With my best wishes
Wynn Westcott

TWELVE YEARS' EXPERIENCES OF A LONDON CORONER

BY

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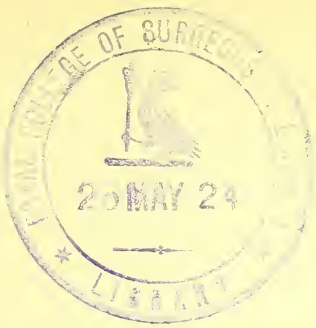
LONDON
BAILLIÈRE, TINDALL AND COX
8, HENRIETTA STREET, COVENT GARDEN
1907



TWELVE YEARS' EXPERIENCES OF A LONDON CORONER.

A SURVEY of the work done by a coroner during twelve years, 1894 to 1906, in North-Eastern London should provide materials for serious consideration, and illustrate those causes of sudden death which are most notable; it will also call attention to the deaths from violence, whether felonious or accidental. The North-Eastern District includes the Metropolitan boroughs of Hackney, Stoke Newington, Shoreditch and Bethnal Green; also the parish of St. Luke, which now belongs to the borough of Finsbury. The total population concerned was, in 1901, about 560,000, and the yearly average of inquests held by myself or my deputy was 1,098. There was approximately one inquest for every ten deaths in the district. Each of these districts has its own mortuary and post-mortem room for the coroner's use, and each has its own coroner's court-house, which is used for no other purpose; the only exception being the small borough of Stoke Newington, in which the inquests are held in the Defoe Assembly Rooms. No inquests are held in public-houses, nor in hospitals, nor in asylums, the bodies of all dead persons, without exception, being removed to the special coroners' mortuaries for the view of the juries. At the mortuaries of Shoreditch and Bethnal Green the bodies are placed in a mortuary chapel, and they are viewed through a glass partition.

At St. Luke's, Hackney, and Stoke Newington, special coffins, with glass windows in the lids, are used. Each mortuary is provided with a supply of hot and cold water, and a set of scales and weights, but not with post-mortem instruments. The mortuary-keepers are allowed to place bodies for examination upon marble or slate slabs,

which are provided in the special chambers for post-mortem examinations, but are generally restricted from the manual work of examination; fortunately for the doctors, this restriction is often waived. There being no cemetery, nor crematorium, nor churchyard still used for burials in the district, I have no exhumations to record.

The coroner's officers were supplied by the Commissioner of Police in all cases. They visited the homes of the dead persons, and provided written reports, based upon their personal inquiries as to the cause of death; they also summoned all jurors and all witnesses by written notices. In order to avoid errors in relation to medical witnesses, printed forms for medical evidence and post-mortem orders are used, and these are printed upon papers of different colours.

Removals.—So far as possible, each body was removed from the home of the deceased, or from the place of death, by the undertaker chosen by the relatives of the deceased to carry out the funeral; but, inasmuch as in some cases the relatives have not chosen an undertaker at the time removal becomes necessary, one or more undertakers are appointed in each parish to remove bodies whenever called upon by printed notice given by the coroner's officer to do so. Removal to the mortuary was in all cases paid for by the L.C.C., five shillings in each case; nothing was paid for removal back to the home, nor for removal to the cemetery. Every effort is made to induce the relatives of the deceased to refrain from having a body removed to the home after inquest, and all are encouraged to arrange for a hearse to take the coffin from the mortuary to the burial direct. This is of great importance in the case of the poor, who often have only two rooms, or even only one room, to live in; in such cases I have gone beyond my legal powers and have forbidden removal to the dwelling, and referred the relatives to the medical officer of health for permission to remove, in the sure hope that he also would forbid it.

There is always great competition among undertakers, and frequent quarrels arise among them as to removals and funerals. The L.C.C. requires that removals be always made in a decent and proper vehicle, and I had many times to refuse payment of fees on the

ground that undertakers and their assistants carried the bodies of children in coffin shells under their arms to the mortuaries, and adult bodies in tradesmen's carts. As a result of twelve years' experience, I may say that I have found, among undertakers, more unreasonable and quarrelsome persons than in any other walk of life. Undertakers receive from Boards of Guardians very small fees for funerals, in some cases only thirty shillings each, for which they provide coffin, hearse, and one funeral carriage for relatives. Undertakers, who make very large profits out of the funerals of the upper and middle classes, did, until the last twenty years, lose much money over the burials of the poor; but at the present time their bad debts must be few, for a very large proportion of the poor of the district have the lives of their children insured for small sums, enough to pay for burial, in the Prudential and other insurance companies. The result is that undertakers secure the payment of the fees beforehand; and the case of adults is similar, because a large proportion of workers are members of clubs which pay death dues. When funds are not forthcoming from either of these sources, it is quite common for the poor to subscribe small sums of money to bury their dead friends—for, remember, the poor are often very good to the poor. When the custom of insuring infant lives first became common thirty years ago, it was needful to ask parents at the inquests on their children whether the life had been insured or not, a conviction having grown up that many children were, by neglect and carelessness, left to die for the sake of the receipt of the insurance money. This was an accusation easily made and very difficult to substantiate, and, I hope, was seldom justified; at any rate, no large number of such charges were proven. At the present time, in my district, almost all infants are insured when a few days old, and I have heard of one insured even before birth.

Medical Fees.—The present unsatisfactory state of the law in regard to the payment of doctors for medical evidence, and for the work of post-mortem examination and analysis, leads occasionally to disputes. The medical officers of workhouses and union infirmaries are always paid these fees in London (the L.C.C. having taken the opinion of Sir Harry Poland), and also the medical officers of private lunatic asylums which are not supported by

charitable donations. In the district there are the St. Luke's Hospital for the Insane and the Bethnal House Asylum (also Hoxton House, now closed), of which the medical officers are not paid; Brooke House, Clapton, and Northumberland House, Green Lanes, take paying patients, and the medical officers have been paid.

Section 22, subsection 2, of the Coroners Act, 1887, is open to two different constructions; it excludes from payment the medical officers of a county or other lunatic asylum, public hospital, infirmary, or other medical institution, whether supported by endowment or by voluntary subscriptions. Is an infirmary or an asylum "endowed" if supported by the parish rates? There are no cottage hospitals in the district; these fall under the ban of the section, being kept up by subscriptions.

The house surgeon or physician of a hospital is only paid these fees if a person is found to be dead when brought into the institution. Such cases are deaths from street accidents, and sudden deaths in the streets or other public places; overlain babies and infants who have died suddenly, especially at night: these are occasionally taken in a parent's arms to a hospital to avoid expense, rather than to a private medical man, or in preference to calling a private practitioner to the house where the death occurred.

Although the L.C.C. has expressed its willingness that doctors should be paid at least the same travelling expenses as common witnesses—a few pence per mile (a recent concession)—in practice nothing has been paid, as neither of the hospitals in the district is far from a court—not two miles—the shortest distance for which a fee is payable.

The Coroners Act, 1887 (Section 22 [1]), states that the coroner *may* summon as a witness to an inquest any legally qualified medical practitioner who attended the deceased at his death, or during his last illness; and also, if the deceased was not so attended, the coroner may summon any legally qualified medical practitioner who is at the time in actual practice in or near the place where the death happened. It will be observed that this mode of obtaining medical evidence is permissive and not obligatory; nevertheless, in my district this procedure has been generally followed. The selection of a consultant physician, surgeon, or pathologist, to the

exclusion of the local practitioner, has been rarely resorted to—only, indeed, in cases of suspected felony, and then only to supplement the medical evidence of the local practitioner, if one had been in attendance before death.

In any case in which there was a complaint against the medical man who had been in attendance, of course a consultant was called in, and was either a hospital surgeon, or physican, or a police surgeon.

During the period under review, the L.C.C. furnished all coroners in the county with a list of consulting medical officers who were believed to have special knowledge of post-mortem appearances, and who were willing to make post-mortem examinations and to give skilled evidence at inquests for the ordinary fee of two guineas. This procedure was not a success; it was attacked by the British Medical Association and by the medical journals, for various reasons, and the gentlemen named on the list gradually resigned. The scheme was all right on paper, but in practice I found that these consultants were not available when wanted; they did not consider themselves under any obligation to take up a case at my order, and when one was needed by me, the officer had generally to go round to several before one would accept the duty.

Police Surgeons.—Under the present régime, the surgeons to the police are able specialists, especially as regards wounds and deaths from violence. A police surgeon of five years' standing has, in most cases, learned more about wounds from actual personal examination than any lecturer in forensic medicine in London knows; these lecturers are rarely surgeons, but are junior assistant physicians to hospitals in many cases.

For the reason just mentioned, I have frequently availed myself of the medical evidence of surgeons to the police in cases of death from violence. It is only in the cases of supposed death from poisons that very special knowledge is required, and, even in such cases, it is the chemical analyst rather than the maker of the post-mortem examination who needs to be exceptionally competent.

In a poor district, such as my own, the coroner's fees, so long distributed among the local medical men, form a notable part of the income of the practitioner, who is too often quite a poor man,

earning a competence with difficulty, and I have hesitated to deprive him of the fees obtainable in the coroner's court by adopting any counsel of perfection not yet enforced by law. At the same time, I recognize that if under a new statute the appointment of a class of coroner's medical examiners was made general and compulsory, the form would tend to greater accuracy in recording causes of death, and would put an end to what is really the chief objection to present procedure—I mean the risk to the contemporary patients of a doctor from the performance by him of post-mortem examinations. I will not enlarge here upon the ignorance of the meaning of post-mortem appearances which is alleged to exist among the general practitioners of our city; there is, of course, some truth in the charge, which applies mostly to the older medical men who are dying out. To obtain accurate results certainly requires frequent opportunities of practice to supplement a thorough general tuition in the subject, and pathological anatomy becomes every year a more exact science. We may, however, remember that in the ordinary course of events the coroner does not need the accuracy of detail desirable in a hospital students' demonstration, but only a fair and honest statement of the gross appearances presented by organs, and a clear statement of the presence or absence of recognized diseases, poisons, or injuries.

The only cases of difficulty with medical men, in my twenty-two years' experience (ten as deputy-coroner), have been those in which one medical man has attended a certain patient, and claims a proprietary right in any profits accruing from his death, in addition to the fees for medical attendance during life, and does so although he has been absent from the death, and may not have seen the patient for some time. He will often claim to be the proper person to be called to court in preference to a medical man who has attended (often as his substitute) on the occasion of the death. There being no legal obligation upon the coroner to call either one or the other, I have avoided making any rule or custom in the matter, and decide upon calling one or the other from a consideration as to the value of the evidence each one is likely to be able to give in the circumstances of the particular case. In this manner I have hoped to do that which is most useful to my jury. In practice, whichever way I

decide leads very often to a letter of complaint from the doctor who was *not* selected; in most cases the complaint is smoothed over by a soft answer which turneth away his wrath.

Many coroners mention as their chief difficulty the grievances of doctors who want post-mortem examinations, as they think, without sufficient reasons. I fear country coroners as a rule do not order post-mortem examinations as often as is desirable. In my practice such an examination is rarely refused, but has been granted in 68 per cent. of all inquests.

Lawyers.—During the hearing of an inquest, it is a rare event to have either counsel or solicitors concerned; if anyone is legally represented it is usually with a view of getting such evidence taken as may be useful in some other court in an action for damages. Counsel, who are accustomed to the strict rules of evidence prevailing in other courts, often feel at sea and aggrieved in the more free, elastic, and common-sense procedure of the coroner's court of preliminary inquiry.

It is rather a curious fact that in cases of presumed manslaughter and of alleged murder the action of a zealous solicitor is often resented by a coroner's jury, which seems to think his interference uncalled for, and his advocacy turns them towards severity rather than to leniency to a prisoner.

Coroners' Officers.—All inquiries preliminary to an inquest are made by the coroner's officer, who, curiously enough, is unknown to the law. In olden times the coroner himself went to the place where anyone lay dead, and made inquiries as to the circumstances of the death; he then issued his precept for the calling of a jury of twenty-three of the free and good men of the county, chosen from those of the parish where the body lay, and from other neighbouring parishes if necessary.

At the present time, in almost all London districts, the coroners accept constables of the Metropolitan Police, who have for many years done the work satisfactorily on the whole. Before the establishment of the L.C.C., almost all the coroners of London employed private persons trained more or less by themselves to do the work. This system was almost entirely abolished by the wish of the L.C.C., because several scandals had arisen from the mis-

conduct of these private officers, and more than one was prosecuted for peculation.

One objection to the police as officers to the coroners occurs now and then in cases in which a constable is charged with improper conduct to a deceased person. It would be a valuable reform if a new class of well-trained men could be supplied to make the preliminary inquiry before an inquest.

Jurors.—Jurors are summoned by *rota*, street by street, and house by house, and the L.C.C. allows any juryman who declares he has lost money by his attendance to be paid the sum of two shillings for each court, whatever the number of inquests, and without regard to the time for which he is detained; adjournments are paid for at the same price.

The View.—It is a very rare event in North-East London for a juror to object to the view of the body; in general the jurors are found to take great interest in the view, often more than in the verbal evidence.

When a person has presumably died from a violently infectious attack, such as malignant variola, I have forbidden any view, and infringed the statute law. When a body has wounds, caused in a felonious manner, the part injured is stripped and fully shown. Objections to view bodies are made to me, perhaps twice a year, by a man who fears he may faint or be sick, and occasionally by a man who says he is afraid.

Upon half a dozen occasions I have had an objection to a view made by a Jew on the ground that he is a Cohen, or that his name is Cohen. This is generally an excuse. Cohen means priest; the Cohanim were a caste of priests said to be descended from Aaron, and are no doubt extinct as to purity of descent. The true Cohen of a past age *was* forbidden to touch a dead body. A Cohen who is a Rabbi, actually performing as such in a synagogue, should be exempt. I have excused all Cohens as an act of courtesy, not as a right. I consulted the late Chief Rabbi, who said it was a point worthy of Rabbinic discussion whether a true Cohen should first do his duty by the Mosaic Law, or his duty to the State which protects him; but that he should not blame a Cohen who did his duty to the State (see *Daily Express*, September 20, 1900).

Jurors afford an interesting study of character; only a small proportion ever ask questions, but occasionally one meets with an eccentric genius, or a cantankerous and unreasonable man to whom nothing seems right. A drunken juryman is rarely seen in court; but a very considerable proportion of working-men jurors, who have received two shillings each for their services, go away direct to the public-house. Hebrews are somewhat apt to judge harshly of the conduct of Christians in the cases where negligence is charged, but, on the whole, are peaceful, worthy jurors, who pay great attention to evidence.

Aliens.—The *bête noire* of the coroner in the East of London is the poor foreigner who cannot understand or speak English. Some of these are Italians and Germans, not many. The offenders are the Russians, Poles, Letts, and Eastern Jews in general. They live often for years in London and yet learn no English. While many speak only their own barbarous lingo, some speak a mongrel mixture of Hebrew, German and Russian words, interspersed with London slang, which almost defies translation. I remember a case in which the mother of an infant spoke only a Lithuanian dialect, and I found a Russian who understood it. He spoke the words in Russian to a German Jew, who knew no English, and he translated the evidence into Yiddish, which my usual Jew interpreter rendered into understandable English of a baser sort. Needless to say, such foreigners are unable to serve as jurors, a public duty which they thus escape, and cause the English-speaking inhabitants to have to serve more often than they should. On one occasion recently, by an oversight, several young men appeared as jurors, and after the verdicts had been given, I found that eight of them were Polish Jews, none of whom could sign their names; but it is now becoming rare to find an Englishman in London who cannot write his name.

Not more than 1 per cent. of jurors or witnesses ask to be sworn in any way other than on the New Testament or Pentateuch, the exceptions being agnostics, who ask to affirm. I never had a juror ask to be sworn in the Scotch manner, but some doctors do elect to be sworn with uplifted hand.

False Witness.—As to witnesses, I do not think that perjury is

common, but questions demanding unpleasant answers are often avoided with some skill ; witnesses feign ignorance more often than swear falsely. On two points I have found false evidence may be expected ; one, of course, is the question of the habit of alcoholic excess practised by the deceased, and the other is that of infants suffocated in bed. Mothers will strenuously deny that they have found their babies dead beside them, even when a doctor called in at once declares the body to have been found by him already in a state of rigor mortis.

It is a curious point that a woman giving evidence as to her husband's death, when asked what relation she bears to the deceased, almost invariably answers "Wife," and not "Widow," although the latter state must be predominant in her mind.

In addition to the inquests actually held, there have been private inquiries into the circumstances of the deaths of about 250 other persons in each year ; for medical information as to these deaths no fees are paid to medical men.

The general death-rate has shown a slight decline for several years past, and so has my annual number of inquests been less for five years past. The demolition of insanitary areas and their replacement by dwellings of a modern type, and by offices and factories, accounts for this improvement.

Although I have always considered the coroner's court to provide a valuable teaching centre for the ignorant poor, I cannot feel sure that the teachings of temperance, proper infant feeding, the need for cradles and cots, and the avoidance of infection, have made much impression on the grossly ignorant and careless poor in the district.

Old legendary customs and prejudices die hard among the poor and ignorant, and, for example, I note the constant administration of saffron in brandy to children with the measles ; the giving of "a powder from the chemist," of any sort, to a child who has had a fall ; the hesitancy to cut down a man found hanging ; and the neglect to free the nose and mouth of an infant born in the absence of doctor and midwife. Many babies die annually from this cause, the woman present declaring she was "afraid to touch it." These cases are placed in the Registrar-General's column named, "Died from want

of attention at birth, aged one minute." I have had about a dozen such cases in every year.

The late chief officer of the Public Control Committee of the L.C.C. has on several occasions, in his Annual Reports, found fault with the high proportion of verdicts of natural deaths, in comparison with the number of accidental deaths. The coroners think this complaint, thus stated, leads the public to believe that coroners hold many inquests on persons dying naturally in their beds, when inquests are not necessary. Of course, this is not the true state of the case: the list of natural deaths includes not only the sudden deaths in homes, when no doctor can give a certificate which the registrar will accept, but also all the deaths of persons who die in the streets and other public places; and also the deaths of numbers of infants who have received no medical attention at all, but have died suddenly from fits and other causes. In many of such cases an inquest is of the utmost value to detect parental neglect, and so help to save the lives of other children in the same family. I am quite confident that the failure to hold inquests in our cities upon the sudden deaths of the sickly children of the poor would at once largely increase the present prevalence of neglect from careless, drunken habits. Parents not only shrink from a coroner's censure, but also from the exposure of their faults to a dozen jurymen of their neighbours.

ANNUAL NUMBER OF INQUESTS: TOTAL 13,176.

Counted from June to June.

1894–1895	983	1900–1901	1,074
1895–1896	1,065	1901–1902	1,175
1896–1897	1,019	1902–1903	1,072
1897–1898	1,147	1903–1904	1,162
1898–1899	1,170	1904–1905	1,099
1899–1900	1,139	1905–1906	1,071

An average of more than twenty-one inquests per week. The small number in the first year was due to several years' laxity of procedure by my predecessor, who was an M.P. as well as a coroner.

The year 1905 shows a fair average in the several classes of verdicts as to the causes of deaths. Thus there were 1,041 inquests, 580 on men and 461 on women : murder, 3 cases ; manslaughter, 4 cases ; suicide, 51 men and 10 women (two verdicts of *felo-de-se*) ; diseases accelerated by neglect by others, 8 males and 6 females ; destitution, 8 males and 10 females ; alcoholic excess, 47 males and 35 females ; want of attention at birth, 13 ; injuries, cause unknown, 5 ; found drowned, manner unknown, 12 ; infants still-born, 7 ; accidental causes, 432 ; natural diseases, old age and prematurity, 390.

Felonies.—Considering the population of the district, the amount of homicide, averaging three cases of murder and four of manslaughter per year, is very small in comparison with foreign cities.

The proportion of deaths from poverty and starvation is very large, varying from twelve to eighteen. The great poverty and ignorance existing in certain areas of the district is also shown by a high annual rate of deaths accelerated by neglect by parents and others, some persons appearing to have no parental anxiety for their offspring, and many adults taking but little care of their relatives when incapable. It is not at all unusual to hear of a case in which a husband or wife has come home intoxicated, and has been left to die on the floor of a room, or even of a passage, because the finder has feared the outburst of bad temper which so often follows when one sleeping off a drunken bout is disturbed. Such deaths are generally due to coma from apoplexy and cerebral congestion.

Intemperance.—I must here mention that on several occasions I have been bitterly attacked by the teetotal societies for my remarks on drunkards who have taken the teetotal pledge. What frequently —I may say almost weekly—happens is of this type : Medical evidence proves that a person has had alcoholic disease of the liver, kidneys, or brain, or has died with alcoholic delirium. Relatives will say he has only drunk quite recently. I ask what is meant by "recently," and am then told that deceased was a teetotaller for years. I then ask why he became a teetotaller, and the answer is, because he used to drink too much, and had become ill. In other cases persons may die of accident or illness, and I am told they are teetotallers ; the post-mortem shows alcoholic degeneration of the

organs. I ask the relatives how this can be, and am told the deceased took the pledge because he had been a drunkard. Samuel Johnson used to affirm: "'Tis more easy to abstain than to be abstemious." Hence I think it more creditable to be abstemious. I remark that the teetotal pledge does immense good, and that youths who grow up under its influence rarely become drunkards; but that when you hear of a middle-aged man taking the pledge you may generally be right in thinking he has drunk to excess, and has become ill or has been warned by a doctor that he is killing himself. I allege that it is an extremely rare event to find a middle-aged man, who has drunk in moderation all his life, taking the pledge; I do not know such a person of my acquaintance. I do not deny that some exist; a few have done it to help another (as did Norman Kerr), and others for some theological notion. I thank the teetotal societies for inducing drunken men, who are ruining their own health and the peace of their families, to become sober and decent members of society.

In answer to such remarks I receive letters from officials of teetotal societies in complaint, and they say that the majority of middle-aged persons who now take the pledge are not drunkards in process of reformation, but are moderate drinkers. If this be true, I have less sympathy; so long as the large sums of money collected by these reformers are spent in curing vicious drunkards I approve, but if this bounty is spent in depriving moderate men of the temperate use of alcohol I object.

Stillborn.—I deem it necessary to hold inquests upon a dozen cases of apparent stillbirth every year, chiefly as a warning to midwives and nurses not to leave small, weakly, new-born infants quietly to die, as does occasionally happen.

Illegitimacy.—The proportion of recognized illegitimate children in the North-East District of London is curiously small—only about 1 in 10, while in wealthier parts it is 1 in 5. I account for this by the poor man, marrying earlier in life, having less responsibility in his family; he knows that, however many children he has, he can get them taught for nothing (or out of his rent), nursed and doctored free, and can send them out to earn their own livings earlier than a parent of the upper classes can do.

The number of dead bodies of newly-born babies found thrown away, wrapped in parcels, in gardens, parks, canals, and rivers, is as large as ever, but the proportion of those who have been murdered after birth is smaller than twelve years ago—one only in my district last year instead of three or four. It appears that these bodies are thrown away if stillborn or if dying soon after birth, to avoid the expense of burial or to conceal the fact of an illegitimate birth.

The Midwives Act, 1902, has a powerful influence over midwives, causing them to provide careful attention to their cases, both during and after parturition, and compelling them to call in medical aid when they would otherwise have undertaken risks in an injudicious manner. The L.C.C. send to my court a medical lady inspector to watch all cases in which midwives have been employed and are called as witnesses.

Under the terms of the Infant Life Protection Act, 1897, the coroner receives notices of the deaths of infants dying in the care of women who receive payment for the same. Such infants are generally illegitimate, but inquests are not often necessary; the foster-mothers, being under inspection, take care to provide all necessary medical attendance, and so are able to obtain certificates of death.

The Prevention of Cruelty to Children Act, 1904, is a great power for good. The careless poor have a great horror of the intrusion of the inspector of the Society for Prevention of Cruelty to Children; any death from neglect, short of criminal, brings him, at the coroner's order, upon the scene, and other children receive better care.

Simple, natural, sudden deaths of adults are due nearly all to cerebral hæmorrhage, leading to an apoplexy, or to syncope from aortic or mitral valvular disease, or fatty degeneration of the heart. Less sudden but still rapid deaths are due to uræmic coma and convulsions from kidney disease, or to perforation of a gastric ulcer. Aortic aneurism, leading to rupture with or without external bleeding, is not uncommon; 68 per cent. are males, of whom a large proportion have been soldiers. In these cases I consider the aneurism has arisen from military duty involving great muscular

exertion, when carrying heavy weights, and with the body strapped up with accoutrements; tertiary syphilis is commonly present.

Deaths from hæmatemesis are rare, not one a year; but hæmoptysis, due to the presence of pulmonary tuberculous phthisis, causes a great number of sudden deaths, about twenty a year, of which 75 per cent. are males. The comparative rarity of severe hæmoptysis among females has also been noted in consumption hospitals. It is typical of cases of moderate severity, being less frequent in very rapid cases and in very chronic forms. It is commonly said that an attack is precipitated by violence, by sudden effort, or by cough. My experience does not confirm this, many cases coming on spontaneously, and a cough being set up by the blood in the air-tubes.

A common form of death during old age is that of accidental fractures of the neck of the thigh-bone, inside or outside the capsular ligament; a very slight stumble and fall suffices to cause this injury, which leads to the patient becoming bedridden, after which passive congestion of the lungs carries off the old person, let us hope to a better land. Of those deaths about 70 per cent. are of women. The men are, as a rule, over sixty years of age, and the women over eighty years. Of inquest cases over eighty years of age from general causes, women largely outnumber men, and there are in my district a large predominance of workhouse inmates. The calm and freedom from care and responsibility, and the simple diet provided by a workhouse, certainly tend to prolong life, and the well-ordered institutions of the present day are so infinitely more comfortable than the dwellings of many of the poor that it is difficult to understand the reluctance of the poor to enter them. Complete liberty is the only thing lost, a liberty which is so often misused, and so often tends to shorten life and induce broken health.

One curious point I have remarked as to very old people: deaths from apoplexy, so common from fifty to sixty-five years of age, are rare over eighty; deaths from senile decay generally end in sudden syncope, or in passive congestion of the lungs.

Of accidental deaths, the most common causes in North-East London are falls downstairs and from balconies, burns from clothes catching fire, drowned at play, run over by vans in the streets, and

the overlaying of infants. Upon this last subject I have already read an essay to this Society giving a résumé of its prevalence, causes and remedies.* I need only add here that there are from 500 to 600 infants suffocated in bed with parents and others every year in London, and about 100 in my district. There were 1,350 cases in the twelve years, 709 males and 641 females —one boy and one girl every week or thereabout. The greatest death-rate from "overlaying" occurs in the first three months of life, as is seen in the annexed table:

Under one month	198	males and	205	females
Between one and two months...	195	,, ,,	171	,,
Between two and three months	138	,, ,,	122	,,

Then a great diminution occurs; the children being stronger, their struggles are able to awake all parents but those who sleep especially heavily, or work too hard by day, or drink and eat too much before retiring to bed:

Between three and four months ...	75	males and	45	females
Between four and five months ...	37	,, ,,	36	,,
Between five and six months ...	27	,, ,,	28	,,
Between six and nine months ...	23	,, ,,	21	,,
Between nine and twelve months ...	12	,, ,,	7	,,
Over twelve months	4	,, ,,	6	,,

So 95 per cent. of all cases occur under six months of age. December, January, February, and March, the coldest months, furnish the greatest number of overlain children. Saturday nights furnish the largest number, but the nights after Bank Holidays do not, as sometimes alleged, supply any constant excess. A famous judgment of King Solomon referred to a baby overlain by a harlot.

As to suicide, a paper on this subject was read by me before the Society not long ago, and so only a few additional remarks are necessary.† The twelve years have supplied 625 suicides, or about one a week; of these, 465 were males and 160 females. The annual number is not notably increasing. The highest number was 66 in 1901, and the lowest 39 in 1895. The oldest

* Vol. i., p. 43. † Vol. ii., p. 85.

man was aged ninety-five years: he strangled himself because he was weary of life; and the oldest woman was seventy-three, who also strangled herself, tired of prolonged suffering from disease. The youngest were a boy of sixteen years, who killed himself because of his sufferings from gonorrhœa; and another of sixteen years, because censured by a magistrate for taking part in a riot; and a girl of fifteen, who committed suicide because her mother refused to allow her to go to a music-hall. The months of May and July furnished the largest number of suicides, while February and December gave the fewest. During the twelve years no month was without a case. The proportion of male to female suicides has been remarkably constant at 3 to 1. Of the modes of suicide, the most common were poisoning, drowning, hanging, and cut-throat — in the proportions of 49, 46, 32, and 25; the sexes fairly equally, except that women avoid cutting their throats — only four cases in twelve years being recorded. Of poisons used for a suicidal purpose, oxalic acid is most popular, and next follow carbolic acid and commercial spirits of salts. Of suicidal attempts and failures I have no statistics, but authorities generally agree that there are more failures than successes.

The cost of inquests in London for 1905 was £28,349 for 7,125 cases—that is, nearly £4 per case. For North-East London the cost of 1,041 cases was £2,635, an average of £2 10s. 7d. per case. The fees for jurors for 1,041 cases were £402, several deaths being inquired into by almost all juries. The number of separate juries was 349, costing £1 3s. upon the average of the whole number.

It is much to be regretted that no means exist for the collection and investigation of the vast amount of pathological information which is supplied by the subjects of inquests. The creation by statute of a class of medico-legal examiners of the dead, whose members could be ordered to collect and collate data, and form a museum of pathological anatomy, would be of immense public utility. The post-mortem examinations made by such public officials would also supply a capital supplementary school for medical students in which to learn pathological appearances, and to gain knowledge of the visible causes of death.

Of the Press in relation to coroners' work, I can only say its

effect is both good and bad. By the publication of cases of sad distress, I have on many occasions received considerable sums of money and clothing for sufferers. On the other hand, only harm is done by printing gruesome details of deaths from violence and felony. Many canards and much false news in respect to the dead also get into print, and cause much annoyance.

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