly."

10,347. Then she died suddenly?—Yes, she died, as I am telling you, like millions of persons do.

10,348. Were you surprised at such a sudden death as that, considering her improvement?—Nothing at all; not in a case of serious illness. A person in a serious illness will die instantly before your eyes.

10,349. (*Chairman.*) Well, what happened next?—I asked him, "Do you desire an inquest?" "Oh! dear, no," he said, "I do not, and my poor wife thought the world of you." Then, I said, "If you don't desire an "inquest, the coroner, under the circumstances, has no "right to hold an inquest."

10,350. That depends on the statute, does it not, not on Mr. Thompson?—Well, if you will give me time we will come to a lot of those things a little later on. The gentlemen present, that is, the alderman and friends of Mr. Thompson, said, "Now, Jemmie, buck "up—after what we hear there will be no inquest." I further said, "You have got the burial order from the "registrar; you are satisfied that your wife died a "natural death, and there are no circumstances to "justify the coroner interfering, and if you allow him "to do so, it will be your own fault, not mine." The coroner arrived while I was in the house.

10,351. Is that the coroner for Liverpool or the coroner for Birkenhead?—For Birkenhead. I was afterwards informed that the coroner was insisting on his right to hold an inquest, and did not desist until his right to interfere was challenged. No inquest was held.

10,352. Then, what is the grievance?—I maintain that he had absolutely no right whatever to interfere with that person being buried without holding an inquest.

10,353. We understand that that is your contention. Have you any further point?—No nothing further on that. Of course, his intention was defeated. The fact remains that in this very case the same doctor was in evidence that was in evidence in the previous case—that is Dr. Pearson; he has been very vindictive to me.

10,354. (*Sir Malcolm Morris.*) Do you go so far as to say that the coroner had no right to make inquiries?—I go so far as to say that it was entirely out of the range of any right of the coroner to interfere, seeing that the lady had been attended medically by an unregistered medical practitioner at her own personal request and at the request of her husband, and that he was in attendance at the time of death and was able to certfiy the actual cause of death, both the primary and secondary cause, and the husband was fully satisfied.

10,355. That is not my point. My pount is, has not the coroner a right to make inquiries about a person who dies suddenly—yes or no?—He may have the right, of course, to make inquiries, but a good deal would depend upon the doctor he was dealing with, whether he makes inquiry or not. In the case of a patient attended by a registered medical practitioner, under circumstances of that nature, he would not make any inquiry. The former coroner for Birkenhead, Dr. Henry Churton, was fully acquainted with my position, and I had in previous instances reported cases to him, for example, a case of hæmorrhage in the lungs, phthisis, where I had advised the man not to go out of doors, but the man's bread and butter demanded that he should go to work against my instructions; he came home, sat down to dinner, broke a blood vessel, immediately vomited blood, and died instantly. I had not seen this man for three months. I reported it to the coroner, and he said the circumstances were such that I should have given a certificate.

10,356. (*Chairman.*) May I ask you, do you go so far as this, that the coroner ought to take your certificate?—The coroner has nothing whatever to do with my certificate.

10,357. You do not go so far as to say that, because you have been in practice for some time, although you are unregistered, the coroner ought to take a certificate from you as to the cause of death? You do not contend that that ought to be the law?—I do not quite understand.

10,358. Is your contention that you, being in practice, though not registered, ought to be able to certify to the cause of death?—Yes, that is my contention. I contend that it is so, and it is law.

10,359. That it is the present law?—Yes.

10,360. That we should rather doubt about, but you maintain that it ought to be the law?—I will be able to point out to you the actual words issued by the Treasury of this country in relation to circumstances like those I am naming to you.

10,361. By the Treasury?—I have them here.

10,362–3. I do not know what the Treasury has to do with it?—If they are not in any of these books I have here I will find them for you. They are copied from the instruction book issued by the Registrar-General to local registrars, published by the Treasury.

10,364. That is rather a long way from the Treasury. May I ask you this: If you, being unregistered, ought to be able to give a certificate, where do you draw the line? For instance, to put an extreme case, supposing a cabman took to treating people, do you say that he ought to be able to give a certificate?—I look at it like this. I put it the other way. I have been studying medicine since I was nine years of age. I can remember when I started, I worked up medical books from different places, and I have never been tired of studying medicine. I follow this course: I have been in existence in one surgery for over 20 years in Birkenhead, and if I can maintain a practice and am unquestionably everything that a man can wish a man to be, I have done everything absolutely professional; I have never in any shape or form tried to do anything wrong; I have never said one single word against any medical man on the face of the earth, only in self defence.

10,365. Admitting all that, what I want to know is whether any legal line can be drawn between yourself, with no medical qualification, and any other man who has no medical qualification?—I would draw the line in this way; and this is how I maintain the line ought to be drawn. Under the present conditions of the law in this country, the General Medical Council make the medical register in this country. That being so, it is a private medical register.

10,366. Well, it is under statute?—It may be under statute; it is nothing at all else than a trade union society. The same conditions do not exist in the States.

10,367. That is perfectly true?—In the colleges in the States you may graduate and they grant you a diploma, but you have to pass a State Board examination before you are allowed to practise. If the registration in this country was in the hands of the State, I say the State would make provision in this country to enable doctors to qualify in different schools, and so enable them to reach their desire and become registered on a register appointed by the State, and not have to do as they do now, to go to the British Medical Council and ask to be registered, and they turn their back upon you and say, "No. We recognise "nothing or nobody in this country unless you have "our curriculum or are a graduate of one of our "schools." A homœopathist here takes his curriculum in an allopathic school and graduates.

10,368. In fact what you want is the American system introduced here?—Yes, for this reason. I have read the statistics published by the medical authorities in New York as to all the medical practitioners who have gone out to the States, and I can assure you that all they have to do when they get there is to produce their qualifications and pass a very simple examination by the State Board, pay 10 dollars, and get registered, and then they are as good as any man who has been at medical work all his life.

10,369. That is the system you would like here?—I say so for this reason. If it were so, people like myself, debarred for want of finances—I have had a desperate determination of course to succeed in the business I am in. I have worked mighty hard to do it, I have spared no money and no study to acquire knowledge wherever I could get it. I have attained an extraordinary and marvellous success. I have been recognised and met in consultation by leading physicians in the north of England, very eminent men, the highest in the profession in the north of England. I have been asked to give consultations by registered medical men, and I have got the authority in my pocket now of one I gave only two days before coming here. I could give other cases. For the last 10 years I have frequently met registered medical men in consultation, homœopaths as well as allopaths.

10,370. (*Dr. Willcox.*) You wished to refer to the words of the statute which entitle you to sign a death certificate?—I did not say that. If I did, you misunderstood me. I did not say that.

10,371. You said you had a copy of them here?—No; what I said was that I had the instructions issued by the Registrar-General to local registrars in the instruction book which is ordered to be issued by the Treasury, and I have got those words here.

10,372. (*Chairman.*) Could you quote them? Will you kindly give us the words? (*After a pause.*) Let me help you. What you refer to are the Registrar-General's instructions, are they not, about uncertified deaths?—As I remember it, this is how I read it, not exactly, of course, as you put it. It reads this way: In the instruction book, in the paragraphs to local registrars from the Registrar-General, their

instructions are explicit instructions for registering—not for accepting, mind you, the information supplied—but for registering (it distinctly states so) the uncertified deaths or deaths certified by unregistered medical practitioners.

10,373. Are the words "unqualified medical practitioners" used in the instructions?—"Unregistered." I never adopt the word unqualified. I claim to be qualified. There is a difference in being qualified and being registered.

10,374. You claim to be qualified?—I am qualified by experience. The results of my work prove the qualification.

10,375. Is there not a statutory definition of "duly qualified"?—I do not think so. The word qualified is used as a common term. I do not accept it. If anybody says to me, "Are you qualified?" I say, "Yes, but I am not registered." In fact, I make the world know, and always have done, that I am not an English doctor. I have not any desire, as I told you before, to do anything wrong. I have always tried to do right.

10,376. I want to ask you one further question. Has not the Registrar-General further instructed his officers to give notice to the coroner whenever an uncertified death is reported?—There is another paragraph following on the one that I explained to you, and it states distinctly that the certificates given by unregistered medical practitioners to registrars concerning the cause of death must be kept and filed with the certificates given by registered medical practitioners. I have been giving certificates of death, I should say for 20 years, from memory, and they are on the file of the Registrar-General.

10,377. About how many a year do you give?—I have not taken any account of it, but certainly not many, but I always keep a duplicate. I have got a copy of every certificate.

10,378. (*Sir Malcolm Morris.*) Do you do it on the form supplied by the registrar?—No, you know I cannot do that.

10,379. You do it on an ordinary sheet of paper?—No, I do it on a form that I have had printed specially for the purpose.

10,380. (*Chairman.*) You have some other case you wish to mention, I think?—I have one here I should like to give; it is not very lengthy. In February 1901 Mr. Worrall, iron gate manufacturer, Dale Street, Liverpool, came to my house and said, "I want you to "attend my mother-in-law, Mrs. Jones, at Woodcote, "Woodchurch Road, but I want to know if you will let "her die a natural death, as the doctors who have "attended her give her opiates to relieve the pain, and I "am sure it is poisoning her; they say they cannot do "anything more, and that she will die, but I object to "her being poisoned." Having promised not to poison her, I went to see her, and found her very weak and helpless; she was suffering from gastro-enteritis; she was over 80 years of age. I ordered diet and hot compresses, and prescribed for her. I continued to attend her for some two months, and she made a splendid recovery. The summer was spent at the seaside (Hoylake) by the family, the old lady keeping remarkably well. The house was closed up during their absence. When the family returned the old lady was still well; she contracted a bad cold. I was sent for and found her suffering from acute bronchitis. I continued to attend her, and the bronchitis improved, but she grew very weak, being unable to take much food; though the bronchitis was practically cured, the weakness advanced, and she got past taking food. Some weeks before she died I told Mr. Worrall and her daughter that the old lady would die, as she had got past being able to take sufficient food to keep her alive. Mr. Worrall said, "Well, I suppose it will be "all right, you will give us a certificate." I said, "Yes, for anything I know it will be all right. Of "course, you know I am not an English doctor, but I "will give you a certificate the same as I have given "in other cases." "Ah, well, it will be all right, we "would not have anyone else, even if we had to have "an inquest, as we know what the other doctors did "before." I continued to attend her until she died, and I gave a certificate the same as I have always done in this and other towns; I have never before had one of my certificates questioned by any authority. This certificate was taken to the registrar, who had previously always accepted them. This one was referred to the coroner by the registrar. I got to know of the circumstances two or three days later. The lady died on a Wednesday, and the post-mortem was not held until the Saturday following. I was not notified of its taking place by the coroner, so that the opportunity was there for vindictive doctors to say what would suit them; also to enable a coroner, who had acted previously towards me, as the coroner had done, to make the inquest fit any circumstances that may suit them. That is the end of that business. There are only just a few remarks now that I wish to make.

10,381. What do you wish to say?—I say the coroner exceeded his power and his office both in holding an inquest and holding a post-mortem.

10,382. What was the result of the post-mortem?—The result of the post-mortem, so far as I remember, by Dr. Pearson and another doctor, whose name I forget, was that the lady died either from pleurisy and pneumonia, or from pleuro-pneumonia, I forget which. That was the evidence that they gave of course; and I certified that the lady had died from acute bronchitis and cardiac syncope. Well, you see, of course, to my mind the circumstances associated with those instances that I have been relating to you are such that the coroner, over Mrs. Thompson's case, was intending to be vindictive, and to have his own back, putting it another way. I had defeated him in the case of Mrs. Thompson, and the result was undoubtedly that he—the registrar and Dr. Pearson—who are members of the same political club in Birkenhead, had arranged and organised that business, so that, in some shape or form, they were bent on my destruction. That is so far as the death certification business was concerned. I maintain now, I have maintained on public platforms, and I shall do it again as long as I live, that I have a perfect right legally and morally to act in the same respect, and in the same manner as any medical man in this country, so long as I do not say to people, I am registered. And that I never did and never desire to do unless I am allowed that registration.

10,383. That is your contention, but the Acts have to be construed by themselves?—I think there is not anything in any Act of Parliament that can be pointed out to me that can give it a different intention. In that particular instance, after that inquest was over, I formed in Birkenhead a People's Medical Defence Union.

10,384. That is to defend the people against the doctors?—No, to educate the people how to defend their medical liberty. I held a public meeting and organised their union; it was put into operation instantaneously, and the petition, signed by over 3,000 persons in less than seven days, was presented to the Home Secretary.

10,385. I do not think that is very material for our purpose.

The witness withdrew.

Mr. GEORGE CHRISTOPHER DAVIES called in and examined.

10,386. (*Chairman.*) You are, I believe, clerk of the peace for the county of Norfolk and clerk of the Norfolk County Council?—Yes.

10,387. And you are kindly going to give us some information as to the state of matters in the county as regards franchise coroners?—Yes. The county of Norfolk contains 1,303,488 acres, a population of 313,504, and a county council consisting of 19 aldermen and 57 county councillors, the county being divided into 57 electoral divisions. The county is divided into eight coroners' districts, of which three only are formed by the county council, and three

coroners are appointed by the county council, namely, the Norwich district, shown in yellow on the map which I produce (*producing the same*), the Kings Lynn district, shown in lake colour, and the borough of Thetford, shown in brown. There are five franchise coroner's districts, for which there are four coroners, namely, the Clackclose Hundred, vested in Sir Thomas Hare, Bart., as the owner of an estate called the Plow Estate; and the Half Hundred of Clackclose, vested in the Reverend Charles Francis Townley, as the owner of lands in the parishes of Outwell, Upwell, and Welney, which constitute the Half Hundred. These two persons appoint the same coroner. The Hundred of Clackclose is coloured brown and the Half Hundred blue on the map.

10,388. (*Sir Malcolm Morris.*) How do these franchise coroners work all these little scattered bits of their jurisdictions shown on the map? — They simply go there; that is where the difficulty comes in.

10,389. By motor?—Yes, by motor, rail, and drive. Then there is the Liberty of the Duchy of Lancaster, the coroner for which is appointed by the Duchy, and his district is coloured green on the map, having detached portions at each extreme of the county. There is the Liberty of the Duke of Norfolk, the coroner for which is appointed by the Duke of Norfolk for the district coloured red, which is also scattered all over the county; and there is the single parish of Trowse Newton (next Norwich), which is stated to be an appendage to the manor of Trowse Newton. The coroner is appointed by Messrs. Colman, who have been accustomed to pay the fees for any inquest.

10,390. (*Chairman.*) They are a limited company?—Yes, but it is probably vested in one of the partners. The salaries and disbursements of all the other coroners are paid by the county. The map which I have produced, showing the different districts, also shows how scattered and detached the franchise districts are. This prevents the county council from dividing the county into convenient districts, with a coroner located as far as possible in the centre of each district, as they would otherwise do, and adds, of course, considerably to the travelling expenses of the franchise coroners. As an instance, the coroner for the Duke of Norfolk's Liberty lives at Diss, in the Norwich district, in the extreme south of the county, quite at the extreme south of the map, right down here (*pointing to the bottom of the map*). One part of his district is in the extreme north of the county, and he has to go right up there (*pointing to the top of the map*).

10,391. Do some of these bits of jurisdiction consist of single parishes?—Yes, and the coroners have to travel to these various points all over the county. In January 1908 the Norfolk County Council passed a resolution (of which I hand in a copy), and I was directed to send a copy thereof to all the other county councils. I produce a summary of the replies received from them.

10,392. I think we had better have all those resolutions on the notes?—If you please. As directed by the county council in January last, I sent the following resolution to the other councils: "That in the opinion "of this council it is desirable that the appointment "of all coroners for the county should be vested in "the county council, in order to bring the affairs of "coroners' inquests into more harmonious and con-"venient working order with the other administrative "work of the county." The following are the replies received:—

1. Southampton.

Resolution passed by county council: "That the "county concur in the view expressed by the Norfolk "County Council, that the appointment of all coroners "from the county should be vested in the county "council."

2. Suffolk (East).

This county council have passed similar resolutions to that of the Norfolk County Council.

3. Huntingdonshire.

This council have passed a resolution in similar terms to that of the Norfolk County Council.

4. Sussex (East).

This council have passed a resolution in similar terms to that of the Norfolk County Council.

5. London.

There are four franchise coroners' districts within the area of the London County Council, in which the county council does not appoint, but pays the salaries of, the coroners. The clerk of the council points out that these districts cause great inconvenience. The council has endeavoured to bring about the abolition of franchise districts, and a deputation has attended before the Lord Chancellor to urge the same, but no action has yet been taken.

6. Middlesex.

The Middlesex County Council have passed a resolution supporting that of the Norfolk County Council.

7. Bucks.

This county council does not see any necessity for any action being taken in the matter of the appointment of franchise coroners. There is only one of such coroners in Bucks, whose district only includes a few parishes.

8. West Riding.

This council approves of the principle involved in the resolution, but decided to take no action in the matter of the existing arrangement with the Duchy of Lancaster.

There are nine county districts in which the county council appoint coroners, and one Honour district (Duchy of Lancaster) and one other Liberty district.

9. Cheshire.

No difficults arises in this county, as there is only one franchise coroner, who is appointed by the Duchy of Lancaster.

10. Essex.

No action taken.

11. Cambs.

Only one coroner, who acts for the whole county.

12. Leicester.

County divided into three coroners' districts, which are all vested in the council.

13. Isle of Ely.

No franchise coroners.

14. Worcester.

All coroners appointed by county council; no franchise districts.

15. Oxford.

No cause for complaint in this county, which is divided into districts.

16. Rutland.

All coroners appointed by county council.

17. Shropshire.

All coroners appointed by county council.

18. Gloucester.

All coroners appointed by county council.

19. Kesteven.

No such difficulty exists in this county as in Norfolk, and all coroners are appointed by the county council.

20. Wilts.

One franchise coroner, but for a very small district.

21. Somerset.

No franchise coroner.

22. Northumberland.

There are two coroners for this county (Northern and Southern). The coroner for the Southern Division acts for the borough of Tynemouth, which is the only case of intermixing of areas.

23. Lindsey.

County council appoints all coroners, and there are no franchise coroners.

24. Durham.

No franchise coroners in this county.

25. Hereford.

There are two districts in this county in which coroners are appointed by the county council.

26. Warwick.
No franchise coroners.

27. Bedford.
Only one franchise coroner, viz., for the Honour of Ampthill, whose district comprises about 12 scattered parishes.

28. Lancaster.
No franchise coroners.

29. Holland.
No franchise coroners, and by an Order in Council all the districts were so arranged as to come wholly within the administrative county; and the county councils, therefore, have entire control of coroners within their areas.

30. Northants.
All coroners appointed by the county council, and there is no "difficulty as regards the areas for which "each coroner acts, each district being contained "within a certain area."
As the matter is not one for a "local and personal" Bill, and the county council has no power to incur any expenditure in promoting a public Bill, I do not see that the council can do more than make representations to the Government, or endeavour to interest some private Member of Parliament to introduce a Bill. Of course, if the franchises are extinguished, compensation will be payable.

10,393. The result is that all the councils you have communicated with agree in recommending that franchise coroners should be abolished, and their franchises merged in the county?—Yes, practically all the councils of counties where there are franchise coroners, but there are only 70 franchise coroners in all England I am told.

10,394. There might be one or more exceptional instances; for instance, the franchise coroner for Westminster; special provision might have to be made for a case of that kind?—Yes.

10,395. But, speaking generally, the recommendation is that franchise coroners be abolished, and that the county that pays a coroner should have the appointing of him and that he should be a county coroner?—Yes, and we should appoint a man with an age fixed for retirement. One Norfolk coroner is far over 70 and is getting infirm. He has a deputy, but there was serious complaint about an inquest in his district which was not held without a long delay.

10,396. A coroner, well over 70 years of age, living at a distance from the district in which the inquest had to be held?—Yes.

10,397. Is it not a fact that, apart from prescription, a franchise coroner has no power to appoint a deputy?—I think it is only by prescription. But all the franchise coroners in Norfolk appoint deputies.

10,398. Has it been the universal custom for a sufficient number of years?—I think so; it has been the practice to do it and they have done it, under the Coroners Act.

10,399. The Coroners Act does not apply to franchises; the Act of 1892 has no application; it only applies to county coroners and borough coroners?—Yes.

10,400. And there is a real difficulty about the power of franchise coroners to appoint a deputy?—Yes.

10,401. And there are no conditions?—No. Living as some of them do so far from their parish they do appoint deputies and the deputies frequently go.

10,402. Nobody raises the point?—Nobody raises the point, not even the Local Government Board auditor.

10,403. Have you any further point?—No, I think not. I say that I do not know how anything is to be done in the matter, except by Act of Parliament, and there must be compensation payable.

10,404. On each vacancy occurring?—Yes.

10,405. Do you suggest that it should be done at once?—No; the coroners all do their duty very well in spite of the difficulties, and it would not be fair to make any change while they live, but when a vacancy does occur there ought to be a rearrangement of the districts.

10,406. To whom do you suggest that compensation would be payable in that case?—To the owner of the franchise.

10,407. How?—It is just like a living—institution to a living. He appoints the man for his life.

10,408. It is really rather a trust, is it not?——

10,409. (*Sir Horatio Shephard.*) It has no pecuniary value?—He gets no value for it. But it is a right.

10,410. (*Dr. Willcox.*) It would be rather difficult to make the change piecemeal, would it not?—It could be done. Supposing this man with the yellow district died, we would put his district into another.

10,411. You would give his district to his neighbours?—Yes, parcel it out for purposes of convenience.

The witness withdrew.

Mr. John Thomas Smith called in and examined.

10,412. (*Chairman.*) I believe you are chairman of the Central London Branch of the National Union of Journalists?—I am. The Union represents about 2,000 working journalists throughout the country, of whom more than 120 are attached to the Central London Branch.

10,413. Are you connected with any paper?—Yes, I am sub-editor of the "Daily News."

10,414. I think you are a journalist, not a reporter?—I am not a reporter. A reporter is a journalist, I submit; I have been a reporter; for many years I was a reporter, and I understand thoroughly the duties of reporting.

10,415. Your first point, I think, is as to the wide discretion permitted to a coroner in the exercise of his office. What have you to say on that point?—The wide discretion permitted to a coroner in the exercise of his office frequently renders an inquest, which is nominally a public inquiry, private to all intents and purposes.

10,416. You say nominally a public inquiry. Is it a public inquiry?—Of course not legally; but what I meant to convey is that it is usually. In 999 cases out of 1,000 it is a public inquiry.

10,417. May I put it in this way: that it is exactly on the same footing as, under the Act of 1848, is the examination of magistrates who commit for trial?—I am not aware of that Act.

10,418. They also have power to exclude the public in certain cases?—Yes. I should like to pay a tribute to the kindness and consideration which representatives of the press receive at the hands of most coroners. Yet in some cases journalists encounter considerable difficulty in ascertaining where and when an inquest is to be held, with the consequence that the proceedings take place practically *in camera*.

10,419. You have a jury, and they represent the public, do they not?—That is true.

10,420. And the public are admitted to the court in most cases?—In cases where the public is not aware that an inquest is being held the public would not be able to attend.

10,421. They generally know, do they not, on the spot?—I am afraid not in all cases. I was going, if I might, to give you one or two instances.

10,422. Will you go on then?—Quite within the last two or three weeks a case has been brought to my notice of a correspondence that has taken place between the editor of an important county newspaper and the coroner for that particular district. To be brief, I will say that in that newspaper there appeared a leaderette reflecting slightly upon the manner in which the coroner had received evidence at a particular inquest, and in consequence of that the coroner refused, or rather left off, his practice of informing this particular newspaper when an inquest would be held.

10,423. It was rather a natural result, was it not?—Yes.

10,424. Because really, as the law stands at present, it is simply courtesy on the part of the coroner?—That was one change that I was going to submit, with great deference, it would be advisable to make.

10,425. (*Sir Malcolm Morris.*) To make it compulsory on the coroner to inform the press?—Not to inform the press, but to inform the public.

10,426. (*Sir Horatio Shephard.*) How do you suggest that that should be done?—I suggest that he might post at some particular place, a few hours before the inquest, a notice that an inquest would be held at a particular time on a particular person.

10,427. (*Chairman.*) Would not that be very painful to the relations?—I do not think so, if it were posted up at a given spot to which anybody might go who knew that it was the customary spot for such notices to be posted up.

10,428. You do not suggest that it be done so that the public should read it; do you mean inside a police station, or something of that kind?—Yes, as long as it was a spot where a recognised journalist could go and find it, stating where an inquest would be held within a few hours. We do not desire a long notice, because we know that in some cases the inquest must be held speedily; but we should like some notice.

10,429. You know, of course, that until the jury have been summoned and have actually seen the body, the body cannot be buried; so that there is every reason to hurry on the inquest?—True.

10,430. I mean the first holding of an inquest. I am not speaking of an adjourned inquiry, because the body cannot be buried until the jury have seen it?—I am aware of that fact. We do not wish to hamper the administration of the law in any way, and that is why we only ask for 12 hours' notice.

10,431. (*Dr. Willcox.*) But very often the time is not arranged till late at night, and the post-mortem is made early in the morning?—Then 12 hours' notice would still suit us, because late at night there are members of the Press at work who could go there and find out.

10,432. (*Sir Malcolm Morris.*) How does the Press get notice now?—In various ways. In some cases it gets it direct from the coroner by post-card; in other cases there is an arrangement with the coroner's officer to give the papers notice.

10,433. (*Sir Horatio Shephard.*) Are you speaking of towns or of the country?—I am speaking for the country generally—town and country.

10,434. (*Sir Malcolm Morris.*) What other methods are there?—The method in London is, I believe, for any recognised journalist calling at the coroner's office, to be told when and where an inquest will be held, but he is simply informed that an inquest will be held at such and such a time; he does not know whom it is on.

10,435. (*Chairman.*) In most coroners' courts there may be four or five arranged for each day. When I have been there I have found perhaps five or six arranged for one day?—That is true; but sometimes there are only one or two.

10,436. (*Sir Malcolm Morris.*) Are there any other methods by which the Press obtain notice?—I could not remember any other offhand; but certainly the methods work very well as a rule. There is no complaint of the present method on the whole—only in exceptional cases it works hardly with regard to us journalists.

10,437. (*Sir Horatio Shephard.*) With regard to London, how can you be in any difficulty. It is well known where the coroner sits in London?—But it is not known when he sits.

10,438. But it is very easy to find out?—Yes, it is very easy to find out. We are not complaining of the London method.

10,439. (*Sir Malcolm Morris.*) Have there been any cases during any time you like to name, in which an inquest has been missed?—None in London. I want to be clear on that point. In London I do not know of any inquest that has been missed for lack of information.

10,440. And in the country generally?—In the country generally there are some. We do not know how many.

10,441. (*Chairman.*) Naturally not, because you do not know of them?—Exactly. We do know that a certain small number are missed, but we do not know how many those are. But I was going on, if I might be allowed, on this question of giving notice of an inquest, to give you this case of the provincial newspaper and the coroner. There is a long correspondence that I should not dream of troubling you with, but I should like to read one or two passages. The editor wrote to the coroner a courteous letter complaining of his having stopped giving some information as to when an inquest would be held, and the coroner replied, "As "far as I am concerned you are at perfect liberty to "say what you like about the manner in which I carry "on my duties. At the same time you must not expect "me to take the least trouble to inform you of the "time and place fixed for inquests in the future." Then there is another letter.

10,442. (*Chairman.*) I suppose the correspondence gets warmer as it goes on?—You know the sort of correspondence that would take place.

10,443. Perfectly?—It was not my desire to emphasise any disagreement that might arise between that particular editor and that coroner, but only to show that coroners do at times put difficulties in our way, or rather that just occasionally disabilities do occur. In that case I should like to add this, in case I forget it, that on account of this editor's complaint to the coroner that he had ceased to supply notices to that particular paper, the coroner has had to cease supplying them to the other newspapers in the neighbourhood, and I am told that there are no fewer than about 25 reporters who have to find out as best they can when inquests are to be held in that neighbourhood. That leads to——

10,444. Friction?—I was not going to say friction, but to undignified arrangements with officials, which we pressmen desire to avoid.

10,445. (*Sir Malcolm Morris.*) You do not think there is any obligation on that coroner, I understand, to give notice to the papers?—We come with that premiss here. That is one of the things that we should like altered. We do not desire notice to be given to the press particularly, but simply to the public in order that the journalists, as members of the public, may take advantage of that notice. I have here—I do not know if it would trouble you too much—one or two cases in which such want of notice has resulted in practical secrecy at the inquest.

10,446. (*Chairman.*) We should like to have those cases?—Of course, I can place these documents entirely in the hands of the Committee; but I do not desire to read out particular names and give the neighbourhoods.

10,447. We do not want names?—In one case the son of a well-known public man committed suicide, and an inquest was held at the house of his father. I should say that the source from which I have obtained this case, and nearly all of them, is the honorary secretary of the National Union of Journalists.

10,448. (*Sir Horatio Shephard.*) What is the date?—This letter is dated July 25th, 1909. There is no clue here to the date, but I could find out the date.

10,449. (*Sir Malcolm Morris.*) It is a recent case?—Probably, but how recent I cannot say.

10,450. (*Dr. Willcox.*) Is it this year?—I do not know whether it is this year. I am going back later, as far as 1887, but I should say that that is an exceptional case in which a reporter was committed for contempt of court in not leaving the coroner's court. In the case I am now speaking of, the son of a well-known public man committed suicide, and the inquest was held at the house of his father, the son living at home. No one connected with the newspapers was informed that the inquest was taking place. My colleague says that subsequently when he got to hear of what had happened, he spoke to the police about it, and was informed that the coroner had told them not to say anything about the matter to the representatives of the press. The father of the deceased man was a member of the local town council.

10,451. (*Chairman.*) What public interest would have been served by getting out particulars painful to the family in that case?—I can answer that question by saying that in a case like that, possibly very few painful details would have been given.

10,452. (*Sir Malcolm Morris.*) Would there not have been a heading in the evening papers—"Suicide of a "Councillor's Son," something like that?—Probably.

10,453. What public gain is there in that beyond gossiping news for the paper?—I was not concerned primarily to point that out.

10,454. It is a very important point?—I was not concerned to point out to the Committee, who know such matters so well, what particular public gain would have been achieved in this case. My primary object in referring to these cases was to show that in some instances, by lack of public notice being given by the coroner of an inquest, certain inquests take place as a matter of fact secretly. If you will pardon me, I was not concerned at the moment with the benefit to the public, but I was endeavouring to substantiate my one point at present, that such cases do occur in which an inquest takes place to all intents and purposes secretly.

10,455. (*Chairman.*) Except that you have from 12 to 23 jurymen drawn from the public?—Except for the jury.

10,456. Which is a very big exception?—It is a very big exception, I agree, but the press is not represented there as it is practically in every other court in the kingdom.

10,457. (*Sir Horatio Shephard.*) It is a very peculiar court, you must remember. It is a court with no parties?—Yes.

10,458. (*Dr. Willcox.*) In some districts do they not always get a journalist on the jury?—In Cork, whenever there used to be an execution at the Cork gaol, the coroner always took care to swear one or two reporters on the jury, so that a report might get into the press. I have that instance; you will probably examine me on another point, when I shall bring it in.

10,459. Do you know that in many districts of England it is the custom to swear a reporter on the jury?—I knew that it was done, but I did not know that it was a practice that prevailed extensively.

10,460. (*Chairman.*) Is it done by accident or design?—I do not know. No such case has come under my personal notice. I was mentioning cases in which inquests were held practically *in camera* because of no notice being given. My second case puts a rather more serious complexion on this aspect of the case from our point of view. I will just read it in the words in which the honorary secretary of the National Union of Journalists sends it to me: "The other case "was a worse one from our point of view, as it led "to unfounded suggestions as to reporters having been "bribed. Some years ago there was a suicide in the "district of a county coroner, a man who as a rule is "very decent to the press. The affair was kept very "quiet and the inquest was not reported. Some time "later our editor was informed that the reporters had "been bribed to keep the case out of the newspapers. "He thereupon asked my colleague who has given me "this information to inquire into the matter. He did "so and I quote his words to me: 'I went and saw "'the coroner, told him what the editor had heard and "'asked him if he knew anything about the matter. "'He replied that the reporters had not been bribed "'and that they knew nothing about the inquest. He "'added that he promised the family of the deceased "'to keep the matter quiet and he did so, giving the "'police and his clerk instructions that they must not "'say anything about the inquest to the reporters. "'He even went so far as to say that if necessary he "'would give me a letter for the editor exonerating "'the reporters.'"

10,461. Do you know what the facts of the case were; why it was done in that way?—I could find out. The only description of the case here is "some years ago "there was a suicide in the district of the ——— county "coroner, a man who as a rule is very decent to the "press." Then there is another case that I should like to mention—a somewhat similar case to the two I have quoted which runs as follows: "On a particular "date the 16 year old son of a member of the watch "committee died at his father's house as the result of "taking morphia pills. During the day several "inquiries were made at the police office with the view "of ascertaining when and where the inquest would be "held, but no definite information could be obtained. "Subsequently it transpired that the inquiry was "conducted on the evening of the same day at the "lad's father's house. No reporters were present; "and all the information obtained by press represen-"tatives was the bare verdict."

10,462. What occurs to one is, that there may be cases where it is wholly unnecessary to give publicity. On the other hand, there may be cases where what you may call undue partiality in concealing an inquest is exercised. Those are the two points, are they not?—Yes; the main point I desired to make was the necessity from the press point of view of some short notice beforehand which would be accessible to reporters.

10,463. (*Sir Horatio Shephard.*) Your point is really that you want the discretion to be exercised by the journalists, and not by the coroner?—That is so.

10,464. (*Chairman.*) May I take it one step further. You, I take it, would not be satisfied with this; that, if you had notice, the coroner would still retain his power of saying when you were present, "Yes, you "may be present as members of the public, but this "must not be reported"?—That is a different point and I am not instructed to make any suggestions on that point. But I submit that, once a coroner was in court, no coroner, or practically no coroner, would ever address a remark to the press of that description.

10,465. (*Sir Malcolm Morris.*) Really? That has been done, surely?—That is often done, informally.

10,466. "I ask the gentlemen of the press here not to report this case"?—Once a reporter had the right of admission to the coroner's court, it would certainly not be in the discretion of the coroner to compel him not to report any particular part of a case.

10,467. He could be told to leave the court as the law stands at present. The coroner might say (I am only putting a hypothetical case), "In the public "interest this evidence ought not to be published at "present. I must ask you to leave the court or "undertake not to publish it"?—In that case we should desire the discretion to be left with the journalist and his editor.

10,468. You would take it out of the hands of the coroner and leave it with the journalist?—Yes; what they desire, is admission of the press as a right to the coroners' courts. The proceedings that take place after that right is granted might be subject to further discussion.

10,469. (*Dr. Willcox.*) But there are some criminal cases in which it would be very undesirable to publish the whole of the evidence that was taken at the inquest, would it not?—Exactly; I should think nine-tenths of the evidence given in criminal cases in London is never published—for instance, cases which would at once strike you as a medical man. There are dozens of cases that occur every week in London of which not a tithe of the evidence ever gets into the press. The discretion is then left with the reporter, and is exercised with that result.

10,470. You are referring rather to questions of decency?—I am referring to questions of decency, questions of assault on the persons of women and children, and a certain part of the evidence in murder cases.

10,471. I was thinking rather from the point of view of tracking some suspected person in criminal cases, in which it has been on several occasions important to keep back evidence from the public for a little time?—No doubt.

10,472. (*Chairman.*) What Dr. Willcox means is that if the evidence is published the guilty man makes tracks. He sees that suspicion is converging on him. The coroner is only inquiring into the death. He takes, therefore, all kinds of evidence which would not be evidence against a definite person?—True.

10,473. A, B, or C says, "This evidence is converging on me; I had better be off"?—Yes.

10,474. (*Dr. Willcox.*) You agree that there are such cases?—Yes.

10,475. I daresay you recollect one case of murder, the studio case?—Yes. I should like to say, in reply to that, that such cases actually occur at present where the discretion of the press is wisely exercised in that matter. You see in nearly every case now the press has what is practically to all intents and purposes a right to admission; that is to say, the press is rarely excluded from the coroner's court; so that any difficulty on that point is really actual now.

10,476. (*Chairman.*) No, because the coroner has now the power of saying, "This is not to be reported"?—Yes, but he very rarely exercises it.

10,477. He may very rarely exercise it, but does not the fact of his having the power, to some extent give force to any hint he may give to the press?—Possibly. But I think if the coroner felt that it was undesirable to make the evidence public, and gave a hint to the press, the press would obey that hint equally as though they were compelled to obey it.

10,478. Is there not press and press?—True.

10,479. A great many papers of a high class are exceedingly well conducted, and under very responsible editors; but is there not another press in England?—Yes, but I do not think that press is represented by the usual reporter one finds at coroners' courts.

10,480. (*Sir Horatio Shephard.*) Surely that is just the place they go to; they would be there on the look out for garbage, I should have thought?—I do not think there is much room for garbage. If a reporter were on the look out for it, I do not think he could find many places where he could sell it. I think that the portion of the press that accepts such garbage and prints it, is a very small one indeed. I should like to say, with respect to the reporting of undesirable evidence, that the occasions on which such a request from a coroner occurs are very few indeed; and when the coroner does express a wish that in the interests of the public certain evidence should not be reported, I do not know of a single case where the press has refused that request, and I do know of hundreds of cases in which the coroner's desire is at once fallen in with. In fact, I have done it myself many a time.

(*Chairman.*) But you have not been connected with the class of papers we are speaking of.

10,481. (*Sir Malcolm Morris.*) But as a rule do not the reporters that go to inquests go there for the Central News rather than for individual papers?—No; at most inquests there are reporters who represent news agencies, such as the Press Association, the Central News, and so forth, and also other reporters who represent daily or weekly papers.

10,482. When it is a big case, of course papers send their own reporters; but when it is not, in an ordinary way, the case is reported by one of the press agencies?—Not in London; in London nearly all the reporting is done by reporters on your own staff.

10,483. (*Dr. Willcox.*) It is extremely unusual, you said, for the coroner to ask you not to publish any evidence?—Yes.

10,484. That being so, since the cases are so rare, do you see any objection to the coroner having the last say as regards whether a thing should be published or not?—Personally, I do not see any objection.

10,485. But do not you think it is rather safer for this power to be in the hands of the coroner than in the hands of the journalists?—If such evidence is not to transpire, the coroner has the power of excluding the hearing of any such evidence, that is to say, he has already the power of calling or not calling any particular witness, and he might exclude him. It is usually the police evidence, is it not, that is of this character, and he might exclude such evidence from being given.

10,486. (*Chairman.*) Then would not the jury say, "We do not understand this case"?—I do not think so.

10,487. (*Dr. Willcox.*) You know that there is very much more laxity about evidence in coroners' courts than in police courts. The coroner can take evidence which would not be allowed to be given as evidence in a police court?—True. I know he is not bound, as he would be in a police court, by the ordinary legal rules of evidence.

10,488. (*Chairman.*) Because there is no accused person?—Because there is no accused person.

10,489. He is inquiring into the fact of death—not into a charge against A.B.?—True; I do not think the jury could say that they do not understand the case, if they know the reason why the evidence is not given.

10,490. (*Dr. Willcox.*) So that if you gave the jury the reason, they would not want to know the details?—I do not think they would. I think if you told the jury the reason why the particular piece of evidence was not given, they would not then say that they did not understand the case. They would appreciate the reason.

10,491. (*Chairman.*) Then what is your next point?—A mode of conveying notice of forthcoming inquests, which is open to objection, is for the coroner's officer to visit the newspaper offices in turn, and announce the time and place. It may seem at first sight that this is very convenient; but there have been several occasions on which inquests have been held at private residences, the officer—a former police sergeant—having omitted to give previous intimation of them. I submit that this custom is objectionable for obvious reasons.

10,492. If he is expected to call, he expects to be paid, I suppose?—Yes, that is the objection. I did not care in making my précis to put it so plainly as that, but in a number of districts these men do expect to be paid, and that is an undignified relation for the press to be in with a public servant, which we desire to abolish.

10,493. Obviously?—A provincial official of the National Union of Journalists writes, "There have "been times when inquests have not been heard of "until weeks afterwards; and one took place here "recently when a specially selected jury was called to "a private house, and none of the proceedings was "made public."

10,494. With a specially selected jury, it seems to me very objectionable, but one cannot tell without knowing the facts as to the case generally?—One could gather them. This man who writes is a local man, and would understand from other sources than the coroner what had been done at this inquest, and who the jurors were, and probably he has had full knowledge of the facts when he says, "a specially selected jury." But I can substantiate that if you desire it.

10,495. I do not think so; it is a general point?—And another official of the Union—of course I have all these dates, and names of places—writes, "One of the "two county coroners, at least, designedly withholds "information as to the holding of inquests until it is "too late to arrange for a pressman to attend them. "Permission to copy the depositions is also sometimes "very grudgingly given."

10,496. The coroner, of course, is under no obligation to give copies of the depositions to anybody except the person accused, when he has committed someone?—We are well aware that there is no obligation, but we are so well treated by the great majority of coroners that we practically have free access to depositions of that sort. It is only the exceptional cases I am here about really. While it rarely happens that a coroner plainly tells the press they will be excluded from his court, there are several cases in which he has informed them that he has the right to exclude them, other cases in which he has discouraged their attendance by not providing proper accommodation, and yet other cases in which he has refused to admit more than one or two reporters arbitrarily selected by himself or at his direction. I suggest that this last-named practice is unfair, and that where it would be manifestly inconvenient to admit the whole of the representatives, those to be admitted should be selected by the general body of journalists present to act as their delegates. This course, when adopted, has given general satisfaction. I may say that that is practically the universal practice where there are too many men to be accommodated in a given room.

10,497. You prefer that to drawing lots?—There are generally some few colleagues whom everybody

has confidence in, and whom they send in. Mention of a very few instances of the exclusion of the press may not be irrelevant here. On 25th June 1906 a number of London journalists, with one exception, were refused admission to the court of Mr. Roumieu, the East Surrey coroner. Telegraphic protests were at once made by the editors of the journals represented, and towards the end of the day's proceedings the coroner made a statement in which he said—I have the full statement here, but I did not think you would desire to be troubled with it. The point I desire to draw attention to is this: "I wish it to be distinctly understood " —it is a thing that possibly the man in the street is " not aware of—that a coroner's court is a closed " court if he chooses to exercise his power. I have " never done it." The coroner's excuse in this case was the heat and discomfort of the court; but the "Daily Chronicle," in its report, stated that there were at least 15 seats vacant during the whole of the inquiry. At the inquest on Mrs. Luard, at Ightham Knoll, Kent, on August 26th, 1908, the coroner had issued passes to two journalists, who alone were admitted to the house. A large number of journalists had come from London and elsewhere and were refused. The police further refused to take into the coroner a letter of protest which was jointly signed by the reporters. Subsequently the coroner wrote to the "Globe" to the effect (1) that he had no idea when the police suggested the drawing-room for the inquest that the apartment was so small, and (2) that he did not know the journalists were being excluded.

10,498. (*Sir Horatio Shephard.*) There is not much in that Ightham Knoll case. Apparently the room was too small.

10,499. (*Chairman.*) You do not think that the coroner is bound at his own expense to get a bigger place?—I did not want, so to speak, to hammer away at this point; but in reply to that, might I just say that the coroner's two excuses are inconsistent. The first excuse was that he had no idea when the police suggested the drawing room for the inquest that the apartment was so small, and the second excuse was that he did not know the journalists were being excluded. A case in London is that of Dr. Danford Thomas, at an inquest at St. Giles, on Nov. 21st, 1908. At this inquest there was no one in the reporter's box except a police official, but at a table in front were two reporters who regularly follow all the courts covered by Dr. Danford Thomas and Mr. Walter Schröder, his deputy. Outside the court the "Star" reporter was joined by the representatives of the following news agencies and newspapers:—Press Association, Central News, London News Agency, "Morning Leader," "Daily Chronicle," "Sheffield Daily Telegraph," "Sheffield Independent." I take this from the account of the inquest in the "Star." Of course, I cannot speak at first hand, because I was not there. The coroner's officer absolutely declined to admit any one of these pressmen, and he carried his official interference so far as to decline admission to Mr. H. H. Olley, a solicitor from the office of Mr. Harry Wilson, who was there representing an interested party. A gentleman and two ladies also interested in the case were denied admission. A protest, signed by all the excluded pressmen, was handed in enclosed in a red envelope and given to the coroner's officer at the door. The coroner's officer threw it out, and as he then declined to open the door again, it was handed in over the fanlight.

10,500. What was the inquest?—The inquest was on the victims of that taxi-cab tragedy, Mr. and Mrs. Davy, the murder and suicide in a taxi-cab.

(*Sir Malcolm Morris.*) Why did Dr. Danford Thomas exclude them?

10,501. (*Chairman.*) He admitted two reporters, you say?—The two who regularly follow all courts covered by Dr. Danford Thomas were present, but all the representatives of all the agencies and newspapers whose names I have read were excluded.

10,502. Why?—If I might just read you this, I was coming to Dr. Danford Thomas's reason.

10,503. Because he is a very fair man?—He is a most courteous man to the press. We all know that. His name is proverbial for his courtesy to the press. The door was opened only to admit witnesses, and the coroner's officer each time announced to the pressmen that he was acting under the coroner's instructions. Eventually, when the inquest was over, the doors were opened, and it was then found that there had been only one small boy in that part of the court reserved for the public, and on the door of which is painted "Public." In the reporter's box there was only a police inspector. On behalf of the excluded pressmen, the "Star" reporter interviewed the coroner in the open court in the presence of the jurymen. The coroner said he had no idea that any pressmen had been excluded. Asked if he had received the note of protest, the coroner said he had not. The officer was then called up to explain where the note was, but declared that he had never seen it. Two jurymen, however, jumped up in their box and said that they had seen the note handed in. The "Star" reporter then pointed out that the public part of the court had been empty, and was supported in this statement by the jurymen. The coroner said that had he known the state of affairs he would have most certainly ordered that the pressmen should be admitted. He added that he was exceedingly sorry any pressman had been excluded, and repeated that it had not been on his instructions.

10,504. (*Chairman.*) That particular case was the subject of a question and answer in Parliament, was it not?—Yes, it was. You have the reference. A question was put to Mr. Gladstone about this matter, and he replied: "I am informed by the coroner that the " exclusion of a certain number of press representatives " who had arrived late was due to a misunderstanding " arising from instructions given to prevent over- " crowding the court room, which is a very small one. " It appears that four journalists were present during " the proceedings. The question of what persons should " be admitted to the inquest was entirely in the dis- " cretion of the coroner, who informs me that the " courts over which he presides are always open to the " public and to the press as far as the accommodation " will allow. The incident does not appear to me to " call for any further action."

10,505. Then further questions were asked, I think?—Yes. "(*Mr. MacVeagh.*) Why was not the protest of " the press transmitted to the coroner? (*Mr. Gladstone.*) " I have given all the facts within my knowledge. " (*Mr. Byles.*) Is it not the fact that a coroner's court " is a public court, and that no coroner has any right " to pick and choose between representatives of the " press, and must only refuse admission when there is " no room? (*Mr. Gladstone.*) I may say I am not " responsible for the coroner's action, but I take it " that he admits the press so far as there is room. " (*Mr. Byles.*) But has the coroner any right to pick " and choose? (*Mr. Gladstone.*) I have no control " over the coroner, who has to make such arrangements " as he thinks best. (*Mr. McVeagh.*) Has the right " hon. gentleman received any expression of regret " from the coroner or any assurance that this will not " be repeated? (*Mr. Gladstone.*) The coroner assures " me that his court is always open to the public and " the press so far as the accommodation will allow." On that the "Star" comments: "We regret to have to " add that the persons who informed Mr. Herbert " Gladstone on this matter were themselves mis- " informed. The press representatives who were " excluded had not 'arrived late.' In fact, the 'Star' " representative was actually inside the court before " the coroner arrived, and was ordered out of court by " the coroner's officer. When the other press repre- " sentatives arrived the inquest had not commenced. " There was no overcrowding in the court room. " Indeed, a solitary police inspector was occupying the " press box. As an instance of the absurd manner in " which this court was conducted, it may be mentioned " that while the reporter of a news agency was excluded, " his messenger was admitted. We hope the members " who questioned Mr. Gladstone so excellently will not " be satisfied with the official evasions of which he " permitted himself to be the mouthpiece."

10,506. Then Mr. Gladstone was again questioned in the House on a later occasion, was he not?—I have not a report of the further questions.

10,507. I will read to you Mr. Gladstone's answer to the further questions that he was asked a few days later, as follows: "I have again communicated with the "coroner and I learn from him that a gentleman who "had entered the court before the coroner had arrived "was requested to leave until the court was open. "The coroner regrets that any representatives of the "press should have been excluded and assures me that "such a thing has not happened before and is not "likely to happen again. His officer states positively "that he received no written communication, and that "he was not aware of its existence. I do not think that "the incident calls for any further action on my part. "I have no authority to issue instructions to coroners "in this matter, and it is clear from the coroner's "statement that he is anxious to give full facilities for "the presence of the press in court." That was the conclusion?—The point that one would desire to make on this is that if the press has a statutory right of admission to the coroner's court, such a regrettable incident as this could never have occurred.

10,508. That is clear?—The tendency of such treatment of the press is to discourage the attendance of the reputable journalist and to place the reporting of inquests in the hands of casual persons who are sometimes induced for a monetary consideration not to make public a particular case.

10,509. That is a very important point?—On that particular point I should like to mention a case which occurred in the early part of this year. A woman named Mrs. Agnes Ruiz, who was in some way connected with one of the Vanderbilts, who was at that time in London, died a violent death, and the verdict at the inquest was "suicide during temporary insanity." The inquest was held in such circumstances that it was only three weeks after her death that any notice of that inquest appeared in the papers, and it was ascertained that the only accredited representative of the press there was a person who, I am sorry to say, there can be little doubt accepted a monetary consideration not to report this case.

10,510. He got more for not reporting it than he would have done for reporting it?—Yes, infinitely more.

10,511. (*Sir Malcolm Morris.*) Was not there a question about that case in the House?—I am not aware that a question was actually put.

10,512. I rather thought it was?—There may have been a question in connection with it, on the coroner's depositions. It is a question about the right of a journalist to see the coroner's depositions. I am not aware of a question which was put on the actual case.

10,513. (*Sir Horatio Shephard.*) When was the inquest held in that case?—The inquest was held on May 19th, by Dr. Danford Thomas, in the St. Pancras Coroner's Court. "Dr. Danford Thomas did nothing "to deprive the press of its privilege of being represented" (I am quoting now from the "Daily News"), "but no report of the proceedings was supplied to "the London newspapers. Consequently there is a "feature about the present publicity which it would "not have possessed at that time." This is written three weeks later, when it was made public.

10,514. You do not suggest that anything was done to conceal this inquest?—No, I do not. But my point here is, that through not having regular notice of these inquests the regular press representatives are not able to be present or to make a regular engagement to go into the courts, and it subjects the coroner's court to the attendance of gentlemen like this, and a discreditable occurrence of this sort.

10,515. (*Chairman.*) Did you not tell us a little while ago that Dr. Danford Thomas had reporters, so to speak, attached to his court, who wandered round with him?—There are two reporters who regularly attend most of the courts that he holds.

10,516. Why were they not there; is there any reason given?—I do not know whether it was their duty to be there. There again, you see, it is so difficult for a man to find out and to follow all round to all these inquests, and therefore it becomes more or less a matter of chance whether every inquest has a press representative present. In this case the only accredited representative we know of was this person, and an undesirable incident of this sort by that means became possible.

10,517. (*Dr. Willcox.*) I take it that you would like public notice of these inquests?—Yes.

10,518. But public notice would simply give the names. You would like particular cases to be underlined, as being interesting copy?—Oh no, we should not ask for that at all.

10,519. (*Chairman.*) You would know that before, yourself?—Yes.

10,520. (*Sir Horatio Shephard.*) Notice of the inquest would not have told you that it was a relation of Mr. Vanderbilt?—We should not have asked for even that to be done. We should only ask for information that "At 10 o'clock to-morrow an inquest will be held by so and so" on so and so, giving the name or reputed name, and probable age and address, or any reasonable details.

10,521. (*Chairman.*) You mean particulars which would enable you to identify the lady if she was anybody who was known?—We mean particulars which would enable us to decide whether the case was likely to be one of public interest. Further than that, the fact that the inquest was to be held by a particular coroner at a particular place, would be notice to the press, and they would be able, if they so desired, to send representatives; whereas now such notice is not given officially, and the press cannot demand it as of right.

10,522. Have you anything further you wish to bring before us?—I should like to bring to your notice the case of the committal of Mr. Samuel Sleigh, a Suffolk reporter. This was in May 1887. He was committed for refusing to leave the Coroner's court. I got Mr. Sleigh to write the facts himself, and they are as follows. "The facts in connection with above are "as follows: About the end of April or beginning "of May 1887, it was reported to the Ipswish police "that a pupil at Ipswich High School for Girls was "missing from her home at Whitton, just outside the "the borough boundary. A few days later the body "of the young woman was found drowned in a pond at "Akenham, and a post-mortem examination revealed "that she was in an advanced state of pregnancy. On "the evening after the discovery of the body, Mr. "Sleigh called upon the Suffolk coroner and asked for "the time he had fixed for the inquest. The coroner "replied that he had no reason to trouble about that "as he intended to hold a private inquiry, and the "press would not be admitted. Mr. Sleigh said he "should attend on behalf of the 'Daily Telegraph,' "'Central News,' and Press Association, whose local "representative he was acting for. At the opening "of the inquest the following morning, Mr. Sleigh "and other press representatives were present, and "after the jury had viewed the body the coroner "peremptorily ordered the press representatives to "retire on pain of imprisonment for contempt. Mr. "Sleigh demurred, and the jury, composed of the "principal farmers in the district, backed him up, and "refused to act as jurors unless the press were allowed "to remain. A stormy scene ensued, in which coroner, "jurors, and press representatives took part. Ulti-"mately the inquest was adjourned for a week, without "any evidence being taken. Several similar adjourn-"ments took place, after disorderly scenes, the jury "on each occasion refusing to act without the presence "of the press, it being the general opinion that the "coroner was desirous of a private inquiry for personal "reasons. Finally, the coroner wrote to the Lord "Chancellor for guidance upon the question raised, as "to his right to hold a private inquest. The reply "was (by telegraph) that the coroner's contention was "legal. The coroner thereupon appeared at the "inquest with committal forms filled up for each juror "who refused to act and each press representative who "refused to leave the room. The jurors protested, "but in face of the threatened imprisonment caved in. "All the press representatives (including London) "retired, excepting Mr. Sleigh, who appealed to the "jury not to be coerced. The coroner thereupon "handed to the police superintendent a warrant for

" his committal for seven days, and subsequently he " was conveyed to H.M. prison at Ipswich."

10,523. (*Dr. Willcox.*) What became of the body during this time?—I do not know. I wrote again and asked Mr. Sleigh what actually happened to him after his committal to prison, and he writes: "In answer to " your further inquiry *re* Suffolk coroner and self, I " was released from the jail about 11 o'clock at " night by a Home Office Order. The same evening " Mr. Justice Grantham held a special court and issued " a writ of *habeas corpus*, which, however, did not " reach the governor of the gaol until after my " release."

10,524. (*Chairman.*) Any court of record can commit a person for contempt?—But I take it, it is not the practice of any court of record to exclude journalists from a case of public interest, and to back up the exclusion by a committal order.

10,525. Yes, in nullity cases?—But those would come under the cases which the press would not desire to report.

10,526. But still the fact remains?—With that exception no court of record would be prepared to exclude the press *en bloc* and to back up the exclusion by a committal order.

10,527. Some judges of course order women out of court in certain cases of indecency?—Yes.

10,528. And that is part of their general power?—I would submit that the cases of a nullity suit and indecent offences are quite on a different level from this, and they do not apply specially to press representatives. In this case the coroner excludes the representatives, and does actually carry out his threat of committal.

10,529. (*Sir Malcolm Morris.*) What was the end of that case?—I do not know.

10,530. Did the coroner keep on fighting?—No, the press gave in.

10,531. What was the end of it next time?—I presume the jury gave in and consented to act under the threat of committal. The inquest was held, and only this man spent a few hours in gaol.

(*Sir Horatio Shephard.*) That is a very exceptional case.

10,532. (*Chairman.*) Practically what your cases come to is that out of the very large number of coroners that we have got, some of them have exercised occasionally an unwise or improper discretion?—That is so, and we ask for one or two slight changes in the law; to give us the right first of all to have notice of an inquest in order to be able to attend, and secondly, the right of entry into the coroner's court, which is now only extended to us by courtesy; and our first request is necessary in order that the second one may be efficient, because the right of admission would be almost worthless unless one knew when a court was going to be held.

10,533. What is your next point?—Apart from actual exclusion, members of the National Union of Journalists can speak from personal experience of the rudeness of certain coroners towards pressmen. One gentleman known to me was told in the presence of the jury that he was only there on sufferance, and must " get where he could." A coroner whose name and district are in my possession will never permit a pressman to sit at his table. As this table is the only convenient place in the court for writing, the discharge of the reporter's duties is made much more difficult than need be the case. Complaints as to ill accommodation could be indefinitely multiplied.

10,534. (*Sir Horatio Shephard.*) That is not in London, I suppose?—No. The reason for mentioning these cases is not that we now desire a particular remedy. We do not demand that courtesy should be extended to us in the court, but we feel that if we had a recognised status, and were admitted as of right, such few coroners as have these habits must be of necessity compelled to extend to us a certain amount of courtesy. The time and place of holding inquests are sometimes so appointed as to render the attendance of the press and the publication of adequate reports onerous or impossible. Medical men who are coroners sandwich inquests between visits to patients, or hold them after dinner at night. The latter time is a favourite one with at least one coroner; and a member of the National Union of Journalists writes, " It often happens " that an inquiry, which it is known beforehand will " last several hours, has begun at 7 p.m., and then, " when all present have been worn out with fatigue, " adjourned about midnight."

10,535. (*Dr. Willcox.*) I take it you refer there to country coroners?—Yes.

10,536. Not to full time coroners?—No, these are doctors; these are practitioners who are also coroners.

10,537. (*Chairman.*) I think you have a summary of the reforms that you suggest?—The following recommendations are respectfully submitted: (1) The press shall have the statutory right of being present at inquests, and of inspecting depositions—the latter upon the payment of a small fee, if thought desirable. (2) Twelve hours' clear notice of inquests and where they will be held, and details to be exhibited at some accessible public place, *e.g.*, the coroner's office, a police station, or the doors of a town hall—to be selected by the coroner. This is done in order to give the coroner or his officer as little trouble as possible, but, having selected a place, he shall always give notice there.

10,538. (*Sir Horatio Shephard.*) What do you mean by details?—When I said details, I meant just reasonable details, whether the body is that of a man or a woman, and the probable age, just the meagre details. You see, at present, we have no right to any details, we have not any notice at all. We only ask for reasonable details to be given.

10,539. (*Chairman.*) Is the coroner to be paid for doing this or not?—I should not like to see the coroner under any financial disability through supplying information to the press, but I submit that it would be but a trifling cost and a trifling addition to the duties of his officer, to write a sheet of notepaper out and post it on some door or some place easily accessible to the press.

10,540. It depends upon how near the door is to where the coroner sits?—Exactly, we leave the discretion to him to choose his place for the notice.

10,541. (*Sir Malcolm Morris.*) Always the same?—Always the same, as long as he will choose his place of notice; we will undertake to be there and will not want any further notice from him. May I submit also this point, that, in many cases, it would be a saving to the coroner's pocket to give notice in this way, rather than as he does now in many cases, sending postcards round to the different newspapers, or despatching his officer to tell them, and presumably paying the officer's slight travelling expenses.

10,542. (*Chairman.*) I asked you about the distance for this reason: I do not know whether you heard the evidence of Mr. Davies, Clerk to the County Council for Norfolk?—Yes.

10,543. The coroner there, living at Diss, has two little parishes right at the other end of the county in his district?—Yes.

10,544. (*Sir Malcolm Morris.*) It would be perfectly useless in a case like that?—Yes, I listened with great attention to the last previous witness's evidence, but, as I think you remarked during his evidence, it was the worst case of its kind, and in the vast majority of cases no difficulty of that sort would arise.

10,545. (*Chairman.*) But if you are making any change in the law it is very difficult to arrange for such cases?—It is; but even in that case we would be content to suffer the disability in a county like that, in return for the great advantage that we should get in nearly all coroners' districts. The third suggestion that I submit, with very much respect, is that inquests shall be held in some public building, for instance, a school, club, hall, or institute—in the absence of a proper coroner's court, and that if an inquest is held on private premises the coroner shall inform the Home Office of the departure from the general rule, and give his reasons. May I say that why that is put forward is to avoid in another way the quasi-secret inquests to which I referred earlier.

10,546. (*Sir Malcolm Morris.*) You are dead opposed to them, absolutely?—I am opposed to secret inquests, yes.

10,547. You would not allow that there were any circumstances in which it would be justifiable?—I am not prepared to go so far as that, and I would on consideration rather not put it as strongly as to say I am opposed to secret inquests. I would rather say that we advocate the right of admission of the press to every coroner's inquest.

10,548. (*Sir Horatio Shephard.*) That is the same thing?—It is the same thing; but if I might say so, from my point of view it is possibly a less offensive way of putting it.

10,549. (*Sir Malcolm Morris.*) You cannot conceive any case in which it would be justifiable to hold an inquest secretly, without communicating with the press?—I would not say that. I should like again to repeat my point, which is, that without saying that no inquest should be secret, we do desire the right of admission to coroner's inquests as a whole.

10,550. Without exception?—We would leave exceptions, if there are any, to wiser people than we are, who might possibly see exceptional cases in which we should not be admitted; but to the coroner's court, with possible exceptions, we desire the right of admission, and as a partial means to that end we submit this recommendation, that if an inquest is held on private premises the coroner shall inform the Home Office of the departure from the general rule.

10,551. (*Chairman.*) That would make the coroner justify his action?—Yes.

10,552. (*Sir Malcolm Morris.*) Are there any complaints by the Press in Scotland about the action of the Procurator-Fiscal in Scotland?—I have not heard of any.

10,553. Does your association represent journalists in Scotland?—It has two or three branches in Scotland.

10,554. You have not had any complaints from them?—No.

10,555. Because private inquests are held there practically?—Yes.

10,556. (*Chairman.*) They are always private there?—Yes, and even, of course, here, we have only produced just a few complaints. Then another point that we submit is, that the right of the press to admission shall include the right of a small delegation of reporters to be present at inquests upon persons who have been executed. I do not want to detain the Committee too long; but at present the absence of the right of reporters to be present at inquests held on executed criminals sometimes leads to misapprehension.

10,557. Do you include in the inquest the preliminary ceremony of the execution?—We do not desire to be present at all except at the inquest on a person who has been executed. Dr. Willcox asked me some little time ago, was it not the custom to swear reporters on the jury. The case I am quoting now is a case from county Cork, where Coroner Horgan, of Cork, is coroner, with jurisdiction over the county gaol, and it has been his custom in cases of execution to include local press representatives on his jury when they are refused admission by the gaol authorities.

10,558. That is in Ireland, under a very special law, which is quite different from the English law?—Yes, the law is different, but the result is the same. I give this rather as an instance of the clever way in which this particular coroner (no doubt at the instigation of the local journalists), has evaded the difficulty. But we do not desire the difficulty to be evaded in that way. And this is a curious case, as the result of this particular practice. Where a man was executed for an agrarian crime much local feeling was aroused by a rumour that there was some bungling on the scaffold, and this was allayed by the publication of the report of the inquest in the papers later in the day. The presence of the press there was the means of putting that rumour to rest. Then there is the case—of course you will have this come before you—of the question by Mr. A. H. Scott, M.P., to the Home Secretary: "To ask the Secretary of State for the Home Depart-" ment whether he is aware that on 3rd August the " governor of His Majesty's prison at Strangeways, " Manchester, refused to allow representatives of the " press to attend an inquest on the body of a " man who had that day been hanged in the prison; " and whether he will give instructions that in " future representatives of the press shall be " allowed to attend inquests held into the death " of persons upon whom sentence of death has been " carried out." Mr. Gladstone answered: "The " exclusion of the representatives of the press on the " occasion referred to was the result of a misunder-" standing of a message sent to the governor while he " was giving evidence. The governor much regrets " the mistake. The question of what persons should " be admitted to inquests held in such circumstances " as the present is a matter for the coroner, and all " governors have standing instructions to admit to " the prison representatives of the press who are duly " approved by the coroner, for the purpose of reporting " the proceedings of inquests." The effect of that answer, you see, is to thrust the responsibility for excluding the press on to the coroner.

10,559. (*Chairman.*) Naturally, because the coroner is the person who holds the inquest, and he has the statutory right?—Yes; what we would desire is to limit that statutory right and to give us in return a statutory right to be admitted.

10,560. There are one or two general questions I should like to ask you when you have quite finished?—I have almost finished. Would you like a definition of a journalist. We are anxious only to ask these privileges for journalists.

10,561. Is there any such definition?—There is a definition of "journalist" in the Admission of the Press Act of last year, and we would be quite content with that definition of a journalist. The representatives of the press are defined as "duly accredited representatives " of newspapers and duly accredited representatives of " news agencies which systematically carry on the " business of selling and supplying reports and " information to newspapers." I should like just to add one remark, that in London strict instructions are given to the police to give no information to the press, which contributes to the secrecy of inquests. It is sometimes impossible to obtain details as to when and where the inquiry into the death of the victim of a crime will be held. Of course that disability would be another disability which would be got over by our having a brief notice of the time and place of the holding of an inquest on a particular person.

10,562. (*Chairman.*) I should like to ask you one or two general questions in your capacity rather of editor?—Sub-editor.

10,563. Let us take one particular kind of case first. Take the case of deaths under operations under chloroform. Is there not a great deal to be said for not publishing the inquests upon those when there has been nothing like any blameworthy conduct, for this reason, that every reported death under chloroform frightens the people who have to undergo operations, which is in itself a predisposing cause of fatality: what do you say to that?—In the first place one would require a definition of what was blameworthy conduct. I take it that what you mean is an ordinary case of death under chloroform.

10,564. A death under chloroform may be due to the chloroform, it may be due to hæmorrhage, it may be due to surgical shock, or it may be due to anything; but where nobody's conduct has been to blame, would you publish cases of that kind when every case that is published increases the public apprehension and increases the liability to fatal accident on the part of people who have to undergo operations.

(*Sir Malcolm Morris.*) And the headings are so often "Another death from anæsthetics."

10,565. (*Chairman.*) Perhaps you have not considered the point?—I am afraid I have not considered that case specially, but may I say, speaking from the standpoint of a journalist, that the one and only motive which would govern me in deciding as to the publication or non-publication of a case of that kind, would be the public interest.

10,566. The public interest but not the public advantage, so to speak. It might be a very prominent person——

10,567. (*Sir Horatio Shephard.*) What do you mean by the public interest exactly?—One becomes a pretty good judge of what is the public interest as one attains experience in journalism.

10,568. (*Sir Malcolm Morris.*) The chairman's question is not only one of public interest but one of public harm. Putting aside anæsthetics altogether, there is constantly published "Another new cure for cancer," is that, in your opinion, justifiable?—I am afraid that as a journalist I could not answer whether it is justifiable or not.

10,569. They are never true?—Might I answer the question in this way: that in the case of a new cure for cancer, or something similar, the only motive which would govern me as a journalist in deciding whether to publish particulars of that new cure or not would be: Are the public interested in this?

10,570. But there is the question: Is it true? Do you take any pains to find out whether the statement is true?—We should always take pains to find out that the source of the news was authentic, but of course as journalists we leave it to the profession to say whether or not it is a new cure.

10,571. There is hardly a day that one does not see it announced. The point is whether it is for the public benefit?—I should like to say that the duty of a journalist, if he is a competent journalist, is primarily to decide what is of public interest within all reasonable limits.

10,572. (*Sir Horatio Shephard.*) But you are using the words "of public interest" as meaning "interesting"?—Yes.

10,573. (*Chairman.*) Interesting to the public but not necessarily advantageous to the public?—No, not advantageous; whether the news will be of public interest, that is the primary motive which would govern a journalist in deciding whether or not there should be publication, with this condition within a reasonable limitation, that is to say, one would not publish an indecent case although it might be of very great public interest, for instance, an indecent assault upon some very well known lady. We should not publish anything of that kind.

10,574. *You* would not?—You understand (this is a hypothetical case) that it would be of great public interest; you would read of such incidents with much interest, but it would be limited, and therefore you would not publish it. Cases constantly come into our office which we throw away and do not use, either because they are offensive, or because it would be manifestly to the public advantage not to publish them. But in a case such as a death under anæsthetics one would, I imagine, think in this way, "Well, this is "a very interesting thing, there have been many "deaths under anæsthetics reported, here is another; "it is of considerable public interest."

10,575. (*Sir Malcolm Morris.*) But it is harmful, it is dangerous, it is doing the public infinite harm. Do you consider it justifiable as a journalist?—As a journalist I would rather leave the decision as to whether it was harmful or not to medical men

10,576. But you have published it already?—Yes, I would publish it because it is a matter of great public interest, which does not seem to me to be so limited by other circumstances as to justify us in withholding it.

10,577. (*Chairman.*) Is not that just a case where the coroner ought to have a discretion as well, to say, "This case ought not to be published. There is "nobody to blame. There are a whole lot of poor "people who are about to undergo operations; if they "read this case, they will go under chloroform with "their hearts already affected by fear and appre-"hension"?—I venture with great respect to differ, and for this reason, that if it was known that an inquest on a person who had died from chloroform was held to all intents and purposes secretly, that is to say, the press were not admitted there, it would be more harmful to the public than if the press was admitted, and if full details of the inquest were known.

10,578. That is a very good point. May I now go one step further? I perfectly agree in that when you say full details; but you cannot have full details?—When I said full details I mean the reasonable ordinary statements that one makes in the report of an inquest.

10,579. That is always one of my difficulties about a case. There is a great deal to be said for publicity, if you have a verbatim report, plus, I was going to say, a cinematograph of what went on; but I have tried cases myself, and I have hardly ever seen a correct report of the case. The report is perfectly fair I mean, but it is very hard to get a correct report, and especially when you get into any technicalities.

(*Sir Malcolm Morris.*) They cut a lump out to make it shorter.

(*Sir Horatio Shephard.*) And the medical evidence almost certainly.

(*Sir Malcolm Morris.*) The important part is gone.

(*Witness.*) But I submit that even a report that labours under the disadvantage of having to be condensed, is better than no report of a case in which a person has died under anæsthetics.

10,580. (*Chairman.*) That is your point. Now then, are there not a good many other cases in which inquests ought to be held, where publicity is exceedingly distressing to people, and which it is very unnecessary to report. Take this case: a lady falls down dead at a railway station, she has not been attended by any doctor, therefore there cannot be a medical certificate; necessarily an inquest must be held under the present state of the law; but inquiry shows that there is nothing whatever suspicious about the death, and the post-mortem shows absolutely what the cause of death was. Is it in the public interest that a case of that kind should be reported and that the various details should be gone into?—In that case there is no great public interest, and the result of that would be that the case would not be reported. The reporter at the court would probably pass it over as one of the things he should not report. If a report of such an ordinary case as that were sent into the office of the paper, the member of the staff who dealt with it would say, "This is of no public interest, we need not give this."

(*Sir Malcolm Morris.*) Unless it would make a catchy title, "Dropped down dead at a railway station."

10,581. (*Chairman.*) Now I will alter the case a little. Supposing before all the facts come out that there is an idea that the lady was at the railway station to meet someone who was not her husband, and had an agitated interview with him, it would become interesting to the public at once, would it not?—I am not prepared to say at what particular point a case would become interesting to the public.

10,582. (*Sir Horatio Shephard.*) That is your business as sub-editor?—And I would submit further, that one would not decide on a whole class of cases from isolated instances. It is true that at a certain point an uninteresting case may develop into something very interesting, but at what particular point the interest arrives in any given case cannot be defined.

10,583. (*Chairman.*) I can tell you a very certain line when one is trying things in court—as soon as the evidence becomes in the least indecent the court fills up?—But, on the other hand, as soon as the evidence becomes in the least indecent, a newspaper does not report it.

10,584. Now I want to get at this point. You are speaking of high class newspapers, but are there not, unfortunately, newspapers that pander to the lowest and most degraded tastes, and have not the public to be protected against those?—Yes, but I would protect the public in a different way. In that case I would protect the public by prohibiting the publication of such details.

10,585. That could hardly be done at the same time, under this legislation that you now suggest, could it?—Yes, the two would meet each other. In the first case the representatives of the honourable part of the press, which is immeasurably the major part, would have the free right of admission to an important court, and in the second place anything which transpired at that court which was indecent would be debarred from publication, and any newspaper which was low and degraded enough to publish such a case would find its occupation gone.

10,586. There would not be any legal penalty on publishing it?—Only in the same way as if an indecent book is published at a bookstall.

10,587. At present, within very wide limits, *bonâ fide* reports of proceedings in a court of justice are privileged?—Yes.

10,588. Let us take a very well known instance. Even the respectable portion of the press published pretty long accounts of the Oscar Wilde trial?—Yes.

10,589. And I suppose everybody knows what the result of that was; that for some time afterwards a wave of unnatural offences swept over London?—Yes.

10,590. Do not you think that every court ought to have the power of saying that evidence of that kind should not be published?—I would rather put it in this way, that there should be a right to prosecute any person who ventured to publish indecent details in the press.

10,591. (*Sir Malcolm Morris.*) But the offence is committed then, and the harm is done?—But on the other hand, by my method you punish the offence—and all punishment implies prevention (that is the object of all punishment). You prevent it without debarring the press of an important right, that is to say, you achieve your remedy without debarring the press of the important right of being present.

(*Chairman.*) But surely it is far better to prohibit it.

10,592. (*Dr. Willcox.*) You apply the remedy after the damage is done?—I submit that the prosecution of newspapers which print indecent news would be quite as effective a remedy as the exclusion of the press or the prohibition of the whole of the proceedings by the coroner.

10,593. (*Chairman.*) Let us just go back to that Oscar Wilde case again for a moment. I do not think that any of the reports in the respectable press could be accused of indecency, but there was sufficient suggestion of what went on to set morbid people to work and to set half lunatics repeating the same offences?—But think what the result would have been if you had had no reports of that case, think of the far greater public harm that would have been done.

10,594. What harm?—Think first of all of the great public interest in that case.

10,595. A morbid interest, surely?—I do not think it was a morbid interest, because all of us felt great interest in that case.

10,596. I am afraid that most of us take a morbid interest in celebrities where it is anybody whose name is well known to the world. We take more or less interest in reading the thing when we know the person?—Exactly. The interest in that case was, I think, very far from being a morbid one; it was a natural interest in a well known man. But let me submit this, that the greater of two evils would surely have been if there had been no report of that case at all.

10,597. That is just the point?—That is a matter of opinion, and as a newspaper man, if I might venture an opinion, the lesser of two evils was to publish that case within reasonable limits, which I think you agree that the honourable part of the press, which, of course, is the major portion, achieved.

10,598. But the results there is no doubt about?—As a journalist, I am hardly in a position to speak of the results. I would rather leave others to judge of that.

10,599. What is your suggested remedy as regards the publication of matter that is likely to demoralise the public?—I suggest that it should be largely on the lines of the remedies now used against indecent prints and against indecent books and pictures. There are very few of those sold publicly in London. The remedy is applied after the publication, and the vigilance of the police and the penalties enforced seem to be effective enough to keep the evil within a small compass.

The witness withdrew.

Mr. Samuel Foster Butcher called in and examined.

10,600. (*Chairman.*) You are, I believe, a past president of the Coroners' Society of England and Wales, and are now president of the Manchester Incorporated Law Association?—I am.

10,601. And you were appointed, in May 1889, coroner for the Bolton district of the county of Lancaster?—That is so. It was one of the earliest appointments made under the Local Government Act—certainly the first made in Lancashire. The centre of my district is the county borough of Bolton which, having its own quarter sessions, has also its own coroner. The diagonal measurement of the district is approximately 15 miles each way. It contains some fairly dense centres of population, such as the county borough of Bury, with a population of about 62,000; Leigh, 40,000; Farnworth, 27,000; and Radcliffe, 26,000. All kinds of manufactures are extensively carried on, and one half of my district is studded with coal mines. There are many other smaller towns and villages, and, as to the rest, the land is agricultural or moorland.

10,602. Where do you reside?—I reside in Bury, which is on the south-easterly side of my district. The railway service is fairly good. The great drawback is that on the west side of Bolton I have to make use of the London and North-Western Railway, whilst on the east the Lancashire and Yorkshire Railway is the only one available, and in certain districts a drive of six or seven miles is often involved. Many tramcar routes are useful. In practice I frequently make use of a motor car, so as to save the time involved in waiting for trains. This is a matter of importance to me, as I am the head of a firm having considerable general practice as solicitors.

10,603. I think you have some information to give us with regard to the places at which inquests are held?—I am generally able to obtain some suitable room at a club or institute, and seldom now need to resort to public-houses. At the time of my appointment, substantially all inquests were held in public-houses. The discontinuance of inquests in public-houses has added greatly to the propriety of the proceedings, and has obviated much of the drunkenness following inquests which used to obtain in certain localities amongst jurymen.

10,604. And you attend here on behalf of the Association of Lancashire County and Franchise Coroners?—Yes.

10,605. Will you tell us what county and franchise coroners you have?—There are 11 county or franchise coroners in the county of Lancaster, in addition to the city and quarter sessions borough coroners. The aggregate number of inquests held by the Lancashire county and franchise coroners in the year ending 31st March 1909, was 1,997. They were almost entirely held by county, as distinguished from franchise coroners, with the exception of those held by the franchise coroner for the manor of Furness. The appointment of the coroner for the manor of Furness is made by the Duke of Buccleuch. That coroner, in the year before-mentioned, held 53 inquests. Two other franchise coroners, namely, those for the manor of Walton-le-Dale and the manor of Prescot, who are appointed respectively by Sir James de Hoghton, and one of the Oxford or Cambridge colleges, held respectively four and five inquests.

10,606. You desire to call our attention to a certain anomaly connected with franchise coroners?—That appertains to three coroners particularly in Lancashire. The coroners for Walton-le-Dale and Prescot have never been in the habit of appointing deputies. In their absence inquests are held for them by adjacent county coroners. These franchise coroners are under the belief that they have not any power to appoint a deputy. The coroner for the manor of Furness has been accustomed to appoint a deputy, but he is unable to inform me under what authority he acts, save that it is a matter of custom. Our recommendation under

this head is that if the franchise coroners are to be continued the appointment by them of deputies should be legalised, and that in an emergency a neighbouring coroner should be empowered to sit within the franchise area as coroner.

10,607. I think you also suggest an extension of this principle?—Yes; we suggest that this principle might with propriety be extended to enable county coroners on request, and in an emergency, to sit for a neighbouring borough or city coroner. We also suggest that in the event of the death or disablement of any coroner or deputy who has opened an inquest within his own area, it should be possible for the deputy or coroner, as the case may be, to take up the case at the adjournment and complete it to inquisition. I remember, some years ago, upon the death of Mr. Smelt, coroner for Manchester, that a difficulty arose respecting an inquest which he had opened and adjourned. My impression is that it was dealt with by his deputy, Mr. Aitken, continuing the inquest under instructions from the Home Office. I am not sure about this, and Mr. Aitken is now dead.

10,608. I think you also desire to make some remarks to us on the appointment of coroners as justices of the peace?—The coroners of Lancashire do not think that a coroner should be *ex officio* on the Commission of the Peace, but should be appointed thereto at his request. In many cases it may be convenient that he should be on the commission; but it is putting upon him and his partners a very serious penalty, because under the Justices of the Peace Act, 1906, a solicitor being a justice, he or any partner of his is prohibited from practising directly or indirectly before the justices for that county or any borough within the county. The partners of many coroners, if not the coroners themselves, practise as advocates in the magistrates' courts. Mr. Bradley recommended that all coroners should be *ex officio* magistrates; but that would inflict a very serious hardship on both coroners and their partners, because it would prohibit all practice by the coroners or their partners in any magistrate's court in the county or any borough in the county.

10,609. On the other hand, there are a considerable number of dicta to the effect that the coroner is *ex officio* a magistrate?—Yes.

10,610. That is not acted on?—That is so. Individually I might add that I believe it might be of advantage to the community if amongst those eligible for appointment as stipendiary magistrates legal coroners were included. At present it is confined to barristers.

10,611. Any barrister of more than seven years standing is eligible for appointment as stipendiary magistrate?—Yes, but I do not see why that should not be extended to include legal coroners of a certain standing.

10,612. Do you mean a solicitor coroner?—Yes.

10,613. That would mean an alteration in the Municipal Corporations Act?—Yes.

10,614. That is beyond the functions of this Committee?—Yes, but I have thought of it for a long time and it would get rid of what one always feels undesirable with regard to a judicial officer being in private practice. At present the holdings of coroners are so limited, ordinarily speaking, in extent that sufficient salary is not forthcoming to take up a man's whole time.

10,615. May I take it that your opinion is that the coroner in some capacity or another ought to be a whole time officer?—I think so.

10,616. Your next point is the salaries of coroners. What have you to say with regard to that?—We are distinctly of opinion that power should be given for a revision of the salary within two years after the original appointment of county coroners, so that after a complete year of service the matter may be considered if necessary. His Honour Judge Edge was coroner prior to my appointment. In the year ending 31st March 1889 he held about 211 inquests, and was paid a salary of 450*l.* a year. On my appointment that salary was, without my ever being consulted, reduced to 350*l.* For a variety of reasons I felt it incumbent upon me to accept the salary, although I felt it was a hardship. My inquests now closely approximate 300 a year, but my salary is 425*l.*, or less than that of my predecessor who held nearly 100 a year fewer inquests than I. I understand that the Act of Parliament with regard to the revision of coroners' salaries only extends to enable an augmentation or decrease of salary relatively to the increase or decrease in the number of inquests held during the quinquennial period, the salary originally fixed being the datum line from which the increase or decrease is to be calculated. This seems at all events to be the effect of *in re* Driffield, *see* Jervis on Coroners, page 116. Adequate provision should, in our opinion, be made for remuneration in "no inquest" cases and for office expenses; and the mileage allowance should be calculated to cover not only the journey to, but the journey from the inquest. We also accept the recommendations of the Council of the Coroners' Society: (1) that on a revision of salary there should be power to make an increase of salary retrospective, and (2) that there should be some basis for a minimum salary with power to add something for special reasons, including "no inquest" cases and travelling expenses. We also agree that some arrangement should be made for pensions or superannuation allowances where a coroner has retired or ought to retire from age or ill-health. All coroners of important areas must necessarily give up a large part of their private practice in order adequately to fulfil their duties as coroners. They are not extravagantly remunerated. On the 26th January of this year I had an experience which points this moral very strongly. I was proceeding to hold two inquests in a distant part of my district. The Lancashire and Yorkshire train from Bury to Bolton ran so late that I missed my connection there with the North-Western train. To obviate my keeping the jury and witnesses waiting I hired a motor car. The road was frost bound, possibly there was something wrong with the steering gear of the car; anyhow, we had a side skid. I was thrown out and sustained a fracture of the right wrist and injuries to the head. From the shock and other illness consequent upon the injury I was off work for three months, during which my deputy had to do the whole of my work. Happily the nervous shock has practically disappeared now, but it might very well have been that I had been rendered incompetent for life by injuries to the head, which were somewhat serious at the time. It would have been a real hardship had I lingered on for some years in a state of incompetence without any pension provision. One Lancashire coroner, Mr. Barker, after a short tenure of office, was killed some 25 years ago whilst about his duties.

10,617. Then I think your next point is the question of alterations of districts?—We accept the recommendation of the Council of the Coroners' Society that no alterations should be made to the prejudice of an existing coroner during his tenure of office. There have been many cases in which large slices of a coroner's district have been taken out of the county area and added to quarter sessions, boroughs, or cities. In Lancashire I know that great hardship has been done to coroners by reason of the inadequacy of the compensation which they have received.

10,618. Now I think you are kindly going to give us some comments on the Act of 1887, following the order chosen by Council of the Coroners' Society in their observations to us?—Yes.

10,619. Will you kindly give us your observations with regard to the number of the jury?—With regard to that there is a divergence of opinion amongst the Lancashire coroners. The majority are of opinion that a less number than at present (preferably a minimum of seven) would suffice in simple cases, but none of them would dispense with the jury in its entirety. They would suggest a verdict of seven in case of a reduced jury, and of 12 in other cases. And then there is a special matter—I do not think you will have had it before—that one Lancashire coroner is in the habit of holding inquiries on oath without a jury, and, after taking these inquiries, of dispensing (in cases where he is satisfied that death is natural) with the holding of a formal inquest. This practice has for a

great many years been recognised by the paying authority, the justices or the county council. I am at a loss to understand under what statutory authority these inquiries are held, but I was told by a former county auditor of Lancashire that this remuneration was granted under section 21 of the Coroners (County Districts) Act, 1844.

10,620. That surely is simply an extra legal practice?—It always seems so to us.

10,621. (*Sir Horatio Shephard.*) Holding an inquest?—He holds an inquiry.

10,622. And a post-mortem?—No, he does not take a post-mortem. That is one of the curious things; he has remarkably few post-mortem examinations throughout the whole year, but he holds a special inquiry on oath without a jury and without a post-mortem and then takes such evidence as he thinks proper and views the body.

10,623. (*Dr. Willcox.*) A public inquiry?—No.

10,624. (*Sir Horatio Shephard.*) He never swears a jury at all?—There is no jury.

10,625. (*Chairman.*) May I put it in this way: that what he does is, he holds a preliminary inquiry, such as most coroners hold as a private matter to decide whether there shall be an inquest or not, on oath?—Yes.

10,626. But the oath is taken in private?—Yes, the oath is taken in private.

10,627. Is he a county coroner or a borough coroner?—A county coroner.

10,628. Therefore he gets an inclusive salary?—Yes, but he has also got a special allowance in respect of these inquiries on oath over and above what any other coroner in the county gets.

10,629. It seems to me that it may be an exceedingly convenient practice, but it is an illegal one?—That is the point we take. It has been recommended during the last 20 years to all of us. The county auditor says, "This is a practice that will save the "county a lot of money." Our answer is, "But we "cannot do it." Then he says, "This has been done "by Mr. So-and-so for all these years and the justices "have recognised it."

10,630. (*Sir Horatio Shephard.*) How does it save money—in the expenses of the jury?—In the expenses of the witnesses, rooms, &c.

10,631. (*Chairman.*) And in other expenses. The inquiry, I suppose, is held at his office?—I believe it may be held sometimes at his office, but generally he will travel to places perhaps six or seven miles away, and then, if he gets there and finds that an inquest is necessary, he may then and there have a jury sworn.

10,632. I see no objection whatever to what he does, except the administration of the oath?—That is the point.

10,633. (*Sir Horatio Shephard.*) Supposing he found that an inquest was necessary, the witnesses would have to be examined all over again?—Yes.

10,634. (*Chairman.*) It is, so to speak, a preliminary canter on oath?—Yes.

10,635. Do you agree that it would be a very valuable power if the coroner could order a post-mortem without being obliged to hold an inquest?—Individually, I am very strongly of that opinion. The whole of my colleagues are not in entire agreement about it, but most of them are favourable to it.

10,636. Do not you think that there are many cases where death at the moment is unexplained, but where a post-mortem explains everything, and an inquest is absolutely unnecessary?—Yes; I had two cases yesterday of exactly that kind.

10,637. The next point I think that you desire to call our attention to is the question of the view of the body?—The Lancashire coroners are of opinion that the view by the jury is largely useless and objectionable. In a few cases it is useful, and in such the coroner or the majority of the jury should be entitled to require the jury to view. We are of opinion that the coroner should always have the right to view, and should view the body himself, save where infectious disease exists, or other exceptional circumstances, where a post-mortem or medical examination has been made under the coroner's order. The view in country districts involves a large expenditure of time and much inconvenience to the jury and the coroner. Whilst the number of mortuaries is increasing, in a large number of cases post-mortem examinations are not held, and bodies are left lying in their homes or wherever they may chance to have been deposited. A particularly offensive case of viewing is where a woman in a cottage house is lying in childbed. It is objectionable from every standpoint that a jury of men should go through the house where the woman is usually lying downstairs. The view is generally entirely perfunctory. It is but seldom that even a coroner himself has the body stripped for his inspection.

10,638. Your next point is that if somebody is implicated in a death he should, if in custody, be required to be present at the inquest?—The Lancashire coroners are of opinion that any person implicated in the death of any person should, if in custody, on the order of the coroner, be required to be present, and that power should be clearly given to the coroner to compel the attendance of witnesses and production of documents or other exhibits by his own summons, which should run anywhere in the United Kingdom without backing or other ratification.

10,639. (*Dr. Willcox.*) At the present time a person implicated always has the option of being present?—Yes, under, I think, the Home Office circular on this point.

10,640. (*Chairman.*) He is not obliged to be there unless he likes?—No.

10,641. (*Dr. Willcox.*) But he has the choice?—Yes.

10,642. You would like to make it compulsory?—Yes. Supposing a witness died intermediately between the inquiry and the trial, the evidence would then be admissible.

10,643. (*Chairman.*) I want to put one question to you on that answer. Is there not sometimes a difficulty, when a magisterial inquiry is going on in one place and a coronatorial inquiry is going on in another, in taking the accused person in custody from one place to another?—There is not with us, because the coroner's officer in Lancashire is always a police officer, and a police officer almost invariably in the division in which the crime has been committed, because the crime has been committed in the district where the coroner is sitting, and his officer is an officer of the same force as the force that has the prisoner in custody.

10,644. The man would not be in the police cells. He would be in gaol after 24 hours, at any rate?—That is so, but I have never found the least difficulty about it. The magistrates invariably adjourn their inquiries until the coroner's inquest is finished.

10,645. That gets over it?—Yes.

10,646. (*Dr. Willcox.*) That is not general all over the country?—I suppose not; but it is very convenient.

10,647. (*Chairman.*) What is your opinion as to the coroner adjourning cases to the assizes?—The adjournment to assizes is rarely useful and is generally inconvenient. I have found it useful on at least one occasion. In a mining district where all the evidence pointed to death in a natural way, a verdict of accident whilst at work would have assisted towards a claim being made by the relatives upon certain benefit society funds. The majority of the jury were, in the first instance, favourable to returning such a verdict of accidental death. They discussed the matter for upwards of an hour. I was thereby detained from proceeding to another inquest, and I eventually bound them over to attend at the next assizes. They then inquired who would pay their expenses of going there and for their loss of time. I told them that the burden would lie on their own shoulders. They then requested that the doctor who had made the post-mortem and given evidence should be recalled. He reiterated the evidence previously given. The leader of the "accident camp" thereupon stated, "Oh! that throws fresh light on the subject," and it was not more than a few minutes before a verdict of death in a natural way was returned. Recently another case was adjourned from Barrow to the Lancaster assizes before Mr. Justice Walton. The coroner had declined to embody a rider imputing non-criminal blame to certain officials of Messrs. Vickers, Maxim, & Co. in the actual verdict,

but had offered to attach it to the inquisition. The jury insisted on its embodiment. Mr. Justice Walton directed that the rider should be written in the margin of the inquisition, and this was done and the inquisition signed.

10,648. On that I would like to ask you, have you ever heard of a similar course being pursued before, of an inquest being adjourned to assizes where the jury had not disagreed?—No, I have never heard of a case where the jury had not disagreed.

10,649. There is no trace of any such case in the books, is there?—No, I have not come across any at all. There are very few cases in the books.

10,650. Now, we come to some points which you have not developed. As regards section 6 of the Coroners Act, may I take it that you have nothing to add to the recommendation of the Coroners' Society that the High Court should be empowered to reopen an inquest on the application of the coroner himself, nor to their recommendation on section 12 that the land qualification in the case of a county coroner should be abolished?—We agree with those recommendations.

10,651. On section 15 I think you have some point?—That is with regard to the coroner acting for the sheriff.

10,652. Perhaps you will give us your view?—The Lancashire county coroners are perfectly indifferent about this matter. We think that it would be better done by the county courts. At present it really means in practice that the coroner acts through the regular sheriff's officers. It is a great deal more bother than it is worth, and very badly done.

10,653. And in the case of a medical coroner, he finds himself in a great difficulty?—He knows nothing about it.

10,654. And the coroner's officer would know nothing about it. He would be obliged to resort to the sheriff's officer?—Yes, I have had that in my own experience.

10,655. Then, as regards medical witnesses, I think you have some comments to make to us?—The medical question is always a difficult one. We are of opinion that coroners should be clearly empowered to summon one or more medical witnesses. We have not any difficulty under this head in Lancashire. As to who those medical men should be there is a little divergence of opinion. Most of us in practice, in what appear to be simple cases, ask the medical man who has been in attendance during the last illness, or is first called in after death, to make the post-mortem examination and give evidence. Personally, whilst I do not think there is much harm in adopting that practice, I do not find the result of such autopsies invariably quite satisfactory; many general practitioners are so unaccustomed to the work that they do it but indifferently well. Some practically refuse to do it.

10,656. You wish to give us your experience with reference to colliery accidents?—I have a large number of cases, chiefly arising in connection with colliers, in which it is questionable whether death has arisen from disease or from the effect of injuries sustained whilst at work in coal mines. I have for some years, with great satisfaction, selected ordinarily (so as to obviate professional jealousies), from some town outside that in which the inquest is to be held, some practitioner of special skill and experience in pathological work to make the post-mortem examination on my behalf. Experience has taught me the right men to select. If any medical man has been in attendance during the last illness, I also usually call him to give evidence, and give him the opportunity of being present at the post-mortem examination; but for this last I do not pay him a fee, nor do I think it necessary. It usually happens that both the employer and the workman's relatives, the latter through the agency of the Miners' Union, are represented at the post-mortem examination. By this means all parties are informed—as fully as they can be informed—of every aspect of the case, and I am given to understand that the result has been to minimise contests as between employers and the representatives of deceased workmen. The great difficulty is with regard to the fee which I am enabled to pay these special pathologists. If it were not for the interest in their work which the gentlemen I select take, I should find great difficulty in getting it done properly for the fee of two guineas which is allowed, and I certainly feel that in many cases it is absolutely inadequate. I have appealed to the county council on the matter, and the only answer I have had has been that I ought to be able to obtain people in the neighbourhood to do it, and they have informed me that I must not even pay a pathologist from a distance mileage for coming to the inquest. It should be left in the discretion of the coroner to pay a reasonable fee not exceeding a maximum of, say, five guineas.

10,657. You are now going to give us your views with reference to the appointment of pathologists?—Personally, I should prefer to reserve that right to the coroner. It is true that it may be a species of patronage open to abuse, but I have sufficient sense of the honour of coroners to believe that it will be no more so liable than if left to the county council. In addition to that, where you have a widespread area like Lancashire, it would be necessary to have a large number of such pathologists appointed, otherwise the coroner would be hampered in his work by the difficulty that he would have in obtaining their services as and when required, often hurriedly.

10,658. (*Dr. Willcox.*) If the coroner is a lawyer, and not a doctor, he would not be in such a good position to select the expert as a medical coroner, would he?—That is quite true, provided that he had no traditional history; but he himself, if he be a newly appointed coroner, has the history handed on to him by his predecessor, and in so far as he himself is concerned, experience will very soon tell him who are the reliable men.

10,659. Do you agree that it would be wise to do as you suggest, to allow the coroner the right of choice of the expert?—I do think so.

10,660. Provided that he gives a prior claim to persons holding special pathological appointments, such as pathologists at hospitals and so on?—Yes; that is, of course, what we endeavour to do, and what I have always endeavoured to do. The centre of my district is the quarter sessions borough of Bolton. There are always one or two men there who from their hospital experience are probably better up than any other man in the district. I cannot for a fee bring in people from Manchester, from the university there, or from the infirmary there; but there are men really of very excellent standing in Bolton who, for the sake of experience, and out of regard for their work, will go outside and do this work for me, and they do it extremely well. We often have five doctors at a post-mortem. We have my man, we have the man who has been in attendance, we have representatives of the colliery, and we have one or two doctors representing the Miners' Association, and one watches the other sufficiently well, and I am quite satisfied from experience that the work is thoroughly well done, because it almost invariably results in all the medical men present signing the report.

10,661. (*Chairman.*) But that only relates to a particular class of cases—colliery cases; it does not relate to ordinary cases where you may have a very difficult post-mortem?—In those cases, of course, one has to call in a very special man.

10,662. (*Dr. Willcox.*) Do not you think that it would be a good thing for certain advisory regulations to be drawn up on general lines, as to the choice of the expert pathologist?—I decidedly agree, but I should not like the drawing up of the regulations to be left to the county council for this reason: I have asked that I might be able to pay these men a more adequate fee than two guineas. In a special case two guineas is not enough, particularly where a man has to make a journey. The reply that I have from the county council is: "You must get somebody in the neighbourhood to do it," and you must not even pay him his mileage allowance. It does not meet the case.

10,663. (*Chairman.*) It means that the inquiry is to be futile?—Very largely. In such cases there are many things to consider. A collier alleges that he has ricked his back, and there is some long history of

phthisis, or something of that kind, that has become active after lying dormant a long time. Those things require a very considerable amount of skill to solve; and to ask most general practitioners in a mining neighbourhood to make a post-mortem of that kind is totally wasting the county money.

10,664. (*Dr. Willcox.*) It is most important to have experts for special cases?—Yes.

10,665. And to give them a special fee?—Yes. These workmen's compensation cases are getting very difficult, and it seems to me that we coroners are the only people who can help to solve them properly, and we had better do it properly.

10,666. (*Chairman.*) You get evidence while everything is fresh in people's minds, and it is, so to speak, contemporaneous evidence which afterwards becomes of the very greatest importance?—Yes; and then we are the only people who can order a post-mortem, and it seems to me that we had far better do the thing properly whilst we are about it. With regard to analyses, the medical men in Lancashire seldom or never make an analysis. That is almost invariably referred to the county analyst and, as is shown by the schedule to my answers to the questions of this Committee, the fees of the county analyst are sufficiently adequate.

10,667. What do you say as to the payment of doctors at hospitals and other public institutions?—With regard to subsection (2) of section 22, a great diversity of practice prevails in Lancashire, particularly with regard to workhouses and workhouse infirmaries. Formerly the medical officers, whether resident or otherwise, were paid; but after the decision in Horner *v.* Lewis (57 Law Journal Reports, Q.B.D., page 524) the county council decided that no fees should be payable either to medical officers of workhouses or honorary medical officers of local hospitals. I believe that this resolution has been only partially followed by the coroners in Lancashire, and that the practice is still diverse. In the year 1902 I appealed to the Home Office for its directions in this matter, and received a reply from Mr. Cunynghame to the effect that he was aware of the conflicting opinions held on the question, and he knew of no manner in which it could be settled except by the decision of the High Court. The whole of the Lancashire coroners are of opinion that a fee should be payable to any member of the visiting staff of either hospitals or workhouse infirmaries, but that a fee should not be payable to the resident medical men.

10,668. You think resident medical officers ought not to have a fee?—That is so.

10,669. Are you aware that in London the house physicians and house surgeons are wholly unpaid?—I was not aware of that. I am speaking of the country where men get a small but very fair salary for the experience they have had.

10,670. Your remarks then only apply to what you may call whole, time officers who are more or less adequately paid. They do not apply where the officers are wholly unpaid?—One has to look at it a little bit from the ratepayers' standpoint. I do not think fees should be paid to resident medical officers in receipt of remuneration, as that would add to the cost of inquests in a manner that would not be satisfactory and might result in nurses being called to give evidence instead of the medical men actually in attendance.

10,671. (*Dr. Willcox.*) Your objection is solely on the ground of the view that public bodies would take as regards economy?—That is so.

10,672. And on no other grounds?—And on no other grounds.

10,673. Do you approve of the coroner being allowed to ask medical men for reports on the history of the patient who has died, in order to guide him as to whether an inquest or a post-mortem would be necessary?—Personally, I do not think that they are worth very much beyond establishing the probability of death in a natural way; *i.e.*, without a post-mortem examination the exact cause of death can seldom with certainty be given.

10,674. What I rather referred to is, supposing you get a difficult case and you want to get information about it, and the doctor knows a good deal about the history of the case; would it not be an advantage to you to be able to write to that doctor to give you a lengthy report and to be able to give him a small fee?—Yes; but the fee ought not to be payable unless the report is asked for.

10,675. (*Chairman.*) Your next point is that it should be made clear that the coroner has power to remove the body to any suitable place for the purpose of post-mortem?—It should be made clear that the coroner has power to remove the body to any convenient or suitable place for the purpose of a post-mortem examination being held or in order to prevent a nuisance arising, and, if no mortuary exist, to pay for its housing. Although, happily, mortuaries have increased in number in Lancashire since 1889, they are by no means to be found everywhere, and I am of opinion that it should be an enforced legal obligation on every local authority to provide a place for the reception of the bodies of the dead and for the purpose of holding post-mortem examinations. Some years ago I had a practical difficulty with regard to sections 141 and 143 of the Public Health Act, 1875. A mortuary had been erected at Radcliffe under the provisions of section 141 for the reception of the bodies of the dead. The Local Government had required that it should not be used for post-mortem examination and no post-mortem room was provided. Certain bodies found in the river were removed there, and I desired to have there a post-mortem examination. The clerk to the local authority said that this must not be done. After some negotiation I got him to assent, but only for that turn. I had a long correspondence with the Home Office and the Local Government Board, and eventually the Local Government Board assented to my making use of such mortuary for the purpose of post-mortem examinations on bodies actually lodged there before I had communications, but not others. Shortly afterwards the clerk who had raised the difficulty retired and since then nobody has raised it again. Possibly they do not know of the terms upon which the Local Government Board allowed the money for the building to be borrowed. It appears clear that under section 143 post-mortems ought not to be held in a mortuary erected under section 141. In a small locality it appears idle to have two buildings, and I submit that a mortuary erected under section 141 might very well be used for post-mortem examinations also. As a matter of fact this is invariably done in my district at the present time. There are scarcely any mortuaries in Lancashire disconnected from hospitals where there is also a post-mortem room.

10,676. I want to ask you this, arising on that point. Take the case of a county coroner in a country district with a big town within reasonable reach, having a case in which it is necessary to have a skilled post-mortem, do not you think it would be well that he should be empowered to direct the removal of the body to a hospital in the big town to have the post-mortem properly performed, although it is outside the borders of his district?—Certainly, I think the coroner ought to have that power.

10,677. Even though it is outside his district?—Even though it is outside his district.

10,678. Of course, it would be very much better in every way and very much cheaper than having an expert out from the town to the place where the body is?—Once having had seisin of the body I do not see why, if it be removed into another area, the coroner should lose that seisin.

10,679. If it is done for a special purpose?—If it is done for a special purpose. I have often had post-mortem examinations made in stables. I have known portions of bodies to be eaten away by rats that have been placed in stables when there are no post-mortem examinations at all.

10,680. Your next point is, I think, as regards section 25 of the Act. Will you give us your special experience in Lancashire in regard to it?—With regard to obtaining expert evidence we never have any difficulty. The Lancashire County Council Finance Committee pass, as occasion arises, special resolutions—we have not them in the schedule—I do not know whether the resolutions are lawful or not, but they do pass

them, and they pass our accounts. But I do venture to say that there ought to be a certain elasticity with regard to ordinary witness fees. It is a great hardship for a collier to lose 7*s.* a day.

10,681. May I put it in this way: Do you think that if the Secretary of State had power to make a scale of fees, as he has for magistrates' courts, giving, of course, the same discretion to the coroner that magistrates have, that would be satisfactory?—I think that would meet the case.

10,682. Have you ever heard of any objection being taken to the scale of fees for persons attending before examining magistrates, who commit for trial? Would that be a fair scale to take?—I do not know what that scale is.

10,683. You have a suggestion to make, I think, as to the deputies for coroners?—I have already partially dealt with that, including the authorising of a coroner or his deputy to conclude an inquest commenced by the other of them, if necessary. I am also of opinion that it would be extremely advisable to give power to appoint a second deputy upon the certificate of the clerk of the peace, where necessary. For example, during my absence of three months this year, it was an extreme hardship upon my deputy, who is also my partner, to have to do the whole of my work.

10,684. Now you have some comments to make to us on the question of death certification and registration?—I am of the opinion stated in my answers to the questions of the Committee that the recommendations made by the Coroners' Society in the year 1893 should be adopted. In particular, certificates of death should not be given by a medical man unless his attendance has been during life, and sufficiently long to enable him to form a real opinion as to the cause of death. A year or two ago I had six cases reported to me within a short time in each of which a doctor had been called in when the deceased was *in extremis*, or after death. In each of them I ordered a post-mortem examination. In five cases the opinions expressed were found to be incorrect. Two Lancashire coroners inform me that in Rossendale, the jurisdiction within which is divided between them, they seldom or never have a case reported to them where they eventually find that death has arisen in a natural way. The opinion they have expressed to me is, that there is a practice amongst the medical men in the neighbourhood of giving certificates, even when the deceased persons have not been actually attended during life, but the medical man has been called in after death. I can quite conceive the possibility of this. The medical profession is, according to my finding, a very honourable one, but I know that in certain neighbourhoods the stress of competition is so great that there is a decided inclination to certify at the request of the relatives of patients when such certificates ought not to be given. In my own district there is relatively little of this; but even there I am aware, although I could not quote the cases, that some little of it does exist. I am further of opinion that certificates should never be given without a proper examination of the body. I am aware of two cases of women who were supposed to be dead, and for whom I surmise certificates were given. Anyhow the bodies were "laid out," but both of them revived. Within the present week a medical man has informed me that some time ago he had been in attendance upon a child for scarlet fever. The relatives called upon him and told him the child was dead. As usual, he certified without examining the body. Within a day or two he was called to the same house to see another child. He then found the child whom he had certified as dead very much alive. It is very evident that this state of affairs renders insurance frauds easy of accomplishment. Industrial insurances in Lancashire are usual. It is not all the agents who are honest. It is therefore comparatively easy, so long as doctors do not examine the bodies of the dead before certifying, to procure certificates in order that insurance moneys may be drawn.

10,685. (*Dr. Willcox.*) You have not known of any cases where a medical man has examined the body and identified it as being dead?—No, I have not heard of such a case.

10,686. In every case where a death certificate has been given and a person has come to life the medical man who has given the certificate has not seen the body?—I never heard of his having seen the body.

10,687. (*Chairman.*) Your next point is, I think, with regard to riders; that they should be put in a separate document and not made part of the inquisition?—The Lancashire county coroners are of opinion that riders to inquisitions should not be included in the inquisitions, but should be in a separate document, or in the margin as directed by Mr. Justice Walton at Lancaster, in the case I have already mentioned.

10,688. Your next point is in regard to cases where the magistrates have dismissed the case, but the coroners' inquisitions have come before the assize court?—There are two cases that have been detailed to me by Lancashire coroners. The coroner for the Rochdale district of Lancashire, Mr. Molesworth, has furnished me with particulars of a case, namely, of Mrs. Berry, a hospital nurse at Oldham, who, after being discharged by the magistrates, was tried upon his inquisition and was convicted of murder by poisoning. The victim in this case was her mother. She had been buried upon a medical certificate of death from cerebral hæmorrhage. The doctor had not seen the body after death. It was found that she had been poisoned by atrophine. There were also two other cases against her. Children whom she had attended at the Oldham Workhouse Hospital were found dead in bed, without any apparent cause although post-mortem examinations had been made. Mr. Robinson, the coroner for the Blackburn Hundred, also informs me that a man and woman were convicted of manslaughter upon his inquisition, although the magistrates had refused to commit.

10,689. You think that a man ought to be tried on the coroner's inquisition, even though the magistrates have dismissed the case?—Distinctly.

10,690. (*Sir Horatio Shephard.*) So they can be?—Yes, they can be at the present time.

10,691. (*Chairman.*) And you would keep up that law?—I should earnestly desire to keep up that law.

10,692. I will ask you one further question. Supposing the magistrates commit, and the coroner commits, but the grand jury throw out the bill in the case of the magistrate's committal, do you think that the man ought still to be put on his trial on the coroner's inquisition?—I do not think there is any danger in that, because counsel for the Crown, in the exercise of his discretion, would certainly not offer any evidence.

10,693. As a matter of uniformity, ought not the two committals to be put on the same footing, the coroner's committal and the magistrate's committal?—I do not think so. You see, the grand jury is a jury of laymen. They have not the advantage of any legal assistance.

10,694. They have the summing up of the judge?—Yes, but that is a very perfunctory business, if I may say so. They have not the case presented to them sufficiently; and they are very often hurried.

10,695. They do not often throw out a bill, do they? If they are in a hurry they find a true bill, and say it is for the petty jury to determine?—Yes; but I think it would be a mistake to make that follow as a matter of course. The discretion of counsel for the Crown ought, I think, to be reserved.

10,696. (*Dr. Willcox.*) Is one of your reasons that none of the evidence which the grand jury hear is subject to cross-examination?—That is so.

10,697. (*Chairman.*) You have something to tell us about the appointment of divisional surgeons in Lancashire?—In Lancashire I am informed that they are appointed frequently by the police themselves. What their respective recommendations may be I do not know. They are frequently called in by the police without consulting the coroner where a serious case is apparent. The coroner in that event exercises his judgment as to instructing them to make the post-mortem examination and give evidence or otherwise.

10,698. (*Dr. Willcox.*) Do not you think that it would be desirable that some person or persons who are able to judge of the professional qualifications of

the medical man should appoint these gentlemen?—Certainly.

10,699. (*Chairman.*) Your next point, I think, is that inquests have been largely ineffective owing to the inadequate number of post-mortems?—Owing to the indisposition of the paying authority to encourage post-mortem examinations. That is the point I want to bring out.

10,700–1. Your point is not that the one guinea fee is not sufficient, but that they even object to the one guinea fee?—They object to any medical fees that can be avoided. I am satisfied that in the past inquests have been rendered largely ineffective from the indisposition of the justices and subsequently of the county councils to pay for post-mortem examinations. The divergence of practice amongst the Lancashire coroners with regard to the medical witnesses is shown by the following table for the year ending 31st March 1909:—

Coroners.	District.	No. of Inquests.	Medical Witnesses. £	*s.*	*d.*
H. J. Robinson	Blackburn	276	87	3	0
J. F. Price	Salford	365	192	3	0
F. E. Molesworth	Rochdale	207	24	3	0
S. F. Butcher	Bolton	293	225	18	6
S. Brighouse	West Derby	414	203	11	6
J. Parker	Preston	303	89	5	0
L. N. Holden	Lancaster	77	28	7	0
J. and F. W. Poole	Manor of Furness.	53	11	11	0
R. W. Ashcroft	Manor of Walton-le-Dale.	4	—		
F. Smith	Manor of Prescot.	5	2	2	0
H. Greenall	Manor of Hale	—	—		
		1,997	2,864	4	0

I am persuaded that in a large number of cases post-mortem examinations are necessary for the proper elucidation of the cause of death. I do not quite know how the difficulty is to be obviated. I believe it is gradually obviating itself, as the county councils are realising, as they undoubtedly are, the utility of the office of coroner. A Home Office circular to local authorities and coroners would be useful.

10,702. Then your next point, I think, is as to the question of a medical assessor?—The Lancashire county coroners do not see the advantage of having a medical assessor to sit with them. There is also a divergence of opinion as to the propriety of post-mortem examinations being made without inquests. I am strongly in favour of the proposal. The figures given by Mr. Graham in his evidence are most startling, and seem to me almost unanswerable. A suggestion has been made that a fee should be paid to medical men for a note expressive of their opinion as to the cause of death, where they cannot certify. These notes are not without value, though, as I have before stated, they may be of little worth. I do not think any fee is necessary. The doctors are usually willing, out of regard for their patients and kindly feeling towards the coroner, to give these notes. To pay for them without their being asked for by the coroner would be to procure a quite undesirable shoal of notes. To ask for them in the counties would involve a disadvantageous delay.

10,703. You think that practically all the benefit can be got by examining medical witnesses?—Yes.

10,704. (*Dr. Willcox.*) With regard to medical assessors, do you agree that there are some exceptionally difficult cases which the coroner has to investigate, such as deaths under anæsthetics, where it is very difficult to arrive at an exact conclusion as to the cause of death?—Yes, I think there is not any statutory power for the Home Office to send us such assessors. I think that on special request to the Home Office, such an assessor in very peculiar circumstances might be very useful; but I do not think many such cases would arise.

10,705. (*Chairman.*) But who would make the request—the coroner?—Yes, the request would have to come from the coroner.

10,706. The coroner would request the Home Office to authorise an assessor in a case of special difficulty?—Yes.

10,707. (*Dr. Willcox.*) Then I take it that as a general rule you think the coroner is able to form an opinion as to the cause of death from the expert evidence which he has before him?—Yes.

10,708. (*Chairman.*) You have already stated that you think every uncertified death should be reported to the coroner, and that it should be the duty of the relatives or persons present to make a report?—Yes.

10,709. Would you make any exception in favour of unregistered medical practitioners certifying the cause of death?—No, not for a moment.

10,710. Then I think you have a suggestion to make, that where a case has been inquired into by the coroner it should not be returned as uncertified to the Registrar-General, because it is the coroner's duty to find out the cause of death and report it?—Yes.

10,711. The next point is that you say you agree with Mr. Pepper that an inquest should be held whenever a case of death under anæsthetics happens?—Yes.

10,712. Did Mr. Pepper go so far as to say that an inquest should be held in every case?—His words are (*Q.* 4583): "I am very strongly of opinion that an "inquest should be held in every case."

10,713. Do you agree with that?—I do.

10,714. Do not you think that the coroner ought to have a discretion?—No, I think it is very necessary that an inquest should be held, but I should like to keep the newspaper gentlemen out of it. It is a choice of evils.

10,715. Certainly there ought to be an inquiry?—Yes.

10,716. But the question is as to the necessity of a public inquest. Everybody agrees that the coroner ought to be notified, and that he ought to make inquiry; but if he finds that the cause of death was inevitable, and that all reasonable care and skill were used, what do you say then?—If he could take that inquiry on oath, without publicity, it would cover the case.

10,717. But you have no doubt in your own mind, have you, that every case that is reported adds to the public apprehension and is a predisposing cause of fatalities?—That is so.

10,718. (*Sir Horatio Shephard.*) Do you lay stress on the need for examination on oath?—I think it is wise in that case.

10,719. (*Dr. Willcox.*) In fact the system of your Lancashire coroner before referred to would be useful?—It would be very useful in such a case. I think it would be well that the relatives of the deceased person should have an opportunity of cross-examining; therefore, you must take the evidence on oath. I do not think a private inquiry by the coroner would quite meet the case.

10,720. (*Sir Horatio Shephard.*) But supposing it is a case in which the relatives have nothing to say, and no complaint to make, and in which there was no reason whatever to suppose there was any carelessness, surely then an inquiry is sufficient?—You see the relatives are too prostrate to begin with to take very much interest in it. If there were an inquest, they naturally would be represented at that inquest, and they would take some interest, and then something might come out which otherwise would not have come out.

10,721. (*Chairman.*) You think that jurors ought not to be paid?—That is distinctly my individual opinion.

10,722. Would it not be hard in the case of agricultural labourers who are called from some distance and who lose a day's work, not to pay them some small sum?—The nation is doing a great deal for the working man to-day, and I think the working man ought to do a little for the nation. I hope that the day of a little self-denial for one's native country has not gone past.

10,723. (*Dr. Willcox.*) Do you think there would be any difficulty about getting jurors, if there were no fee?—I do not think so. The class of juror that we should get, if there were a small fee, would be very indifferent.

10,724. (*Chairman.*) You wish to draw our attention to some burial difficulties?—With regard to burial difficulties I had some time ago a rather remarkable case. A child had been born alive, and within a day or two had died without being previously baptized. The local registrar registered the death upon the certificate of the midwife. In this, of course, he made a mistake, as he had not any medical certificate. The child was subsequently taken by the midwife, along with the registrar's order, to the sexton at Ringley Church, a hamlet in my district. The child, not having been baptized, was buried as a still-born child. I am told that this is the custom in many parishes owing to the rubric of the Church of England not providing for any burial service upon those who are unbaptized. No notification of the burial was, as far as I remember, given to the vicar, nor was any register kept of the interment. I communicated with the Registrar-General, and he directed the prosecution of the sexton for burying the child as a still-born child. The magistrates, under the directions of their clerk, held that no offence had been committed. This was on the ground that the rubric not requiring any service, all had been done that the law required to be done. The prosecution was under section 18 of the Births and Deaths Registration Act, 1874, which is as follows: "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. 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, 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 registered medical prac-"titioner, 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 cannot be obtained, "and that the child was not born alive; or (*c*) if there "had been an inquest, an order of the coroner. Any "person who acts in contravention to this section "shall be liable to a penalty not exceeding ten "pounds." A case not dissimilar, save that no declaration was handed to the sexton, is reported on page 272 of the Coroners' Society Reports, 1890 to 1898.

10,725. (*Dr. Willcox.*) What is your view with regard to still-births? If the child is of an age that would be viable, should it be reported to the coroner?—I think it should be reported to the coroner, and he must exercise his discretion as to holding an inquest or otherwise. I do not think the certificate of a midwife is sufficient.

10,726. (*Chairman.*) On the other hand, still-births and miscarriages are things which people are very sensitive about, are they not?—Yes. I ought to have added an exception to that, that if there were a medical certificate, then I do not see why such cases need be reported to the coroner, provided that there is a medical man present at the delivery. What I do want to see is either a medical man actually present at the delivery, or else an inquiry by the coroner. Midwives are already imagining themselves very important people, and we do not want to extend their authority too much.

10,727. Is there anything you wish to say about flannelette?—I observe that there has been evidence before the Committee as to the danger of flannelette. As to the fact of this, with regard to low-grade flannelette, there can be no doubt; but it is equally true that the legislation with respect to the guarding of fireplaces has materially diminished in my district the number of deaths from burning. None the less, the wearing by young children of flannelette clothing is itself a great source of danger, and I should be glad to see legislation prohibiting the clothing of children under 10 years of age in low-grade flannelette; and I should also like to see legislation requiring that flannelette when sold by retail should be distinctly labelled with a notification that it is not wool, and possibly, as regards low-grade flannelette, that it is readily inflammable. The only difficulty about the latter notification is that flannelette varies according to its quality, and the amount of raising, in its readiness to catch fire.

10,728. (*Dr. Willcox.*) Have you any experience as to the "Non-Flam" variety?—I have seen it and I have tested it. I know the people who make it, and both before and after washing it has been found perfectly all right, and people who have worn it tell me it has not any deleterious effect on the skin.

10,729. But after prolonged washing do you know that it may become inflammable?—People who have used it for six months tell me it is all right.

The witness withdrew.

Adjourned.

At the Home Office, Whitehall, S.W.

TWENTY-SEVENTH DAY.

Friday, 5th November 1909.

Present:

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

Sir Horatio Shephard, LL.D. | Mr. William H. Willcox, M.D.

Mr. J. F. Moylan (*Secretary*).

Mr. Edwin O. Sachs, F.R.S. (Edin.), called in and examined.

10,730. (*Chairman.*) You are a Fellow of the Royal Society of Edinburgh; Chairman of the British Fire Prevention Committee; Vice-President of the National Fire Brigades' Union; Vice-President of the International Fire Service Council, and member of many technical societies and fire service corporations?—Yes.

10,731. And you are the author of: "What is Fire Protection," "Fires and Public Entertainments,"

"Facts on Fire Prevention" and numerous writings on fire matters?—Yes.

10,732. I think to-day you have come here to give evidence on behalf of the British Fire Prevention Committee?—Yes.

10,733. Will you tell us how that Committee is composed?—The Committee is an Incorporated Society of 300 members and 100 subscribers formed in 1897; the membership comprising mainly public technical officials, fire service officers, civil engineers, architects and surveyors, specially interested in the prevention of fires and the limiting of their extent.

10,734. I notice that you do not include insurance companies?—We have some insurance surveyors. The Committee have for 10 years conducted fire tests at their fire testing station, and have issued numerous reports on fire-resisting materials and fire appliances. They have also issued various reports on notable fires at home and abroad.

10,735. I should like just to ask there, how are those reports obtained? Are they newspaper reports or are they specially selected reports?—The reports on fires at home and abroad are compiled by either members or honorary members of the Committee who have been present or who get to the fire soon after the close of the fire.

10,736. What is the opinion of yourself and your Committee as to the extension of the London Fire Inquests Act to the country generally?—My Committee hold that the extension of the Fire Inquests Act to the United Kingdom would be most desirable, and in their opinion this extension would assist materially in the reduction of loss of life and property.

10,737. Can you give us the reasons for that opinion?—Such inquests, by the mere fact of their being known to exist, in the Committee's opinion, have a deterrent effect on arson and negligence, and especially on the non-observance or evasion of recognised precautionary measures and existing regulations and byelaws. The possibility of fire inquests would tend to obtaining efficiency in fire brigades, which is a most important matter, having regard to the fact that they are practically under no control beyond that of their own local fire brigade or watch committee, in the case of brigades paid for, wholly or in part, out of the rates, and under no control whatsoever in the case of the many volunteer brigades that receive no grants from public funds.

10,738. You think that an inquest, and the fire brigade men being called as witnesses, would tend to bring them up to a higher standard?—I think so, and above all, it would give an opportunity of showing under what difficulties some of the fire brigades, especially in rural districts, have to work, without getting any support from the authority at all and no funds perhaps. At the present moment, especially in certain rural districts, the fire brigades work under great difficulties. The possibility of fire inquests would prevent local authorities from being unduly parsimonious in the equipment and staffing of paid or retained brigades, or in refusing suitable assistance and facilities to volunteer brigades.

10,739. What exactly are we to understand by a retained brigade?—A retained brigade is a brigade where the men have another vocation but are retained by a payment, generally only a small payment, to attend fires and to attend drills.

10,740. A kind of retaining fee?—Yes, whilst a volunteer brigade is supposed to be a brigade composed of men who get no money; any man goes to the brigade and joins, knowing that he will not be paid.

10,741. There are three classes of brigades then—the regular fireman, the retained man, and the amateur?—Yes. The retained man is also to a certain extent an amateur. Inquests would also, in my Committee's opinion, tend to assist in keeping other public services concerned in fire protection up to the mark, such as the police, the ambulance service, and the water supply service.

10,742. That, I suppose, is very important?—Very important; they would also stimulate local inspectors of buildings, and such local inspectors as deal with the storage of petroleum, explosives and the like. They would also tend to keep certain tradesmen up to the mark, such as chimney-sweeps, electricians, gas plumbers, &c. Generally speaking, the possibility of an inquest or inquiry would make all concerned more careful.

10,743. So far as you know, have many fires taken place through defective electrical installations or defective gas plumbing?—A very considerable number. I might also add that the lax way of chimney-sweeping also frequently causes a fire.

10,744. Does that depend on lax sweeping or on bad construction of chimneys or both?—I should say both sometimes. Thus properly conducted fire inquests would, in the view of my Committee, influence the reduction of the number of outbreaks of fire and reduce the loss of life and property from fires that actually occur.

10,745. And are your Committee of opinion that the holding of fire inquests generally throughout the country would tend to diminish loss of life and property?—I am particularly desired to emphasize on behalf of the Committee that they think the holding of fire inquests would materially influence the reduction of loss of life and property from fire in rural districts and in towns other than the great industrial centres, especially in those minor municipalities in country districts where there is little interest and little or no control at the present moment. Inquests would also frequently bring out technical data of general importance, and influence local authorities in improving their forces, their appliances, and bringing regulations up to date.

10,746. You have personally attended a great number of inquests, I believe?—I have personally attended several fire inquests in the City of London, and I consider that as a whole they have been most beneficial to the development of fire protection in the Metropolis. My Committee hold that they have been really very useful indeed.

10,747. They agree in that opinion both with the coroner and with the head of the London Salvage Corps?—Yes, certainly in that respect.

10,748. They gave strong evidence to the same effect?—I think both Dr. Waldo and Colonel Fox are absolutely right in their view as to the beneficial influence of these inquests.

10,749. Now as regards applying the Act to the whole country; have you any suggestion to make?—My Committee hold that any Act applied to the whole country in the matter of inquests should include the following, namely: (1) The power and means for the coroner to appoint two technical assessors to sit with him as occasion arises on inquests; (2) the power and means to appoint a suitable coroner's officer with some technical experience; and (3) the power and means to conduct the inquests with celerity in suitable surroundings, there being specific powers to have shorthand notes of the proceedings taken, printed reports of the evidence prepared, &c., at the discretion of the coroner.

10,750. That would involve a good deal of expense, I suppose?—That is so, but the expense in time that has to be accorded to an inquest now-a-days sometimes is very considerable, owing particularly to the absence of shorthand notes. It is quite a slow procedure of question and answer and taking a longhand note.

10,751. I do not quite understand what you mean by appointing a coroner's officer with technical experience?—I am thinking that the coroner's officer would probably in the ordinary case be an ordinary policeman or police sergeant who has to do that work; but a practical foreman builder or a clerk of works, or a man of that type, who has some knowledge of building construction and construction in a general sense, would probably be able to assist the coroner very materially in determining whether an inquest should take place, and also in getting together details and particulars.

10,752. In getting up the case, you mean?—Yes.

10,753. As regards an inquest taking place, that is determined by the report of the Chief Commissioner of Police usually, is it not?—I am not quite sure of

that. Is it not upon the Chief Officer of the Fire Brigade's report?

10,754. The Chief Officer of Police's report, unless either the Lord Mayor or the Lord Chief Justice or the Home Secretary directs an inquest under the terms of the Fire Inquests Act in the City?—But on the report of the Chief Officer of the Police Force, does not the discretion still rest with the coroner unless he is asked by the Home Office or by the High Court to hold an inquest?

10,755. Certainly. Would you suggest then that every coroner should have two officers, one for fire inquests and the other for ordinary inquests?—No, I am afraid the expense would be too great, but I believe it might be overcome by retaining a man for a merely nominal fee, because the occasions are comparatively rare when his services would be required.

10,756. Then as regards assessors, in your opinion, is their any advantage in an assessor over an expert witness?—An expert witness is very apt to take sides; but the moment a man is in the position of an assessor, I think he looks at things very much more broadly.

10,757. On the other hand, is there not something in this: that one advantage in an expert witness is that he can be cross-examined, and then all sorts of points which might have been overlooked come out and are explained both to the jury and the coroner; whereas a technical assessor very often assumes that other people have merely the same knowledge as himself, and he does not bring out the details which the jury and the coroner want to understand?—It has suggested itself to some members of our Committee that it would be very useful if the coroner had the assistance of a technical adviser, so to say, at his side in putting questions. Sometimes questions, which to the technical mind would be perhaps obvious, would not necessarily be obvious to the coroner, and thus really good evidence might sometimes be brought out.

10,758. That is so; but that assumes of course, what is very seldom the case where there is a big fire, that the parties would not be represented by counsel to bring out these points. Counsel are coached up *pro hâc vice* by the experts, are they not?—Yes. Several of our members, however, seemed to think that someone just at the side of the coroner would help matters along more rapidly sometimes.

10,759. I want to take it one step further. Do you suggest that the coroner should merely have power to get an assessor if he wishes, or that in a fire inquest he should be compelled to have an assessor?—I think it should rest with the option of the coroner.

10,760. Are you aware that in certain cases (for instance, in a certain building accident some time ago) coroners now have called in a voluntary assessor?—I was not aware of it. Might I say that I believe that the question of an assessor would not mean a very serious expense. I believe there are quite a number of men of technical fire experience who would be able and willing to assist voluntarily, or merely for the refund of disbursements.

10,761. Are you thinking chiefly of the man as assessor or as an expert witness?—I think as an assessor.

10,762. I think you have something to suggest with regard to the powers of the Home Secretary in reference to these inquests?—My Committee desire to go further in the matter in this way, that they think the Home Secretary should also have power to order a coroner to make an inquiry into fires; and, should he deem it advisable, to order a technical as distinct from a coroner's inquiry on the lines of the Board of Trade inquiries into railway accidents or the Home Office inquiries into explosives. These powers, in the opinion of my Committee, are especially necessary where the issues of a fire are of great technical or national importance or where the Home Secretary is not satisfied that the coroner's inquest has been sufficient for technical purposes. My Committee consider that certain fires—as, for instance, the destruction of a certain class of large buildings in the Metropolis (say, warehouses, lodging-houses, theatres, with or without deaths), the destruction of villages or parts of villages in the country, fires in certain classes of factories and the like, are occasionally of additional importance from the technical point of view and need further inquiry than is to be expected from a coroner's inquiry, even when sitting with assessors who would probably have mainly the local aspect in view; and it is for this reason that my Committee desire to see certain additional powers vested in the Home Secretary, particularly in the case of theatre fires where no death has occurred, but where there may be many injuries.

10,763. You suggest a supplementary inquiry after the inquest from a purely technical point of view?—Yes, or if an inquiry has not taken place.

10,764. Rather like the inquiry that the Secretary of State can direct in the case of a mine accident?—Yes.

10,765. Which is quite apart from the inquest?—Yes.

10,766. You have something, I think, to say as regards the views expressed by witnesses from Manchester, who thought it would be inexpedient to extend the London Act to the country generally?—In regard to Question 4794, the opinion of my Committee is directly contrary to that of the Municipal Corporations Association, and they wish me to emphasize that. Experience both at home and abroad has shown my Committee that the causes of fires which were not obvious at the first moment are brought out by an inquest of this kind. A witness seemed to think that one could arrive at the cause at first hand. Then, on Question No. 4839, the view of the Committee is that the advice given by the jurors and the coroner in the City of London has been particularly useful, and they entirely differ with the view that the only man to obtain recommendations and advice from as to fires is the Chief Officer of the Fire Brigade; there are generally both laymen and officials who have useful ideas as to the cause of fires.

10,767. Very often I suppose you get a lot of expert evidence, and then the jury founding on that evidence make a recommendation as to the prevention of future fires, as to building construction, for instance, and means of escape.—Yes, and storage. I was particularly asked by several fellow members upon the Committee to point out that, so far as we know, without sounding the individual volunteer fire brigade officers, that they are all so keen on getting a reduction of the fire loss that they do not see any objections against fire inquests such as seem to be put forward by some people.

10,768. Now you are going kindly to tell us the result of the experiments which your Committee have carried out with flannelette and to explain the diagrams that you have brought which are very interesting. I believe your Committee have had under their consideration the question of reducing mortality among children owing to the rapid ignition of flannelette?—That is so. My Committee have been making investigations with the view of obtaining two series of data upon which to base recommendations. Not having been able to find any independent data on which to base such recommendations, their first object was to obtain reliable data as to the relative combustibility and rapidity in flame of flannelette, union, flannel, and flannelette treated by the "Non-Flam" process.

10,769. "Union," being a blend of flannel and flannelette?—A mixture of cotton and wool. Their second object was to obtain data as to a simple every-day method of testing or "proving" the relative fire-resistance of textiles, such as flannelette, as sold in retail shops.

10,770. Would you now kindly tell us the lines on which you conducted your experiments?—In order to precisely indicate the lines on which the data referred to have been obtained, I may state that the British Fire Prevention Committee have conducted fire-tests with all manner of materials and appliances that are intended to afford protection from fire for more than ten years, and that the members of the Committee entrusted with these tests have had considerable experience with such investigations. They test non-proprietary articles, *i.e.*, articles in every-day use, as far as the Committee's funds permit. They test proprietary articles on the application of the proprietors, who then pay a testing fee,

which goes to the general funds of the Committee. To give an idea of the relative number of tests undertaken on articles that are proprietary as distinct from ordinary, out of 23,000*l.* that have been expended by the Committee in ten years, about 10,000*l.* have been received in testing fees, whilst the remainder of the money was made up in subscriptions, donations, and loans. Messrs. Whipp Brothers and Tod, of Manchester, applied for tests with "Non-Flam" flannelette, in which they are commercially interested. In accordance with the rules of the Committee they have had to comply with all the Committee's wishes and conditions of test, which they have done very willingly; and one of the conditions to which every tester has to conform is to agree that reports be issued in respect to every test, whether satisfactory or unsatisfactory.

10,771. You reserve to yourselves the right to publication of every test?—We not only reserve to ourselves the right to publish every test, but we invariably publish everything.

10772. Will you now tell us the arrangements for the tests?—The executive decided that any tests with "Non-Flam" material alone would not suffice, but that other texiles would have to be tested at the same time. They specified that the following texiles should be tested, that is to say, ordinary flannelette (with a rough surface), ordinary flannelette (with a smooth surface), ordinary flannelette treated by the "Non-Flam" process as used commercially, ordinary flannelette as specially treated by the "Non-Flam" process to a higher degree of non-inflammability, union material, and flannel, *i.e.*, an all-wool material.

10,773. I do not quite understand what you mean by the two classes of the "Non-Flam" process?—We asked the maker to produce for us or put before us an article that was treated to a superior degree than what he sold commercially, so that we might be able to form some idea whether the extra expenditure in treatment would really mean a materially better result. The comparison, I might say here, is something like that between ordinary flannelette, the commoner sort, and the better flannelette, the fine surface flannelette; we hoped to get some basis of comparison. The executive decided that in every case the tests pieces should be either about one yard square or two yards square and that the specimens under test should be hung straight, be hung at one corner or be hung in pleats. They considered tests with smaller samples of little practical value. They also decided, I might here say, that after making various trials before actual fires in rooms, it would be best to have the fire applied either by a taper or by a spirit lamp, that anything in the way of a flare under a draught like a blow lamp or the effect of an explosion would not come under their idea of practical testing. They decided that in each series of tests, three sets of samples of the material under review should have passed respectively through three different laundries, one sample to be left untouched (*i.e.*, unwashed) by the laundry and the other samples to be washed and ironed a varying number of times as directed.

10,774. I suppose the one left untouched would not go to the laundry?—Yes, we passed the whole packet through the laundry; it was simply a matter of convenience.

10,775. And you told the laundry not to wash one sample?—Yes; the sample having been frequently cut off the same piece, it was also a better form of comparison. Messrs. Whipp Brothers and Tod were requested to nominate a laundry in the North of England, and the executive nominated a laundry in London, to both of which Messrs. Whipp Brothers and Tod were requested to transmit the material direct with their own instructions. The Committee further commissioned a laundry at Acton (near London) not known to the testor to wash material, to which laundry the executive sent material they received from Messrs. Whipp, and issued instructions direct without that firm's knowledge.

10,776. You call that the control laundry?—That was the control laundry. Regarding the washing of the sets of samples by each of the three laundries, two samples (as indicated) in each case were left unwashed as delivered to the laundry; two samples have been washed once and ironed once; two washed and dried five times; two samples have been washed 10 times and ironed 10 times, and two washed and dried 20 times. The precise particulars as to the nature of the washings, the soap used, &c., are in the Committee's records, and arrangements were made by which these records of washings can be supplemented by affidavits of the respective foremen in charge of the washings. At that time we did not know that this matter was coming before this Committee, and that is the precaution we always take in our ordinary procedure of testing—to have everything done in such a manner that in case of any doubt we can look up the facts a second time. In all, 420 samples of about 1 square yard and 90 samples of about 2 square yards were submitted for test, of which 366 and 90 were selected for test. The remainder stood at our testing station. This means that altogether 456 samples passed through our Committee's actual testing. The tests were conducted by a sub-committee of nine members.

10,777. Was there any chemist among them?—No.

10,778. Were you yourself there?—Yes, I was there. I was not on the sub-committee, but I was there the whole time. The custom of our committee is that I as chairman of the executive do not act on the sub-committee, because I may have to be looking after other things; but I was there the whole time, and the sub-committee comprised on that occasion the following members:—Our honorary secretary, Mr. Ellis Marsland, was in charge; he is a district surveyor by profession, and he was assisted by Mr. Percy Collins, J.P., an insurance expert; Mr. J. Herbert Dyer, the senior vice-president of the National Fire Brigades' Union; Mr. Horace Folker, for many years honorary secretary of the National Fire Brigades' Union; Mr. Oswald C. Wylson, an architect; Mr. J. W. Brooker, who is the chief officer of a volunteer fire brigade, a dyer and cleaner by business; one insurance surveyor, Mr. Chatterton, who has a considerable chemical knowledge; Dr. R. W. Henderson, J.P., a medical man, and chief officer of a volunteer fire brigade; and Mr. William Grellier, another district surveyor, so as to make it a representative sub-committee of the different interests on the committee.

10,779. Now as to ignition, what was done?—The executive decided that certain sets should be ignited by a spirit lamp, which was to remain in position underneath the sample during the period of the test without being removed. The executive considered this the severest form of test for their purpose.

10,780. Have you any note of the distance or extent of the flame?—In our report it will be found that it is a 4-inch flame from an ordinary sized spirit lamp placed directly underneath the material. If you will allow me, I will just put a photograph in of that (*exhibiting the same*). This was kept alight during the whole time of 60 seconds which the test took.

10,781. Shall we have your report, or will your evidence cover it?—I propose to ask you to allow me to put in the report of the committee, which is not yet quite complete, but will be complete before you have finished your inquiry.

10,782. As an appendix to your evidence?—As an appendix to my evidence; and I was also going to suggest that one or other of these diagrams might be appended, they can be reduced down very small; we are having an engraving made of them. We could put the plate perhaps at your disposal from which the engraving is being made.* With regard to the other samples which were not ignited by a spirit lamp, they were ignited by a lighted taper placed also directly underneath the material and withdrawn when it had started flaming, so that that might be called the standard test. There was a time limit put to each test of a minute, so that the relative amount of material consumed could be recorded for a definite comparative period. Where it was deemed advisable an additional time record was taken of the period it took the flame to travel the full vertical distance of the sample under test.

* *See* Appendices.

10,783. In the full yard, being a square yard, the time it took to travel one yard?—Yes, the time it took to touch the top. Sketches were made of the nature of the shape of the portion consumed and photographs were occasionally taken. I should like here to hand in a photograph to show that there was some interest in taking the photographs of the material actually flaming, as there is a great difference in the character of the flaming. (*Producing some photographs.*) For instance, flannelette flames upwards in a triangular manner. *That* is simply a piece of ordinary flannelette, one square yard, taken at 30 seconds. The precise area of the material under test in each sample was measured (because, of course, there was a slight difference in the washings, and sometimes in the actual width of the material), and then the precise dimensions of the piece consumed by the flame; and that served as a percentage basis of how much was consumed of each sample. In addition to these what I would call scientific tests or technical tests, we also undertook some demonstration tests. These were undertaken with garments of different sizes made of the ordinary flannelette, and commercial "Non-Flam" treated flannelette only. These garments having been washed and ironed five times and ten times respectively were placed on wire-framed dummies having some resemblance to the shape of female figures, fire in this series being applied by taper and the taper being applied either at the bottom hem of the garment or at the sleeve, and the duration of the tests being one minute and two minutes respectively, one minute for the ordinary material and two minutes for the treated material. I should also like to say that both the formal comparative tests and the demonstration tests were witnessed by a limited number of the Committee's members and a limited number of visitors who attended under the Committee's usual procedure. Sir Horatio Shephard attended on two occasions, and Mr. Moylan also came up to the testing station. I should like here to hand in three photographs of a garment before, at 30 seconds and at the conclusion (*exhibiting the same*). All these were ignited by a taper at the hem. And *this* would be the comparison of that particular lot (*exhibiting another photograph*). *That* is "Non-Flam" flannelette, at two minutes.

10,784. (*Dr. Willcox.*) Was it at the end of the two minutes glowing or dying out?—There is always the slightest red glow that continues.

10,785. (*Sir Horatio Shephard.*) The flame went out, did it?—No, it never flamed.

10,786. (*Chairman.*) It automatically died out?—Yes. These photographs, I should perhaps add, are only a selection of very many photographs that were taken. The practical results of the investigations have been that data have been obtained showing that the difference between the rapidity of flaming, &c., of ordinary flannelette and fine flannelette is very small indeed.

10,787. By fine flannelette, what exactly do you mean?—Fine flannelette we consider to be the best quality, the finely finished or the finely surfaced flannelette as obtained from the West End London drapers.

10,788. High priced flannelette?—High priced flannelette, and we have a record of the prices.

10,789. Does that necessarily mean flannelette without nap and closely woven, or does it not necessarily mean that?—It does not necessarily mean that, but the samples we got were closely woven samples of very nice fine finished flannelette.

10,790. With very little nap?—With very little nap. The difference between this fine finished ordinary flannelette and what I would call the rougher flannelette, in our experience, was, say, in the ratio of 95 to 100 so far as flaming was concerned. I would point to the diagrams to show that the difference is very small. Those diagrams, of course, only deal with about 200 out of our 456 samples. The difference between commercially "Nom-Flam" treated flannelette and specially "Non-Flam" treated flannelette by the Nom-Flam process, we also found to be very small; the flaming is only very slightly, quite fractionally, slower in the specially and more expensively "Non-Flam" treated flannelette. The rapidity of burning of ordinary or fine flannelette when washed compared with commercially "Non-Flam" treated flannelette when washed is quite remarkable, in fact scarcely conceivable, and is perhaps best expressed in the figures of ½ as against 95.

10,791. That is 0·5 as against 95?—Yes. There again the best ocular demonstration the Committee can put forward are the diagrams that have been personally prepared by our honorary secretary, taken from the actual original sketches taken on each of the 456 tests.

10,792. (*Dr. Willcox.*) Can you explain why are *those* burnt up so? Those are the special "Non-Flam" ones washed?—Two specimens of the specially treated "Non-Flam" burnt freely. We asked for an explanation from the testor, and the testor put in an explanation.

10,793. Was it the testor or the maker? Was it Messrs. Whipp that you asked?—Yes. We describe the maker as the testor.

10,794. Not the person who conducts the tests?—No, the person who submits to a test.

10,795. I should call him the testee?—Yes. We wrote and inquired of Messrs. Whipp Brothers, as we desired to have an explanation why those two samples went wrong, and they put in the explanation that among the many lots of materials they sent out, one piece was an old piece which their stockkeeper had put in by mistake. They sent us further pieces of that particular material to look into, and we compared them and we came to the conclusion that it must have been something of that kind and we accepted their explanation after due inquiry.

10,796. When you say an old piece, do you mean a piece treated by a somewhat different process from what they now adopt?—By what they describe as a less perfect or weaker process.

10,797. An older process which is now superseded?—Yes. They stated that that piece was in their stock room by mistake, and that they are taking steps so that the mistake should not occur again.

10,798. They are no longer supplying the public with that material?—No.

10,799. (*Dr. Willcox.*) That is to say, two mistakes were made?—We have the same material in two patterns, one striped and one plain, and the same mistake occurred again. It is not on these particular diagrams, but it is mentioned in my Committee's report.

10,800. (*Chairman.*) What generally was the result of your tests?—Of the several hundred samples under test that have been treated by the "Non-Flam" commercial process, four samples failed, *i.e.*, flamed, and likewise two samples failed of the specially treated flannelette. There were also two doubtful samples, one "commercial" and one "special." The testers' explanation (if you will allow me to repeat it) for the failure was that certain pieces of material from the assorted collection of material submitted to the Committee had been sent in error, and comprised material that had been treated some years back, by a process not perfected to the extent of what was now in use. The Committee, after looking into the matter, accepted the testors' explanation. I would here say that for the purposes of the Committee's official report, which is coming out, we consider a failure anything that is burnt more than 25 per cent. (or I may call it, that burns rapidly), no matter what the class of material may be, and that anything between 5 per cent. and 25 per cent. we say flames readily, and that anything under 5 per cent. we call flame-proof or non-flaming.

10,801. (*Dr. Willcox.*) In what period of time?—Always in the 60 seconds, and always on a square yard and always hung flat. I am coming to that in a moment.

10,802. (*Chairman.*) Will you proceed?—The Committee have found that, with the above exceptions, the uniformity in the efficient fire resistance of the commercially "Non-Flam" treated flannelette in respect to all the various samples and various colourings, textures, type, &c., and varying number of washings can be considered for all practical purposes very equal. Here, again, I would refer to the diagrams, which show that,

taking the average, there is very little difference between the number of washings, and, if one looks at the samples by pattern, very little difference with samples in pattern and colour.

10,803. You do not know whether in washing according to the laundry practice a slight degree of alkalinity is left in the water?—My Committee's official report will give a full detailed description of how each set of samples was washed with soap, the amount of anything left in it, and I should like to put that in.

10,804. I ask for this reason: We have had evidence that according to ordinary laundry washings, when substances like flannel are washed a slight amount of soap is left in the water which keeps the water alkaline, but that in private washing among the poor the practice is to rinse with pure water, the water is deprived of its alkalinity and then some portion of the product is washed out?—If I may read from a draft of the report, in respect of one of the laundries, they say:—"The various fabrics were thoroughly "washed by hand, one piece at a time. They were "again squeezed out by hand, returned into the "original 'thin liquor' consisting of soap and soda "solution at 25° to 30° Centigrade, then into a soapy "rinse made up of 1 lb. oil soap to 120 gallons of "water at 30° to 35° Centigrade. The pieces were "then again squeezed out through rubber-covered "rollers, hydro-extracted, and finally ironed twice by "machine while still damp."

10,805. (*Sir Horatio Shephard.*) No fresh water?—No, the water was always slightly alkaline. If you will allow me, I will also put in particulars of the other laundries.

10,806. (*Chairman.*) That will be in your report?—Yes. Here, however, I would like to say one other thing; that of the samples of flannel, one sample flamed freely. You will see it illustrated on the diagram, the second on the diagram.

10,807. Was that flannel really all wool, or was it not?—I am afraid I cannot say that, but if it is of any interest to you, we will get hold of the piece and have it looked into; we have it at the testing station. Then I would also point to the diagrams. I have been speaking of ordinary flannelette and treated flannelette so far. I should like particularly to point out that union runs flannelette very closely in its flaming qualities and that flannel, on the other hand, with that one exception, showed itself to be uniformly very slow-flaming.

10,808. Very resistant.—Very resistant indeed. In fact there is a certain equality between flannel and the "Non-Flam" process flannelette.

10,809. (*Dr. Willcox.*) Can you explain why those two samples of unions did not flame like the others?—Yes. Union when it has not been washed seemed to us to flame less readily than if it had been washed. We found that almost right through; in fact the difference between the union washed and unwashed in all these cases is very marked.

10,810. (*Chairman.*) What is your view as to wearing capacity in treated and untreated flannelette?—The Committee were informed that the commercially "Non-Flam" treated flannelette is somewhat dearer than ordinary untreated flannelette. At the conference, after the first testing day, it appeared to the executive that commercially "Non-Flam" treated flannelette might have greater wearing capacity and strength than the untreated flannelette; that is to say, it appeared to them that the treatment gave the material some benefit other than that of non-inflammability. It was at the Committee's suggestion that Messrs. Whipp thus arranged to have some tests undertaken as to the wearing capacity of commercially "Non-Flam" treated flannelette, these tests being undertaken by the testing house of the Chamber of Commerce at Manchester. It would have been outside the sphere of my Committee to supervise such test as to the wearing capacity, but it has been decided to put in a summary of these wearing tests in the Committee's official report as an Appendix, and I do not know if that has been put in in any other form to you. Shortly expressed the wearing capacity of "Non-Flam" commercially treated flannelette appears from the data procured by the Committee to be about 19 per cent. higher than that of ordinary flannelette of the same grade. There thus appears no reason why, when properly guided, the public should not eventually buy treated flannelette at the slightly higher price and have the benefits of its higher wearing powers irrespective of its advantages of non-inflammability.

10,811. In the opinion of your Committee the extra cost of "Non-Flam" treated flannelette would be compensated by the extra wearing qualities?—Yes.

10,812. (*Dr. Willcox.*) Can you tell us whether the process of rendering flannelette non-inflammable increases the weight?—I do not know. We did not weigh our samples.

10,813. (*Chairman.*) And you have not yourself tested it, I suppose, to know whether there is any appreciable difference in the feeling of it to the skin?—No, I do not know any of those facts.

10,814. (*Dr. Willcox.*) Or in the heat-conducting qualities,—that is very important?—As warming to the body, do you mean?

10,815. Yes?—We did not go into that.

10,816. (*Chairman.*) Will you kindly go on?—As it has been put on record that the Committee have been rather exacting with Messrs. Whipp Brothers, they wish me to state that in every case we found them quite ready to put everything before us and to take any amount of trouble to answer questions and go into details, which is not always the case with gentlemen who come up before us for tests. My Committee also thought that they would like me to mention that earlier, I think two years ago, the Committee went into the question of some tests with a treatment of fabrics where the treatment was applied in course of washing. But those tests were not so much in respect of flannelette as in respect of chintz, chiffon, calico and similar materials. I thought that that should be stated because our reports sometimes refers to it.

10,817. There are a great many substances, of course, which need washing to render the material temporarily fire-proof?—Yes.

10,818. Tungstate of soda, borax and so on?—There are records in our Committee that Her Majesty Queen Victoria, 50 years back, ordered the muslin curtains in her bedroom to be treated with some chemical of that kind to make them non-inflammable. A chemical treatment during the process of washing must thus have been known of so far back to have been brought to her notice. We, however, did not find that any such process had been generally adopted at that period.

10,819. What other object had you in making your tests?—The second object of our tests was to find some way of proofing flannelette. As to the manner for testing any flannelette sold as "non-flaming," my Committee have come to the conclusion that the following should be a useful standard guide for testing its fire resistance:—(*a*) Three samples, comprising each (about) one square yard of the material to be tested, shall be washed and ironed 10 times. (*b*) The samples shall be ironed once (in addition) with an ordinary household iron within three hours but not less than one hour of the test and shall be dry to the touch immediately before testing. (*c*) The samples thus washed shall be measured exactly and their area shall not be much above or below a square yard by more than one-tenth. (*d*) The samples shall be suspended in rotation from a wooden lathe vertically by three tacks, clips or other metal fastenings. (*e*) Fire shall be applied in the centre of the bottom edge from a taper, diameter not more than 12 or less than 6 inches long. (*f*) The lighter end of the taper shall be held at the edge for not less than 15 seconds or more than 30 seconds. (*g*) If not more than 5 per cent. of the area actually under test burns within 60 seconds, when taken on the average of three samples, the material used shall be considered "non-flaming." A proofing of this kind could be undertaken by any public (male or female) inspector of average intelligence and without great effort or expense, and within a reasonable period (48 hours) of the samples being taken for examination.

10,820. Then I think your Committee have recommendations to make on this subject of flannelette?—My Committee's recommendations in the matter of safety of children from flannelette are as follows:—(1) That the definition of "dangerous" be applied to flannelette of which more than 5 per cent. will burn in 60 seconds under the tests as per the Test Schedule, and that it shall not be permissible to sell such material unless there be plainly woven into the selvage every 12 inches apart some such words as "flames readily" or "burns rapidly."

10,821. Do not you think it would do if a ticket was pinned on to each piece of stuff "inflammable"?—We discussed that at some length and we came to the conclusion that drapers and also users might be constantly losing anything that was affixed. In fact we had some difficulty about garments, which I will refer to directly; and there seemed to be no hardship in requiring the manufacturer to print something of that kind on the selvage, because they put names or trade marks into the selvage of different materials.

10,822. But just take a test case. Supposing a man buys a pair of cricket trousers, he would not like to appear somewhere about them the word "dangerous"?—My Committee perhaps take a strong view on the matter; but then their object is fire prevention, and they are very desirous of the public being taught the danger of flannelette, and they thought it was the quickest way for the public to appreciate it.

10,823. It would be; but I am afraid on an ordinary pair of cricket flannels you would have this danger signal repeated six times——

10,824. (*Dr. Willcox.*) What do you mean by the selvage?—We are told that the selvage is a little white or coloured kind of border that you find on pieces of material.

10,825. (*Chairman.*) Not on the material itself?—No.

10,826. (*Dr. Willcox.*) So that if the cloth were made up into a garment the selvage would not be visible?—I do not think the selvage would appear, or very rarely.

10,827. (*Chairman.*) If the selvage is cut off, there is nothing in that point of course that I put. It is only a question of expense?—Yes. The second recommendation is that on any flannelette or union sold as being "non-flaming," there shall be woven into the selvage every 12 inches the words "non-flaming." If you buy a rifle you have a proof mark on it, and if you buy an anchor chain you have a stamp on it, and if you buy foods of sorts and drugs of sorts there are enactments that dangerous things shall be marked in a certain way; and my Committee take the view that for certain purposes flannelette is essentially a dangerous article, and, on the other hand, that if a thing is sold as being safe, there should be some form of safeguarding the public that they do not have a false idea of security. The third suggestion is, that where ready-made articles of clothing of flannelette or union be sold, the respective descriptions of "burns rapidly" or "non-flaming" be twice woven into the principal band of the article of clothing or firmly stitched in two places on an inner hem of the garment. Fourthly: That any wholesale or retail house selling flannelette or union in piece or in ready-made garments not properly marked, or selling as "non-flaming" a material not complying with the tests, shall make itself amenable for prosecution under some such simple and rapid procedure as that adopted in the Food and Drugs Act, the central authority reserving to itself the right to prosecute if the local authority does not do so. Fifthly: That parents and guardians be made specifically responsible by Act of Parliament (say, by an amendment to the Children Act) for death or injury from fire to children under the age of 12 wearing union or flannelette material that is marked "burns rapidly" or has not been treated with a view of reducing its flaming properties.

10,828. What do you mean by their being made responsible; how far would you carry the responsibility of the parent?—I think to the same extent as is set out in the Children Act. There are not many judgments under it as yet.

10,829. Do you mean that the parent is to be liable to a penalty or guilty of manslaughter?—I have not put the question to my Committee as to that, but certainly they think that, whatever the punishment may be under the Children Act for carelessness with fire-guards, that same punishment should be applicable to flannelette.

10,830. What is your next recommendation?—That a byelaw be framed which local authorities can adopt by resolution, under the usual procedure, giving them authority to expend within the next three years a reasonable sum (say, up to 1*d.* per head of population) in public warnings against the use of untreated flannelette as a clothing material. You will remember that there have been public warnings issued by local authorities as to various dangerous things from time to time, and the procedure might be to give them power to adopt a byelaw of this description. Of course, in any legislation there would have to be intermediate rules until the present stocks of material were absorbed.

10,831. It is a rather a comprehensive code you are suggesting?—Of course, a milder way of saying "burns rapidly" is to have a simple word; but to have no special mark on the ordinary material, that would be impracticable if there is to be a penalty for guardians or parents allowing children under a certain age to use it.

10,832. Practically, at present, the whole of the children of the poor in winter are clothed in flannelette, are they not?—I am told the large majority are.

10,833. And when one hears of the death of a child from burning, the child is found to be clothed in flannelette and the flannelette may or may not be the cause of it; but it always happens that the child is wearing flannelette?—Yes.

10,834. We do not know exactly to what extent the flannelette is responsible, do we? We have no precise figures to go upon at present?—I do not think any of the statistics in the Registrar-General's Reports give a really clear picture of death by flannelette.

10,835. There are a certain number of cases in which the question has been investigated carefully at the inquest, and in the majority of cases all we know is that the child has been burnt; and the child, according to the ordinary custom of the poorer class of parents, is wearing flannelette?—Yes, I quite agree that we have no definite data at all. We have been very carefully into the matter.

10,836. You have not been able to obtain any data?—No; we have only been able to obtain unofficial particulars from the press and so on on the subject. Cases where children wearing flannelette have caught fire seem to be very numerous, but we cannot find a large list where it is specifically shown in a return that the direct cause was a spark catching on the flannelette.

10,837. Flannelette, one may take it I suppose, in 99 cases out of 100, is a concomitant though it may not be the cause?—It may not be the direct cause, but it must very materially help. The moment you see flame touch a garment like that hung up or touch pieces of that size (as on the diagrams), one is quite forcibly struck by the rapidity of burning, especially when there is a pleat.

10,838. Have any tests been made as to the burning qualities of flannelette worn so to speak as an under-garment with garments of other stuff worn over it?—My Committee have not made any.

10,839. That is a condition that one gets in actual life, is it not?—The external garments are often flannelette too.

10,840. They may or may not be. I was thinking of a child in the daytime wearing its cotton frock or possibly some other material as well as the flannelette petticoat?—My Committee have not undertaken any tests in that direction. But they understand that a great many of these fires occur where the flannelette is what I might term the single garment that is being worn, like a night garment, and the same also with grown-up people.

10,841. There is one more question I want to ask with reference to your recommendations. Have your Committee considered this point: Flannelette, no doubt, is very inflammable, but how does it compare

with muslin or other light gauzy things?—We have not in this series undertaken any such tests. But referring to some previous tests which I have already referred to on an entirely different subject, there appears to be a rapidity of burning in flannelette, chintz and chiffon.

10,842. Have you got any relative statistics?—All those materials seem to burn rapidly.

10,843. I suppose muslin and gauze are even quicker?—"Chintz burns fiercely when it is started in "about three seconds, and fell from beam in 26 "seconds," and "chiffon started to burn freely at "once—it fell from beam in 12 seconds."

10,844. The point that was weighing with me is this. If you have drastic legislation such as your Committee suggest, can you single out one particular article like flannelette and not apply the same rules to all other dangerous things which are worn by women and children?—Flannelette has, so far as we can see, the extra danger of the rapid spread along the surface, which, by the mere rapidity, in our mind, although we have no data on the subject, must give a very severe shock to the person. The question of shock must enter into the matter quite as much as the question of flaming.

10,845. You think that there would be a more dangerous burn from flannelette than from a muslin dress?—Yes, and more dangerous than calico.

10,846. Is it more difficult to extinguish?—Yes, it is more difficult to extinguish.

10,847. And by the nature of the thing, being a somewhat thick material, there would be a more severe burn?—There is more body in the flame and the travel is so rapid. I know that the suggestions as to making the ordinary flannelette have a label or a mark on the selvage "dangerous" is perhaps drastic, but there are quite a number of precedents for it, especially under the Food and Drugs Act and under the False Labels Act, I believe.

10,848. In the case of margarine it is quite sufficient to put on a paper label; it is not required to weave into the substance "margarine"?—No, but it is necessary in certain things to mark specifically on the article itself. Also this question of marking occurs in trade by saying "the country of origin," where it is absolutely stamped into the material that you buy.

10,849. I do not know whether your Committee have investigated this point at all. We have been told, quite apart from this particular "Non-Flam" sold by Messrs. Whipp, that in certain shops they sell flannelette as "non-flaming" or something of that kind which is not protected in any way really, but is simply rather closely woven. Has your Committee gone into that?—That has not come to our notice, but it was really with a view of preventing the wrongful sale of materials that we thought some summary form of prosecution should be brought in with a simple form of test. I need hardly say that if we were to put the matter in order of importance, we attach the greatest possible importance to that point. If there is to be legislation for preventing a man selling something under a wrongful label which gives the buyer a false sense of security, that from our point of view is almost a criminal thing to do.

10,850. (*Sir Horatio Shephard.*) Have you formed any opinion whether the poor in buying flannelette know that is dangerous or not?—We have very little to go upon; but if we go upon what the workmen we have at the testing station tell us—it was an absolute revelation to them—that flannelette burnt more rapidly than anything else—than the flannel. I have personally spoken to at least four men at our testing station, to see whether they knew anything about it beforehand.

10,851. Perhaps they had not had experience of its dangers?—They had not heard of it somehow.

10,852. As to those pieces of which they say there has been some mistake, you speak of their having sent you pieces of stuff; what size samples did they send you—yards?—They sent us in most cases pieces two yards long; that is to say, that is how the delivery took place. We will assume that there were six yards cut up into three pieces, two yards long each, going to the three different laundries.

10,853. There were several more, of course, that failed?—Yes.

10,854. They were all off the same two pieces?—Off two pieces.

10,855. (*Dr. Willcox.*) In your experiments you found that the union material was much more inflammable than the flannel, owing to the admixture of cotton?—Yes, I believe it is expressed in figures—going by memory—that it was 70 per cent. consumed of union to 95 per cent. consumed of flannelette.

10,856. May one take it then that a pure cotton garment, such as many types of calico, would be practically as inflammable as flannelette?—No, because it has not got the fluffy surface.

10,857. The nap?—The nap; that would not be a deduction from our experience.

10,858. But calico is an inflammable material?—Certainly.

10,859. And it approaches flannelette in inflammability, if not being quite so inflammable?—I have no data to go upon. What results I have given are simply based on what we have actually seen and tested, but I can quite see that it might be of value to also get a comparison with other materials.

10,860. I have in my mind the inflammability of an ordinary calico nightdress as compared with one made of flannelette?—I am not speaking of these tests now, but from experience of what I have seen at fires, calico is a slower burning material than flannelette, and besides being slower, I find—it is difficult to explain it—the one burns and the other flames in a sheet. Flannelette flames in a sheet; it has quite a peculiar method of flaming, across the fluff; whilst calico burns. You can literally see the burning, the flame going gradually up. There is a great difference in the rapidity of shock.

10,861. Could you express numerically the different rates?—I cannot without experiments.

10,862. There would not be a great difference, would there?—I think there is a material difference.

10,863. Then, as regards the heat produced by the flame, you said that there was more body in the flame of flannelette than in that of muslin and other materials?—Yes.

10,864. You have not done any actual scientific experiments to estimate it?—No, that is merely from personal visual observation.

10,865. We have heard from some of the other witnesses that the nap of the flannelette will cause the flame to flash over its surface, but that that flame is distinct from the actual burning of the body of the material. Have you had any experience of that type of burning? Do you follow what I mean? Some witnesses have told us that if flame were applied to flannelette you might have a flash flame over the surface going to the nap, but the body of the material would not ignite?—That has not been our experience. The flame on the nap has travelled naturally more rapidly than the flame on the body of the textile, that is to say, you could see the fluff flaming ahead of the body, but invariably the body has caught well alight and flamed readily also.

10,866. And those diagrams refer to burning through the whole body of the flannelette—the whole thickness?—The whole thickness, yes. I have some photographs here showing the difference between what I will term the actual burning of the body, and others where you see the flame going over the top. This photograph (*exhibiting the same*) gives you a view after 30 seconds of four different samples after different washings at different laundries. You see the flame is naturally a little ahead; you can see it distinctly *here*; the fluff is burning *here* while the body is burning *there*; it is quite distinct.

10,867. (*Dr. Willcox.*) What was the maximum number of washings you gave the "Non-Flam" flannelette?—20; 20 washings and 20 dryings; that is to say, each piece was washed and dried in succession 20 times.

10,868. And there was no very appreciable difference?—There was no appreciable difference between one washing and 20 washings.

10,869. (*Chairman.*) Is there anything else you wish to say?—My Committee have been informed that the process we were testing, the "Non-Flam," seems to be the only efficient process, and obtainable only from one firm, and they wished to say that if there was any opportunity of doing so, that they do not wish to see anything done that might eventually lead to there being a monopoly in such an important safeguard for the public. We distinctly wish the public to be protected from anything of the kind.

The witness withdrew.

Captain Arthur Desborough called in and examined.

10,870. (*Chairman.*) You are one of His Majesty's Inspectors of Explosives?—Yes.

10,871. I understand that at your explosives factories, where I suppose cordite is made——?—Where all explosives are made.

10,872. You insist that the workmen shall wear uninflammable garments?—In Licences we always put in the following term: "The outer clothing of all "workpeople employed in every danger building shall "be of uninflammable material." There are further limitations,—for instance, they may not have pockets in the clothing, but that is for other reasons.

10,873. Will you tell us what you mean by uninflammable material, and how you test it?—The test is carried out by stretching the material to be tested on *this* framework (*exhibiting the same*). To carry out the test 200 grains of a certain size cordite are put into a little pan and ignited; they burn between five and six seconds, and the material, to pass the test, should not allow the flame to pass through. I have here a piece of ordinary flannelette which was treated by our chemists with a solution that we recommend. I put it to the test this morning, and *that* is the result (*exhibiting a scorched piece of flannelette*). This tear you see came, I may say, afterwards; it did not appear at the time. This stuff stood very well indeed.

10,874. Was this stuff bought?—No; we received it from Mr. Moylan.

10,875. It was untreated flannelette?—Yes. Then I got our chemist to treat it with our solution.

10,876. (*Sir Horatio Shephard.*) Is the treatment permanent?—No, to the best of my belief it is not; the factory owners have to redip their clothing material in the solution each time after washing.

10,877. (*Chairman.*) Would you give us your prescription?—"The material should be dipped in the "following solution to render it uninflammable: "Ammonium sulphate, 8 parts; ammonium car- "bonate, 2½ parts; boracic acid, 3 parts; borax, "1¾ parts; and water, 200 parts. Dissolve, then add "two parts of starch, stir well and boil. The fabric "should be dry before steeping in this solution. "Garments should, of course, be resteeped always "after washing."

10,878. The material is washed in the ordinary way and then put in this solution?—Yes.

10,879. For how long?—It is just dipped in and then hung up to dry.

10,880. Does it in any way affect the fabric?—It appears to make it rather harsh to the touch.

10,881. So that for commercial purposes the garment would not be satisfactory?—That is a point that we do not consider.

10,882. (*Dr. Willcox.*) It would be unpleasant to wear as a night-dress?—Possibly; but it is all important from our point of view that the people should have uninflammable clothing. I may say that we have great difficulty in hot weather in enforcing the regulation that they should not turn up their sleeves.

10,883. (*Chairman.*) What is the objection to their turning up their sleeves?—It exposes more surface to be burnt.

10,884. You mean that you have little minor explosions as well as major ones?—It is not a question of explosion at all; it is the fire risk where the explosive gets on fire and does not explode. I have actually here a sleeve from a man who was in one of these fires. It was cut off afterwards. It just shows the mark of burning; it did not burn through.

10,885. He was in the properly treated serge dress?—Yes. We frequently have explosives firms sending up samples to us and we test them from time to time.

10,886. What is the test you apply?—May I show the test?

10,887. Yes?—*This* (*producing it*) is a piece of flannelette which we have treated with our solution.

10,888. You are now going to show us the cordite test you have described to us?—Yes (*performing the test with three pieces of flannelette*). It is a fairly drastic test, you see.

10,889. You have kindly given us three tests with the cordite flash, (1) with flannelette treated with your solution, (2) with "Non-Flam" flannelette, (3) with ordinary untreated flannelette. The result is that as regards flannelette treated according to your process, there is absolutely no flame?—No, the flame of the cordite does not pass through the flannelette, and the flannelette does not apparently burn.

10,890. As regards "Non-Flam" the material is practically destroyed; it is too severe a test?—Yes.

10,891. But there is a considerable difference between "Non-Flam" and ordinary untreated flannelette as we saw?—Yes, the untreated flannelette supported combustion after the source of the flame was extinguished; the "Non-Flam" did so with difficulty.

10,892. Is the cordite test that you showed us more severe than anything that would happen in ordinary life, or would there be anything you could suggest which would correspond where an equal amount of heat would be applied?—I should say that the ignition of petroleum vapour would be about as severe.

10,893. Or a gas explosion?—A gas explosion is so quick that it is rather a different thing.

10,894. Or a child falling with its arms in the fire? I should think that would be as severe as the cordite test.

10,895. The cordite test in fact is too severe for a commercial test?—Yes, it is intended for specific purposes.

10,896. And as you told us, the goods treated with the Government solution do become hard and somewhat unwearable?—Yes.

10,897. Do you know whether any experiments have been made to obviate those inconveniences? Do you know whether anyone has worked upon those lines to find an equally good preservative which does not interfere with the use of the material as clothing?—We have had a number of solutions suggested to us for treating the clothing, but in every case the solution has been such that the clothing must be redipped after washing.

10,898. You have had no permanent solution suggested to you which would answer your tests?—No, but we have permanent cloths which do answer the test without treatment at all—woollen materials.

10,899. You mean for outside wear?—Yes.

10,900. How are they treated or tested?—They are tested in the same way. The principal feature in the cloth itself is the close weaving.

10,901. So that as regards flannelette and everything else, you think very much depends on the texture as well as the substance?—The texture is one very important point.

10,902. When you come to the substance, wool is much less inflammable in its nature than cotton?—Yes, very much.

10,903. But the closer you weave wool, and the closer you weave cotton, the less the danger?—Probably.

10,904. You have not, I suppose, actually experimented on that?—No.

10,905. Are these cloths, that answer your tests, for outside wear treated in any way?—As a rule not, but they are very hard and harsh. I have a specimen here if you would like to see it. *This* (*producing the*

same) is a sample that has not been tested, and *here* (*producing another sample*) is a piece that has been subjected to the cordite test.

10,906. These, I suppose, are specially made for the work?—It is called powder cloth.

10,907. For use in your powder factories?—For use in the powder factories.

10,908. It is very heavy?—Yes. There is another point about the material,—that the smoother the surface the less inflammable it is.

10,909. Where you have a nap there is much more to catch the flame?—Yes.

10,910. You have not done any experiments for the Home Office on any of these substances, I think?—No, nothing at all.

10,911. So that you cannot assist us further than you have done?—No.

10,912. We are very much obliged to you for kindly coming and giving us this demonstration?—Thank you.

The witness withdrew.

Mr. Charles Lambert Rothera, B.A., called and examined.

10,913. (*Chairman.*) You are, I believe, a B.A. of London University and a practising solicitor?—I am.

10,914. And you have been Coroner for the Borough of Nottingham since 1891?—Yes; it is now called the City of Nottingham.

10,915. What is the population of Nottingham?—About 253,000, computed since the last census.

10,916. And its area is 10,935 acres?—Yes, and the length from north to south is seven miles, and from east to west four miles at its broadest point. It comprises a network of, I think, 17 railways, there being a number of stations within the city, several collieries, the River Trent, and miles of open canal, large engineering works, many factories, an electric tram system, and other concomitants of a manufacturing city, also a large lunatic asylum and a smaller private one, two workhouses and an infirmary, and a large general hospital serving the county for miles round the city, and a children's hospital and two hospitals for women, and a prison for city and county prisoners. I have all these details from official returns made by the Medical Officer of Health.

10,917. Will you tell us whom you succeeded?—I succeeded the late Mr. Michael Browne, who had been coroner for the borough for, I think, something upwards of 60 years. He had a very long tenure of office.

10,918. At what age did he die?—Upwards of 90 years. I do not know precisely.

10,919. Did he do his work himself or through a deputy?—Usually through a deputy, but he occasionally came forward if there was any very important inquiry.

10,920. Even up to his death?—Even up quite to the last.

10,921. Did he retain his sight and hearing and general ability?—Yes, he was a very alert man for his years.

10,922. How was he paid?—He was paid a fee of 1*l.* 6*s.* 8*d.* per inquest; and for a good many years before his death he had an extra fee of 40 guineas a year for inquiries which did not result in an inquest.

10,923. That would be under the ordinary provision of the general Act, would it not?—I really do not know how it was.

10,924. 1*s.* 6*s.* 8*d.* is the regular statutory fee where there is no special Act?—Yes.

10,925. His salary computed in fees according to the number of inquests he held in a year, came out at about what?—About 320*l.*, and he had the 40 guineas extra.

10,926. What happened on his death?—During the time that he was coroner, the council, on the recommendation of the finance committee, passed a resolution that upon the next appointment of coroner they would pay him by salary in lieu of fees, and (still during his incumbency) the finance committee recommended that on the next appointment, whenever it should be made, a salary of 250*l.* a year should be offered, the Corporation to pay all usual out-of-pocket expenses, and to find stationery and the like; and when the time came to make the appointment it was offered upon that basis of a salary of 250*l.*

10,927. And you accepted it?—I was an applicant and I took it upon that basis.

10,928. Have the number of inquests increased very much since then?—Yes, they have gone up. Last year there were 307; the maximum number that I have taken in any one year was 321 in 1907.

10,929. And the maximum taken by your predecessor?—240.

10,930. And in consequence of that increase in the number of inquests, have you applied for an increase of salary?—Yes, I think it was commonly understood and believed that the payment of fees led to many inquests being held that were unnecessary and that if a salary were offered the number would be less. Experience, however, did not prove that to be an accurate impression, because I have never held so few as 240 since I have been coroner; it has gone up from 248 to 321. This year there has been a drop again, it has been a thin year.

10,931. In what proportion of cases do you hold inquiries and not inquests?—I have in my district two asylums, two workhouses and an infirmary, and all deaths that occur in those institutions have to be reported to me, whether there is anything peculiar about them or not. Every report that comes to me I have to read through and investigate, so that if I include those, I have a very large number—upwards of 200 a year; but of ordinary cases that come to me through the police, or through medical men who are doubtful whether they might properly certify or not, I should not have more than perhaps 40—somewhere between 30 and 40 a year.

10,932. I think you have some tables that you wish us to look at showing the difference that it makes through your salary being paid in a fixed sum instead of in fees?—Yes, that is interesting. I was appointed at the end of April 1891. The table is as follows:—

Coroners' Inquests in Nottingham.

Year.	No.	Salary.	Fee Rate.
		£ *s.* *d.*	£ *s.* *d.*
1891 - -	225 / 71 } 154	168 16 8	205 6 8
Jan. to April -			
1892 - -	234	250 0 0	312 0 0
1893 - -	248	250 0 0	330 13 4
1894 - -	232	250 0 0	309 6 8
1895 - -	249	250 0 0	332 0 0
1896 - -	286	250 0 0	374 13 4
1897 - -	287	250 0 0	376 0 0
1898 - -	250	250 0 0	333 6 8
1899 - -	273	250 0 0	364 0 0
1900 - -	302	250 0 0	402 13 4
1901 - -	274	336 17 1	365 6 8
1902 - -	269	340 0 0	358 13 4
1903 - -	265	340 0 0	353 6 8
1904 - -	282	340 0 0	376 0 0
1905 - -	310	340 0 0	413 6 8
1906 - -	281	340 0 0	374 13 4
1907 - -	321	340 0 0	428 0 0
1908 - -	307	340 0 0	409 6 8
		5,185 13 9	
	Deficiency	1,232 19 7	
	£	6,418 13 4	6,418 13 4

10,933. However, when you took the appointment you knew what the salary was?—I knew what the salary was, but I did not know what the work was.

10,934. Is not that the case with everybody who takes an appointment?—I daresay it is. I took it without experience, and when one gains experience one expects to get recognition.

10,935. Was any hope of the kind held out to you at the time when you took the appointment?—Nothing at all was said on the question.

10,936. Have you any suggestion to make as to any alteration of the law in that respect?—I think it is an anomalous position for a man occupying a position that entitles him to the title of His Majesty's Coroner to be subjected to the caprice of the local paying authority.

10,937. Not as regards your salary; that is fixed by the Act?—It is fixed by the Act, but in my position, you see, and oftentimes now in municipal communities they promote local Acts with special clauses, and our local Act provides simply that "the local authority "may pay the coroner by salary in lieu of fees."

10,938. And leaves the amount absolutely in their discretion?—That is so.

10,939. Then it becomes a question of bargain between the man who accepts the appointment and the local authority?—Yes, but a man cannot bargain when he is making application for an appointment to an office at a fixed salary.

10,940. That is the rule in most Government appointments, is it not?—But county coroners have a right to go to their authority every five years and ask for a revision, which I have not.

10,941. That only applies to county coroners?—Yes.

10,942. And you think that borough coroners ought to have that same privilege?—I think at least they ought to have the same opportunity of asking for a revision of their salary.

10,943. The right to ask for a revision applies to both parties, does it not?—It would operate either way, I suppose.

10,944. If the number of inquests falls off, the salary can be reduced every five years, which is awkward, is it not?—I am not quite sure what the terms of the Act are with regard to that.

10,945. And in case of dispute between the coroner and the county council the Secretary of State settles it?—Yes, and I have no appeal.

10,946. So that when you took your appointment you took it for better or worse?—Yes.

10,947. (*Dr. Willcox.*) Is it a full time appointment?—Mine is not. I have taken out, just for my own information and for the information of my own finance committee, from the statistical returns of the Home Office, which are sent to us every year, the salaries received by the coroners of all the other municipal communities in the country which approximate to our own, showing how much they receive per inquest as compared with myself, and I found that Bradford and Manchester were the only two who were below me. In the case of Manchester the coroner has to give his whole time, and in the case of Bradford he has just now, since I made out those figures, been brought up to the fee standard, so that practically I am the lowest.

10,948. (*Chairman.*) You are the victim of the system at the present time?—Yes, I am the victim of the system.

10,949. (*Dr. Willcox.*) Do you have clerks provided?—No, I have to provide my own office staff.

10,950. (*Chairman.*) You have no clerical assistance provided?—No; they provide stationery and a room for my officer.

10,951. And travelling expenses?—I have 9*d.* a mile over two miles, which is the ordinary allowance, and they do not provide me with anything to lay out the expenses from. I have to lay them all down.

10,952. You have something to tell us, I think, about the coroner's officer and your experience in that direction?—You have probably heard already that there is no such officer known to any statute as the coroner's officer.

10,953. There is no such officer known, but still he is a very important person. Like the Prime Minister, there is no such person known to any statute, but he is a very important person?—Very. My difficulty at the present moment is that whereas I have had up to this present year very efficient officers, two in succession only during the whole time I have been coroner, in each case a sergeant of police on appointment and subsequently inspector; in the first case the man unfortunately died young, shortly after he was appointed inspector, and his successor served me for 11 years and was then promoted to inspector, thus being removed from my service——

10,954. On promotion?—On promotion; so that I had to have a successor, and the appointment of this successor has given me great distress and tribulation.

10,955. Will you tell us about that, please?—After the duty had been discharged by a temporary police officer for a few weeks, the chief superintendent of police came to my office and told me that the Watch Committee had appointed a new man on probation who was a civilian.

10,956. By a civilian you mean not a policeman?—Yes and having no connection with the force. I asked him if if he would tell me what was the motive.

10,957. Is not the coroner's officer usually appointed by the coroner himself?—I cannot find that out at all. He is almost invariably a police officer and the coroner has no necessary connection with the appointment.

10,958. He has no veto?—I do not know that he has, and I do not know how he would exercise it. I obtained an interview with the Watch Committee, who refused to give any explanation of their motive in making such an unusual appointment, and ultimately I said: "I cannot accept the services of this man; if he "is forced upon me I shall be obliged to make an "appointment for myself"; and a member of the committee at once turned round and said: "And I suppose "pay his salary too?" To which I replied: "Yes, of "course, I shall pay his salary, but I shall send in my "account at the end of the quarter, as I do for other "disbursements." However, the outcome of my remark was an undertaking that if necessary the trained policeman should remain longer on duty than was contempated—I think for a fortnight—in order to put this new man on to his feet and show him round.

10,959. What was the history of this man?—I can send you a copy of the report he made to me at my request, showing his experience, if you like.

10,960. I would rather have it in question and answer?—He was apprenticed to a joiner, his father having been a joiner before him, and when he was out of his time he obtained an appointment with somebody I think in the building trade for a short time. The building trade fell off and he found himself out of a berth.

10,961. He was one of the unemployed, so to speak?—He was one of the unemployed at the time. He began, I should say, as an errand boy at first. Then he found an appointment in the wholesale fruit and vegetable market with one of the wholesale merchants there, and he was there for some little time until trade fell off again, and then he became again a member of the unemployed. He had been a member of the local volunteer force, or Territorials, and he got one of the officers, who happened to be a member of the town council, interested in him and enlisted his sympathy to get him a berth under the council. He was, I understand, first offered to the Health Committee, but the Medical Officer of Health did not think his experience would justify him in accepting his service, so ultimately he was shoved on to me.

10,962. (*Sir Horatio Shephard.*) What age is he?—26 or 27. He is a young married man, and they are paying him 26*s.* a week, which I consider quite an inadequate salary for the services which the man has to render.

10,963. (*Chairman.*) That is 67*l*. 12*s.* a year?—Yes.

10,964. Do you find much difference in his work and the work of a trained policeman?—Oh! dear, yes. I should like to supplement what I have already told you, by a correspondence which has just passed between myself and the Town Clerk. On the 20th of last month I wrote to the Town Clerk the following letter: "It is now something like four months since L—— M——

" was appointed to the position of coroner's officer, " and I feel it to be my duty to the Watch Committee, " who appointed him, to myself, and not least to the " city at large, to inform you that during all that time " I have not had a preliminary report from him that " I could rely upon, nor gone to an inquest without a " misgiving, that has too frequently been justified, that " the case would break down or have to be patched up " as best it might be to get it through. I do not blame " the man, he has tried his best, but the laws of evidence " are complex and the proper methods of conducting in- " vestigations and gathering evidence do not come by " intuition. Only yesterday, by way of example, I had " a case referred to me by the Registrar, in which the " preliminary report to me had stated that the deceased, " who had fallen in the street, had died from apoplexy, " and that the doctor who attended him on the day of " his death, had attended him some months ago for a " slight fit and was prepared to certify if I was satisfied. " When first the report was brought to me no inquiry " whatever had been made into the nature and circum- " stances of the fall, and information on these points " had to be sought for, and then I was informed that a " person had been found who saw him fall, and that he " collapsed and fell without striking his head on the " ground. I accordingly asked the doctor to certify " the cause of death as reported and he certified the " cause as fracture of the base of the skull. It turned " out at the inquest that the man had a severe bruise " at the back of his head and other pronounced in- " dications of fracture, and that the only previous " communication with the doctor had been over the " wire, and no proper inquiry had been made at all. I " could describe a number of similar instances were " time and space unlimited. It is not to be expected " that a man without any previous training whatever, " should know what kind of inquiries to make or " how to set about making them, and the concern I " expressed to the Committee at the outset about the " work has been and is being fully realised. It is " imposing a strain upon me to which I ought not to be " subjected, and I must ask that a more efficient man be " at once supplied. I have been loth to displace a man " without giving him every chance and I think the " time has come when I ought not to let personal " considerations weigh longer against public interests. " Cannot he be put into some position, if he must be " employed by the Corporation, for which he is better " qualified?"

10,965. Did you have any answer to that letter?—The outcome of it was that on the 29th of October nine days afterwards, I had this letter from the Town Clerk:—" I laid your letter of the 20th instant before " the Watch Committee, who referred it to the Chief " Constable to take action with reference thereto."

10,966. How does the Chief Constable take action; how does he come in with regard to this appointment?—I cannot tell what action he can take. So far as I am concerned, he has not taken action. I have not had any word from him of any sort.

10,967. That letter appears to me somewhat of a *non sequitur*?—They have appointed this man what they call a special constable, and he carries about with him in his pocket a little card, called a warrant card, which is headed "Special Constable, Coroner's Officer. " I hereby certify that the bearer, Police Constable " L—— M——, was appointed a member of the " Nottingham City Police Force on the 19th August " 1909.—Philip S. Clay, Chief Constable." That is what they call him, a special constable, and they have made the mortuary attendant and the assistant, a man who helps in both directions, helps the officer on the one hand and the mortuary attendant on the other—a sort of intermediate man—all special constables in this way. I submitted to the Committee that they have no power to appoint special constables, except under the statutory powers which apply only to specific cases, of which this is not one.

10,968. Have you had any conversation with the Committee about this?—I have seen them personally by appointment.

10,969. What did they say?—They refused to give me any explanation of any kind. I said I had come to ask for an explanation of this very extraordinary procedure, and they said, "It is not your business to " ask the Committee for any explanation of what it " does." I said, "I beg your pardon, I think it is, and " that is what I have come for specially, to ask for an " explanation of this unusual procedure."

10,970. Hitherto you have not succeeded in extracting from them any reason for what appears at first sight to be very extraordinary conduct?—None whatever. I cannot get any.

10,971. Is the town put to extra expense by this?—No, I think it is probable that economy is one of the motives influencing the Committee. They are paying this man considerably less than they would pay a qualified officer for doing the same work.

10,972. A qualified officer would not give his whole time to it?—Yes, he would; and this man is not entitled to any pension. Our Committee are dreadfully alarmed at the police pension fund, which is growing.

10,973. Supposing they employed a pensioned police constable or police officer, could you get a good pensioned officer at 26*s.*?—I cannot tell. Most of our police officers get appointments at places of entertainment as doorkeepers and that sort of thing, or managers of public-houses, and probably they get more than that, but I do not know what they do actually get.

10,974. I think you wish to tell us something about the juries in your district?—I have no difficulty whatever with regard to juries. I have had the greatest courtesy and consideration always shown to me by juries; but the first thing that struck me on taking the appointment, and it has been forced upon me consistently ever since, is the objection to view the body on the part of the jury which is constantly cropping up.

10,975. You mean that the jury object to the view?—Yes. They ask when this silly practice is going to be abandoned.

10,976. Is it from repugnance or on account of waste of time?—Both; some are affected by one consideration and some by the other.

10,977. How is the view managed in your district?—We bring nearly all bodies to one or other of our public mortuaries now. We simply have to step out of the coroner's court down the steps into the yard, and there the body lies in the mortuary at the end of the yard close at hand.

10,978. Where the jury can see it through glass?—They can do so; they do not always. If a body is brought from the river in a bad state of decomposition, they can see through the window.

10,979. Then so far as there is any repugnance it is a sentimental repugnance and nothing more?—Where you have had a bad accident on the railway, a man badly mangled by being run over by a train, it is a very disagreeable sight and some suicides involve very disagreeable sights, badly cut throats which the average citizen does not like to view if he can avoid it.

10,980. Now we come to the important question, is any useful object, in your opinion, served by the jury viewing the body?—None whatever. On the contrary, I think it is often very misleading; they mistake the post-mortem signs for bruises and things of that sort which have to be explained afterwards.

10,981. Do you think that the coroner ought to have a discretion, and that, as a rule, the view might be dispensed with except in exceptional cases?—That is a view that I have urged upon our council.

10,982. Can you give us any instances of where you think you would have directed a view in your experience?—Most specially in connection with the neglect of children. I think there it is of most service, and in some cases of neglect of adults too.

10,983. You think that in those cases the jury could hardly appreciate the evidence without a view?—Yes.

10,984. And sometimes where there is a question whether a wound is self-inflicted or has been inflicted by somebody else, the view might be material?—It might be. I think the medical testimony generally is

of most value in determining such points. If it was within the discretion of the coroner to ask the jury to view, I should get the opinion of a medical man first and see what he thought about it and then determine whether the jury ought to view.

10,985. But the ordinary march past when the jury only see the face is absolutely useless?—It is absolutely useless, and where it has to be conducted under circumstances where they have not the conveniences that we have in my jurisdiction, it must be ten times worse. We have had to walk as much as half a mile to view the body before this provision was made, once or twice in a driving snow-storm and things of that kind.

10,986. I take it from what you have told us, that whenever it is possible you have the bodies moved to the mortuaries and you have post-mortem rooms in connection with them?—Yes.

10,987. Are they properly fitted up with proper appliances?—Yes, the two last new ones are specially constructed and are very good.

10,988. With proper appliances and instruments?—Yes.

10,989. A post-mortem in the house of course is a most painful thing?—It is the most offensive thing in the world. I will not tolerate it.

10,990. Have you any difficulty in getting bodies away from private houses to mortuaries?—No, I have no difficulty whatever now. There was a little difficulty at first—when the practice was introduced as a novelty, and I was subject to a great deal of pressure often, but now they see the propriety of it.

10,991. Having the thing decently and properly conducted away from the house?—Yes.

10,992. Have you any opinion upon this point, whether it would be advantageous that the coroner should order a post-mortem without necessarily holding an inquest after it?—I think there are many cases in which it would be a very desirable thing that the coroner should have that power. In my young days, as coroner, I practically adopted the practice until I found that it was not within the strict bounds of the powers that the coroner possessed.

10,993. You have no power to enforce a post-mortem and no powert o pay the medical man who conducts it?—No, but I got the authority of my finance committee to pay a medical man who made a post-mortem a fee of a guinea for sending me a report without having an inquest. The Committee evidently thought that it was a desirable thing to promote and they were quite willing that it should be adopted. I adopted it, I think, in 1896.

10,994. Did it work well?—Exceedingly well. I could only apply it of course in those cases where the death was palpably a natural death and where I simply wanted to ascertain the precise cause.

10,995. For instance, if a man falls dead in the street who has not been attended by a doctor very recently but where nothing whatever points to anything suspicious, there a post-mortem clears up everything?—Yes.

10,996. And it is wholly unnecessary to summon 12 men to sit on that body?—Yes, that is my view; and in the case where a man and woman go to bed at night and one or other is waked up by hearing a gurgling in the throat and death takes place early in the morning.

10,997. It is absolutely unnecessary in such cases to postpone the burial and summon a jury and go through all the paraphernalia of an inquest?—That is my opinion.

10,998. You have something to tell us about the payment of medical witnesses. We have already heard a good deal about that?—That is one great difficulty that we have. I have it especially in connection with the general hospital and workhouse infirmary and the asylums. It has never been brought to my special attention in connection with the asylums: it has been brought to my attention in connection with the hospital many times.

10,999. In the hospitals at Nottingham, do the medical staff give their services gratuitously?—There are honorary surgeons and permanent residents.

11,000. Are the residents paid there?—Yes, I believe so.

11,001. It is a very small payment, I suppose, really; it is not an equivalent for the work done?—They generally like to get the appointment, I think, for the sake of experience; then they set up in private practice after holding it for some few years.

11,002. Do you see any reason why they should be singled out for non-payment?—I do not, especially, as often happens in my case, where we remove the body from the hospital to one of my own courts for general convenience, and the medical man has to come away from his hospital some distance, it may be a mile or two, to give evidence.

11,003. We have heard no defence of the system of not paying these gentlemen?—There, again, my finance committee authorised me to pay the medical officers of the hospital a guinea if I called them out elsewhere; but I found that it was an illegal payment and that I might be surcharged for it, and so I dropped it.

11,004. As long as they authorised you to make the payment they would be surcharged and not you?—I am afraid the man who makes the payment would be the victim.

11,005. (*Dr. Willcox.*) Would it be an advantage to you to be able to ask a medical man for a written report in cases of death which come to your notice?—They do always write a report when there is an inquest.

11,006. I do not mean in cases where you are going to hold an inquest, but in cases where you make inquiries in order to determine whether you should hold a post-mortem or an inquest?—I think perhaps it would be an advantage to have a written report, because then I should not have such a report as that which I just now mentioned.

11,007. At the present time you are unable to ask a medical man to write a report because you cannot give him any fee for it?—That is so, I simply send my man to bring me a verbal report.

11,008. And it would be an advantage, would it not, if you could demand a written report from a medical man, a fee being allowed for it?—Yes, I think it would, though I find the medical men extremely willing to give me all the information they can in a case.

11,009. (*Chairman.*) No doubt they are, but is it fair to ask a man to write a careful scientific report and not to pay him?—No.

11,010. In Scotland they are paid; a medical man sends in a written report, which has the effect of a statutory declaration, in which he states the specific cause of death and any specific symptoms that he has observed?—Some medical men will write me a considerable report in anticipation when they send a case to me, stating that they had been in attendance for some time, but had not seen the patient, say, for two months, but from what they observed they had no doubt as to the cause of death. Others, on the other hand, will write and say, "I have been called to see a "patient this morning who was dead when I arrived. "I have never seen the patient before and I cannot "give you any information."

11,011. (*Dr. Willcox.*) It would be an advantage to have this matter of a written report put on a definite basis with a proper fee attached to it?—Yes, I think so; one would certainly feel more safe.

11,012. (*Chairman.*) Have you anything special to tell us with regard to Nottingham about the provision of mortuaries and post-mortem rooms?—We have had great improvements in recent times in Nottingham and I have nothing to say with regard to that in Nottingham; but I do hear that in the surrounding towns—Ilkeston is an illustration, for instance, which is now a small borough in the Erewash valley, and places like that—there is considerable difficulty. The town of Mansfield is one of the larger towns in our county; there has been difficulty there, and complaint made by the coroner that there is no public place to which a body may be taken. I have suggested that any community with a population of 10,000 ought to be provided with a mortuary which should be available to the surrounding district on payment of a small fee. At a place called Beeston, five miles out of Nottingham, they have public

offices for District Council work, but no provision at all of mortuary and post-mortem room.

11,013. Wherever there is a mortuary there ought to be a post-mortem room?—Yes. I do not understand the distinction. I do not know why any distinction was made.

11,014. The distinction is made by statute?—Yes.

11,015. And perhaps it is a very proper one that no post-mortem is to be made in a mortuary, because you may have three or four bodies there at the same time, and it would be very painful to the relations of one if they came and found a post-mortem going on on another?—No doubt.

11,016. Then, I think, you have some point with regard to an accused person being present at the inquest, when the evidence points to somebody?—That I have often felt a very considerable difficulty about, when a man is in custody of the police, and is under remand only.

11,017. But he is not in the custody of the police then; he goes to gaol, does he not?—I do not know what becomes of him.

11,018. He ought not to be in the custody of the police for more than 24 hours; he goes into the custody of the Home Secretary after that?—I really do not know what the procedure is in that respect. I know that a man who is brought up and charged with having inflicted grievous bodily harm is remanded for a period not exceeding eight days, or eight days, which is the usual period, to see how the victim goes on. In the course of the eight days the victim dies, then the coroner comes on the scene, and he wants the man there who is already charged with having inflicted grievous bodily harm upon the deceased; he wants the man present at the inquiry, first for the purpose of identification, which is often exceedingly difficult to establish in the absence of the person; the witnesses will say he is a tall man with a black moustache, and what not—all kinds of descriptions. Then he wants him there also that he may hear everything that is alleged against him, and have an opportunity to cross-examine the witnesses if he thinks well.

11,019. So that the depositions may be afterwards admissible in evidence if the witness dies?—Yes, that is a most important point, in my judgment.

11,020. But you would not suggest that he should be compulsorily made a witness?—No, not necessarily. He is perfectly free to refuse to answer anything at all or to make any statement; but that he should hear what is said and should ask questions upon it if he likes, because I see no greater difficulty in bringing him before the coroner, than in taking him before the magistrates ultimately.

11,021. Is there a difficulty at present if you apply for that person to attend?—There has to be the sending up to the Home Office to get an order to bring him. What has been done in the past, under the direction of the Home Office, is that the man is informed that an inquest is going to be held, and he may attend if he likes and be represented and hear what is said. It is left to his option to come or not. If he says, "I would like to go," he is brought, and no difficulty is involved in bringing him then.

11,022. If he says, "I would rather lie low," then he is not brought?—No, then he has to go before the magistrate.

11,023. (*Sir Horatio Shephard.*) That does happen?—Very frequently, especially if the man has consulted a solicitor; the solicitor says, "You keep out of the way; do not go."

11,024. (*Chairman.*) You suggest that the person to whom the evidence points should be present?—Certainly.

11,025. And that the coroner should be able to require his presence?—Yes.

11,026. But he should not be allowed to force him into the witness box?—That is my view.

11,027. Have you anything to say about holding inquests on licensed premises?—That does not affect me personally now, but I have had a good deal of inquiry made of me at various times as to what the law is on the subject. It so happens that I have acted as adviser to a licensing organisation pretty widely and that has led to queries being submitted to me from different parts of the country on various points and amongst others on this point, so that I know there has been some difficulty felt in different parts of the country and that the provision in the Licensing Act of 1902 (S. 21) has not been made use of to the full extent of which it is capable.

11,028. That is the fault of the local authority not providing proper accommodation?—It arises from various causes. I find, for instance, that Shaw and Sons, the publishers and printers, who print the official forms, have gone on distributing the form of report by the coroner's officer to the coroner which says:—"If an "inquest is necessary, it may be conveniently held at "the house known by the sign of" so and so—suggesting and keeping it before the mind of the constable, as it were, that the old practice of holding the inquest at a public house was to be continued.

11,029. But surely the coroner can put that right?—If he sent to Shaw for a set of forms and they came down in that way, he would have to alter each form. I wrote to Shaw, and drew their attention to the statute, and asked them to alter that sentence, and I think they have done it. But it is little matters like that that you find want altering to meet the position. The County Council of the West Riding of Yorkshire have furnished a long list in a little volume I have here of places throughout the whole of the West Riding where inquests may be held, giving the particulars of the accommodation and the fee charged and all the rest—all the information necessary. There are one or two other counties that have done similar work. The county of Worcestershire did similar work, but they stopped short of the printing of it; they got the information, but they did not print it, though it was set up in type. And I find that in our county the police officers of the several divisions have instructions to inform the coroner where he may hold an inquest in other than licensed houses when they send in their reports. So that the practice varies in different places

11,030. Does not the coroner fix the place or give instructions to his officer?—No, not as a rule; he is simply informed where the inquest may be conveniently held. In the country districts the obligation to view renders it necessary to hold the inquest as near as may be to where the body is lying, so that the jury shall not have too far to tramp to go and see it, and that leads sometimes to the nearest public house being selected.

11,031. I think you wish to make a suggestion about a coroner's robes?—That matter arose in the year 1905. The council recommended to the general body of coroners that they should, on ceremonial occasions, and whenever they held an inquest in a proper court, wear an appropriate robe, and members adopted the recommendation at the Annual Meeting of the Society.

11,032. Who is to choose the appropriate robe?—We were told that Messrs. Ede and Sons, robemakers, had a robe which they were prepared to guarantee was an authentic reproduction of the coroner's robe of ancient times, and several coroners have had robes made after this pattern and in one or two instances robes have been presented to them by their corporations; at any rate they acquired them one way or another. At the time of our Jubilee I wrote to Edes and asked them whether they could let me have one on hire, and they sent me one which they assured me was the coroner's robe, and I wore it.

11,033. Was it comfortable or uncomfortable?—It was an ordinary gown, the same as a solicitor's, only it had certain bands on it, and it had a wig also to go with it. The Coroners' Society at another meeting were informed by one of its members, with antiquarian tastes, that there was in fact no authentic history of the coroner having ever worn a robe, and that anything that was called a coroner's robe could be only really a fancy dress; that it was not an authorised custom, and so the thing fell through, and though I had an order for a robe I did not present it, and it has never been put into force, and I have never had one. I think that the coroners, as a body, in the

main would be pleased, if a robe could be approved, if His Majesty would approve it.

11,034. No one wears robes at quarter sessions, which is a court of record?—Does not the clerk of the peace?

11,035. I do not know about him. The magistrates do not and the chairman does not?—The clerk of the peace wears a wig and the ordinary gown.

11,036. The Privy Council sit in plain clothes, and the House of Lords?—The county court judge wears his robes.

11,037. The county court judge does and the recorder does?—Whenever the coroner has his own court and has a proper and suitable place for holding an inquest I think it would add to the dignity of the position if he were to wear an official robe.

11,038. You think on the whole that it would tend to improve the status of the court?—Yes, personally I think so.

11,039. (*Dr. Willcox.*) The magistrates do not wear a robe?—No.

11,040. (*Chairman.*) The magistrates at Quarter Sessions do not?—The mayor and the sheriff both have robes and the under-sheriff has his special robe and the recorder and the county court judge; so we felt that it would be desirable that the coroner should wear a robe on ceremonial occasions like Jubilee processions and like occasions.

11,041. Your next point is that you consider you are bound under the Coroner's Act, 1887, to hold an inquest if a death under anæsthetics is reported to you?—I have always done so. I think it is necessary.

11,042. Under the Act?—Yes.

11,043. Do not you think it would be very advisable if the coroner had a discretion in the matter, for this reason: that, assuming that nobody is to blame, which is usually the case, every reported case of a death under anæsthetics increases the terror of people who have to undergo an operation under anæsthetics and thereby increases the risk of fatalities?—I recognise that difficulty very strongly and I wish that it could be avoided on that account. It is a very serious consideration.

11,044. Especially in a comparatively small place where the person who dies is known to everybody?—I am rather disposed to think, from what I hear from the medical profession, that there are some forms of anæsthetics which are less liable to risk than others, and one wants to know that the least risky one has been used rather than another.

11,045. I think if you read the evidence that has been given here you will find that the anæsthetist has to choose; that what is indicated in one individual is contra-indicated in another?—Yes, it is a very difficult medical question, I believe.

11,046. But if the coroner is satisfied on a careful preliminary inquiry that reasonable skill has been used and reasonable care taken and that the operation was proper, do not you think that it is greatly in the public interest that an inquest should not be held?—I think probably from that point of view it would certainly be so, but I have a case in my mind just now where a patient was subjected to an anæsthetic and three weeks afterwards, for a continuance of the original operation, was subjected to the same anæsthetic again and died under it.

11,047. That is very common, is it not?—Not in my experience. I think I have had two cases in which the same patient has at one time taken an anæsthetic successfully and at another time died under it. I mean that the greatest care cannot provide against a case like that.

11,048. But is there any good in adding to the terror of people who have to have an operation done in two stages, which is also very common?—I strongly sympathise with that view.

11,049. Should you as a non-medical coroner feel any more difficulty in coming to a conclusion upon your preliminary inquiry as to whether the public interest required an inquest?—I do not think I should, I think I might answer that in the negative.

11,050. (*Dr. Willcox.*) Do you think it would be satisfactory that the coroner, assuming that he found no one to blame, in a case of death under an anæsthetic should not hold an inquest unless the friends of the deceased desired it?—It is a little difficult to say upon which side the balance of propriety rests. I always endeavour to get information from a medical man as to the percentage of cases in which a fatality arises in connection with the administration of anæsthetics in a hospital, for instance, in order to show how very small the proportion is, with the object of allaying that personal dread of the process.

11,051. Assuming that your inquiry is satisfactory then I suggest that you would not hold an inquest unless the friends of the deceased desired it?—I understand your question. I should say that then one would never hold an inquest, because the friends never desire one, but would always rather avoid an inquest if they can.

11,052. But you would hold an inquest if your inquiry was not satisfactory?—I certainly should if it was not satisfactory, but I should hesitate (at the first submission of the question) to say whether I think the greater advantage would lie in giving the coroner discretion, if he was not satisfied that every care had been taken, to avoid an inquest than in holding one.

11,053. (*Sir Horatio Shephard.*) Do I rightly understand you to say that in your opinion you feel that you have no discretion?—I feel that I have no discretion at present.

11,054. (*Chairman.*) Most coroners tell us that; it is an unnatural death?—Yes, and you want to ascertain that the administration has been accepted voluntarily by the patient or by those responsible for the patient, and so on; that it has not been forced upon them against their will, and a variety of questions.

11,055. Then, as regards fire inquests, you think that the London Act might well be extended to the country generally, but that also, if that is done, the coroners ought to have the matter considered in their salaries?—Certainly. I daresay there is some advantage from a public point of view in holding an inquiry. I may say that our Chamber of Commerce feels strongly that fire inquests ought to be held and they promoted a Bill themselves for the purpose.

11,056. As regards flannelette, we have had some experiments made in particular cases; would you kindly tell us what your experience is?—My experience is that flannelette is an exceedingly inflammable material. I agree with what you heard just now from the last two witnesses. The way in which it flames is its great risk, for it seems to rush up the whole surface of it so that it makes a very sudden and rapid ignition and covers the patient with flame in a moment. It has been described to me as resembling almost an explosion, it is so rapid in its action. Sometimes one has almost been disposed to think that it has taken fire without actual contact with fire; it seems just to have attracted the fire out through the bars.

11,057. It is hard to know whether a spark may not have fallen on it?—Yes, but we have had circumstances in which it has looked almost as if the stuff had ignited by the mere proximity to the fire and not actual contact.

11,058. I suppose that the poor in your district clothe their children almost universally in flannelette?—Very commonly.

11,059. Because it is both cheap and warm and comfortable?—Yes.

11,060. And it would be a very difficult article to deprive the poor of the benefit of?—Yes, I think it would. I think the extra cost placed upon it by the processes applied to it to render it less inflammable is a deterrent to the poor; they do not buy the protected varieties in competition with the unprotected ones; they will buy the cheapest.

11,061. What number of deaths from flannelette have you had before you?—In the year 1906 we had six deaths in which flannelette was an element; in 1907 we had seven; in 1908 we had seven; and this year in the first eight months we only had two burning cases. I have had one since; I had a burnt child last week or one of the early days in this week, but flannelette did not come into the case. The child was wearing a muslin pinafore over a velvet frock and I

gather that the muslin pinafore burnt very rapidly; it was that that took fire. Really she had a handkerchief pinned on to the pinafore and the handkerchief was hanging down and came in contact with the flame; the flame spread up the handkerchief to the muslin pinafore and so burnt the child about the neck, face and shoulders.

11,062. Do you think that this new legislation about fireguards has had much effect in diminishing fatalities?—I think that the attention that has been drawn to the subject by the legislation must have been effective from the reduction in the number of cases I have had this year. Of course we are coming to the period of the year when there is more risk, but I think there has been a marked diminution this year in cases of children being burnt. And I believe that there has been a considerable extension in the use of fireguards, which I think is the only really effecting method of protecting children.

11,063. You look rather to that than to warning people of the danger of flannelette?—Yes, the one is a physical protection and the other is very volatile.

11,064. Have you anything to say about overlaying children?—We have a great deal of overlaying with us.

11,065. As you have in all big towns, of course?—Yes.

11,066. Usually on Christmas night?—Numbers of them occur on Sunday morning and Monday morning particularly.

11,067. Christmas is the great time in the towns I know?—I have not noticed it specially in relation to Christmas, but taking the year through the majority of cases occur on Sunday morning and Monday morning.

11,068. Why on Monday morning?—I do not know.

11,069. I can understand Sunday morning, because that is after Saturday night; but I do not see why it should be Monday morning. Is it a continuation of Saturday night to Monday morning?—That is a possible explanation. But we have had less of that again this year, as we have of burning, and I think for the same reason, namely, the attention drawn to it by the passing of the Children Act and the efforts that have been made to make its provisions known. The cases generally occur through the child being allowed to lie between adults, lying on the mother's arm. A small child a few months or a few weeks old lies between the bodies of two adults and is left upon the mother's arm after taking the breast on being taken to bed, and at five o'clock in the morning they wake up and find it dead. It is absolutely impossible to get evidence as to the condition of sobriety of the parents on going to bed—that section of the Act will never be of any service.

11,070. (*Dr. Willcox.*) Have you any suggestion to make as regards an alteration of the law in the matter of the provision of a cradle or cot?—I think that the section that was submitted by the Children's Protection Society, after a conference with the Medical Association and Coroners together, was the most effective section that could be adopted. The purpose of it was generally, that whenever it was found that death was due to suffocation of a child under three years of age while sleeping with adults, that should be an offence.

11,071. (*Chairman.*) With evidence of negligence?—Yes.

11,072. (*Dr. Willcox.*) Do you think it would be desirable for punishment to be inflicted on parents in such a case?—I do in many cases, because I have had cases where the same thing has happened twice in the same family.

11,073. (*Chairman.*) These children are often insured. Do you make inquiry as to that?—I always make inquiry into that, and I find that there is a good deal of insurance. I do not say usually, but very often.

11,074. (*Dr. Willcox.*) In some Continental countries a considerable punishment can be inflicted on people who are not sober?—That is so in Germany, I believe, where there are very stringent regulations.

11,075. (*Chairman.*) Do you think it would have any effect if where a child died either from flannelette burning or from overlaying the parents were not allowed to recover the insurance money?—I think it might have some effect. Of course I do not believe that in one case in a thousand there is any intentional overlaying. It would ensure greater precaution, I think.

11,076. (*Sir Horatio Shephard.*) It would call attention to the need for care?—Yes.

11,077. (*Dr. Willcox.*) You believe that accident or negligence is the cause rather than wilfulness?—Yes.

11,078. It is not wilful overlaying?—No.

11,079. (*Chairman.*) It is not murder; it is negligent homicide?—And sometimes it is such negligent homicide as to be really manslaughter, in my opinion. They do it with their eyes open, knowing the risk very often.

11,080. You have something, I think, to tell us about criminal procedure?—That is somewhat on the lines of the production of the person liable to be charged at the inquest; it is on the question of the number of times that all the witnesses have to be dragged forward.

11,081. They have to go four times through the mill?—Yes.

11,082. It is very difficult to know how to avoid it?—Yes, except that I think probably a lot of magisterial inquiries might be avoided if the coroner's procedure was acted upon; if a person was sent to trial on the coroner's inquisition.

11,083. The difficulty there is that so much of the coroner's inquiry is not evidence, because you have no accused person before you, and so, very naturally and properly, you receive in evidence as regards the cause of death statements which would not be evidence against an accused person?—I recognise that, but I have had several instances brought to my notice, and one within my own experience, if not more, in which no magisterial inquiry ensued at all after the coroner's procedure; and in such a case as that it is very often difficult to get the case before a judge at all, and even when it is done it is usually done by the judge directing a bill to be laid before the grand jury, and getting the case brought before him through them ultimately. They never take it from the coroner direct; they always take it through the grand jury. In one case that I had, in respect to which there was no magisterial inquiry at all, quite a prolonged inquiry ensued at the Assizes, and although a charge of manslaughter was dismissed, the judge who tried the case said that it was a very proper case indeed to have been brought before a petty jury. In another case, where the person had been committed for manslaughter by the Coroner and taken before the magistrates, the case was dismissed by the magistrates, and it was with some difficulty that it got before a judge, and yet the person was sentenced to nine months' imprisonment. There is often a conflict between the two jurisdictions, and the trouble entailed to the witnesses is often very serious.

11,084. (*Sir Horatio Shephard.*) Do you suggest that in all cases you would dispense with the inquiry before the magistrate; or where would you draw the line?—It has always seemed to me that, whenever the coroner has committed a person for trial, that should be sufficient to ensure his going to trial.

11,085. Without the matter going before the grand jury or before a magistrate?—Yes. I appreciate the point that there is a good deal of information given to the coroner which cannot be given in strict legal evidence against a prisoner—a dying deposition, for instance, which is not made with the statutory formalities and therefore cannot be used against the person, but a coroner would direct the jury to dismiss such matters from their consideration in arriving at their verdict.

The witness withdrew.

Mr. William Forrest Bowen called in and examined.

11,086. (*Chairman.*) You live, I believe, at Stonwall House, Bolton, in Lancashire?—I do.

11,087. And I think for 24 years you have carried on practice as an extractor and adaptor of teeth?—I have.

11,088. And you are a member of the Association of Extractors and Adaptors of Teeth, with regard to which Mr. Butterfield has already given evidence before the Committee?—That is so.

11,089. You built your present surgery, you say, 17 years ago?—I did.

11,090. And this practice you keep under your individual control?—Absolutely.

11,091. And all operations are performed by yourself?—Yes.

11,092. Have you no assistants?—I have assistants, but they do not perform operations; they do mechanical work only.

11,093. I believe you are one of those happy people who have never had any action brought against them?—I never have.

11,094. What is your average number of patients?—Taking the 24 years at least 100 a week.

11,095. Will you tell us what training you yourself have had, and how you came to take up this practice?—First I had a good general education. I was brought up at Preston Grammar School and at 17 sat for the matriculation examination of the London University.

11,096. (*Dr. Willcox.*) Did you pass it?—All but the Greek. Then I was with my father, who was a medical man in Preston.

11,097. (*Chairman.*) Your father, I think, was a doctor of medicine?—Yes, an M.D.

11,098. Of what university?—St. Andrew's. He was also L.M. and L.S.A. of London and a L.F.P. and S. of Glasgow, and he was in practice at Preston for upwards of 30 years.

11,099. And he was a justice of the peace for the borough?—Yes.

11,100. How long were you an assistant to him?—It extended over five years. For a short period I went out in that time for scientific training to a scientific college.

11,101. When you say that you were an assistant to your father, were you apprenticed to him?—I was engaged by him; I was paid a salary.

11,102. What did you do?—I dispensed in the first instance and in time I was allowed to prescribe. I have been out and seen patients.

11,103. Did you report to your father or did you prescribe yourself?—I prescribed myself when he was not in, but when he was anywhere about he prescribed.

11,104. You were what is commonly called an unqualified assistant?—Yes; it was before the days when the new regulations came in, which, I think, was in 1886; and there were some fresh regulations made also, I think, in 1890.

11,105. Your father had a general practice, of course?—Yes.

11,106. But you never studied dentistry, I suppose?—Yes, I did, because my father had a fair amount of dental practice. Originally he started practice in a country district out at Crosston near Ormskirk, and he did all the dentistry out there. He was the only doctor in the district, and I have his instruments yet, in fact. These country people used to come in and bring their children and have a large amount of extractions done, and then it was allowed as a perquisite to all his assistants that they should pocket the money. But we had to do it out of surgery hours. His surgery hours were from 9 to 10 in the morning, and after that time we could have the money for ourselves.

11,107. Did you have any special training in dental work besides that?—I have taken lessons in the mechanical work, read text books, &c. Statistics and dynamics I learnt at school and college.

11,108. Lessons in making artificial teeth, you mean?—Yes.

11,109. How did you learn to administer anæsthetics?—With my father. I had been with him in many cases. He gave nothing but chloroform; he never gave ether all the five years. He never gave anything but chloroform all the five years and never had a death under it.

11,110. The local anæsthetics were not known at that time?—Morphia was used, that was all; but you really cannot call that a local anæsthetic. It is a local anæsthetic in a sense, but it has a more general effect.

11,111. Were cocaine and those things used?—Cocaine was not generally known until 1884; it was not on the market until then. I used it first for the eye.

11,112. You have used a good deal of cocaine, I understand, in your practice?—I have.

11,113. How did you get your knowledge and experience of it?—I got my knowledge and experience of it, you might say, from text books, journals, inquiries and conversations with medical men. I know 20 or 30 medical men, I have them as patients; in fact, I am very friendly with a good many, and of course I have discussed matters with them. And I had to make experiments, of course, the same as anybody else. I was one of the pioneers, I take it. I took many ophygmographic tracings.

11,114. You had to try it on your patients?—Yes, I used a small enough dose to start with (unfortunately, like everybody else, I used stronger solutions at first than are considered necessary now), and I could not take so many teeth out, only one or two.

11,115. With the doses that you give now, do you get complete analgesia?—Yes, quite, in the healthy tissues, complete analgesia.

11,116. You have never had a fatality?—Never. I have never seen a person become unconscious under it, I have seen two cases that became unconscious through watching teeth being taken out.

11,117. They fainted at the sight?—Yes.

11,118. That is to say, people whose teeth you were not taking out?—Yes, people who came with the patients.

11,119. You estimate, I think, that you have taken out 200,000 teeth?—More than that.

11,120. And you have administered sub-mucous injections, 100,000 times, is that with cocaine?—Cocaine mostly; it varies.

11,121. You have administered them, you say, about 100,000 times?—Yes, more.

11,122. Have you used anything else besides cocaine?—I have used eucaine and various preparations that have been brought out. I have tried them, you know. I think cocaine is far superior to all the rest.

11,123. And you have never had a death or a sloughing of the gums?—No. But the preparations are always fresh. I mix my preparations fresh for every patient.

11,124. Do you sterilise them?—Yes, it is mixed with water and the water is sterilised every day. I fill about half a dozen bottles with boiled and distilled water and pour it into the bottles in a boiling state, filled to the stopper.

11,125. (*Dr. Willcox.*) Do you boil the cocaine?—No, it would destroy the cocaine to boil it.

11,126. Do you have a solution of cocaine which you add to the sterilised water?—No, I use it in tablet form.

11,127. (*Chairman.*) Do you give any other anæsthetics besides cocaine sub-mucously?—Not generally.

11,128. You have never given chloroform sub-mucously?—No, but I have given chloroform by inhalation to my own father.

11,129. But in your own practice as a dentist you have never given it?—Not for taking teeth out. I do not think it is a wise thing.

11,130. Do you give nitrous oxide?—No, I do not. I have helped to give nitrous oxide many times and I am conversant with it, of course. I know the peculiarities of it.

11,131. As regards unregistered dentists, if they were forbidden to use nitrous oxide, do you think they

could get on very well with cocaine, and that nitrous oxide is not required?—No. I put it in this way. If you limit the unregistered, and the ante 1878 men, as I call them, or any of them, to any particular anæsthetic, you force some of them to use one that they are not accustomed to.

11,132. But in your own practice you find a local anæsthetic quite enough?—I find that in my hands it is more successful than I think gas would be, because I have a longer time for the operation and the gums heal better; and I can give it to any one. I have never refused to give it to any person since I commenced business on account of delicate health or old age. With gas, I should pick and choose; I should reject 50 per cent. of the people who come to me, not that there is any special danger, but that I get many cases in which the duration of anasthesia produced by nitrous oxide gas would not be sufficient.

11,133. On what ground? Do you consider it unsafe?—No, I should not consider it the most suitable anæsthetic in a tedious case; it is undesirable in that sense. I do not think it unsafe, but all are not good subjects for it. Where the gum is unhealthy gas is better than cocaine. I think that the freedom from accidents among, say, unregistered practitioners, and ante-1878 men, is due to their having no recognised qualification. I think they are on sufferance, and as they realize they are on sufferance I think there will be no accidents from it. But if it is directly legalised that they shall give gas only, then I think it might be a risky thing in the hands of any one who has not had some experience in that particular anæsthetic.

11,134. I am not quite sure that I appreciate your point. You cannot enact that a man shall give anæsthetics?—I know that, but I mean to say that the Dentists Act says that a person shall be empowered to do this, that, and the other. If you put it in a negative way, I think it is better.

11,135. In fact, you are satisfied with the law as it stands at present, which says nothing one way or the other?—Yes. I think that if people could show that they have given an anæsthetic for some time they should still be empowered to use that particular anæsthetic.

11,136. I think you want to tell us something as to what caused you to give a local anæsthetic like cocaine?—It was really because I was afraid of taking a general anæsthetic myself. When I first went to Bolton I suffered very much from neuralgia—I had about eight or nine weeks' suffering. I had several teeth taken out.

11,137. With or without anæsthetics?—Without, as a rule—with a calorific fluid principally composed of ether, I believe.

11,138. It froze?—It has a freezing action. It was not satisfactory.

11,139. I think that the result of your experience is that the risks in giving cocaine or a similar local anæsthetic are nil?—Yes, under proper conditions.

11,140. I was going to ask you about that. You have had a large experience and considerable skill, no doubt; but you would not trust them to anybody, would you?—Yes, if they knew the routine and with the patient placed in a recumbent position and with a reasonable dose. When there is a little pallor in the face, provided you put the patient in a recumbent position and the chair is turned back, it is absolutely safe.

11,141. In unskilful hands?—Yes, they could not take any harm if the dose does not exceed half a grain.

11,142. (*Dr. Willcox.*) Does it not require skill to know whether it is dangerous?—No, not if you see the patient turning white.

11,143. But it is skill that makes you notice whether the patient is turning white, is it not?—Anyone would notice it.

11,144. (*Chairman.*) Our difficulty, you see, is this. You may have certain unregistered people with very great skill and a very long training, but when once you get away from registration you have no guarantee?—There are 2,000 of the present registered practitioners of dentistry who have not had the training that members of our society have had.

11,145. But there is no guarantee for their training?—There is a guarantee for the training of our members. There is no absolute guarantee for the others. I have journals here which will prove that I gave demonstrations three or four years ago and mentioned all these statements I am telling you now, and also a lot of the things mentioned in the Minutes of Evidence as regards the action of unregistered people not sterilising the gums and other matters.

11,146. You may have a guarantee as regards the members of your society, but what is the guarantee as regards a man who has not gone through that course?—A man will only use an anæsthetic that he is accustomed to and he feels confident about. We know, of course, that there are such people as insane people in the world, but I have only come across one or two cases in which people have administered anæsthetics in you might say——

11,147. A crazy way?—A crazy way. When persons are dealing with human life they are naturally more careful than if they are dealing with material.

11,148. In your opinion, at any rate, if people would always use proper cocaine and use a 1 per cent. solution you say that it is absolutely safe?—Absolutely safe, and in support of my assertion I beg to refer the Committee to an article by Professor H. A. Hare, M.D., professor in therapeutics in the Jefferson Medical College, Philadelphia, and editor of the *Therapeutical Gazette*, in which journal, writing under the heading of "Progress in 1892," he said "that within the last decade "cocaine has proved a gain, the value of which cannot "be estimated both for its anæsthetic effect and its "general systematic influence." Reclus, at a meeting of the Académie de Médicine of Paris, said that "local anæsthesia by injections of cocaine, of which he "has been a partisan for ten years, had not yet found "many adherents. He thought it desirable to recall "in a few words the principles to be observed in its "employment and to explain the reason why accidents "had been reported, from time to time, from its use. "He affirmed once again the eminent anæsthetic "properties of cocaine, which he considered to be "superior to all those used with the same therapeutic "object, and in particular to guaiacol, a drug which "had recently been warmly recommended by one of "his colleagues. He thought that the accidents "attributed to cocaine could easily have been avoided "if the indications he had recently laid down had "been followed. They were to use only 1 per cent. "solutions, never to exceed three or four grains of "cocaine, to always place the patient in a recumbent "position, and to avoid penetrating a vein. It was "by observing these rules that he had been able to "perform 3,500 operations without a single accident, "nor did he even once observe an attack of syncope "or vomiting. He employed cocaine exclusively "where the field of operation was not too extensive. "In two cases he used it with success in amputating "the arm, where, by reason of cardiac trouble, he was "not able to give chloroform." That is taken from the *Medical Press* of May 27th, 1896. I might say that there is no solution on the market for dental purposes that contains above 1 per cent., and 40 minims is supposed to be the limit of dose given.

11,149. Now, will you give us the result of your own experience?—The result of my experience is that when cocaine was first introduced all the dentists who seem to have taken to it used too strong a solution: they used a 10 per cent. solution quite commonly.

11,150. And they had 10 per cent. of accidents, I suppose?—More than 10 per cent., I daresay. And the solutions, of course, decomposed, which they were not aware of and grew a fungus and the cocaine was very impure. And the doses were excessive.

11,151. And now people know better—at any rate you do?—Yes.

11,152. You have something to tell us about Dr. Clifford Mitchell?—Dr. Clifford Mitchell, writing in "Dental Chemistry and Metallurgy," 4th edition, in 1896, page 307, says, "the purity of the drug is of the "greatest importance; that the permanganate test

" should be used for possible organic impurities, and " that toxic symptoms have followed injections of " 20 per cent. solution, relieved by inhalation of amyl " nitrite, three drops at a time." If it is possible to give a 20 per cent. solution to a person without any serious result, certainly I think a 1 per cent. solution should be considered safe.

11,153. You would not like to give a 20 per cent. solution?—No, I should not.

11,154. Or even a 5 per cent. solution?—No, my reason is that with a 20 per cent. solution you might get sufficient absorption to have an effect on the heart. I do not think a 1 per cent. solution has any direct effect on the heart.

11,155. Do you ever find that in injecting into the gums you affect the glands?—No. I have heard of people who have had excessive doses of cocaine complaining afterwards of a lump in the throat, but that is *globus hystericus* and has nothing whatever to do with the cocaine.

11,156. You have never perceived paralysis of the breathing apparatus in the throat as the result of your administration of cocaine?—Never.

11,157. You yourself, of course, prefer cocaine very much to a general anæsthetic?—To anything, for dentistry of course.

11,158. Not for taking off a leg, of course. I see you say that, in your opinion, the use of cocaine does away with any danger of having to perform the operation of tracheotomy?—Yes.

11,159. Is that because you find that there is no paralysis of the air-passage?—Yes, and on account of consciousness. If any foreign substance got into the larynx, I am afraid it would come out quicker than it went in; or if in the gullet the patient would probably swallow it. I have had two people swallow teeth—they simply passed through them.

11,160. Were you able to relieve them? What did you do? Did you give them an emetic?—No, I simply told them to take soft food, that was all.

11,161. And nature would relieve them in time?—Yes. The healing process is more rapid than with a general anæsthetic, and the reason is that the part is kept anæsthetised for about four hours. For half an hour it is distinctly so—from 20 minutes to half an hour—it depends on the circumstances, and you might say that the result of the mechanical action of forcing the tooth from the socket has died away before the anæsthesia has passed away, and the consequence is that the gums are not sore on the following day, and you can take teeth out day by day from the same patient and no swelling or soreness follows.

11,162. In conclusion, what have you to tell us?—As a matter of safety it can be administered to old people even with senile heart. A person past middle life will tolerate cocaine better than a person under middle life, in the teens say. I suppose perhaps the right side of the heart is stronger—there is more determination of blood to the head after middle life as a rule. I do not approve, however, of some of the proprietary preparations on the market. And I think that all preparations put on the market should bear the date of dispensing, if they contain cocaine which cannot be boiled to sterilise it; they should have it stated on the label, not only in the interest of the dentist, but in that of everybody for whom it is used. Of course, eucaine solutions can be sterilised by boiling, but I do not advocate any ready made solutions of cocaine, because they lose their power by keeping and become toxic as well; in time there is a fungoid growth.

11,163. Any general conclusions that you have come to we shall be glad to hear?—I might say that in Lancashire and the North yonder, generally from 70 to 80 per cent. of extractions are under local anæsthetics to-day.

11,164. In supersession, so to speak, of nitrous oxide?—Yes, nitrous oxide is dying out very rapidly. There is not one case of nitrous oxide now this year, I think, where there are 20 or 30, possibly 40 cases, of these local anæsthetics. A year or two back, of course, it was different.

11,165. It was just the other way about?—Yes, a few years back.

11,166. How many non-registered people are there in Lancashire to-day do you suppose who are administering cocaine?—If you take my own district, Bolton, say, in Lancashire (I see it is not mentioned in Dr. Hewitt's list or given in the *Lancet*), the Poor Law Union and the district just around there, is a population of 600,000, I should say roughly. There are about five licentiates in dental surgery, and there will be 30 unregistered practitioners and about 16 registered as being in bonâ-fide practice in 1878. Farnworth has about 26,000 or 27,000, and there is not a registered dentist in the place. There are a few doctors in Farnworth, but they do not take teeth out.

11,167. The ante-1878 men are under the old system, but, still, they are registered?—Yes, those registered men are mostly old spinners in mills and men from the foundries who did their dental work at night and got registered. I know of one who gave gas to his present wife, many years ago, not very far from me, and it pretty well frightened his life out. He has never given gas since.

11,168. He frightened his wife's life out, did he not?—Very nearly. He frightened himself anyway. And not only that, but the registered dentists are sending out unregistered men with a bag and gas in a cylinder to give gas in the homes of the people.

11,169. You mean, to assist in it?—No, they are going out single handed. Unregistered young men are going out with a bag and a cylinder with gas in it into the country districts and taking teeth out for registered dentists.

11,170. Would it not be advisable that somebody should call the attention of the General Medical Council to it?—I think the practice of dentistry and the use of anæsthetics by unregistered people covered by dentists has been reported to the Council and they have taken no action so far as I know.

11,171. In your opinion is it not exceedingly objectionable that a man should administer a general anæsthetic and operate at the same time?—Certainly, he ought to have somebody at least who is competent with him; a man who has had a few years' experience is quite sufficient.

11,172. But still there ought to be some person with some experience present. However skilful a man may be he is not fit to operate and look after the anæsthetic at the same time?—No.

11,173. Apart from other dangers?—Yes, there is a danger in a man operating and giving the anæsthetic also.

11,174. (*Sir Horatio Shephard.*) That does not apply to local anæsthetics?—No, not to local anæsthetics.

11,175. (*Chairman.*) I am not speaking about yourself, you have had a long training and are a man of skill and experience; but what guarantee is there that these 30 unregistered practitioners in your district, when they first took to administering cocaine, knew anything about it?—I do not think any man would take to administering cocaine unless he had had some experience of it. The bulk of those 30 men have had a proper apprenticeship. Most of them have had a proper apprenticeship and the indentures say that they will be taught all the branches of dentistry. They are taken as apprentices by registered dentists before they have entered for the preliminary examination, and when the five years are up, they find that the five years have been wasted, it does not count.

11,176. You mean that a good many men go as apprentices to registered dentists, and then they find after they have served their apprenticeship that it is of no use?—Yes, the registered dentists take them for boy labour—it is nothing less; and they take a premium with them too.

11,177. (*Sir Horatio Shephard.*) To do the mechanical work in the workshops?—Yes; they operate also later, and when they have finished their time and are compelled to make a living for themselves they are all that is bad.

11,178. (*Chairman.*) Generally, what is your objection to the ordinary dentist's course that a dentist has now

to go through in order to be registered?—Supposing I had to put my son through, I cannot teach him dentistry in any shape or form to count as part of the curriculum; I should have to pay a premium to some other registered person. He would have to serve the usual course and there would be no recognised instruction practice. He would have to go through the usual curriculum at some recognised teaching institution.

11,179. You think that the qualifications are put too high under the present Act?—Far too high. I do not mean to say that I would reduce the qualifications; the higher qualifications a man gets the better. If he can add medical qualifications to his dental qualifications so much the better; he will get a better class of patients, no doubt, and people who can pay. But I think the L.D.S. qualification at present both costs too much and is too exclusive to benefit the working classes. I can give you an instance in point. In the flying week at Blackpool, on the Monday, a person went in Manchester to five or six dentists and found them all out. She went to a certain well-known L.D.S., who speaks very often at the British Dental Association meetings——

11,180. And he was flying?—I do not know whether he was there or not, but there was someone in attendance and half a guinea was demanded for taking her tooth out in the ordinary way without an anæsthetic.

11,181. That is too much for ordinary people?—Yes. I say that the members of our Society in particular are a necessity. I know there are people who ought not to be allowed to practice, but take the respectable unregistered practitioners, they are a necessity to the public, there is no doubt about it. And anæsthetics are also a necessity; the people will not have a tooth out without.

11,182. Really?—I do not take five teeth out a week without anæsthetics. In Lancashire they will not have it without anæsthetics. If a man did it his business would be gone. I do not take five teeth out a week without anæsthetics, and have not done so for the last 20 years.

11,183. But on the other hand (I am interested in what you say) you think that general anæsthetics are gradually going out and local anæsthetics are taking their place?—Yes, simply because a person will not lose consciousness, they prefer to be "present at the operation."

11,184. There is no special pleasure that I know of in seeing your tooth come out, but everybody, of course, has an objection to being made unconscious?—I may say that I believe the principal trouble with local anæsthetics is not due to the anæsthetic, but to shock-fright.

11,185. Do you think that a local anæsthetic does not diminish shock?—Yes, it diminishes surgical shock certainly. It is nervous shock—fright—that I mean.

11,186. You mean that a person who has a local anæsthetic, still suffers from fright?—Certainly, if they are facing an operation. Well, I am rather nervous myself, I might as well admit it. In fact it is through that nervousness that I dare not take a general anæsthetic myself, and that I gave my attention to "locals."

11,187. I think you know that there has been an action lately against the London Hygienic Institution. That body has nothing to do with your Society?—No, we think them very much below us.

11,188. (*Dr. Willcox.*) You had had a very extensive medical experience with your father before you took up dentistry at all?—Yes, five years.

11,189. And you gained a lot of practical knowledge in medicine and surgery during that time?—Yes.

11,190. So that your knowledge is probably greater than that of many other members of the Society which you represent?—Possibly on one point only—on this particular point; but there are lots of members of the Society who have far more knowledge than I have, say, on general anatomy or physiology.

11,191. But on general medicine and surgery you probably have much more knowledge than the average?—Yes, but there are exceptions; there are some very clever men in the Society.

11,192. I may take it that you yourself did not undertake any courses of anatomy or dissecting?—No, I simply had books. I have a large library of medical books now. I have all my father's books and his instruments too, for that matter.

11,193. As regards cocaine, how many teeth would you take out at a sitting under cocaine?—Not more than five.

11,194. You would go so far as to take out five?—Yes. Would it be better if I showed you a report in proof (*presenting copies of the "Mouth Mirror"*) as to two demonstrations I have given?

11,195. Thank you very much, but I think that answer is sufficient. For taking out one tooth, how many drops of solution would you use?—I usually mix the same quantity for all. I usually mix half a grain of cocaine and I should possibly use all the lot for two, three, four, or five.

11,196. Would you use more than half a grain?—Never. I have given half a grain twice in the day and repeated it every day for a week,

11,197. (*Chairman.*) You mean, taking out teeth day by day?—Morning and night—two sittings in one day. I might say that my business is not confined to Lancashire; I have patients here in London now.

11,198. (*Dr. Willcox.*) Do you frequently have to place your patients in a recumbent position before giving them cocaine?—No; I do not think I have had to place one in a recumbent position for three or four years, and then never for above five minutes, and never before the operation.

11,199. Are you aware that cocaine affects the heart?—I do not think a 1 per cent. solution affects the heart directly. I do not know how it can get there at all.

11,200. Do you know that in that recent case of the London Hygienic Institute a 1 per cent. solution was used?—I do not know what strength they used, or how much of a ready-made solution. They say all sorts of things, of course.

11,201. Do you know that some people are very susceptible to cocaine?—Yes, hysterical people only, but it is not of a dangerous nature. Hysterical people, anæmic people, and people subject to tobacco. Alcohol does not affect them.

11,202. (*Chairman.*) Do you mean people who smoke cigars?—If people come who have recently smoked a strong pipe or a strong cigar you will very often see a slight pallor—nothing more than that.

11,203. (*Dr. Willcox.*) Would you be surprised to know that two-thirds of a grain of cocaine has caused death if it is given under the skin?—I have known a hypodermic needle-prick cause death, without anything more, from shock.

11,204. Do you admit that cocaine is a poison?—It is a poison in a very large dose; but I have Dr. Buxton's statement here that he has known a person take 20 grains and it did not poison him.

11,205. (*Chairman.*) Would that be a person who was habituated to it?—No, a single dose.

11,206. (*Dr. Willcox.*) Are you aware that several cases are recorded where one grain caused death?—I doubt if it was the cocaine that caused death.

11,207. Cases in which death has followed the administration of cocaine?—It may be. The only case I am conversant with at present is the case of a Russian chemist over here a short time ago, and he gave it to an anæmic woman and probably kept her in an upright position. He did not seem to know much about cocaine.

11,208. You do not admit that cocaine is a dangerous poison?—Under proper conditions, I do not. It is much safer than morphine. Morphine is a very unreliable injection. The margin of safety with cocaine I should think is from 10 to 20 times that of morphine, and hospital nurses give morphine regularly.

11,209. Do you think that great care is necessary in the administration of cocaine?—Reasonable care only; common-sense care I think is all that is necessary, if the routine is known.

11,210. Do you think that any person should be allowed to give cocaine without some training?—I do not.

11,211. (*Chairman.*) Where would you draw the line?—I should draw the line at a person who has been at a fair number of demonstrations and has had some training as apprentice with a dentist and has seen a sufficient number of cases.

11,212. (*Dr. Willcox.*) What guarantee can you have as regards that training?—In regard to our Society, a man must have served an apprenticeship of not less than three years and must have been two years on his own account; it was one year—now it is two years; so that he must have had five years' experience, and attended many demonstrations.

11,213. (*Chairman.*) I do not understand that two years on his own account. That seems to be an interval during which he is like Mahomet's coffin, suspended between earth and heaven?—After he has finished his apprenticeship—he may have stayed longer than three years with a dentist, but he must have served three years' apprenticeship—if he wants to join our Society he must also have been in business on his own account as principal at least two years.

11,214. (*Sir Horatio Shephard.*) But for those two years he is a dangerous man?—No; he has had not less than three years training previously, usually five years.

11,215. (*Chairman.*) He must be a dangerous man because you will not have him without the two years. Otherwise, why do you make that condition?—The reason is that we want to keep our Society select in the sense that we will not have inexperienced and unproven persons as members. We are responsible for them.

11,216. (*Dr. Willcox.*) Is it your view as regards the administration of cocaine that only qualified medical men, qualified dentists and members of your Society, should be allowed to give cocaine?—I think it is perfectly right that any man who can make a statutory declaration that he has given it for a period should continue to give it; but if any Act was passed I should certainly debar all, except medical men, from giving chloroform.

11,217. I am talking about cocaine. What do you say as regards cocaine?—I think that cocaine is as safe as any anæsthetic that there is.

11,218. But you have not answered my question. I want you to tell me, is it your view that qualified medical men, qualified dentists and members of your Society only, should be allowed to give cocaine?—No, that would be rather unfair to some who are not members of our Society, who have a fair amount of knowledge and experience. We do not say that we represent every skilful unregistered person, but we represent the bulk of them.

11,219. What would you suggest as being the limitation for the future. Assuming, as you say, that people who have had experience now in the administration of cocaine may be allowed to give it, what guarantee have you for the future?—I should be inclined to suggest that a register should be formed on the lines of the Dentists Act, and that those who could show that they were *bonâ fide* giving any particular anæsthetic other than chloroform should go on that exemption register.

11,220. (*Sir Horatio Shephard.*) That is for the past. What do you suggest for the future?—They would not be able to go on; they would not be administering it.

11,221. (*Chairman.*) Would you let future generations go on that register?—No, not future generations. Then the door would be closed immediately.

11,222. At a fixed date?—Yes.

11,223. (*Dr. Willcox.*) Then how about men taking up the practice of dentistry?—They must go through the usual course of training, I suppose.

11,224. What is that training to be? We have qualified medical men and qualified dentists, and what about the rest?—There would be no more after we died out; they would all be qualified by the usual course.

11,225. (*Sir Horatio Shephard.*) But you tell us that is impossible?—No, you would get them in time. It will take time.

11,226. (*Chairman.*) Your society is to be a sort of intermediate stage?—No; I mean to say that we should be in the same position as the ante-1878 men—that is, the men described as being in practice in 1878—are now.

11,227. What you mean is that you want an extension of the 1878 principle to the present day, so as to include you?—Yes.

11,228. And then what about the future?—They would have to go through the usual educational portals.

11,229. (*Dr. Willcox.*) Then for the future only qualified medical men and qualified dentists would be allowed to administer cocaine?—Yes, I think that is the only reasonable course.

11,230. (*Sir Horatio Shephard.*) Would not the result of that be that 20 or 25 years hence the same trouble would begin all over again?—No, it cannot possibly; nobody would be allowed to administer anæsthetics except those on this particular register.

11,231. (*Chairman.*) But your society would be adding new members?—But you would not take the society as a society; you would take the members individually.

11,232. (*Sir Horatio Shephard.*) Besides, you have told us that the course required for the L.D.S. is a course which it is impossible that the men can go through, and that it is too expensive?—I do not know how they would have to deal with that. The only thing is that when the door is closed there would be a greater inducement for people to go to colleges.

(*Chairman.*) Surely that ought to have happened in 1878—that is our difficulty.

11,232*a*. (*Sir Horatio Shephard.*) The closing of the door did not have that effect in 1878. Why should it have that effect now?—Only the title was reserved—practice was not controlled as it would be in this case.

11,233. (*Chairman.*) What you suggest is that the dose given in 1878 should be repeated?—Certainly. We have vested interests, we consider, now. You would probably think so if you had built a surgery like I did 17 years ago with about £3,000 sunk there.

11,234. We do not dispute that. The difficulty is where to draw the line between individuals. When once you get outside the regular qualifications, the difficulty is where to draw the line between individuals with great skill and experience and others who have not that same skill and experience?—I might suggest also, as regards cocaine, that in comparison with general anæsthetics the dose is a fixed dose, and that with general anæsthetics, particularly the more deadly ones, you bring in the skill of the operator to a considerable extent, because the dose is not fixed.

11,235. It is not the case then, I assume, with local anæsthetics as it is with general anæsthetics, that according to the individuals you have to give the dose?—With local anæsthetics it is a fixed dose generally. With a general anæsthetic you have to have skill to know when the patient has had sufficient. With gas it is almost a fixed dose; they very rarely give gas for above 50 seconds—an inhalation of about 11 or 12 inspirations; so that it is practically a fixed dose.

11,236. (*Dr. Willcox.*) Your view is that general anæsthetics must be given with very great care?—Yes, more so than local anæsthetics. That is one reason why I do not use them. I can do a more difficult operation under cocaine than they usually do with any general anæsthetic. To get some canine teeth out, I have occasionally to use both hands to remove them, and if the person was under a general anæsthetic it would pull him out of the chair, or you would have to have somebody to hold him. Lancashire teeth, you know, are said to be different from what they are down here. These colliers are not allowed to smoke in the pit, so they chew tobacco all day, and their teeth are worn flat on the top; they become part and parcel of the jaw bone almost in time, and you can hardly sever them from the bone. They are more used, of course, and like muscle, the more they are used the harder they become; they become more knit to the bone.

11,237. Do you think that some restriction should be put upon the administration of general anæsthetics?—Only on the more powerful ones, not on gas.

11,238. On chloroform?—Certainly.

11,239. And ether?—I think a medical man ought to be called in for ether and for ethyl chloride.

11,240. In fact, for all but gas?—Yes, gas and local anæsthetics, I think, ought to be left reasonably free.

11,241. You say that you think a medical man ought to be called in for other general anæsthetics?—Yes, the more powerful ones.

11,242. (*Chairman.*) Will you kindly hand in, so that we may get it upon the notes, the statement that your solicitor has kindly furnished for us, and also some corrections that Mr. Butterfield wishes to make?—Certainly. I might say that I have here an original copy of the depositions taken in the case of Eliza Ann Cole, a Nottingham case which has been mentioned to you, and which under a misunderstanding has been mixed up with a Burnley case, in which the man concerned was not a member of our society. I may further mention that the head of the London Hygienic Institute offered a subscription to our Benevolent Fund, which was refused. He is not a member of our society.

The witness handed in the following documents:—

STATEMENT of Mr. PERCY JAMES HALL ROBINSON, Solicitor to the Incorporated Society of Extractors and Adaptors of Teeth, Limited.

With regard to questions 2955, 2956, and 2957 in Mr. Butterfield's evidence on the Ninth Day (First Volume of Evidence, page 108), as to how the law could distinguish between a member of the Incorporated Society and any other person who chooses to call himself an extractor of teeth, the Society would suggest that if prohibition of the administration of anæsthetics were thought desirable in the interests of the public, such prohibition and restriction could be brought about by the following process, which would at the same time preserve to existing unregistered practitioners their right to practise, viz.:—

The passing of a new Act to amend the Dentists Act, 1878.

This Act should provide in effect:—

(1) That after a specified date, say, 1st January 1911, the administration, by any person or persons, not registered under the Act or under the Dentists Act, 1878, and not being a legally qualified medical practitioner, of a general anæsthetic (to be defined by the statute) should be an offence punishable on summary conviction of the offender by the imposition of a penalty of 20*l.* upon his first conviction, and 50*l.* upon a second or subsequent conviction.

(2) If a registered practitioner should employ an unregistered person, not a legally qualified medical practitioner, to administer such general anæsthetic he should be liable to the same penalties as the administrator of the anæsthetic.

(3) Any person who has been *bonâ fide* engaged in the practice of dentistry and dental surgery as a principal for himself or the firm of which he is a partner, or the company of which he is a director for a period of not less than two years prior to the passing of the Act shall be entitled to be registered on the register created by the Dentists Act, 1878, and kept pursuant to the provisions of that statute. The proof of the person being so engaged shall be statutory declarations that the applicant has been engaged in such *bonâ fide* practice of dentistry and is of good character and repute by—

(*a*) The applicant himself.

(*b*) A legally qualified medical practitioner of the town or one of the towns in which the applicant carries on his practice.

(*c*) By a resident householder of such town.

(4) In the event of a refusal by the registrar to register an applicant, the applicant shall have the right of appeal to a judge in the King's Bench Division sitting in Chambers, who shall have the power (if he thinks fit) to order the attendance of the applicant and his references before him for the purpose of examining them orally as to the contents of their statutory declarations.

(5) Any person making a false declaration should be liable to criminal proceedings under the Statutory Declarations Act, 1835.

(6) All persons registered under this Act should be entitled to all the benefits and privileges of the Dentists Act, 1878, provided that nothing in this Act shall confer upon such persons the right to use the title of "surgeon" in connection with any other description, title, or designation, and all persons registered under this Act should be subject to the provisions and regulations relating to registered dental practitioners contained in the Dentists Act, 1878.

The Act would have to be read in conjunction with the Dentists Act, 1878, and certain sections of that Act would require to be repealed or amended to fit in with the altered conditions.

The foregoing suggestions are merely put forward as a basis upon which to frame an Act of Parliament, and do not deal with the matter in detail, but if the Committee would permit it, the society would be pleased to put their proposals more fully before them.

With regard to the memorandum of Mr. Morton Smale, in which he states:—

"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 Society desire to call the attention of the Committee to the following dicta of judges of the Appellate Courts of the United Kingdom and of the promoters of the Dentists Act, 1878.

The Master of the Rolls, Sir H. Cozens Hardy, said (on the hearing of the case of Bellerby *v.* Heyworth and Bowen in the Court of Appeal):—

"There is nothing in the Dentists Act to prevent a man doing any dentists' work. It is not wrong under that Act for any man to do dentists' work, and it is not wrong for him to inform the public that he does that which it is lawful for him to do."

Lord Moncrieff, in the case of Emslie *v.* Patterson (Scotch Law Reports), said:—

"The Act (*i.e.*, the Dentists Act, 1878) does not prohibit the practice of dentistry."

The Lord Chief Baron of Ireland, in a case before the Irish Courts, said:—

"The Act does not prohibit an unregistered person from practising."

Sir John Lubbock, in introducing the Dentists Act, 1878, into the House of Commons, said:—

"The principal object was to protect the public against quacks by giving them an opportunity of ascertaining whether dentists were properly qualified."

And when the Bill was in the Committee stage he said:—

"The real object of the Bill is to enable the public to distinguish between educational dentists."—(Hansard's Parliamentary Debates.)

While this Bill was under consideration Sir John Lubbock received a deputation of chemists and druggists, who protested that their rights were being interfered with by the Bill, and he said that it was not the intention of the Bill to interfere with such simple operations as extracting or stopping teeth.

The Dentists Act, 1878, was promoted by the Dental Reform Committee, the late Mr. John Tomes acting as President, and the late Mr. Smith Turner as the Secretary of the Committee. The Committee issued a circular to Members of the House of Commons appealing for their support for the Bill, and stated in this circular:—

"The object of the Bill is to provide for the registration of dentists at present in practice and of such dental practitioners as shall hereafter have been properly educated and examined, for the practice of their profession, and not to establish an exclusive right to practise, but an exclusive admission to the register and to the use of the title 'Dentist,' 'Dental Practitioner' and 'Dental Surgeon.'"

The Society submit, therefore that there is no foundation for the suggestion of Mr. Morton Smale that their members are not entitled to practise, or are evading the provisions of the Dentists Act, 1878.

They further submit that the statistics tendered to this Committee, and the evidence given before the Committee of the House of Lords who held an inquiry in 1907 into the practice of dentistry by companies, show conclusively that the unregistered practitioners are carrying on their practices and are administering anæsthetics to the benefit and advantage of the community.

They desire further to point out with reference to Mr. Tomes' statement (*Q.* and *A.* 4216): "That much "mischief is done by unqualified practitioners in the "Midlands and the North." No cases were quoted in support of this statement, and no opportunity has therefore been given to the Committee or to other persons to verify the accuracy of the answer. In the one case in which Mr. Tomes has given detailed particulars, viz., the Ethyl Chloride Fatality, it is submitted that the evidence given at the coroner's inquest and the particulars supplied to the Committee show that Mr. Tomes' statement is inaccurate and that he has confused the case in question with another case.

That with regard to Questions 2697 and 2698 and Mr. Matheson's answers thereto, that he would not dream of excepting ante-1878 practitioners who were registered from the administration of nitrous oxide gas, on the ground that the legislature would not legislate retrospectively, it is desired to point out that the Dentists Act, 1878, did not confer upon any person either the right to practise dentistry or to administer anæsthetics, but that the statute merely conferred upon certain individuals, viz., those who registered under the Act, the right to the use of the title Dentists, &c., the Act dealing with a right of title and not a right of practice, and that the right of the registered practitioner to administer an anæsthetic is only the same right as that of the unregistered practitioner, viz., the right conferred by the common law of the land, and common custom and usage.

That with regard to Question 2712 and the answer of Mr. Matheson, that the fact of a man being on the register shows that he has been educated and trained and examined in those things he sets out to perform for the benefit of the public is incorrect.

Out of a total of 4,994 persons registered in the Dentists Register for 1909 there are 2,043 who were registered on their own declaration that they were in *bonâ fide* practice of dentistry, without any additional qualifications.

Some of these persons were admitted as recently as 1891 upon making statutory declarations that they were in practice before 1878, although the Act provided that a person who wished to be registered upon such declaration must register himself before 1879.

The mere fact of registration affords no such guarantee as Mr. Matheson suggests, and the fact that registered dentists who are not qualified by examination are using the same designations as those qualified by examination, such as "Surgeon Dentist" or "Dental Surgeon," is calculated to mislead, and has, I am informed, been known to mislead the public as to the exact position of the so-called "Surgeon Dentist," who, although he may be, and in many instances is, well qualified to attend to the dental requirements of the public, yet holds no diploma, and has given to the authorities no proof of his qualifications either as a surgeon or a dentist.

That with regard to questions 11,230 to 11,233 inclusive, I desire to point out that, in 1878, the practice of dentistry was not prohibited, but any person was free to practice, though he could not use the title dentist unless registered.

Numbers of individuals thought the advantage of using the title dentist was not sufficient to make it worth their while to spend the time and money necessary to qualify them, not necessarily for their profession, but to sit for examination entitling them to the degree of L.D.S., and as, in addition, when registered practitioners were subject to the jurisdiction of the General Medical Council and restricted in their advertisements, they preferred to forego the right to the title dentist, and this to a large extent accounts for the position to-day.

If the suggestions I have put forward were adopted, after 1911 no unregistered practitioner could administer an anæsthetic without breaking the law, and consequently the administration of anæsthetics by unregistered persons would be stamped out.

Further, if thought desirable, this prohibition could be extended to the practice of dentistry by the following provisions:—

Any persons not being registered under the Act or the Dentists Act, 1878, and not being a legally qualified medical practitioner who should practice dentistry or dental surgery, or perform any surgical operation in the human mouth habitually or for gain, should be liable to the same conviction and punishment as an unregistered person who administered an anæsthetic.

Any person or persons, or body of persons, using or applying a name, title, addition, description or designation to themselves or their work or the premises kept, used, or rented by them of dentist, dental practitioner or any other name, title, addition, or description, implying that they are qualified to practice dentistry, or that the practice of dentistry or dental surgery is carried on by them or at the premises referred to in the notification, should be liable on summary conviction to similar penalties.

Some exemptions should, however, be made in favour of persons engaged in *bonâ fide* practice at the passing of the Act. As I have suggested in paragraphs 3, 4, 5 and 6 of my Statement, in the event of the prohibition of the administration of anæsthetics, and such practitioners engaged in *bonâ fide* practice should be admitted to the Register upon the terms indicated and be subject in all respects to the provisions of the Dentists Act, 1878.

These provisions would not merely restrict the use of a title as did the Dentists Act, 1878, but would prohibit practice by unregistered practitioners.

In 1878 no proof was required that the applicant for registration was in *bonâ fide* practice, whereas the proofs I have suggested as to *bonâ fide* practice afford a guarantee that the applicant is a competent practitioner.

Moreover, as every practitioner would be subject to the jurisdiction of the General Medical Council, if a few undesirable persons crept on to the Register they would soon be weeded out, as the attention of the various associations connected with the profession would be concentrated upon malpractices by the registered.

At the present time, according to my experience, these bodies pay more attention to the undesirables amongst the unregistered than to the black sheep amongst the registered.

Statement of further Evidence of Mr. Fred Butterfield.

I am Secretary of the Incorporated Society of Extractors and Adaptors of Teeth, Ltd.

I have perused the Minutes of Evidence taken before the Departmental Committee.

I desire to call attention to certain questions put to Mr. C. E. Tomes, and to certain answers made by him which are incorrect and which were doubtless made under a misapprehension in consequence of his not having, as he stated, his papers with him.

In answer to Question 4179, page 151, Mr. Tomes stated that the figures of 1,249,167 cases was an unlikely figure, because in the whole number of years that the Dental Hospital in London has gone on, speaking without book, Mr. Tomes' impression was that was about the figure they had arrived at after about 40 years.

I desire to point out that the figures quoted relate not to one particular town, but to the whole of the United Kingdom of Great Britain and Ireland.

Mr. Tomes further made the following statement with regard to the one fatality under ethyl chloride referred to by me:—

"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." (Question and Answer 4179.)

Further, Mr. Tomes stated:—

"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." (Question and Answer 4180.)

Later on, in answer to Question 4207, Mr. Tomes said:—

"He did not think an unqualified person ought to be allowed for any operative purpose to administer general anæsthetics, even though he had all the experience of this particular society we had before us, as 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." (Question and Answer 4206 and 4207.)

"That was in the case of death from ethyl chloride?—Yes." (Question and Answer 4208.)

(*Sir Horatio Shephard.*) "The Nottingham case?—Yes. (Question and Answer 4209.)

I say that Mr. Tomes is in error in saying either that the newspaper reports in that case, or the facts in that case, showed that the member of our society displayed gross ignorance.

The member of our society was Mr. Frederick Palmer, who then carried on practice at No. 1, Hounds Gate, but who, owing to the increase in his practice, has since been compelled to move to larger premises, situate at No. 8, Albert Street, Nottingham.

The name of the patient was Mrs. Eliza Ann Cope.

An inquest was held by the coroner for Nottingham on the 6th March 1907.

At this inquest Mr. Palmer was represented by Mr. C. E. W. Lucas, Solicitor, of Nottingham.

The British Dental Association, although they had no interest in the case and no *locus standi*, were represented by a firm of solicitors, Nottingham.

A copy of the depositions supplied by Mr. Rothera, the Coroner for Nottingham, and a newspaper report of the case, are submitted.

It will be seen from these papers that the case to which Mr. Tomes was referring was not the case of Mr. Palmer, who, as I have already stated, is the only member of our society who has had any fatality while administering a general anæsthetic.

I therefore ask that, in justice to Mr. Palmer and our society, these facts may be published.

If the Committee desire to question Mr. Palmer personally with regard to the matter, I will arrange for his attendance.

That with regard to Question and Answer 4216, I desire to point out that there is no justification for the statement that much mischief has been done by unqualified practitioners, especially in the Midlands and in the North.

If the Committee desire it, the society could arrange for other members from other districts to speak as to the practice done by unregistered practitioners in the Midlands and in the North.

The witness withdrew.

Adjourned to Friday next at 2.15 o'clock.

At the Home Office, Whitehall, S.W.

TWENTY-EIGHTH DAY.

Friday, 19th November 1909.

Present:

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

Sir Malcolm Morris, K.C.V.O., F.R.C.S. | Sir Horatio Shephard, LL.D.

Mr. J. F. Moylan (*Secretary*).

Sir Donald MacAlister, K.C.B., M.D. (Camb.), called in and examined.

11,243. (*Chairman.*) You are President of the General Medical Council and Principal and Vice-Chancellor of the University of Glasgow?—I am.

11,244. And you are kindly going to tell us what has happened in the General Medical Council as regards instruction in anæsthetics?—With pleasure. I would mention first that, eight years ago, the Society of Anæsthetists approached the General Medical Council with a request that the administration of anæsthetics should be included in the schedule of compulsory subjects of instruction for medical degrees.

11,245. That was in November 1901?—Yes. I should say, by way of explaining my reference to the schedule of compulsory subjects, that the General Medical Council has, strictly speaking, no power to require any particular subject to be included in the medical curriculum. Its statutory powers are to see that the course of study and the examinations to be gone through for the medical qualification are sufficient to guarantee the proficiency of medical practitioners in all branches of practice; but in order to secure that proficiency they have two powers. One is to inspect the examinations and to require information from the examining bodies as to what courses of instruction they prescribe; and secondly, if they are not satisfied with the answers as to the course of study, or if they are not satisfied with the standard of the examinations, they can report that to the Privy Council, and the Privy Council can then, if it sees fit, and if it is satisfied that the objections of the General Medical Council are sound, remove the qualification of that particular licensing body from the list of registerable qualifications.

11,246. It is an indirect power of compulsion?—It is an indirect power of compulsion. The natural method of following out the statutory instructions would be to be perpetually asking questions of the licensing bodies, and perpetually inspecting the examinations; and so, as a matter of convenience for the information of licensing bodies themselves, the Council has for many years been in the habit of drawing up a list of the subjects which it would regard as proper to be included, and has drawn up also a list of regulations with regard to the standard of examinations that it would regard as sufficient. The licensing bodies in practice obey these recommendations because they are, as it were, a warning beforehand of what the

Council will expect when the ultimate test comes to be applied. So that we call our suggestions recommendations rather than requirements; but they are recommendations with a sanction behind them. Strictly speaking, therefore, the Society of Anæsthetists, in approaching us and asking that certain subjects should be included among the compulsory subjects, were not speaking technically; but I wish you to understand that they were in effect speaking technically. The result is that we have drawn up a list of subjects that we consider should be included in every curriculum of medicine, in order that it may be regarded as coming up to the minimum standard. We have also made other recommendations, which we regard rather in the nature of desirable additions, and I presume that the Society meant that instruction in anæsthetics should be put in the first category and not in the second. As a matter of fact, at that time the curriculum was regarded as overloaded in the compulsory subjects. We had only recently introduced certain further changes in it, and the Council took the view that it was not expedient at that time to include instruction in anæsthetics as a separate subject among those which we would regard as compulsory in the sense I have explained. However, no doubt the standard of medical education has improved, and the requirements of the profession have advanced; so that in 1906 when the question came up, as it comes up periodically, for revising the recommendations of the Council, two things were quite spontaneously put in by the Council which had not been in before; one was practical instruction in anæsthetics, and the other was practical instruction in the methods of making *post mortem* examinations. Both of these had been implicitly included in the general practice of surgery or the general practice of pathology, and now they were explicitly inserted on that occasion. These recommendations were then sent down to the bodies in the usual way, and were acknowledged by the several bodies. I should say that the bodies differ among themselves as to the rapidity with which they can make changes in their regulations. If you take such a body as the Royal College of Surgeons or the Royal College of Physicians in London, they can make changes in their regulations within a comparatively short time, because the regulations do not come under the head of byelaws or ordinances of the College, for which a superior sanction may be required, but they can be made on a recommendation of the Conjoint Board, and adopted probably at a subsequent meeting of the two Colleges after a very short interval indeed. The modification of their regulations is practically within their own hands. In the Scottish Universities the freedom is much less. The medical curriculum there is laid down by an ordinance which has the force of an Act of Parliament, and in the case of the medical ordinance it prescribes very minutely what the several subjects to be included are, the duration of study, and so on; and the Universities within that ordinance have extremely little power of amending or altering.

11,247. It is like the Statutes of Oxford and Cambridge?—Even a little more so. I was going to mention Cambridge presently. An ordinance, therefore, can only be altered first of all by the University Court framing it; then it has to go to the Senate, and then it has to go to the General Council, which is the whole body of the graduates of the University, for its remarks, and then, when all observations made by these bodies have been taken into account the Ordinance, as framed, has to go to the Privy Council, and there any one of the other three Universities may object to anything it contains, and if objection is taken we have to have a hearing before the Scottish Universities Committee of the Privy Council, and they may reject it if they think the objection is sustained. As a matter of practice, I may say, as I have to do with a Scottish University, that it has of late been thought more expedient to consult the other Universities first, without waiting for them to object before the Privy Council; and in that way one or two ordinances have recently been got through in a reasonable time; but I believe that is almost the first time that that could be said; it takes two or three years sometimes. In the case of the medical ordinances they are in practically identical terms for all four Universities. Practically, therefore, without the consent of, let us say, three out of four, we could hardly expect a change to be easily made. Edinburgh, for example, took a step two years ago with a view of altering its ordinance on its own account. The other Universities promptly objected because it disturbed the balance and for various other reasons. The Privy Council sought the opinion of the General Medical Council whether there was anything in the Edinburgh ordinance which was contrary to their recommendations or requirements, and the question being put in that limited way, the Council answered "No." They expressed no opinion as to the desirability of the changes to be made, but they said that there was nothing in them contrary to our recommendations. In the end the Privy Council passed the statute over the objections of the other Universities. But that process, which takes so long, is a very different one, you observe, from that of other bodies. In Oxford and Cambridge we have ordinances which also can be altered by a similar procedure before the Privy Council, but the ordinances are of a very wide character.

11,248. Will you tell us about them?—The ordinance, for example, of Cambridge is very much to this effect: that the University shall have power to make such regulations as it thinks fit; that is to say, the Cambridge and Oxford ordinances are empowering ordinances; in Scotland they are prescribing ordinances. Therefore if the Cambridge faculty wants alteration, the University can alter any regulations; for example, for the medical curriculum.

When this recommendation as to anæsthetics came up before the various licensing bodies, the differences in procedure became apparent. Some of the bodies answered to our recommendation, "We have already done so," or "It is already in force," others said "We shall take steps at once to make a change," and those that had the power of making the change made it. In Cambridge, for example, I believe it was made between one meeting of the Medical Board and the next meeting of the Senate, in the matter of a week or two. Some of the Scottish Universities say, "We do not think we have power under our ordinance, "but we will make a recommendation to that effect to "our students, and seek power to enforce it when "the ordinance is being revised." Another University, I think, was of opinion that they could stretch the ordinance and make the instruction in anæsthetics compulsory, although if any student objected it might very well be that they could not sustain it. At Glasgow we took the constitutional course and said, "We strongly "commend this to our students, and we will seek power "to make it compulsory when we are revising our "ordinance"; and the ordinance is being revised at the present moment. The net result was that I think every one of the bodies, except two, I think, indicated either that they had adopted the regulation or would take steps to get the necessary power to adopt it; and the two exceptions were the Royal University of Ireland, which expired at the beginning of this month, and therefore did not think it worth while to take the necessary steps, and the other is the Apothecaries' Hall, Dublin.

11,249. What degree does it give?—The L.A.H.—Licence of the Apothecaries' Hall—to distinguish it from the Licence of the Society of Apothecaries of London, or L.S.A.

11,250. Does it qualify for practice?—Yes, it qualifies for practice. In itself the Hall has not the power to give a complete qualification, but the Medical Act authorised the General Medical Council to provide supplementary examiners in subjects in which the Hall could not itself examine, and thus a board is constituted which can give a complete qualification. The General Medical Council appoint two examiners who supplement the Examining Board.

11,251. Do many men take the qualification?—No, very few.

11,252. However, they object?—No, I do not say that. We have written to them and have not got an answer—that is all I can say; therefore I cannot, for the moment, say whether they refuse it or not, but merely in order to complete my statement I say that

from them we have not yet received an answer. I inquired at the Medical Council's office to-day and found that no answer had yet been received.*

11,253. How long have they been in answering the letter; in 1906 you made your recommendation?—They were asked in April or May of this year. However, it is possible that they do not think the subject very important, because, as I have said, few take their final qualification, and of those few the great proportion, I believe I am correct in stating, are already qualified and take it as an additional qualification.

11,254. What is the advantage of taking the additional qualification to a man who is already qualified?—I believe that the Apothecaries' Hall, Dublin, is able to confer certain rights as to dispensing, which make it desirable for dispensary doctors. The net result therefore of the whole is that with that single exception, which I am not able to say definitely is an exception, all the licensing bodies have followed our recommendation so far as their powers permitted, or are seeking powers to follow our recommendation.*

11,255. So that practically within a year or so they will all have come into line?—There has been no objection on the part of anyone.

11,256. Have these bodies practical opportunities of giving instruction in anæsthetics?—I am speaking only of the examining bodies.

11,257. But the examining bodies I suppose require a certificate?—Yes, the usual form is that before presenting himself for his final examination, every candidate has to produce satisfactory evidence, first that he has attended so many lectures, and secondly that he has attended so much hospital practice, and thirdly so many cases of midwifery, and so on; and then, let us say, fourthly, that he has received adequate practical instruction in the administration of anæsthetics.

11,258. (*Sir Malcolm Morris.*) Is that uniform?—Not precisely, that is the general tenor of the regulations. When a candidate therefore comes up for his final examination he has to present to the registrar of the licensing body the corresponding certificates.

11,259. Must the candidate actually have given anæsthetics himself under the supervision of a properly trained man?—That would be the meaning of the certificate that he had received adequate practical instruction in anæsthetics. Some of the licensing bodies may require more detail—say, that he has administered anæsthetics himself so many times. Others will give less detail, but the purpose is the same. The different licensing bodies frame the terms of their own certificates so long as in general they comply with our recommendation. The teaching bodies are to be regarded as quite distinct from the licensing bodies for this purpose.

11,260. (*Chairman.*) You keep a general eye over them?—We have an education committee and an examination committee, who have to keep an eye over them, and they would report to the General Medical Council if they found any shortcomings on the part of anybody.

11,261. What is the number of the General Medical Council?—Thirty-four. I am not sure whether it is to be 35 to-morrow.

11,262. How are they divided into committees?—The Education Committee consists of a chairman, the president, and eight members. The Examination Committee is similar. They practically are continuous. They are elected from year to year, but they are always re-elected and vacancies are filled up as they occur, so that they acquire a considerable familiarity with the subject-matter that they have to deal with, and by a Standing Order they are required to report to the Council at each session on the matters committed to their charge.

11,263. The Council is elected of course from England, Scotland, and Ireland—from the whole of the United Kingdom?—Every University of the United Kingdom has a member, and every licensing corporation, such as the Royal College of Physicians and the Royal College of Surgeons and the Apothecaries' Society. The practitioners in the country resident in England and Wales elect three members at the present time; at the next election they will elect four. The practitioners in Scotland elect one and the practitioners in Ireland elect one; and then the Crown through the Privy Council appoint five.

11,264. It is a medical parliament in fact?—Well, it cannot legislate.

11,265. Except by recommendation?—Except in the fashion I have explained to you. But it has also a more important function. It is not exactly a parliament, it is a tribunal, because it can investigate charges against a medical man of unprofessional conduct and punish him if the case requires it, and a very large part of our time is taken up in penal work.

11,266. Am I right in saying that you not only prescribe the medical curriculum but the dental curriculum as well?—Yes; by the Dentists Act the Dental Register is placed under our charge, with somewhat similar powers to those we have with regard to the medical profession, but, being a more recent Act, certain improvements were introduced into the procedure which make it somewhat easier for us to prescribe the curriculum in the case of dentists than it is in the case of medical men. And as you have asked the question, I may say that there has been no recommendation or requirement on the part of the General Medical Council that a dentist shall have received any instruction in anæsthetics. I mention that as a matter of fact.

11,267. I am going to ask your opinion presently on that subject. I think you have completed your statement as to the action taken by the General Medical Council in introducing instruction in anæsthetics as a subject of the medical curriculum?—That is my statement as regards the action taken by them in that matter. I may say that the Privy Council is in the habit of sending down to the General Medical Council for its opinion on all matters affecting legislation or even administration which seem to touch upon the affairs committed to it, and that last year the Privy Council submitted to us a Bill in which one of the clauses—I think the first clause—was that only a medical practitioner should administer anæsthetics for any purpose.

11,268. (*Sir Malcolm Morris.*) Was that Dr. Cooper's Bill?—I think there was a preceding one drafted by Dr. Hewitt; that came first, and then, I think, at the same sitting the other Bill was also before us.

11,269. (*Chairman.*) Dr. Cooper's Bill was actually introduced in the House, was it not?—Yes, but Dr. Hewitt's draft Bill was the first. The first clause of that Bill, if I remember rightly, was as I have stated. The General Medical Council expressed instantly the opinion on that first clause, that they would very much desire to see a similar provision extended to all other branches of medical practice. With regard to the second part, which proposed to make instruction in anæsthetics by Act of Parliament compulsory on all teaching bodies, the General Medical Council raised the difficulty that it seemed to be superseding the duty of the General Medical Council, and ultimately of the Privy Council, because the Privy Council, I ought to say, can, under the Medical Act, do anything which the General Medical Council ought to do and has failed to do. For that reason we took objection to the supersession, in one small point of medical practice, of the powers which were given to us for general purposes, and of a very wide scope.

11,270. And, having regard to what has been practically done, you think that sufficient provision is now made, without the compulsion of an Act of Parliament, for securing the proper teaching of anæsthetics?—That was the deliberate opinion of the General Medical Council, and I may say that it is my opinion. We believe that the powers which the General Medical Council possess, exercised as they

* The General Medical Council have since received from the Secretary and Registrar of the Apothecaries Hall of Ireland, a letter dated December 1st, 1909, intimating that the Court of the Apothecaries Hall would after the 1st July, 1910, require from all candidates for final examination evidence of instruction in anæsthetics.

are, are sufficient to secure that any branch of practice which gradually acquires sufficient importance shall be made part of the curriculum, and that we have the means of supervising the manner in which that instruction is required to be given and for the testing of the examinations by which it is tested. In the Bill as proposed there was no means either of punishing a defaulting licensing body which refused to obey the Act, nor was there any means of securing that they carried out the duties imposed by Act of Parliament in other than a perfunctory manner.

11,271. Like a good many other Bills enacting a fine principle but with no machinery to carry it out?—Precisely. The General Medical Council answered that we had the machinery, that we have, we believe, the power, and that we believe that this particular branch of practice will be dealt with as others have been, better than by a separate Act.

11,272–4. May I take it that the General Medical Council generally are impressed with the importance of teaching the administration of anæsthetics?—Yes, you may take that certainly; this resolution was carried unanimously.

11,275. I suppose one is right in saying that day by day the field of surgery increases, and that as the field of surgery increases the necessity for skilful anæsthetisation also increases?—That is perfectly correct. I take it that it is that fact that has caused the changed attitude from 1901 to 1909. The importance of such instruction has become apparent to everybody.

11,276. (*Sir Malcolm Morris.*) Is not a new form of anæsthetic coming up which is outside the scope of what is at present contemplated in the proposed legislation?—That is so; and one reason against laying it down by Act of Parliament, as a necessary condition of obtaining a diploma, that a person should have had instruction in the present form of inducing anæsthesia, would seem to be that it would be ignoring the possibility of a complete advance in the science which would make the requirement obsolete and would leave the door open for new forms of anæsthetic which could not be controlled by that Act of Parliament. The General Medical Council, on the other hand, can follow the advance of science and change its regulations as need may arise.

11,277. (*Chairman.*) You have a flexible machinery whereas an Act of Parliament is rigid?—Yes. I ought to say that the resolutions of the Council with regard to that draft Bill, which I had better perhaps call Dr. Hewitt's Bill, and with regard to Dr. Cooper's first Bill, were transmitted to the Privy Council, having been adopted by the General Medical Council.

11,278. Will you kindly tell us what those resolutions were?—They are as follows:—"I. The General Medical "Council has consistently endeavoured to safeguard "the interests of the public in matters relating to the "practice of medicine. They will, therefore, willingly "support any measure which has as its object to render "illegal the practice, save by duly qualified and regis-"tered medical practitioners, of any Department of "Medicine and Surgery, including the branch of "practice to which special reference is made in the "communication from the Privy Council, viz., the "Administration of Anæsthetics. II. The Council "has within the last year issued a 'Recommendation' "to the licensing bodies that a course of study in the "administration of anæsthetics should be included in "the curriculum; and they have reason to believe "that the 'Recommendation' has been already given "effect to by many of the bodies." Then with regard to the communication which the Privy Council sent to us in relation to the draft Bill, I may state that on July 1st 1908 the Privy Council, referring to the suggestion that had been made that the administration of anæsthetics should be restricted by legislation to duly qualified and registered men, observed that such legislation would have little value unless proper training in this branch of practice were provided, and inquired whether the effect of the Medical Council's action would be to include a course of the study in the professional curriculum. The Privy Council was informed that a large number of the teaching bodies had already taken the action recommended, and that it might, in the President's opinion, be confidently expected that in due time all the bodies would make instruction in the subject a requirement for their licence. In August 1908 the Privy Council forwarded, with a request for observations, a copy of the General Anæsthetics Bill, 1908, which proposed to render it a penal offence for anyone not a legally registered practitioner to administer anæsthetics, and required all licensing bodies to examine in the subject. It was pointed out by the President, in reply, that such legislation would mean the virtual supersession of the General Medical Council, whose statutory function it was to secure the efficiency of examinations and to maintain the standard of proficiency in the several branches of practice. He held that there was no doubt that the power of the Council to make recommendations to the licensing bodies, and its power to report to the Privy Council on the results, would be sufficient to effect the purpose desired. The Executive Committee, after considering this correspondence, on November 23rd, 1908, passed the following resolutions:—"(*a*) That the Memorandum "and proposed Bill be reported to the General Council, "with the statement that the Executive Committee "approve the terms of the President's reply dated "September 3rd, 1908, addressed to the clerk of the "Privy Council; and the recommendation that the "Council should inform the Lord President that the "Council approve the principle of the first clause of "the proposed Bill, but is unable to support the "provisions to which objection is taken in the Presi-"dent's letter. (*b*) That the Registrar be directed to "communicate with the Licensing bodies, calling their "attention to the recommendation of the Council of "May 30th 1907, and inquiring how far they had "given effect to this recommendation by requiring "students to produce evidence of having received "practical instruction in the administration of anæs-"thetics." These resolutions were reported to the Council on November 28th 1908, when the Council directed the Registrar to inquire of all licensing bodies how far they had given effect to the resolution of the Council as to practical instruction in anæsthetics, and the answers received from the bodies showed that nearly all of them had already taken steps in regard to the matter, and that before admission to their final examinations, candidates would be required to produce satisfactory certificates of instruction. On April 3rd 1909 the Privy Council transmitted a copy of a Bill on this subject introduced into the House of Commons by Dr. Cooper, with a special inquiry whether clause 5 should not be made to cover all properly qualified dentists. The President pointed out in reply that the Memorandum attached to the Bill showed that the intention was to prevent the administration of anæsthetics in future by any but duly qualified medical practitioners. The clause in question merely reserved their existing practice to dentists already registered. The intention of the Bill would be frustrated if dentists hereafter registered were also included. The Executive Committee thereupon submitted the following recommendations for adoption by the Council:—"(*a*) That in the opinion "of the Council the administration of general anæs-"thetics for the purpose of producing unconsciousness "during medical, surgical, obstetrical or dental opera-"tions or procedures should in future be restricted to "persons possessing a medical qualification. The "Council further express the opinion that clause 4 "of the Bill, as at present drawn, creates and imposes "a serious penalty for an offence whose precise nature "is not sufficiently defined. (*b*) That the Registrar's "summary of the answers from the Licensing Bodies "be referred to the Education Committee for con-"sideration and report to the General Council." On May 29th 1909 the General Council appointed a Committee to consider the proposals for legislation on the subject of anæsthetics which had been, or might hereafter be, put forward and to report to the Council on the subject at the next session, beginning on November 22nd. Then came a new point. We had given our general answer on Dr. Cooper's Bill to the effect that we

should desire first of all that all branches of medical practice should be limited to medical practitioners; secondly, that we deprecated special legislation for anæsthetics; and thirdly, that we deprecated the creation of an offence which it was proposed to create, namely, the signing of a death certificate in the case of any person who died under the influence of an anæsthetic; we deprecated the making of that a penal offence on the ground that it was so ill-defined that medical men would not know where they were. "Dying under the influence of an anæsthetic"—does that mean under the knife or by reason of the anæsthetic, or within an hour afterwards, or by reason of shock, or anything of that kind? On that ground, that it was creating an offence the limits of which no medical man could understand, we thought that a recommendation contrary to that should be made. That completed our answer with regard to Dr. Cooper's Bill. Then subsequently the clerk to the Privy Council asked us a question to which we have not yet given a final answer. In that Bill it was proposed that dentists registered up to the passing of the Act and medical practitioners at all times might administer anæsthetics. The implication was that dentists registered after the Act should not give anæsthetics. That was referred to the Executive Committee of the Council, consisting of nine members, which has in fact practically the charge of the business between the sessions, and they said that there was in their minds no doubt as to the answer to be given to it. They did not know that a question of principle was being raised; they thought that the clerk to the Privy Council wanted to know the meaning of our answer on the previous communication. We had answered that the Memorandum attached to the Bill showed that its whole intention was ultimately to limit the administration of anæsthetics to medical men, and therefore that to remove the limitation to dentists registered before a certain date would be to destroy the purpose of the Bill. We did not understand him to ask us whether it was wise to remove that limitation and we did not think we were bound to give an answer on that point. But it turned out that he wanted to know our mind on the question whether dentists at all times as well as medical men at all times might by law continue to give anæsthetics as they had done. At any rate the Executive Committee had no doubt, and they recommended the Council to pass this resolution and send it to the Privy Council: "That in the opinion of the Council the administration "of general anæsthetics for the purpose of producing "unconsciousness during medical, surgical, obstetrical, "or dental operations or procedures should in future "be restricted to persons possessing a medical "qualification." In other words, they endorsed the principle of the first Bill.

11,279. (*Sir Malcolm Morris.*) Is a dental qualification included under a medical qualification?—No, they are two distinct things. One is under the Medical Act and the other is under the Dental Act. Each with a separate curriculum, separate examinations, and separate registration. But a medical man is, of course, entitled to perform all dental operations, as well as others. I ought to say, however, that when that resolution of the Executive Committee came before the General Medical Council it came near the end of a long and wearisome session and it was not adopted or rejected, but it was thought to be desirable that it should be thoroughly well considered before it was sent to the Privy Council; and so I think on the last day of the Council meeting, at my own suggestion, a committee was appointed to consider it more carefully and to report to the next session.

11,280. And they are considering it?—Yes, and they will meet on Tuesday, and probably report next week as to what their opinion is. We have not taken an opportunity of meeting before, although it was contemplated, because we got a communication from the Privy Council saying in effect that there was no hurry, that the Bill was not likely to come before Parliament again this session; so we thought it would be advantageous to take the opportunity of a full meeting of the Council to consider it in all its bearings. At that committee meeting it is possible that this suggestion of the Executive Committee may be modified,—I cannot tell.

11,281. Is it fair to ask your individual opinion and some questions relating to it?—Quite. I have studied the subject.

11,282. Would you draw any distinction between nitrous oxide, which on the whole is a very safe anæsthetic, and the more durable anæsthetics, such as chloroform, ether, and ethyl chloride? Would it be possible that dentists should be allowed to administer nitrous oxide but not the more durable anæsthetics, which involve certain complications?—I would put my answer in this way—that there is much more to be said in favour of dentists giving nitrous oxide than in favour of their giving any other anæsthetic; but to my own mind there are two serious difficulties which have to be surmounted. The first is that in so many cases the anæsthetist is also the operator.

11,283. That I think everybody agrees is most objectionable?—It can be avoided and it should be.

11,284. (*Sir Malcolm Morris.*) You express the opinion that it is undesirable?—It is undesirable for this reason, that many things may happen to a patient in a state of unconsciousness which require close observation to prevent them from becoming urgently dangerous, and that an operator who is occupied with his operation cannot exercise that watchfulness which is necessary to prevent the patient falling into danger.

11,285. (*Chairman.*) That applies equally to medical men as to dentists, does it not?—It is very rare for a surgical operation to be conducted by a man who also gives the anæsthetic.

11,286. (*Sir Malcolm Morris.*) But it does occur occasionally in country cases; I have done it myself?—I am not speaking of emergencies.

11,287. (*Chairman.*) For instance, in what we may call a field operation. But dentists' operations are not sufficiently urgent in your opinion?—I do not think that a dental operation is sufficiently urgent to justify running that risk. In the case of a surgical operation in an emergency you must do it. That is one objection that I feel. The other is that if an accident occurs it requires medical skill to know what is wrong and medical skill to know how to treat it, if it is to be remedied in time, and neither of those qualifications does a dentist as a dentist possess. For example, the tongue falling back, or blood going into the throat, stoppage of the heart or respiration may require an injection of strychnine, or it may require immediate measures applied to the circulation. It may even require tracheotomy. None of these things is a dentist as such qualified in the first instance to determine, if there is no one else there, and secondly to treat when once he has determined them. Those are the two difficulties that have to be surmounted.

11,288. But supposing that the administration of nitrous oxide—confining it to that—was made part of the dental curriculum and that there was something in the nature of a byelaw prohibiting the same man from administering the anæsthetic and operating, would you see any objection to dentists continuing, as they have done, to give nitrous oxide?—That would limit the preventable dangers very greatly. It would not finally remove my difficulty as to dentists being obliged in an emergency to perform medical or surgical operations, which they have not been trained to perform.

11,289. But so far as the evidence before us goes, with nitrous oxide those emergencies are so exceedingly rare that they are hardly worth taking practical account of?—They are not very common. I am speaking from the theoretical point of view.

11,290. As a counsel of perfection, so to speak?—Yes.

11,291. But it would be a serious practical detriment to dentists, would it not, if they were not allowed to give gas?—I think there is no doubt of that.

11,292. (*Sir Malcolm Morris.*) Where there are two partners in a small country town, one partner might give gas for the other?—Yes. If you insisted that for every operation where unconsciousness was produced two qualified dentists should be present, I think the greater part of the danger would be met—not the whole of it. I have said already that tracheotomy might have to be performed.

11,293. (*Chairman.*) I think Dr. Hewitt told us that in all the anæsthetics he has given, he has only once had to do tracheotomy, and that was not nitrous oxide?—But you see it might be your case or mine that was the next one.

11,294. But you can hardy legislate for a one-per-million chance?—I should like to do so if I could.

11,295. (*Sir Malcolm Morris.*) I should like your opinion on this particular point. Supposing that two men are partners and one is a qualified dentist and the other is not, and the qualified dentist does the operation, is it unjustifiable for the non-qualified dentist to give the anæsthetic?—The General Medical Council has a strong view on that point, and so far as it can legislate it has prohibited a medical practitioner from giving anæsthetics for an unregistered dentist, regarding that as covering unqualified practice.

11,296. It would equally cover the other case?—It would cover the other case more strongly. If he is permitting an unregistered person, by his presence and his co-operation, to pose as if he were a qualified person, we regard it as a professional offence, on the ground that it is fraudulent to the public; and we have successfully prosecuted and punished medical men who persistently covered unqualified dentists by administering anæsthetics for them.

11,297. (*Chairman.*) There is no doubt whatever in your mind or that of anybody else, I suppose, that intraspinal administration of anæsthetics ought only to be done by a qualified medical man?—There is not the faintest doubt of it—and a highly skilled medical man—until it is more familiar than it is at present.

11,298. I suppose the General Medical Council are clearly of opinion, as regards unqualified people (excluding dentists and medical men) that no general respirable anæsthetic ought to be administered by them?—They regard it as highly objectionable in the interest of the public.

11,299. As the law stands at present, any member of the public may administer an anæsthetic to any other member of the public without let or hindrance, provided that he does not intend to commit a criminal offence?—Or he can perform any surgical or medical procedure—even amputation.

11,300. There is nothing to prevent, for instance, a beauty doctor administering anæsthetics?—No, there is nothing to prevent an unqualified person administering any drug, so long as it is not for a felonious purpose.

11,301. One Englishman may not sell a glass of beer to another, but he may drug his friend to his heart's content?—Yes, and perform any surgical operation. I do not know whether it would come under the common law as mayhem.

11,302. I should think he would consult the patient before that?—That is the state of our law, and in this country we are almost unique among the nations of the world in that respect.

11,303. The Scotch law as well as the English law?—Yes, the Medical Act extends to Scotland.

11,304. There is no prohibition in Scotland which is not in force in England as regards drugging or anæsthetics?—That is so; but the same is not true of the larger Dominions and Colonies that have laws restricting unqualified practice, some of which are of a very admirable kind. Among the nations of Europe I believe I am right in saying that only Great Britain, Germany, and Turkey have no law on the subject.

11,305. (*Sir Malcolm Morris.*) It is no part of the function of the General Medical Council to consider the various kinds of anæsthetics and how they are administered?—No, except as the *British Pharmacopœia* authority.

11,306. (*Chairman.*) I suppose that your practice has been always that of a physician?—I was physician to Addenbrooke's Hospital at Cambridge for about twenty years.

11,307. Are there any points on the subject of anæsthetics that you wish to bring before us from the point of view of a physician?—None, I think.

11,308. We have been told—I do not know whether you have considered the matter—that in Scotland chloroform is used almost to the exclusion of ether?—That is so.

11,309. That in America ether is used to the exclusion of chloroform and in England ether is very largely used?—Gas and ether, and for children and so on, chloroform.

11,310. Have you any notion as to how the divergence of practice has sprung up?—I think partly from historical reasons.

11,311. In connection with Sir James Simpson?—Yes. Chloroform was studied most intensely in Scotland because it was introduced there under Sir James Simpson, and probably they have therefore acquired a knowledge of its qualities and its dangers which makes them prefer what they know best. In America ether, of course, was introduced in Boston a hundred years ago and they have became more familiar with its qualities. In England they are more eclectic, and the individual preference, I think, in England counts for more than the teaching of a particular school. In Scotland, schools like those of Edinburgh and Glasgow, where great men have taught, have caused a particular practice to pervade the country. There has been less individual concentration of influence in this country; in the different schools there are different ways and their pupils follow them, and so there are different practices throughout the country.

11,312. What is your opinion as to the relative safety of the Scotch and English methods?—I should say that chloroform is safer in the hands of a Scotsman, and ether in the hands of an Englishman; and I believe that that is owing to more than a mere national preference; it is that they actually know better what to look out for in Scotland as regards chloroform.

11,313. It has been a traditional anæsthetic with them?—Yes, and the dangers of it are carefully inculcated to medical students.

11,314. (*Sir Malcolm Morris.*) Do you agree with Dr. Waller that it is very largely a question of accuracy of dose?—Yes, safety is very largely a question of accuracy of dose.

The witness withdrew.

NOTE.—*Subsequently to giving evidence, Sir Donald MacAlister forwarded the Report of the Anæsthetics Committee, which was appointed by the General Medical Council on May 29th, 1909, to consider the proposals for legislation on the subject of Anæsthetics which have been or may hereafter be put forward, and which had before it the Anæsthetics Bill, 1909. The Report was adopted by the General Medical Council on November 27th, 1909, and contained the following conclusions and recommendation:—*

CONCLUSIONS.

1. That the statutory powers with regard to medical education exercised by the Council, and in the case of need exercisable by the Privy Council, are sufficient to secure that candidates for medical or dental qualifications shall have received adequate practical instruction in the administration of anæsthetics, and that the Council has already taken steps, and is prepared to take further steps, to secure the end in view.

2. That it is inexpedient to provide by Act of Parliament that evidence of such instruction should be raised to the status of an "additional qualification," without which no person shall be entitled to registration.

3. That in the exercise of its statutory powers with regard to medical education the Council is enabled to take account from time to time of the advances of medical science in regard to the methods of procuring anæsthesia, and to vary its recommendations to the licensing bodies accordingly, in a manner which would not be practicable under the terms of the proposed Bill, should that pass into law.

4. That it is desirable in the public interest that the administration of anæsthetics for the purpose of inducing unconsciousness or insensibility to pain during medical, surgical, obstetrical, and dental operations or procedures should be restricted by law to duly qualified medical practitioners, due provision being made for the practical instruction of students, and for cases of emergency.

5. That having regard to existing conditions it is also desirable in the public interest that duly qualified dental practitioners should be authorised to administer certain specified anæsthetics, such as nitrous oxide gas, for the purpose of inducing unconsciousness or insensibility to pain during dental operations or procedures, due provision being made for the practical instruction of dental students.

6. That the specification of the anæsthetic substances or drugs which may thus be employed by duly qualified dental practitioners during dental operations or procedures should be made in a schedule to the proposed Act of Parliament, power being reserved to the Privy Council, on the recommendation of the General Medical Council as the authority charged with the publication of the *British Pharmacopœia*, to add to or vary the specified list from time to time as occasion arises.

7. That it is expedient in the public interest to provide that the person who administers the anæsthetic for the purpose of inducing unconsciousness during any medical, surgical, or dental operation or procedure, should not be the person who performs the said operation or procedure, due provision being made for cases of emergency.

8. That it is inexpedient to create, as proposed in clause 4 of the Bill, a new penal offence the precise nature of which is not defined, inasmuch as the words "dying while under the influence of an anæsthetic" are capable of several interpretations, varying with the circumstances of each particular case.

9. That if it should be deemed desirable to make provision for duly recording the cases contemplated in clause 4, a system of notification to the proper authorities, similar to that which is applicable to births, or to infectious diseases, would be sufficient for the purpose.

10. That for the present it should be left to the licensing bodies to determine the precise form of the evidence of "adequate practical instruction in the administration of anæsthetics," which they require to be produced by candidates for their medical or dental qualifications.

11. That the following addition should be made to the Council's Recommendations on dental education and examination, namely:—

"(v) (*c*) Administration of the anæsthetics usually employed in dental practice."

Recommendation.

The Committee recommend that the foregoing conclusions be adopted by the Council, and transmitted to the Lord President of the Privy Council for his information.

Donald Macalister,
November 25, 1909. Chairman.

The memorandum and text of the Anæsthetics Bill, 1909, are as follows:—

Anæsthetics Bill.

Memorandum.

The object of this Bill is to require a medical practitioner or a dentist applying for registration on or after January 1, 1912, to submit evidence of having received practical instruction in the administration of anæsthetics, and to prohibit any person not a registered medical practitioner or a registered dentist administering an anæsthetic except under certain conditions. To prohibit any certificate of death being given in the case of any person dying under an anæsthetic.

Arrangement of Clauses.

Clause.

A Bill to regulate the administration of 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 this present Parliament assembled, and by the authority of the same, as follows:—

1. On and after the *first day of January, one thousand nine hundred and twelve*, no person shall be registered under the Medical Acts or the Dentists Acts in respect of any qualification referred to in any of those Acts unless he shall have produced evidence that he has received theoretical and practical instruction in the administration of anæsthetics.

2. Any person not a registered medical practitioner or a registered dentist who shall administer or cause to be administered to any other person, by inhalation or otherwise, any gas or vapour, or drug or mixture of drugs, solid or liquid, with the object of producing unconsciousness during any medical or surgical operation, examination, act or procedure, or during childbirth, shall be liable on conviction before a court of summary jurisdiction for such offence, to a penalty not exceeding *ten pounds*, and in the case of any subsequent conviction, to a penalty not exceeding *twenty pounds*: Provided 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 registered medical practitioner or a registered dentist, 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 registered medical practitioner or a registered dentist would have endangered life.

3. Power is hereby given to the General Council to make any regulation or order to carry out the requirements of this Act.

4. Any registered medical practitioner who gives a certificate of death in the case of any person dying while under the influence of an anæsthetic shall be liable, on summary conviction, to a penalty not exceeding *five pounds*.

5. Offences under this Act may be prosecuted and all fines recovered in manner provided by the Summary Jurisdiction Acts.

In the application of this Act to Scotland the expression "Summary Jurisdiction Acts" shall mean the Summary Jurisdiction (Scotland) Acts, 1864 and 1881, and any Act amending the same.

In the application of this Act to Ireland the expression "Summary Jurisdiction Acts" shall mean a court of summary jurisdiction constituted in the manner mentioned in the two hundred and forty-ninth section of the Public Health (Ireland) Act, 1878.

6. The expression "Medical Acts" means the Medical Act, 1858, or any amendment of that Act.

The expression "Dentists Acts" means the Dentist Act, 1878, or any amendment of that Act.

The expression "General Council" means the General Council of Medical Education and Registration in the United Kingdom.

The expression "registered medical practitioner" means a person registered under the Medical Act, 1858, or any amendment of that Act.

The expression "registered dentist" means a person registered under the Dentists Act, 1878, or any amendment of that Act.

7. This Act may be cited as the Anæsthetics Act, 1909.

Mr. J. Frederick W. Silk, M.D. (London), M.R.C.S., &c., called in and examined.

11,315. (*Chairman.*) For the last 16 years I think you have been Senior Anæsthetist and Teacher of Anæsthetics at King's College Hospital?—I have.

11,316. And for 10 years you held a similar position at Guy's Hospital?—That is so.

11,317. And you have been anæsthetist to other hospitals, and you are a past president of the Society of Anæsthetists?—That is so.

11,318. For the last quarter of a century, I think, you have practically devoted your whole time to the subject of anæsthetics?—I have.

11,319. And you have kept records, you tell us, of 17,000 cases?—I have got records of upwards of 17,000 cases in my own notebooks, apart from my hospital work.

11,320. Are these cases in which you yourself have seen the anæsthetic administered, or only cases that took place in your hospitals?—No, they are cases in my own private work which I have absolutely done myself.

11,321. You wish to call our attention to certain points in connection with this inquiry, and first of all you wish to make some observations on coroners' courts?—The point that I want to make with regard to coroners' courts is that I have an impression that there is a very general feeling that the coroners' court is rather a mediæval survival, and that the work that it does, excellent as it is, might be done more economically and with less inconvenience, trouble and expense to the public at large, if some other arrangements could be made; but I am not lawyer enough to know what those arrangements could be, I am only expressing what I believe to be a general view.

11,322. Coming into rather closer touch with your own subject, what do you say about coroners holding inquests in cases of deaths under anæsthetics; I say advisedly under, not *from* but *under* anæsthetics?—I myself can see no reason why any selection should be made with respect to anæsthetics over and above, say, midwifery or over and above anything else.

11,323. At present, of course, there is the Act of Parliament, the Coroners Act. You are referring to what ought to be done. As the Act of Parliament is at present, there are difficulties to get over?—Why should there be more difficulties to get over in connection with anæsthetics than in connection with delivery by forceps in midwifery, for instance?

11,324. One would come under the head of natural death, would it not, and the other in ordinary common parlance would come under the head of unnatural death. If the anæsthetic is the possible or probable proximate cause of death it is unnatural death?—So might it be in a case of delivery by forceps, and so might it be if a physician tapped the abdomen for ascites or if he bled a patient that is unnatural death. It is no more unnatural in the case of anæsthetics.

11,325. I should think it is always possible to contend that whenever the proximate cause of death is an operative procedure, the death is unnatural?—Precisely. Then if you inquire into deaths under anæsthetics why not inquire in the case of deaths under operations?

11,326. There are many cases where it has been done?—Quite so. I think it is perfectly monstrous that it should be done. If you take an operation, why not take anæsthetics; and if you take anæsthetics why not take an operation? I cannot for the life of me see why a distinction should be drawn between parts of a man's practice. He is practising his profession just as much when he gives an anæsthetic as he is when he is doing an operation or putting on the forceps for midwifery.

11,327. You mean that whenever an action of a human being is the proximate cause of death the death might be held to be unnatural?—It might be held to be unnatural. I would very much like to refer in this connection to an answer given by Mr. Bradley at question No. 3641 in his evidence because Mr. Bradley there seems to me to sum up the coroners' argument in a very concise way, and according to my view it only wants a mere alteration of wording to make it applicable to every branch of medical practice; it might be applied to pneumonia, for instance.

11,328. Would you kindly read the words?—Mr. Bradley was asked: "Have you had many cases "of deaths under anæsthetics in Birmingham in the "12 years you have been there?"; and his answer is: "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." These inquiries have been held time after time, and they end in the stereotyped answer, "No blame attached to anybody," so that such inquiries seem to be more or less of a farce. Mr. Bradley's points are: "(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?"; and he adds: "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.'" If instead of reading "anæsthetic" you read "operation," the reasoning would still hold good; or if instead of the word "operation" you read the word "treatment," I can see no reason why under the same circumstances the argument should not be applied in precisely the same way, and the coroners would then become the official censors of the whole medical profession.

11,329. Surely treatment is not the proximate cause of death in the same way as an operation or an anæsthetic is?—It may be—why not?

11,330. I am not sure that if treatment is the proximate cause of death it ought not to be inquired into?—Then why draw a distinction? I see no reason for drawing a distinction between the two.

11,331. It is a question of degree always, and you can always put cases on either side of the line; but looking at it in a rough and ready way, when death occurs in the case of a person who has been put under an anæsthetic for the purposes of an operation, it seems to me that that case clearly (and possibly other cases as well) comes under the present wording "Unnatural Death." I think we all agree that that ought to be altered?—Quite so.

11,332. That the coroner ought to have discretion?—Yes. But another point that I wish to make is that the coroner's court is the very worst court in the world for anything like a scientific inquiry, or even an inquiry in which anything that would approximate to scientific truth in the matter, is likely to be arrived at.

11,333. (*Sir Malcolm Morris.*) Is it your opinion that there ought to be some inquiry in case of a death under an anæsthetic?—Yes, but not a judicial inquiry.

11,334. What sort of inquiry would you suggest?—It must be a scientific inquiry in connection with the institution in which the death occurs.

11,335. Should it be a public inquiry?—Certainly not. I entirely agree with Dr. Bateman (Q. 5236, &c.) as to the futility of juries in these cases.

11,336. On what ground do you say so?—Because, if it is a public inquiry, you practically put the man whose action is being inquired into upon his trial, and I do not think that is right.

11,337. (*Chairman.*) If a captain loses his ship, although he may not be to blame, there is an inquiry?—But not of necessity a public inquiry, is there? The Admiralty surely reserves to itself the right of holding a private inquiry.

(*Sir Horatio Shephard.*) No, it is a public inquiry. It is a court-martial in that case.

(*Chairman.*) And the captain may be wholly blameless just as the operator and the anæsthetist may be blameless.

11,338. (*Sir Malcolm Morris.*) Do you think that the public have no right to any public inquiry into a death occurring during anæsthesia?—No more than into a death occurring during an operation.

11,339. In your experience has any harm to the public resulted from the fact of the publicity?—I

believe myself very strongly that a great deal of the excitement and trouble which has arisen in respect of the administration of anæsthetics is due to the publicity, and that one element of danger in the administration of anæsthetics is funk on the part of the patient, who then comes upon the operating table in the very worst possible condition.

11,340. And you attribute that to a great extent to the great publicity with which inquests are frequently held?—I think that is an element. I do not want to overburden the point, but I believe that that is a distinct element in increasing the trouble.

11,341. (*Chairman.*) As a practical anæsthetist you say that the danger is increased by the apprehension of the patient?—Yes.

11,342. And that that apprehension of the patient is liable to be increased by publicity being given to these cases?—Certainly.

11,343. It is not the fact of the inquest but the reporting of the inquest that is a dangerous thing as regards the patient?—Yes, so far as the patient is concerned. But I object to an inquest in such cases, even if it is not public.

11,344. (*Sir Malcolm Morris.*) Would you have any objection to the coroner inquiring into the question, even if he does not hold an inquest?—No, providing always that there is not the aspect which is my serious objection to the coroner holding an inquest.

11,345. Not an inquest; he is to make a preliminary inquiry?—Yes, provided that it does not mean that he is putting the man on his trial in any way.

11,346. Would you have any objection to the coroner making a preliminary inquiry, and if he is satisfied not holding an inquest?—I think that is much the less objectionable of the two courses. I would rather that he did not come to that decision entirely off his own bat, but that he should have somebody to assist him in coming to a decision.

11,347. (*Chairman.*) There again you are rather assuming that these deaths under anæsthetics all take place in public institutions; but take the case of a death under anæsthetics occurring in a private house. You have not the same guarantees there have you?—I think, broadly speaking, you have rather more, if anything, because the operating surgeon is selected by the patient himself. But what I want to insist upon is that you cannot differentiate between an operating surgeon and an anæsthetist.

11,348. There you are on strong ground. But do you not require an explanation from both of them in case of a death under anæsthetics?—You might have an explanation from both of them but not of necessity a public inquiry. I should think there was much less danger of collusion between two people than of malpraxis on the part of one so to speak.

11,349. (*Sir Malcolm Morris.*) You cannot have conspiracy on the part of one?—No, you cannot, but of any malfeasance or malpractice on the part of one.

11,350. (*Chairman.*) In almost every case a perfectly satisfactory explanation is forthcoming, but there might be cases, might there not, where death occurs in a private house and where it might turn out that there had been an illegal operation or a most rash operation; and some inquiry on behalf of the public ought to be made in that case, ought it not?—I find it very difficult to conceive that that is any more possible with regard to anæsthetics than with regard to anything else; and as I say, in a serious operation at least two people are concerned. But if you take an illegal operation in the ordinary sense of the term, that is usually done without anæsthetics, and it is done by one man. A man does not ask one of his friends to give an anæsthetic and at the same time become a witness to an illegal operation. The mere fact of there being two people is to some extent a protection.

11,351. But until the coroner has made inquiry, he does not know that there were two people, and he does not know what happened?—Then that would be covered by Sir Malcolm Morris's idea of having a preliminary inquiry.

11,352 (*Sir Malcolm Morris.*) I should like to put it in another way. You would not abolish reporting to the coroner the fact of a death occurring under an anæsthetic?—No. I think I would retain that, but with the same reservation that I made before, that he should not determine the question for himself but that he should have the assistance of somebody in coming to that conclusion. That is another point you see.

11,353. (*Chairman.*) That is as to the actual scientific cause of death?—Yes.

11,354. That is apart from any question of blame?—Yes.

11,355. Practically what the coroner is concerned with is the question, Was anybody to blame?—Yes.

11,356. Then there is one further question which is a very important one from the medical point of view; assuming that everything is done carefully and skilfully, what was the exact cause of the mishap in this particular case?—That is a scientific aspect.

11,357. It is a most important thing to elucidate for future cases and for the increase of knowledge?—Yes.

11,358. And that is not a proper subject you think for a coroner's inquest?—The coroner's court is the very worst possible court for that.

11,359. But to determine the question was anybody to blame for this unfortunate accident, the coroner's court is in many ways the only available tribunal?—I should very much like to see what I understand to be the Scotch system adopted here. What I understand to be the case in Scotland is that the Procurator Fiscal makes inquiry first, and he obtains a scientific opinion first before he decides and then if he thinks the case is suspicious, there is an inquiry.

11,360. It was suggested to us the other day by a witness that that would be inflicting a wrong upon the press of England. Perhaps you have not considered it in that light?—I am afraid I have not any sympathy with that. Another difficulty in connection with the holding of inquiries by the coroner is to decide how long after the operation or administration is the coroner to be entitled to hold an inquest?

11,361. You must leave that, must you not, to the discretion of the coroner?—Yes, but he must be assisted by somebody who knows something about it.

11,362. It is quite conceivable that there may have been carelessness in an operation and that the patient may survive, say, for 24 hours?—Quite so. but then you see another important point arises; there is a condition known as post-chloroform poisoning which does not show itself until 24 hours. The patient in the interim is apparently well; he then becomes acutely ill and dies.

11,363. From sudden heart failure?—No, the chloroform sets up an acute fatty degeneration of the liver. Are you going to inquire into those deaths?

11,364. You can inquire, but the answer would be that nobody was to blame?—Exactly.

11,365. (*Sir Horatio Shephard.*) Is that due to an overdose?—No.

11,366. (*Chairman.*) Is it idiosyncracy on the part of the patient?—Yes. I am merely putting it forward as indicating difficulties that arise when once you begin to suggest that there should be an inquest into every case, because the cases involve so many complicated questions: the question of the operation, the question of chloroform, the question of the condition of the patient, and so on.

11,367. The same thing arises in many other instances. For instance, a man falls down insensible at a railway station and is taken to a hospital; he does not actually expire perhaps for 12 hours, but then it is a question for the coroner whether that is not a sudden death into which he is bound to inquire within the meaning of the Act?—Then I agree with two of your previous witnesses, Mr. Wellington and, I think, Mr. Graham, who suggest that too many inquests are held.

11,368. At present it entirely turns on the construction of the Act, and a man must construe that for himself.

(*Sir Horatio Shephard.*) Because there can be no post-mortem examination without an inquest. I think that is what they referred to.

11,369. (*Chairman.*) There are a vast number of cases in which a post-mortem will clear up everything without an inquest?—Yes.

11,370. (*Sir Malcolm Morris.*) Take the case of status lymphaticus. Without a post-mortem examination no one would know what the death was from?—No, and they do not always find out now.

11,371. With your experience in all these years do you, looking back now, think that any deaths can have been due to it without your knowing it?—It is quite possible I think. But with regard to status lymphaticus, I think the general feeling is that there is no doubt that it is a pathological entity, but it is doubtful what exact bearing it has upon the cause of death either in that or in anything else. Curiously enough the condition was brought forward to explain cases of people dying suddenly in the street, not to explain anything in connection with anæsthetics at all; it has only been applied to that since.

11,372. (*Chairman.*) But if a person is in a condition in which he is likely to die suddenly in the street, the administration of an anæsthetic is liable to conduce to that result there and then?—Yes, and equally if it was known that he was in a condition in which he was liable to fall down in the street he would not be allowed to go out in the street. But the thing is that you do not know it.

11,373. To come to your next point, there is only one question that I want to ask you about it. You say that you think that the Committee hardly want any more evidence as to the action and methods of administration of the various anæsthetics; but I should like to ask you, after your long experience, whether you have any opinion on a point on which we have had conflicting opinions given to us. Some witnesses have told us that the way of safety lies in keeping the anæsthesia light just beyond the point of analgesia. Others have told us that if you keep the anæsthesia light, although the patient may be absolutely free from pain, the danger of surgical shock is not removed if the operation is a serious one, or it is an operation involving a large number of nerves. What is your opinion with regard to that point?—I should be inclined to say that it is a case of being midway; that if the anæsthesia is too deep the tendency to shock is increased, just as much as if it is too light the tendency to shock is increased; so that the point that the anæsthetist always tries for is to get the intermediate condition, in which the shock is as little as possible, so far as the anæsthetic is concerned, either one way or the other.

11,374. That opinion of yours brings us to another rather difficult question. I suppose that this happy medium stage, this golden mean, depends entirely on the skilled eye of the anæsthetist?—Yes, it does depend very largely on that.

11,375. You can hardly teach that theoretically to people?—No, I do not believe that you can.

11,376. Because you see little minute changes which would mean nothing to a man who was not continually and daily administering these anæsthetics?—It is not so much, perhaps, a matter of skill as it is very largely a matter of teaching. In teaching my students I always make a point of insisting that they should closely apply themselves to what they are doing and not look at anything else. I believe that if you could get all men to do that, you would avoid many accidents and deaths.

11,377. The whole attention ought to be on the anæsthetic?—Yes.

11,378. Not on watching an interesting operation?—No, he need not be a very clever man, but he does need to be a man with a power of watchfulness, and quick observation.

11,379. And you think that a good deal of that can be taught?—I think a good deal of it can be taught.

11,380–2. Do you agree generally with Dr. Waller's evidence as to the immense importance of the dosage?—Yes, but with this reservation, that I think you have got to regulate your dose according to your patient. You have not got to regulate your dose according to your percentage scales standing up against the wall, because what is poison to one person, say two per cent. or say 0·5 per cent., or whatever percentage you take, is perfectly safe to another.

11,383. (*Sir Malcolm Morris.*) Can you say what guides you, so far as the patient is concerned?—Variations in breathing mainly, and colour, and the general condition of the patient.

11,384. (*Chairman.*) The signs of which are apparent to a skilled anæsthetist?—Yes.

11,385. And which no mechanical teaching and no mechanical apparatus will supply?—That is so.

11,386. (*Sir Malcolm Morris.*) Have you any statistics at all as to the proportion in this country of anæsthetics given by specialists who have been trained and by ordinary members of the profession, who have knowledge, but not special training?—No, I have not, and I cannot think where you could get anything of the kind.

11,387. There must be an enormous number of anæsthetics given every day in this country by men who are qualified to do it, but who are not trained anæsthetists?—Sir Donald MacAlister pointed out just now, and I was very pleased indeed to hear him say so, that gradually the schools are coming into line as to the necessity for instruction in anæsthetics.

11,388. But there is a vast difference between the minimum qualification and training?—Yes, but there is a still greater difference between a man who has received absolutely no instruction in anæsthetics and a man who has received some instruction in anæsthetics.

11,389. (*Chairman.*) May I put it in this way: I understand you to say that by proper teaching you can teach a man how to avoid the common accidents, the accidents that occur nine times out of ten?—Yes, and what to do when they do occur.

11,390. In nine cases out of ten?—Yes.

11,391. Or even a larger proportion?—Yes.

11,392. (*Sir Malcolm Morris.*) I did not get to my point. The point of my question was as to the percentage of trained *versus* ordinary practitioners, as to whether there was a larger proportion of deaths and accidents with the latter class?—Some years ago I wrote a paper on the subject, in which I endeavoured to show that of the deaths a larger proportion occurred at the hands of young men than at the hands of the more experienced; and I went further than that, and endeavoured to point out that they occurred at the hands of men who came from schools where we knew there was no teaching in anæsthetics.

11,393. Therefore training and skill count?—They do count.

11,394. Therefore no mechanical method can take the place of training and skill?—I agree with you.

11,395. (*Chairman.*) I think we have had given us by Dr. Hewitt the number of reported deaths under anesthetics?—Yes; the Registrar-General's returns.

11,396. They are very defective, of course?—Yes.

11,397. Because, in the first place, nobody is under any legal obligation to report; so that in one year a great many cases may be reported, and in another year very few; and they do not distinguish, of course, deaths under anæsthetics from deaths from surgical shock or hæmorrhage, or whatever the cause may be. But no doubt the returns of deaths are going up. That may be owing to more careful reporting, of course?—Yes, and it may be due to some alteration in the method of registration. I think one element is that, at this stage, there has been some alteration in the method of registration, because it seems to me that many of the cases that are reported are complicated cases. There are cases, for instance, in which an accident may have occurred, and an operation may have followed; and I certainly think that those ought to be specified.

11,398. Where an operation may mean just a mere chance of saving life when a man is frightfully smashed and mangled?—Yes. One fact arises out of that, which I should like to point out to you. I have records of 9,357 consecutive cases in which the sex of the patient is noted; of those, 3,709 were males and 5,548 were females. If you take the Registrar-General's returns you will find that in 680 deaths, there are 405 males and 275 females.

11,399. You mean that the Registrar-General's proportions do not agree with yours?—The point is that they are reversed. According to my experience, taking a large number, more females than males have anæsthetics administered to them, but according to the Registrar-General's returns many more males

die than females. The suggestion that I make is that it is in males that the most cases of accidents occur.

11,400. (*Sir Malcolm Morris.*) A greater proportion of alcohol, and so on?—Yes.

11,401. (*Chairman.*) And tobacco possibly?—Yes, and diseases generally.

11,402. (*Sir Malcolm Morris.*) Are your statistics from private practice or from hospital?—Both.

11,403. (*Sir Horatio Shephard.*) The one is administrations and the other is deaths?—Yes, but it is curious that the Registrar-General's returns of deaths do not agree with the relative proportions of males and females to whom anæsthetics are administered. In 1907, for instance, the deaths from anæsthetics in males are registered as 102 and in females 84; whereas in my figures, extending over nearly 10,000 cases, they are as 3 to 5.

11,404. (*Chairman.*) Is there anything, do you think, in this fact, that anæsthetics are administered more freely to women because they are less able to bear pain?—That may be; but if they are administered for any reason to women there ought to be some relation between the proportion of deaths. I think it rather tends to show that these returns must be taken with a very large grain of salt.

11,405. Then another point arises on these returns. We have no figures whatever to show the ratio between the number of deaths and the number of operations?—None whatever.

11,406. Can you help us in that matter?—In a letter that I wrote to the papers I made a very rough approximation. I first of all took the number of administrations in two hospitals—King's College Hospital and the London—in one year. I then went through the Medical Directory, and looked out all the public hospitals in England alone where operations were likely to be performed, with the number of beds that they had, and I made an approximate estimate on that basis. The conclusion that I then came to was, that in England alone the administrations were very many more than I had anticipated; I put them down at half a million a year. But even that is very much under-estimated, because I did not take into account nitrous oxide cases. According to Mr. Matheson, who gave evidence here, he put the latter at not less than 2,000,000 per annum for dentists alone. But that is a very rough estimate, and it is merely an indication of what an enormous number of administrations there must be.

11,407. Of the longer anæsthetics, such as chloroform and ether?—Yes, a very large number.

11,408. Have you any means of telling us whether, looking at Dr. Hewitt's table, the number of operations has increased in anything like the same proportion, or the number of severe operations?—It is very difficult to say that, but looking at that table, I suppose that 1887 is just about the time when this increase commenced.

11,409. In abdominal and brain surgery?—Of course, the jump since 1887 has been very enormous indeed. I should not like to say that it is in proportion to the increased death rate, I think something must be due to altered methods of registration of the latter, but since 1887 I am quite sure the jump has been enormous.

11,410. (*Sir Malcolm Morris.*) Has it been larger in the last decade. I mean is it in geometrical progression?—I think it is, for this reason, that there are such a very much larger number of young men doing the work now than there were 10 or 15 years ago. Then it was in the hands of comparatively few, but now there are a very large number of highly qualified, highly trained, highly skilled men who operate, and the public place themselves in the hands of the younger men very much more than they did.

11,411. (*Chairman.*) And I suppose since 1887 a great many more of what you may call capital operations are done. Abdominal surgery has almost entirely arisen since then?—I should think so.

11,412. (*Sir Malcolm Morris.*) And all these liver operations for gall stones and brain operations and kidney and prostate and any number of new things?—Yes.

11,413. (*Chairman.*) So that an enormous number of lives are saved although a certain number of lives are lost?—Yes, I think that is without question. I should like to emphasise the fact with regard to the difficulties of figures that it is not only difficult to arrive at the number of administrations, but it is absolutely impossible to arrive at any idea of what number, if any, of deaths are due to what I may call unqualified agencies. We have absolutely no information upon the point. Allusion has been made to 13 cases in 21 years; 13 cases in 21 years I consider practically negligible.

11,414. (*Sir Malcolm Morris.*) Out of millions and millions of administrations?—Yes, you cannot put them at less than 10 millions.

11,415. (*Chairman.*) If, then, Mr. Matheson's figures go over the same number of years, as they probably do, at least as many people have been killed by falling downstairs?—Yes. With regard to that again, it seems to me that if you are going to take the Registrar-General's figures as the basis of the increase in the number of deaths, I should like to point out that most of the figures registered by him are derived from registered practitioners. The unregistered practitioner does not, as a rule, approach the Registrar-General in any way; so that the increase in the number of deaths is due to an increase at the hands of qualified administrators, not of unqualified persons.

11,416. What is your remedy. Would you allow absolutely unqualified persons to administer anæsthetics if you could stop it?—I should be very glad indeed to stop it.

11,417. Would you draw no distinction between other forms of unqualified practice and the administration of anæsthetics?—Certainly not. It is suggested that if a bone-setter can call in his butler to give an anæsthetic, you should prosecute the butler, prosecute the servant, penalise the servant, but not the bone-setter. I cannot see why the distinction is made.

11,418. I cannot quite follow that.

(*Sir Horatio Shephard.*) One is giving a direct poison and the other may be doing some operation.

(*Sir Malcolm Morris.*) But the one is giving it under compulsion.

11,419. (*Chairman.*) Let me put it in this way. If I, being a lawyer, recommend my friend, Sir Horatio Shephard, to take a particular pill, that is unqualified practice, but there is a very great difference between my doing that, saying you will find these pills excellent, and my giving him an anæsthetic and performing an operation upon him?—But with all due deference, your friend could not refuse to pay you your wages if your pill failed to act. That is the position. The bone-setter says to his butler, "You come and give an anæsthetic." "No," says the man, "I will not." Then the bone-setter says, "You must leave my service."

11,420. In that particular case. But surely there is a great difference between a man simply prescribing a drug—I am taking an unqualified practitioner—a chemist, say, who, when a woman comes with a bad cough and asks for a prescription, gives her a cough mixture and a man who gives her an anæsthetic and performs an operation upon her?—It is a question of degree; he is equally culpable. He may administer morphine or cocaine, cyanide of potassium, or some of the most poisonous drugs.

11,421. But surely putting a person into a state of absolute unconsciousness is a serious power to entrust to anybody who does not belong to a recognised profession and has had no training in the profession?—But you have no guarantee that he is more qualified to give anæsthetics if he is qualified. Sir Malcolm Morris's inquiries, I take it, were directed to elicit my opinion as to whether I thought it was a personal element came in in giving anæsthetics. I do think so. I think that many qualified practitioners are much less capable of giving anæsthetics than a man who is perhaps nominally unqualified.

11,422. That shows that you must legislate for general cases and not special ones?—Exactly. There

is one other point with regard to that; I am very much opposed to partial legislation in this way. I agree with what the previous witness has said.

11,423. (*Chairman.*) You think that no bread is better than half a loaf?—If one were certain of getting no bread at all, one would prefer the half loaf; but I think the whole trend of opinion at the present moment is that, with a little perseverance, we shall get some form of protective legislation. If a partial Act of this sort is carried, and it fails (and I believe it is foredoomed to failure), it would ruin the prospect of getting another Act through. That is the point I submit. I say that it is foredoomed to failure. Take the case of the Midwives Act. Although it is quite true that the Midwives Act is directed in the opposite direction, that is to say, to legalise unqualified practice, still the principle involved is the same: it attempts to legislate for a portion of medical practice (midwifery, to wit). In the annual report of the Council of the Royal College of Surgeons for 1909, Mr. John Ward Cousins says: "The Act came into operation on the 1st April 1903, "and up to the present time the results have been "very unsatisfactory." That is an example of the fate which may befall special legislation.

11,424. You say that the whole matter of unqualified practice ought to be taken in hand and not only one branch of it?—Yes, most emphatically.

11,425. So that, on the whole, you disapprove of the whole of Dr. Cooper's Bill, and not only of certain clauses in it?—Yes, I think, on the whole, it is very much the same as the previous witness's suggestion with regard to education. He said that the General Medical Council had—as, of course, they have—already the power with regard to that; and with regard to other clauses of the Bill, you must provide for emergencies and other contingencies, and these would be so many doors open for evasion. And in none of the Bills as drafted are there any provisions whatever for machinery to put the Act into force, and I do not understand how it is to be put into force.

11,426. Of course, if you simply penalise an unqualified person for administering anæsthetics, it is like any other offence, anybody can prosecute; anybody who is aware of the facts can go to a magistrate?—That would surely lay the practice open to blackmailing.

11,427. That is, of course, the unfortunate result of any penal legislation?—It is, I quite admit. I thought that all legislation was objectionable in which the penalties were to be recovered by the man in the street, or where the Act was to be put in force by the man in the street.

11,428. It is the general rule of English law that anybody can prosecute for any offence?—Yes, and I should judge that the trouble with the Medical Act at the present moment is not only that it does not extend far enough, but that the machinery for putting its existing powers into force is not of a sufficiently far-reaching kind. It depends upon the opinion of a man's neighbours.

11,429. There is only one further question I want to ask you. You have been teaching anæsthetics for a long time; would you tell us what practical course you give to your students, and what you think is a sufficient practical course?—What we did at Guy's Hospital was: a certain number of students were attached to the anæsthetist, as "clerks to the anæsthetist," for, I think, two months at a time; they came with me to the dental extracting room, where I showed them how to give gas, and I made them give gas.

11,430–1. Under your supervision?—Under my supervision and direction. They entered all their cases on a form that I had made showing what they had observed. I would tell them what to observe; I would say, "You must see this, that, and the other, "and go and put it down in the book." Then they did the same thing with regard to general operations in the operating theatre, and by that means we used to get through (there were two or three of us then, I think) a very large number of students and give them a great deal of instruction—actual personal instruction and personal experience—in the course of the year.

11,432. I was going to ask you, is it possible to get through the whole of the students?—That depends very largely upon the size of the school, and also upon the number of the anæsthetists

11,433. (*Sir Malcolm Morris.*) At the present day these operations are carried out with the greatest possible antiseptic precautions, as you know?—Yes.

11,434. And the desire is, so far as possible, especially in a difficult operation, say an abdominal operation, that there should be as few people as possible in the theatre?—Yes.

11,435. How are you going to get through all your students if you cannot take them in there to look on and to do it. Take King's College Hospital; with a bad operation going on, how many men could you have by your side learning the administration of anæsthetics?—With a bad abdominal operation going on one ought not to have more than one.

11,436. Then how can you work it all round the whole lot of your men in a year?—You may have six operations a day, and you may have a different man each time.

11,437. Can any men now get signed up and go up with a statement that they have had the instruction without their having it; is it possible?—Not from me.

11,438. Not from you. I am speaking generally.

11,439. (*Chairman.*) We have to deal with medical schools all over the country?—I mean myself, in my anæsthetic work. You are inquiring now into a very large subject, that is to say, how is a medical student signed up?

11,440. I did not mean exactly to go into that. To put it in another way, is this recommendation of the General Medical Council one that can be practically carried out by the whole profession?—It can absolutely, I have no doubt.

11,441. Then before a man ought to practise, how many times ought he to have administered anæsthetics himself?—That is a very difficult question, because it depends so much upon the man.

11,442. Is there not a minimum? I quite agree that you cannot have a maximum; but is there not a minimum?—I should not like to fix it.

11,443. I was thinking that when a teacher has to certify that a man is fit to go up for his qualifying examination he must have some standard in his own mind?—Quite so.

11,444. But you cannot lay down an objective standard?—You cannot lay down an objective standard. It is the sort of thing that you must leave to the teacher, I think. I know that it has happened to me more than once, that if for some reason or another I was not quite satisfied with a man, I would make him do another month. You must send them back. You ought to have the power, and I think it is perfectly possible to do it.

11,445. A good deal can be done, I suppose, in lecturing; there are a good many theoretical points that men ought to know apart from mere practice?—I always have a course of lectures myself of about half a dozen every summer, and the men have to attend them. There are certain points that you must rub in, but then of course that is not so important as the question of practical work, standing by the man and seeing what he does.

11,446. (*Sir Malcolm Morris.*) In smaller operations it is perfectly possible to give each man a training, but supposing you come to a big abdominal operation that lasts an hour and a half, every man cannot have a full training in that?—But does not that apply to all medical teaching altogether? A man is taught how to put up a broken leg, but he does not really become proficient in putting up broken legs until he has actually put up at least half a dozen. But you cannot give him half a dozen in his student days.

11,447. (*Sir Horatio Shephard.*) There must be very few people who have gone through the whole course who are really fit to perform a big operation; you cannot expect it?—That, if I may say so without offence, is very often the difference between the skilled surgeon and one who is not; they all start about

equal; or, at any rate, it is not merely a question of genius, it is a question of practice.

11,448. It might be of importance to know your opinion with regard to this point. Dr. Waller, as I understand, told us that it was possible on an analysis of the blood after death to ascertain positively whether the death was due to the anæsthetic—to an overdose of chloroform. That appears to have been his view. I should like to know what your view is?—I should certainly not like to say that it is impossible.

11,449. (*Chairman.*) You would not like to give an opinion yourself?—No.

11,450. (*Sir Horatio Shephard.*) The way in which I see he puts it is this: "My statement amounts to "this, that if the turning-point registers more than "10 cc. of silver nitrate, there has been excess of "chloroform in the blood"?—I daresay it is true. I would not like to say that it is not.

11,451. (*Chairman.*) You would not like to act on it?—No.

11,452. (*Sir Horatio Shephard.*) At any rate, you do not attach the same importance to the exact dose as Dr. Waller does?—To the exact dose *qua* the man, but not the exact dose *qua* the measure.

11,453. (*Chairman.*) On that I take it that you would agree with another witness who told us that you may have any apparatus you like, but that you always want the individual care and attention—in fact, the human element?—Yes. If you introduce an apparatus you are very apt to introduce a distracting element which diverts the attention of the administrator from the patient.

11,454. And for the safety of the patient, I take it that you, as a skilled anæsthetist, would just as soon use the open method as any apparatus?—I would.

The witness withdrew.

Mr. James Ollis called in and examined.

11,455. (*Chairman.*) You are, I believe, chief officer of the Public Control Department of the London County Council?—I am.

11,456. And you attend here to give evidence on behalf of the Council?—Yes.

11,456. You have kindly furnished us with a complete statement of the views of the Council on the subject of coroners and coroners' inquests. Has that statement been submitted to any committee of the Council which deals with the matter?—It has been submitted to two committees of the Council. You will find on page 4 of the statement the scheme that the Council approved on the 30th October 1906. It had been, in the main—in fact almost entirely—approved previously in January 1895. One feature of it, in paragraph XI., relates to medical investigators. The Council does not wish to submit any evidence in support of that feature of the scheme at this stage.

11,458. That is rather important; that was one of the points about which we felt some difficulty?—The reason for that is that almost at the last moment the Public Control Committee had some doubt as to whether or not it was practicable on economical grounds. There has been no suggestion that the provision of medical investigators may not be a wise course to take, but the objection is entirely upon the economical ground, as to whether or not it would be introducing a new feature of expense into coroners' inquiries which would considerably add to the cost.

11,459. Subject to that point which you have mentioned to us, I may take it that the printed statement with which you have kindly furnished us represents the mature views of the Council?—It does. I beg to hand in the statement, and with it the schedule of fees and disbursements referred to in paragraph 87, which will make the statement complete.*

11,460. I think in this statement you have only dealt with London?—Only with London.

11,461. You have not dealt with the question, for instance, of franchise coroners outside London, or of borough coroners who are paid by fees. The statement only deals with London?—Only from the point of view as it affects London.

11,462. Will you kindly tell us how it comes about that the salaries of franchise coroners in London fall upon the Council, although they do not appoint them?—Franchise coroners appear originally to have received their fees or salaries from their appointers. The statute 25 George II. provided that county coroners received (*a*) 1*l.* per inquest held, (*b*) 9*d.* per mile travelling expenses; but the Act (1) expressly excluded franchise coroners (including Southwark) from any title to any fee, recompense, or benefit provided by the Act; and (2) provided that franchise coroners should receive the fees, salaries and wages, and allowances to which they were entitled by law before the making of the Act, or which were given or allowed them by their appointers. The City Corporation, in 1829, finding the remuneration of the coroner insufficient, began to pay one guinea per inquest held in Southwark. No payment out of the county rate in respect of the Southwark coroner was made prior to 1837, but the expenses of inquests are said to have been paid out of the poor rate. In 1837 an Act was passed by which a fee of 6*s.* 8*d.* was to be paid to all coroners (including the Southwark coroner) by the county treasurer on the order of the justices. Previous to 1837 no entry as to payments to coroners can be found in Southwark records, but in 1837 at the Southwark Quarter Sessions the first order appears to have been made on the treasurer of the county for the payment to the coroner of 32*l.* 4*s.* 2*d.*, being the moneys paid by him under the Act of 1837, together with 12*l.* 6*s.* 8*d.* for 37 inquests at the rate of 6*s.* 8*d.* per inquest. Similar payments for expenses and a fee of 6*s.* 8*d.* per inquest were made to the Southwark coroner by the County of Surrey Treasurer on orders from the Southwark Sessions from 30th October 1837 up to 1861. Section 4 of the County Coroners Act of 1860 provided for the payment of county coroners by salary in lieu of fees, &c., and defined by section 8 "county" to include "liberties and other places the coroners "whereof are paid out of the county rates." In 1861 the Surrey County Justices therefore agreed to pay the Southwark Coroner 120*l.* and expenses in lieu of the fee of 6*s.* 8*d.* and mileage and all allowances hitherto received by him, but not including the fee of one guinea paid by the City Corporation for holding each inquest. The Justices of Surrey in Quarter Sessions subsequently revised this salary, still on the basis of the fee of 6*s.* 8*d.* plus allowance for travelling expenses, and the salary when the County Council succeeded the Justices in 1889 was 155*l.* per annum. Mr. Langham, the late coroner for Southwark, knowing the facts, never applied to the Council for a revision of his salary, although he would, if Dr. Waldo's view be the correct one, have been entitled to a much larger salary than 155*l.* I think it is possible that outside the borough of Southwark the authorities dealing with the other franchises may not have been aware of the strict reading of the law, and as they revised the county coroners' salaries on the new basis, so also they paid the franchise coroners on the same basis.

11,463. Franchise coroners slipped in, so to speak?—I think so.

11,464. You know that certain large towns outside London have got special Acts by which they make the coroner a regular whole-time salaried officer?—I assume that that is so under a special Act.

11,465. The London County Council have never promoted an Act of that kind, have they?—They have not; not for the reason that it was not desirable but for the reason that they felt it was important that the coroners' law should be revised on a thorough basis, and their whole efforts have been concentrated on trying to induce the proper Government Department or the Lord Chancellor to initiate new legislation for that purpose.

* For the statement *see* Appendices.

11,466. The scheme that they favour would be that London should be divided into coronerships and that the coroners should be whole-time officers paid a fixed salary?—Yes, and that all the servants that he may require to help him in the discharge of his duties shall be salaried officers paid by the county.

11,467. First of all, you think that the coroner ought to have a clerk?—Certainly.

11,468. Is there any provision generally for county coroners having superannuation?—None whatever.

11,469. If the coroners were whole-time officers, have the County Council considered whether there ought to be a superannuation allowance attached to the office or not?—I think the Council might hesitate to venture an opinion, for the reason that a coroner is His Majesty's servant. If the coroners were appointed by the Council on a new basis the Council would undoubtedly, I think, offer them the opportunity of coming into their pension scheme, which is a scheme providing for an allowance on retirement, to which the officer himself would contribute.

11,470. Does the County Council contribute as well as the officer?—Yes.

11,471. It is not a self-supporting scheme?—No, the present scheme is a generous one; the Council contribute somewhat largely to it.

11,472. The Council, I suppose, is of opinion, like most other people, that if you attach a pension to an office you get men at a considerably less price than you would if there were no pension?—I daresay that is one of the principles underlying a pension.

11,473. A pension being in the nature of deferred pay?—Yes.

11,474. (*Sir Horatio Shephard.*) With a retiring age, I suppose?—Yes.

11,475. A fixed age for retirement?—Yes. But as regards the coroners, the law at the present time fixes no age at which a coroner shall retire.

11,476. (*Chairman.*) Because there is no pension?—Possibly.

11,477. It is a life appointment, like any other judicial appointment?—Yes.

11,478. By the way, just on this point, the County Council, you think, ought to provide clerks and offices?—Clerks and offices, and particularly an inquiry officer, in lieu of the present constable.

11,479. In the opinion of the Council, are not police officers satisfactory inquiry officers?—I do not think the Council is at all satisfied with the present system.

11,480. The present system is that it is not obligatory to have a police officer?—I mean to say that in the case of the officer who is now practically the right hand of the coroner in prosecuting inquiries, a police constable is not, in the Council's opinion, quite the class of officer who should be employed for that work.

11,481. Who do the Council think would be better?—I do not know that the Council has ventured an opinion on the point, but I have suggested to my Committee the type of man employed in the Public Control Department for inquiries under the Explosives Acts and the Petroleum Acts. He is a man of good acquaintance with the world and amenable to discipline, of good character and good behaviour.

11,482. Whose officer would he be, according to your suggestion?—I think we should still have to regard him as the officer of the coroner; he would work under the coroner's instructions and with the coroner.

11,483. You would not give the coroner the appointment?—No; the appointment should obviously be with the local authority. There would then be this benefit, that any suggestion of irregularity on the part of the man could be inquired into by the local authority.

11,484. Is not that equally well inquired into by the police authority?—I do not know that any irregularity would necessarily reach the police authority.

11,485. I am assuming that he is a policeman?—Any irregularity that came to the notice of the Council would be referred to the coroner.

11,486. But you could equally well refer it to the police authority?—Well, I am not sure of that.

11,487. I want your opinion, you see, on the point?—Might I first say that I do not wish to suggest anything against the police, because both the Home Office and the Commissioner of Police have been exceedingly good in assisting the Council, so far as they can, out of a difficulty; but I do not think there can be any doubt in the minds of people who have much acquaintance with coroners' courts that there is a considerable amount of indirect tipping and receiving fees, and that must have a bad moral effect upon the man who receives them.

11,488. There we all agree.

11,489. (*Sir Malcolm Morris.*) I have asked the question of everybody and I have never had one single admission?—Oh, there is no doubt about it.

11,490. You think they would not say it?—They would not say it.

11,491. (*Chairman.*) I may take it that, generally, your opinion is that you would have a special County Council officer appointed coroner's officer instead of a constable?—Yes.

11,492. Do you draw any distinction between police constables and people selected from outside; have you any opinion as to which is the best?—The Council undoubtedly think that a police constable in the service of the Metropolitan Police would make a better officer than a private officer; and some years ago the Council, having regard to the inquiries that it made and frauds that it had discovered, asked the coroners to employ only police constables in the Metropolitan Police Force and to make the necessary arrangements with the Commissioner of Police to that end.

11,493. And some coroners agreed and some did not?—The majority of the coroners agreed with the view.

11,494. Of course the coroner's officer's fees then go to the Metropolitan Police Fund?—They go to the Receiver of the Metropolitan Police.

11,495. And not to the officer?—No.

11,496. So that he has no personal interest in the fees paid by the County Council?—He should not have any personal interest.

11,497. (*Sir Horatio Shephard.*) Is that the arrangement with all the coroners now?—Yes, they are all working on the same arrangement so far as the Council is concerned.

11,498. I mean are all the coroners' officers paid in that way now?—No, not all of them. You will find particulars on page 24 of the statement. You will see there is a comparison between one month of 1901 and one month of 1909, and you will see there the coroners who are still employing private constables. In the last column you see, in the Western District, Mr. Luxmore Drew entirely employs police constables. In the Central District Dr. Danford Thomas still employs private officers, and so on.

11,499. (*Chairman.*) I think the Council is of opinion that a good many unnecessary inquests are held, partly, probably, through the fault of the law, and that if the law were improved the number of inquests might be diminished?—The Council is distinctly of that opinion. The Council's opinion is that a coroner's inquest should be a reality, and that a formal inquest in a public court should be held only where it is absolutely necessary. It is obvious that many cases will have to be referred to the coroner, but the law should be altered so that he could deal with a great proportion of those by a kind of preliminary inquiry, any necessary funds being provided for the purpose, and that a formal inquiry in open court should only be held in cases where it was absolutely necessary. As supporting the Council's view, I may say that some time ago we had cause for suspicion with regard to the practices in one of the districts, and an officer of the Council went, as a member of the public, into nearly all the coroners' courts of London, where he very carefully watched the whole proceedings.

11,500. (*Sir Malcolm Morris.*) Was it known or not known that he was there?—It was entirely unknown to the court that he was an officer of the Council.

11,501. (*Chairman.*) With what result?—I have summarised the particulars of his reports. He attended

23 different courts, and at those 23 different courts in all 97 inquests were held. In one court as many as 12 inquests were held on the same day, and the whole time of the court occupied on those inquests amounted to 2 hours and 10 minutes, or an average of 10¾ minutes per inquest. That, I think, was the worst case. But in a number of other cases inquests were grouped, and the time spent upon an inquest did not indicate that any public good was really served by the inquest being held.

11,502. Now, have the Council considered this point? If the coroner had power to make a preliminary inquiry and to order a post-mortem examination without necessarily holding an inquest afterwards, would not that be a very advisable change of the law?—The Council is distinctly of that opinion.

11,503. There are a vast number of cases where death is for the moment unexplained, where a medical practitioner cannot honestly certify but where there is nothing suspicious in the circumstances, and as soon as you hold a post-mortem everything is cleared up?—Undoubtedly.

11,504. You would require legislation of course to enable the coroner to order a post-mortem, and secondly to make it clear that the coroner can order a body into the proper place for a post-mortem?—Yes, the whole machinery of the law would have to be changed, and largely changed. But then I think there is another point that is worthy of consideration as comparing the practice in London and the practice in some other cities where the coroner is paid by salary; that is that the inquests held in London amount to about 10 per cent. of the deaths.

11,505. That is about the average for the whole country, is it not?—I notice that in Birmingham and Liverpool, for instance, where of course one can only assume that there is adequate inquiry, the number of inquests in proportion to cases referred to the coroner is less than in London.

11,506. That may depend of course upon the construction put upon the Coroners Act by the individual coroner?—I think that is possible.

11,507. (*Sir Malcolm Morris.*) There are very remarkable differences in your table showing the proportion of cases reported to the coroner in which an inquest is held. Take the same coroner in two different parts of London; in one case it is 81 per cent. and in the other it is 59 per cent.?—I think there may be local conditions explaining that.

11,508. (*Sir Horatio Shephard.*) Can you say whether in that case the coroner's officer is a police officer in both places?—I think Mr. Troutbeck, the coroner in question, only employs police constables.

11,509. Then that does not affect it. What does Mr. Baxter do?—Mr. Wynne Baxter employs, I think one officer for the whole of the purposes of his district.

11,510. But is he a police constable?—No, a private officer.

11,511. And Dr. Oswald?—Dr. Oswald does employ a private officer, but largely he makes use of the services of police constables.

11,512. Do you trace these unnecessary inquests or the larger proportion of cases in which an inquest is held to the fact that the coroner's officer is not what he should be; or to what do you attribute it?—I think it is only fair to point out that it may be the result of the system. All officials employed in connection with coroners' inquests can only obtain payment for their services if a formal inquest is held, so that the system is bound, I think, to lead to the holding of an inquest.

11,513. But that is not the case with a police officer; he is not paid by fees?—No.

11,514. Then that can have nothing to do with it. I can understand that if the coroner's officer was paid by fees you might attribute the large number of inquests to the system of fees; but if you strike that out to what fact do you attribute the difference—in connection I mean with the coroner's officer—it has nothing to do with it?—If you refer to the coroner's officers generally I think the experience of the council does justify me in saying that quite apart from the payment of fees to him under the schedule the coroner's officer is interested in the holding of inquests.

11,515. Why?—Because money comes to him indirectly in many ways.

11,516. I should have thought that money would have come to him if inquests were not held?

11,517. (*Sir Malcolm Morris.*) Your point I think is, that after a term of years you would revise the scale of fees if inquests were fewer?—The scale of fees paid to the police constable is settled by the Home Office; not by the Council.

11,518. (*Sir Horatio Shephard.*) But according to your argument, it seems to me that the fewer inquests there are the better for the coroner's officer, if he takes bribes?—I should not like to suggest that the officers receive a direct bribe.

11,519. But surely if there is any opportunity for a man to get illicit moneys, it is at that critical moment when it is to be inquest or no inquest.

11,520. (*Sir Malcolm Morris.*) You do not admit that?—I should not like to say that there are direct bribes received by the coroner's officers.

11,521. You only refer to little petty tips?—Yes.

11,522. (*Sir Horatio Shephard.*) Then for what purpose is money given or in what form if not in direct bribes, because surely that is the great temptation under which the coroner's officer is put, that he is in a position to say to people: There shall be an inquest or there shall not?—Of course the decision rests with the coroner.

11,523. I know that; but it is very much in the hands of the coroner's officer in the first instance, he being the man who collects the information. If it is not done on that occasion, on what occasion do you suggest it is that money is taken?—In many ways it seems to me the officer is interested in the holding of inquests.

11,524. That is not my question. I want to know with regard to your suggestion that they take money, on what occasion do you suggest that they would take it?—I think it is well known that they get the odd shillings from the doctors.

11,525. That is admitted?—And in the past we have reason for believing that the fee of 5*s.* paid to the undertaker for the removal of the body may have gone in its entirety or to a certain extent to the coroner's officer.

11,526. That it is shared with the undertaker?—That it is shared with the undertaker because the undertaker considers it desirable to be on good terms with the officer.

11,527. (*Chairman.*) I think your point is that an inquest gives an opportunity for tips quite apart from bribes; that it is no question of bribery but an opportunity for tips?—That is my point. I should hesitate to suggest that any officer took bribes.

11,528. (*Sir Horatio Shephard.*) It could not come to much then?—I think it comes to a good deal in the course of a year.

11,529. (*Sir Malcolm Morris.*) I think also that the proportion of cases in which a post-mortem examination is held varies very much as between one coroner and another?—Very considerably.

11,530. (*Sir Horatio Shephard.*) But surely the porportion of post-mortems may be accounted for by the character of the coroner or the character of the district; that is a natural way of accounting for it?—You mean the ratio of post-mortems to inquests?

11,531. The ratio of inquests to inquiries or of inquests to cases reported—that is the same thing?—Yes.

11,532. (*Sir Malcolm Morris.*) No, my point is about the ratio of post-mortems to inquests held. There is one coroner I see, on page 28 of the statement, down to as low as 23 per cent. and another one up to 99 per cent.?—Yes.

11,533. (*Chairman.*) You cannot account for that, I suppose?—The decision, you see, rests entirely with the coroner; I can only present to you the figures that are laid every year before the Council.

11,534. (*Sir Malcolm Morris.*) It is an enormous difference?—It is.

11,535. (*Sir Horatio Shephard.*) That is in inquest cases?—Yes. We deduct hospital cases, because I believe it is the practice in all hospital cases to make a post-mortem.

11,536. (*Sir Malcolm Morris.*) What scheme would the Council adopt so far as regards payment of salary if the number of inquests were reduced. Would it be necessary to go to Parliament?—I think the Council's idea is that the position of a London coroner should approximate in the matter of salary to the position of a London stipendiary magistrate.

11,537. (*Chairman.*) That is 1,500*l.* a year?—The Council might accept that as a basis having regard to any difference in the relative responsibilities of the two positions.

11,538. You would get of course a first-rate man at that salary, especially if it were combined with superannuation?—I think that the coroners who have been appointed in recent years by the Council would be only too happy to accept their office on such terms.

11,539. And such a scheme could be brought into operation gradually as coronerships fell in?—Yes. I think that is the line that the Council would wish to adopt.

11,540. What is the opinion of the Council about the person who ought to perform the post-mortem examination?—I do not think that the Council has altered its view that it is desirable that the doctor who is to make the post-mortem should have expert knowledge of the work. It hesitates just now to suggest that effect should be given to that part of the scheme because it is doubtful as to its financial result, but I think the Council was largely guided by a paper that Lord Herschell read many years ago, in which he laid down what were his views with regard to coroners' inquests, and I do not think anything has happened since to suggest to the Council that that view of Lord Herschell's is not still as good to-day as it was then.

11,541. What we have been told by many witnesses is that there are post-mortems and post-mortems, and that a man with ordinary experience can properly perform say, six out of seven, but that the seventh requires a highly skilled man?—But who is to know when the seventh is going to arise?

11,542. That of course is one difficulty, but the only person who can exercise a discretion is the coroner?—But it does seem to me that the difficulty arises right at the very beginning. A case that is reported to the coroner is necessarily a case of uncertainty.

11,543. It depends very much upon what the surrounding circumstances are?—My own judgment on the matter was largely affected by what I believe takes place in the veterinary profession. In the veterinary profession I believe a veterinary surgeon almost makes it a practice to make a post mortem on animals which may die under his charge, because the result of the post-mortem may tell him whether the death is due to conditions which may affect other animals. It so happens that the administration of the Diseases of Animals Act is also carried out in the Public Control Department of the Council, and the veterinary staff make a post-mortem on all cases of disease under the Act that are submitted to the Council, and they tell me that although it is the practice of members of the veterinary profession to make post-mortems, those gentlemen are not so skilled as our three officers who are constantly doing this work, and that they are liable to miss certain signs or conditions which come home at once to our three officers who are specially skilled. If that is so in the animal world, which leads a somewhat simple life as compared with human beings, it seems to me that it must be much more so in the latter case.

11,544. But very often there are a good many surrounding circumstances which point to the cause of death where the simplest examination by a reasonably skilled man clears up all difficulty?—I was very much interested in the evidence given by Mr. Pepper, and I must say that although he stated that the cases which came to his knowledge were exceptional, I could not really follow his reasoning that they were necessarily exceptional; I saw no reason why they should not be general. I think that there is also this to be borne in mind, that to a very large extent the general practitioner relies on the assistance that he receives from the mortuary keeper, and there is no knowing to what extent that assistance goes. It frequently happens that bodies which are the subject of inquests go to the mortuary in a high state of decomposition, and if a gentleman in private practice has to go and make a post-mortem in the ordinary course of his professional rounds, it seems to me that in the interests of his patients he is bound to keep as far away from the mortuary chamber as he can.

11,545. So that the general view of the Council is that so far as possible post-mortem examinations should always be carried out by special experts?—If the Council could see that that could be done in conjunction with economy they would be of that view.

11,546. That means an enormous expense does it not?—That is the point, of course.

11,547. If you go to a highly skilled expert you have to pay him?—But it would not be necessary to have an expert of high professional standing for the purposes of the coroner, would it?

11,548. (*Sir Horatio Shephard.*) Certainly if you are going to improve on the present state of things?—I am thinking of the difference between a competent medical man skilled in making post-mortems, and a gentleman of high professional standing, who, of course, would want a large salary.

11,549. As a matter of fact post-mortems are often performed by police surgeons, are they not?—I can conceive that to a great extent the police divisional surgeon may be an efficient officer for that purpose, because the very fact of his being constantly employed in making post-mortems may give him the qualification the coroner would require.

11,550. (*Chairman.*) Who is to determine when a really skilled expert is to be called in, say the pathologist at one of the great hospitals?—I think that with most of the coroners the usual practice is, when satisfied that the case is one of special difficulty, at once to communicate with the Public Control Department asking permission to employ a special pathologist and permission is at once given on behalf of the Committee and the Committee ratifies that decision.

11,551. What fee do you allow then, because the statute only provides one fee?—The fee that the Council allows to a special pathologist may vary between three guineas and five guineas, and the fee to a toxicologist is five guineas.

11,552. That is when there is an analysis?—Yes.

11,553. That is above and beyond—that is separate?—Yes.

11,554. Should you be in favour of a general scale of fees for inquests throughout the country, fixed on the principle of the fees in criminal courts?—I think the Council would have no objection to that. They might like to express an opinion as to the extent of the fee to be paid, but I think the Council would be quite willing to fall in with any scale that was applied generally to the country. Might I say on that point that the reason why the Council, as it were, prescribed fees for a special pathologist and toxicologist was that in the first instance the Council found that some coroners would come to the Council for sanction to special disbursements and at other times go to the Home Office, while others went only to the Home Office. The Council felt that it was only proper that the coroner should apply to the Council so that the whole expenditure in connection with inquests in London might come under one head and then the Council thought that if there was to be any considerable call upon the services of a special pathologist or toxicologist it was only right to prescribe a reasonable fee and not an excessive one.

11,555. Just to illustrate that. Take that case the other day at Harrod's, where a series of experts were called in. Were they paid by the Council or by the Treasury?—I think it is the practice of the Treasury in all cases that may give rise to criminal proceedings, to call in their own experts in addition to any expert whom the Council may supply at the request of the coroner.

11,556. When the coroner applies to the Council for a fee for a special expert, who selects the expert?—That is going back rather a long way. The first special pathologist that the Council selected was a Dr. Creighton, and at the same time they selected as the toxicologist, Mr. Womack, who was the toxicologist, I think, at St. Batholomew's Hospital. That arrangement continued for some time, so far as Mr. Womack was concerned, and then he met with, I think, a condition of blood poisoning which was due to one of the cases into which he had been inquiring, and it affected his health and he found that he would have to discontinue the service, partly I think on the ground that the service was not sufficiently remunerative, having regard to his recent illness. Then a member of the Public Control Committee suggested to the Committee the name of Dr. Freyberger, and Dr. Freyberger was appointed.

11,557. What were his qualifications; he was not attached to any hospital, was he?—In addition to Dr. Freyberger's medicial qualifications, viz., M.D. Vienna, M.R.C.P. of London, and M.R.C.S. England, he was pathologist to the Great Northern Central Hospital, had made a special study of pathology and forensic medicine, and in all had made over 4,000 post-mortem examinations.

11,558. Then a little friction arose, I think?—There was some friction, I believe, but I am a little disposed to believe that the friction did not so much arise through the employment of Dr. Freyberger, as through the new methods that followed on the succession of Mr. Troutbeck in the South-Western District.

11,559. What I rather wanted to get at was this. Under the County Council scheme, as it at present exists, who nominates the expert, is it the coroner or the County Council?—Perhaps I have not sufficiently explained the position. When that friction arose to which you have referred, the Committee thought it would be better to avoid any further trouble by trying to get a panel of gentlemen who would be prepared to undertake the work in cases of special difficulty at the ordinary fee and they inquired of the London hospitals, asking them to nominate gentlemen for this work.

11,560. Each to nominate one or more?—I think the hospitals nominated a number of gentlemen, a list of whom I will give you if you desire it. That list was sent round to all the coroners, and it was suggested to the coroners that when they were in any special difficulty they might apply to any one on that panel.

11,561. Is that still in theory in working order?—Yes, in theory it is still in being, but I do not believe it is working.

11,562. When a coroner, as in this Harrod case, says that the case requires very expert evidence, what is done? He applies to you to allow an extra fee?—Yes.

11,563. Does he with his application submit the name of the person that he wishes to do the work?—I think in nearly all cases the coroners ask the Council that the services of Dr. Freyberger may be sanctioned at the fee specified.

11,564. I do not think that Dr. Freyberger gave evidence in that particular case at Harrod's, did he? They had some very distinguished men, but I did not notice that Dr. Freyberger was among them?—I did not notice.

11,565. However, what I want to get at is, does the coroner suggest the name to the Council or does the Council suggest the name to the coroner, in practice?—The coroner now suggests the employment of a particular individual, and that individual happens to be Dr. Freyberger.

11,566. It is the coroner who suggests the name, and the Council would have a veto, of course?—Yes, of course.

11,567. (*Sir Horatio Shephard.*) That is when an extra fee is asked?—Yes.

11,568. In other cases the coroner settles the matter for himself?—Yes, that is where he makes the payment under the Act. Where he wants authority for a special disbursement, it is as I have stated.

11,569. Then the Council desires to have the practice altered with regard to every class of case, I understand; is that not so?—The proposal I am now instructed to submit hardly goes so far as that.

11,570. Only for special cases?—I think I can say the Council would desire a machinery which would ensure adequate investigation of special cases.

11,571. (*Chairman.*) Have any of the other coroners besides Mr. Troutbeck employed Dr. Freyberger for a special fee during, say, the last five years?—Since the 16th May 1902 Dr. Freyberger has been employed at a special fee in the Western District 15 times, in the Central District 24 times, in the Westminster District 11 times. These are all cases, I should say, where poisoning was suspected. In the North Eastern District only once; in the Eastern District there have not been any special fees; in the South Western District 17 times at a fee of five guineas, and once at a fee of 10 guineas, because on that occasion there were two separate analyses. In the Southern District there have been no such special fees sanctioned. In the South Eastern District five times, and in the Southwark District Dr. Freybergh once, and on another occasion Mr. Womack.

11,572. Then, among the recommendations of the Council, I notice that a great many really refer to death certification. That is only incidentally before us, I suppose?—When the Council first considered the question of an alteration of the coroners law, the inquiry by the Death Certification Committee was somewhat fresh, and the Council felt that it was necessary for the Council to embody the resolutions of that committee into its scheme, so that whatever Government Department subsequently dealt with the subject, the whole scheme should be submitted to it for that purpose.

11,573. If I remember aright, there was some attempt at legislation, following the report of that committee, and there was great difficulty felt in the House of Commons in dealing with still-births. Have you anything to do with that?—I have no views upon that.

11,574. My recollection is that the real difficulty arose because of the very strong feeling that people had about interfering with still-births?—I am not prepared to say anything on the subject.

11,575. Assuming that this much could be done in connection with coroners, that every uncertified death had to be reported to the coroner, and that no medical practitioner should be allowed to certify unless he had actually seen the body, that would cover nearly the whole ground, would it not?—I think so.

11,576. But would it not involve this, that some public authority would have to pay a fee, in the case of the poor, to some medical men to view the body?—I take it that any alteration of the law would make it an obligation on everybody to provide for proper certification of death; and as regards the well-to-do, who employ their own medical man, it would become a mere incidental charge of the medical man to them and they would have to bear it. As regards the very poor, under the present conditions they go, I believe, to the poor law doctor for medical assistance, and it would become an incident of that work in their cases.

11,577. It would add very considerably to their work and help considerably towards their payment?—I have been wondering whether it would amount to much spread over the whole year; having regard to the total number of deaths and the number of medical gentlemen practising in England, whether it would be a matter of serious concern to any one individual.

11,578. You do not suggest anything like the French system, or rather the system that prevails in some big towns in France; of having a *médecin des morts*?—No.

11,579. You think that the services of the general practitioners might be obtained?—I think so.

11,580. (*Sir Horatio Shephard.*) For nothing?—I will not say that. It would be one of the obligations of life.

11,581. Who is to pay for it in the case of the poor?—It would be a little additional medical assistance, and the poor would ask the poor law doctor.

11,582. But there are people who are above that stage, who are not poor in that sense?—They have to

bury their dead at the present time, and it would only be a small addition to the cost of life. And it is something, of course, that is for the general protection of the community.

11,583. (*Chairman.*) I suppose everybody agrees that the present state of the law of death certification is a scandal?—No doubt.

11,584. It may not result in much evil-doing, but it gives every opportunity to premature burial and concealment of murder?—I think the Council's opinion is, that it is in agreement with the findings of certain Committees of Parliament or special departmental committees that have considered similar questions.

11,585. Everybody agrees that it is a scandal, but is not quite willing to pay for its removal?—I think the cost might be small in any one individual's lifetime.

11,586. Anyhow, if it should fall on the rates, the County Council is prepared to face it?—I am not prepared to say that. I think the position of the Council is, that it feels it to be the duty of a public body to endorse the findings of a committee that has dealt with these questions after careful deliberation.

11,587. You think that the medical certificate of death ought to be sent straight to the registrar by the doctor, and not handed to the relations?—There, again, I think I ought to say that the Council has endorsed that, because it is the view deliberately arrived at by a very valuable committee, whose findings, I think, carry conviction in many quarters. I think I ought to put it that it is the view of that Committee, and the Council feels that it is its duty to bring it before any other committee that is considering reform of the coroners law.

11,588. There are difficulties in it, of course?—Possibly there would be.

11,589. If a doctor had to make a view after death, he might just as well post his certificate to the registrar, as he would in the case of notifying an infectious disease?—Yes.

11,590. (*Sir Horatio Shephard.*) If the doctor is paid by the public authority, he would naturally send his certificate, as the result of his work, to the public authority?—Yes.

11,591. But if he is paid by a relative, one would think they should have the certificate, or they might think so.

11,592. (*Chairman.*) How is it done now in the case of notification under the Notification of Infectious Diseases Act; is not that pretty nearly a precedent?—Possibly, to a considerable extent.

11,593. I think he gets a small fee from the public authority?—He gets a fee of 2*s.* 6*d.* I think the suggestion that the certificate should be sent to the registrar instead of to the relatives is in order that, for the purposes of the Death Returns, you should get a correct return of the ailments from which people die.

11,594. That certificate, as I understand, would be kept with the Registrar-General. There would be nothing on the face of the burial order to show what the disease was?—No.

11,595. So that it would be kept as a confidential communication?—Yes; and the mere sending of such a certificate by the medical practitioner to the registrar is a small matter.

11,596. And a very small fee would do for it?—Yes. Possibly there would be some machinery that would entail expense, but, on the other hand, if it is for the good of the country such machinery would undoubtedly be justified.

11,597. Do I rightly understand it to be the view of the Council that, if that system were followed, you think we should get, I was going to say, much more candid certificates?—Yes, I believe that is the opinion.

11,598. It is always possible now, if the real cause of death is, say, syphilis, for the medical practitioner to certify at the end, heart failure?—Yes, the real cause of death, I suppose, in many instances is never disclosed. The medical practitioner would be afraid to put it on the certificate.

11,599. (*Sir Horatio Shephard.*) Because he is merely doing work for the relatives?—Yes; and under the new system he would be doing it for the State.

11,600. And he ought to be paid by the State; his duty ought to be to the State and not to the relatives?—Yes.

11,601. You would never get him to give a candid certificate if his duty is to the relatives?—Never.

11,602. (*Chairman.*) My difficulty is this: under your proposed alteration, the doctor giving his certificate of death to the registrar, how is the relative who wants a burial order to know that that has been done; at present, you see, one of the relatives goes to the doctor and gets his certificate, and goes straight on to the registrar and gets a burial order; I only want in your answer to get the machinery complete?—As the Council say on page 12 of their statement, paragraph 23, there may be practical difficulties in the way of entire secrecy of the death certificate as suggested, but if the certificate were not given to the representatives of the deceased, but sent by the doctor direct to the registrar, the main object of secrecy would be practically attained, as the relatives would not be in possession of the knowledge of the actual cause of death without applying to the registrar for a copy of the certificates. But your point is, how would they know that the certificate had been sent to the registrar?

11,603. How would the relations who want to settle about the funeral know that the registrar had received the necessary certificate; I can understand that if the doctor posted them a duplicate (omitting the cause of death) there would be no trouble, but that would be an extra burden on the doctor; I do not think that that machinery has been quite worked out?—I will think the matter over. Those are the resolutions of the Death Certification Committee, as I say. The machinery must be all perfect, so that there can be no delay in burying the body.

11,604. (*Sir Horatio Shephard.*) And you must guard the certificate as completely confidential; it never ought to go to the burial authority?—The whole system is exceedingly loose at the present time.

11,605. (*Chairman.*) Is there anything else you wish to say?—There is one point in connection with the evidence. It has been suggested to you that the coroner should have a freer hand in regard to the expenses of his inquest. I think it is only right that I should say, as representing a local authority, that the control of the local authority over expenditure should not be weakened from what it is at the present time, because I well remember a case in which one of the coroners was given a free hand in connection with the expenses of an inquest, and for expert evidence and shorthand notes—apart from other expenses—the coroner rendered an account of nearly 150*l.*, which was subsequently reduced to about half that sum.

11,606. Is there anything else you would like to add?—I think I ought to say a word as to the payment of the medical witness in hospital cases, a subject which has several times been under your consideration. If the medical witness fee were paid in London hospital cases it would be a serious matter for the Council, as there are nearly 1,000 hospital cases a year. I think therefore the Council would wish me to point out that the Legislature deliberately withheld the fee from the hospital doctor and presumably must have had good reason for doing so; the granting of the fee would place a considerable additional charge upon the rates; the opportunity to practice in the hospitals is of considerable advantage to those gentlemen who seek hospital practice. Inquests may be regarded as an incidental feature of hospital work, and the disadvantages should be accepted as well as the advantages; in the interests of the medical profession it may be undesirable to allow the fee, as the public mind is very susceptible of alarm in hospital matters; with a view to saving unnecessary trouble to the hospital staff inquests might when practicable be held in the hospital. This is done at the London Hospital and in such a case I should think any local authority would strongly object to the payment of the fee.

The witness withdrew.

Adjourned.