

FIFTEENTH DAY

RESUMED INQUEST

held at

THE CITY MORGUE - MELBOURNE

on

TUESDAY, 18TH APRIL, 1944.

UPON THE BODY OF A WOMAN FOUND NEAR ALBURY on 1/9/34.

GOVERNMENT SHORTHAND WRITER'S OFFICE

Melbourne,.....4...../.....5...../19.44

WE, the undersigned Licensed Shorthand Writers, certify that the foregoing typewritten pages, numbered as under, are a correct transcript of the Shorthand Notes of Depositions of—

	Page	P
FREDERICK HOBLEY ...	673 - 684C	

FREDERICK HOBLEY (recalled)	717.	
LOUIS BAILLOT ...	718 - 727.	

R. J. Place

 Licensed Shorthand Writer.

FREDERICK HOBLEY ...	685 - 711A
THOMAS JOHNSON QUIN ...	712 - 714
OLIVE VERONICA CARTY ...	715 - 716
CHARLES ANTHONY TAYLOR ...	716A- 716B
OLIVE VERONICA CARTY (recalled)	716C- 716E

Geo. Blake

 Licensed Shorthand Writer.

 Licensed Shorthand Writer.

taken at Melbourne on the Seventeenth day of April 19 44

at an Inquest { upon the body of a woman found near Albury on 1/9/34.
 { ~~into a fire at~~

say I did not understand you to put that question directly to me. If it is suggested that a finished print such as Exhibit 17 takes an ordinary greasy finger-print quite easily on matt paper, I say matt paper does not, as a matter of fact; glossy paper takes it better. If it is suggested that when that finished print is photographed the finger-print would come out white in the negative and black in the copy printed off that, I say it definitely would not. It depends on the angle of light, where it struck that finger-print, whether it would even be visible at all. In enlarging it is customary to use glass and frequently I have seen finger marks on the glass and enlargements made with no trace of finger-prints showing. It is largely a question of the angle of light in that case. Assuming that the light fell on it in such a way as to make it visible, I should not say it would be visible as a black finger-print. If it showed at all, I should say it would probably show between a very light half-tone to a white, that is on the finished product. On the negative it would be the reverse of that. If it were white on the finished product it would have a tendency to be black, if it were grey in the finished product it would be grey or half-tone in the negative.

(At this stage the Court adjourned until
10 a.m. on Tuesday, 18th April, 1944).

photograph of a photograph, I say I have not admitted that that finger-print is in here; it is on, but not in. It might be put on just like that (indicating) in the studio when working. I have not got any feeling of antagonism to you; I will go with you in anything I can, if I can. When you put it to me that that finger-print is in, I am afraid somewhat reluctantly I have got to say it is on. I say reluctantly because I sort of hate to disappoint you. The finger-print is on the surface. When I said "somewhat reluctantly" I made a bad choice of words. I am not expert enough to say whether or not it is a reduced finger-print. It does not look like a finger-print to me; it looks more like a silver stain or a marking where perhaps the daylight proofing paper may have stuck or been caught. It looks to me more like a silver stain. If you had a daylight print about the size of that subject (indicating) with a normal size finger-print on the edge of the subject's left hand side of the photograph and then a photograph is taken of that daylight print, then you would get in the negative a finger-print in a reduced size. That would be similar to what is to be found in that Exhibit 70, if you accept the statement that the markings on Exhibit 70 are a finger-print. Looking at Exhibit 70, I find a number of things inconsistent with its being a photograph of a photograph. I have examined this negative. On a superficial examination there are certain points which come to mind straight away. The first point is the characteristic appearance of the negative, the corners clipped, which is standard studio practice. If you say you will assume that there are other points but would like to know why I did not give them to you when you were asking this question a moment ago as to the possibility of that negative having come into existence as a photograph of a daylight proof, I

formed on it. I have considered this question before, as a matter of fact. In fairness I would like to go your way, but I am afraid it is too indefinite to pass an opinion upon. If you have got a shadow on a tooth with no apparent physical structure of the mouth to account for it, I agree the only logical explanation, if you rule everything else out of it, is that it is caused by a depression in the tooth. I agree that is the first conclusion I would come to. In some cases it would be perfectly obvious. It would be right down the tooth and there would be no debate. Ordinarily I should say it would be more likely that a shadow on a tooth would be caused by something in the structure of the tooth itself rather than by something external to the tooth. Before I answer your question of whether I could tell whether a finger-print is in a negative or on a negative I want to know whether you mean a positive or a negative finger-print. A positive finger-print is an imprint on the negative surface; a negative print may be the imprint on your negative before it is used. I think I could if a finger-print is part of the negative, part of the picture itself. I look at Exhibit 70. It is simply covered with finger-prints. I look through a magnifying glass at the left arm at a point about in line with the brooch and down, and extending from the arm over to the side of the negative. I can see a tremendous number of scratches. There are traces of what might possibly be a finger-print; but there are plainly to be seen a number of scratches. I look at the same area on the arm in Exhibit 17. I see something there that looks similar. If it is suggested that when I find something that looks like a finger-print on Exhibit 17 and I also find it on that negative that indicates that that negative is a photograph not of a living subject but a

incapable of complete demonstration, I say it is a choice of words and yours is as good as mine. I have known Mr. Hobley quite well. I taught him, as a matter of fact. He is one of my pupils. Mr. McCallum has not been one of my pupils up to date; I understand he is to come when I have room for him. I heard the questions which you directed to Mr. Hobley in regard to the shadow on the tooth which Mr. Hobley considered was a left canine. That is the shadow which is said to represent a depression which has been termed an inclusion lacuna. I heard Mr. Hobley suggest that the lip may have cast that shadow on that tooth. I am neither prepared to accept or go against that theory. From my point of view, the state of the print is such that it is very difficult to pass an actual comment upon it from that point of view. Asked if I can see anything about the upper lip that would cause a shadow of the kind that is to be detected on that tooth, I say it depends to a certain extent on how much I would say the upper lip projects and what possibly may have been on the upper lip here. I could visualise a quite small pimple on the lip intercepting the light, although I cannot see it here. If it is suggested it is unusual to go and get your photograph taken when you have a pimple on your lip, I would ask what do you do when you have to go and have a photograph taken and you have a pimple on your lip. I should say that the formation of the upper lip which may slightly curve out in that projection and still not be visible there may throw that shadow on to the tooth. Part of the upper lip would not need to project much to cast a shadow on that tooth. If it ~~is~~ is suggested that the simpler and more reasonable hypothesis is that the shadow belongs to a depression, I would like to go your way but unfortunately the quality of that print is such that no definite opinion can be

print, and therefore in life the tooth must not have been present. That is dependent upon my belief that there has been no attempt made at alteration. If it is suggested that by a process of re-photographing things it would be possible to get away from the effects of bleeding resulting from the use of a chemical agent, that is to say, that an intermediate print has been made, the work has been done on the tooth on that, a new negative made, and this is the print from it, I still say the work would be visible. I have had considerable experience in this game and considerable experience in doing it, I have met a lot of people engaged full time in doing it, and I still say that work would show. Asked if I will not exclude it as a possibility, I say nothing is impossible. I look at the photograph of the cast (Exhibit "K"), and compare it with photograph Exhibit 20. If it is suggested that in that photograph the way in which the light falls exaggerates the space between the left central incisor and the left lateral incisor, and if it is suggested that possibly in the taking of Exhibit 20 something like that came into operation, I say it does not appeal to me in the same way at all. This shadow has sharp edges. It has the impression of falling upon a plane surface in this case; particularly in the lantern slide there is the impression of atmospheric space behind that which you would expect. To we people who handle these things there is an impression in a photograph of atmosphere which is a difficult thing to prove or even to explain, but it is present. If it is suggested that as it is based upon a sense of something then it is quite a likely subject of error, I agree it is a debatable point. It is not just a hunch; it is an estimation or feeling based upon experience. It is incapable of absolute proof. If you put it that it is

of lines on a three-dimensional object which you produce on to a flat photographic plate.

TO MR. BARRY: I understand that that photograph Exhibit 20 is the photograph of a girl of about sixteen. I agree that if that photograph is an accurate reproduction of the girl's appearance then it should have been obvious to any ordinary observer that there was a gap, a marked gap, to the left of her left central incisor. I agree it is the kind of ~~gap~~ defect in the teeth that strikes you as soon as you look at it. I agree that if a girl had been in close association with people, living near them or in the same house as them over a period of months, it would have been extremely difficult for them not to see it; but still not impossible. I have occasion to deal with a number of people who are supposed to look and see things. It is astounding the number of them who do not. People very often see what they want to see and not what is there. I agree that a missing front tooth is something that is fairly obvious and should arrest the attention of the most unobservant. Dealing with Exhibit 20, there is nothing in the way in which the subject is posed or the way the light falls on the mouth to bring about that appearance; to me that gap definitely corresponds to an atmospheric gap. It gives me the impression that instead of ^{being} something scraped out and being on a flat plane, as it were, that there is space behind it. I agree that the tooth which is next to the left central incisor looks something like a canine tooth. That is the only basis upon which it can be explained; that is, that there is a tooth missing between the left central incisor shown there and the next tooth shown in the left upper side of the jaw. The only ~~evidence~~ ^{conclusion} I can draw from the evidence in front of me is that there has been no attempt made at alteration on the

silver deposit which deposit not allowing light to pass through it in the printing would print white. To get that tooth black, assuming you were going to deliberately alter that tooth, it would be necessary to knife that negative, to actually scrape or abrade the surface in an effort to remove the density. As the density on the negative is lessened by mechanical means, the tone which the negative will transmit to the finished print is correspondingly blacker. There is also one other method which has been suggested here this morning, that of reduction. Admittedly when a print is mechanically knifed there are sufficient traces left which on magnification must be present; scratchiness, roughness and lines are all indications of ~~knife~~ knife work on a negative. Reduction of density by a reducer agent usually bleeds into the surrounding areas. Reduction is an exceedingly difficult process to control. Even for a highly skilled worker, reduction on a small area is a very difficult technical process to control with any accuracy whatever, and the tendency would be to bleed in the surrounding edges and markings would be left. I find no presence of those in the case of this particular photograph, no indications of knife work on that tooth or any visible indications at all that there has been any actual work there in any shape or form. I heard Mr. Hobley cross-examined this afternoon when the slides were being shown as to whether there had been some knife work or reduction on the right incisor. I remember that cross-examination and that enlargement shown on the wall. From my recollection of the slide I would say that there has not been any work done on that particular tooth. I agree with Mr. Hobley. The illustration of the two ellipsoids produced by Detective McCallum appears to me to be a simple illustration of the fallacy of this measuring

when you have to conduct examinations for grain size and so forth you become very intimate with them. On account of the actual smallness of those silver particles it is almost impossible for the human hand to place on either negative or print work that under a sufficient degree of magnification cannot be made visible. The grain structure is so minute and so small that the coarseness of the human hand in this case does not permit of work of a fineness being done that can possibly be lost in the grain size. Looking at Exhibit 20, the photograph from which those slides were made, I ~~may~~^{may} say I have examined this before at leisure. I have had a slide made and projected to a tremendous size and in my honest opinion, whilst there are obvious traces of retouching in these ~~hollows,~~^{hollows,} marks and so forth, there is no retouching in the area where that tooth has been. By that, I mean to say that that appears as a perfectly natural tooth to me, and the black space appears to be the perfect photographic representation of blank space. There is no sign of touching up or interference from a photographic view in that black space. I have also examined the daylight prints and there are certain things evident which indicate that if this alteration took place it took place on a negative. I am not discussing whether it was the original negative or a copy negative, but an alteration if it took place at all took place on a negative. There is no visible sign of any daylight print I have seen to indicate that that tooth has been actually blacked or painted out on the surface of the print with opaque colour. Therefore it follows that any work would have to be done on a negative. The work could be done on a negative in two ways; firstly, by knifing or scratching. If that tooth were present on the negative it would be present as a black

It is one of my main technical bothers. In getting photographs of three-dimensional objects on to a photographic plane, in my experience I have the definite absolute feeling that it is impossible to obtain the measurement of a three-dimensional object on a two-dimensional plane. I am not prepared to enter into a debate as to the actual proving of it, but I feel it is not a correct method. An attempt has been made to demonstrate the incorrectness of the method in Court by both Detective McCallum and Professor Cherry, and their explanation has been accepted by me as to the validity of the method. I heard ~~xxxx~~ Detective Hobley's evidence as regards the slides which were shown in Court. In dealing with the allegation that work has been done to the slide of Philomena Morgan, I am afraid I will have to give a slight technical discussion. In the first place, the photographic emulsion consists of minute crystals of bromide of silver held in suspension by gelatine. The number of those minute silver bromide crystals is literally billions to an average size plate, not millions but billions. Upon development and as acted upon by light those silver bromide crystals are converted into metallic silver in varying proportions as the negative has been affected by light; in other words, the basis is a photograph consisting of minute grains of metallic silver. Those grains have certain characteristics. They are the key to the identification by microscopic examination of the types of negatives that have been used. In other words, their size indicates whether the emulsion is a fast emulsion, medium speed emulsion or low speed emulsion. The silver image, consisting as it does of minute grains, has its own distinctive appearance, an appearance that the average photographer is reasonably acquainted with, but

LOUIS BAILLOT, on his oath saith:

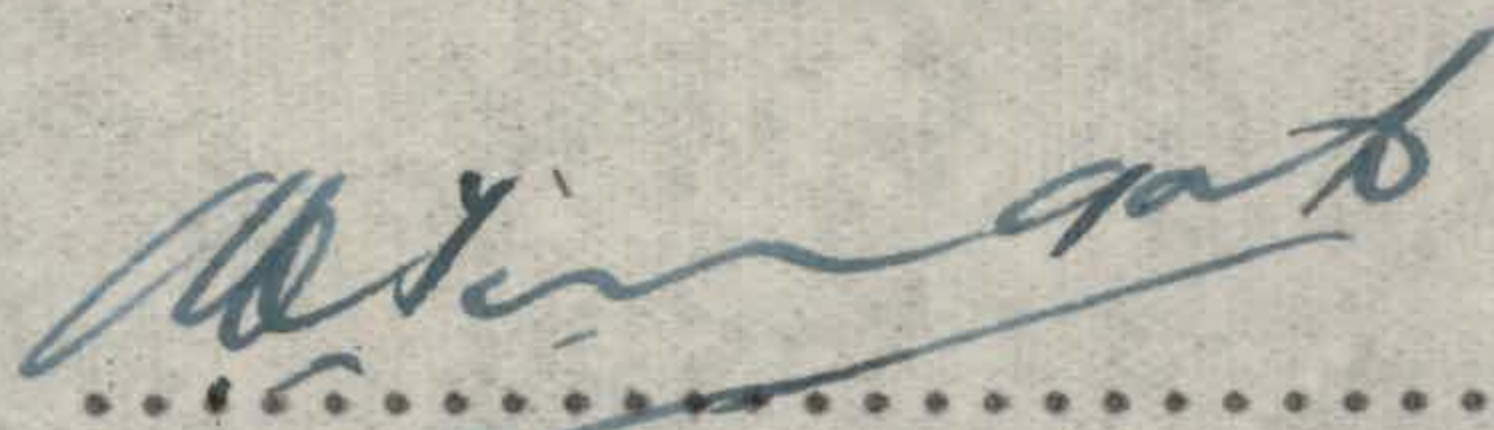
My name is Louis Baillot and I am the Instructor in charge of the Photographic Department of the Melbourne Technical College. I have been engaged in various branches of Photography for between 20 and 22 years. During the past ten years I have spent my time in teaching photography at the Melbourne Technical College both day and night. During the last ten years and more I have on many occasions acted in an advisory capacity to many Government Departments including the Department of the Army, the Department of Air, Council for Scientific and Industrial Research, The Melbourne and Metropolitan Board of Works, the Police Department, the National Museum, the State Rivers and Water Supply Commission and various departments at the Melbourne University. I am a Member of the Victorian Salon of Photography and also a Member of the Melbourne Camera Circle. I have been in Court and heard the whole of the evidence given by Detective Sub-Inspector Hobley regarding the degree of accuracy or otherwise with which measurements of three-dimensional objects can be made in a photographic plane. I find that personally my objections to the method set out in Dr. Benbow's evidence are those stated by Mr. Hobley to a certain degree, firstly, the difficulty of establishing the basic life-size of Philomena Morgan. As far as concerns the drawing of lines and the diagrammatic method and so forth, I do not feel qualified to speak, but there are various other inaccuracies which creep in during the photographic process - various distortions, spread of paper, and what has not been taken into consideration inaccuracies in transparencies and films of different kinds would make the method in my opinion unreliable. I might say I have extreme difficulty myself in making accurate measurements on photographic materials.

recognisance photograph to estimate the heights of buildings. I understand the method that is used is that of stereo-comparison. I do not know that one other use that is made of aerial recognisance photographs is to estimate distances and heights from the photograph on the plane surface. I realise that in this instance we have got a full-face photograph of Anne Philomena Morgan and a side-face photograph of her. I realise that we have also got a full-face photograph of the corpse and a side-face photograph of the corpse. I agree that is the basis of all police photography for identification purposes, - a full-face photograph and a side-face photograph.

TO MR. READ: The only method I know of photographing from the air so that you can get the heights of buildings is the method of taking two photographs from which a stereoscopic pair can be made. Subsequently through the stereo-comparator relief is brought up and contours can be measured. I am not aware that there is a system of utilising single prints for the purpose.

(SIGNED) L. A. BAILLOT.

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 18th DAY OF APRIL, 1944.



.....
CORONER.

SYDNEY SUNDERLAND on his oath saith:

My name is Sydney Sunderland, and I reside at 11 Scotsburn Grove, Toorak. I am a medical graduate of the University of Melbourne, and I have specialised in anatomy since my graduation. I am at present the Professor of Anatomy in the University of Melbourne. In March of this year I conducted an anatomical examination of the body of the deceased lying dead at this Morgue. The body is that of a white female, which at the time of death could not have been younger than 25 years. I arrived at that minimum figure of the age from an examination of the teeth, and from an X-Ray examination of the long bones of the body and of the sphenoid-occipital region at the base of the skull. In arriving at this figure I was careful to draw a distinction between fusion and obliteration of suture lines. I have those X-Rays with me if Your Worship desires to see them. Post mortem examination will be required to fix the upper age limit. It is not possible from the anatomical examination that I have been able to carry out to state specifically what the age of the individual was. All that I can say is that she was not younger than 25, and my impression from what evidence was available was that she could not have been older than 30. At this stage all that I can do is to place the approximate age between 25 and 30. As I say, post mortem examination of the bones will be required to indicate whether it is closer to 30 or closer to 25. Direct measurements of the corpse ~~afixixaxxarp~~ itself indicates that the height was between 5 ft. and 5 ft. 1 inch. I used Pearson's formulae to confirm those figures. The following description of the build is based on anatomical measurements. In employing these measurements I used only bony landmarks, with the exception of establishing the circumference of the upper arm, where the measurement, of course, is that of soft tissue, plus bone. In arriving at these bony landmarks, I first of all examined the regions of the joints by X-Ray, and then placed in detector pins to localise accurately the bony point

that I wished to locate. These pins were aligned approximately at right angles to the skin surface. Measurements between two fixed bony points were then taken by means of Calipers. For obvious reasons, I did not use soft land marks anywhere because of the possibility of distortion following post mortem changes and post mortem preservation. This description of the body I am about to give is based on anatomical measurements between fixed bony landmarks. As regards the general build of the body, it would be described as short and on the broad side. One would describe the individual as rather stockily built. The breadth there I am basing on the biacromial measurements, - that is to say, the measurements between the tips of the shoulders - and the distance between the anterior superior iliac spines on the hip bones. I compared those measurements with those of a standard adult female 5 ft. in height, and that is what this comparison is based on. The trunk would be described as slightly longer than average, and definitely broader than average. The face would be described as broad and the neck short. As regards the upper extremities I measured from the tip of the shoulder, the acromion, to the tip of the third finger. That length is greater than average, but not much greater. The most important feature in connection with that measurement is the relative lengths of the various segments of the upper limbs - the upper arm, the forearm and the hand. If you remove the hand from the upper arm, the length of the upper arm is then approximately the same length. I should say it is slightly longer, but it is approximately the same length as that of the standard subject. In other words, the additional length of the upper arm is made up principally of the hand. That hand is much longer than normal, and much broader than normal. The forearm itself is slightly longer than the standard figure. The upper arm is definitely much shorter than in the standard subject. That is to say then, the total result is to give an arm which is slightly longer than the standard subject; but the important point is

the upset in the upper arm - forearm - hand ratio. The upper arm is much shorter than the standard subject; the forearm just a little longer; the hand very much longer. As regards the circumference of the upper extremity, this was taken in two regions, just below the attachment of the deltoid muscle on the upper arm, and at the wrist in the case of the forearm. The measurement of the upper arm gave a figure much higher than the average. Some of these increases can definitely be attributed to swelling in the arm consequent on either post mortem change or on the embalming. However, I do not believe that ^{that} much difference between them can be entirely attributed to that factor. When we come to the wrist that post mortem factor is not operating, because, in the case of the wrist, bony contours make up most of the circumference. We have only narrow tendons, such as on the dorsal and narrow tendons on the volar aspect, and, in any case, at the stage that I examined the body evaporation had led to withering in that region and, if anything, the measurement taken here would be less than shown in the individual during life. Despite that the measurement at the wrist is much greater than in the standard figure. So that, taking that entire result into consideration, one would say that during life this individual had thick arms and very thick wrists. Coming to the hands themselves, I have already commented that they are very large hands, extraordinarily large hands, but at the same time ~~vary~~ they are well proportioned. The nails were large, flat, thick and well kept. The half moons when I examined the body were not visible. As regards the legs, the entire lower extremities, they were shorter than on the standard subject. The thigh, that is the upper segment, was approximately the same length as the standard; but the leg that is to say the leg below the knee, was shorter than on the standard subject. So that the shortness of the entire lower extremity is due to the shortness in the lower portion of it and not in the upper portion. Owing to changes which

had taken place since death in the legs I was unable to arrive at any accurate estimate as regards the circumference either of the thigh or the lower leg. ~~Xax~~ Concerning the feet, the present condition of the feet was such that any estimate of their ante-mortem dimensions would be purely speculative. The terminal phalanges of the left foot, although not all, are missing; those on the right are still present. The condition of the toenails on the right foot is such that they could not be used for the purposes of identification. Since I am dealing with the trunk, I think that I could now deal with the breasts. Here, post mortem changes, burning, and formalin preservation have all contributed to lead to a severe contracture of the skin. The effect of that has been to draw the breasts up into a hard ball-like object, so from the present condition of the breasts I am unable to estimate what their ante-mortem condition was like. As I say, the post mortem changes, consequent on the preservation and the heat to which they were subjected, have produced such changes as to give no reference to their ante-mortem shape or dimensions. Any estimate would be purely speculative. My impression is that during life the breasts could not be classed as small. That is as far as I could go to indicate their ante-mortem condition. When the skin is subjected to heat it contracts, and ⁱⁿ any regions where slack cannot be taken up in the tissues, the skin will actually split and give post mortem splitting. In the region of the anterior thoracic wall, of course, the bulk of the breast tissue is made up of fat, and as the skin over the anterior thoracic wall is contracted down there is sufficient slack there to prevent splitting of the skin, but the result has been, of course, to compress the fat, and, as I say, to compress it into a firm ball-like structure. We pass now to the region of the head. Taking the hair firstly, it is light brown in colour, and an examination of the frontal hair line and of the hair slopes indicate that during life the hair was parted either in the midline or to the right hand side of it. There is no

indication ~~whaxax~~ whatsoever that the individual ever parted her hair on the left hand side. In addition, there is a well developed and characteristic midline frontal peak to the hair. Incidentally, the parting on the right and that characteristic midline frontal peak are well shown in the photographs of Linda Agostini. By that, I mean the portraits exhibits 16, 17, 18 and 19. Passing now to the ears, the lobes were attached and unperforated. Postero superiorly, the ~~max~~ helix is flattened and shows marked notching or scolloping on both sides. That notching is more prominent or more marked on the right than it is on the left. The whole gives a very unpleasant though characteristic appearance. The flattening of the helix and the slight notching - ~~it is~~ not slight there, it is well marked - gives a condition referred to anthropologically as a simian appearance. Passing now to the nose, injury here makes it very difficult to arrive at any estimate of what the condition of the nose was during life. What measurements I was able to take indicated that it was probably long in comparison with the standard subject. However, I place no reliance whatsoever on those measurements because of the injury which has obviously deformed the bony structure of the nose. I could detect no superficial bruising in the region of the nose. Coming to the eyes, the right eye was visible, the left eye could not be seen. My impression is that the colour of the right eye during life was brown. However, post mortem changes have produced discolouration in the region beneath the cornea, giving that region a deceptive blue black appearance. However, dissection of the eye-ball on post mortem examination should reveal the true colour of the eyes. At this stage, with Your Worship's permission, I would just like to go into the question of how that eye has become so discoloured, or, should I say, the changes which have made it almost impossible to arrive at a definite decision concerning the colour during life. This is ^{on} ~~at~~ the question where it has been stated that she had bluey grey eyes. The diagram on my

right represents the sagittal section. The relevant structures in this discussion are, firstly, the transparent membrane in the front, which is the cornea; behind that an opaque membrane, which is the iris, and this is incomplete centrally to give the circular space which is the pupil; and behind that the inner chamber of the eye. This diagram on the left is merely an enlargement of the region about the iris. Anteriorly, the transparent cornea; behind it the opaque iris; and well posteriorly, the inner chamber of the eye. These folds here (indicated) are the ciliary folds. I will mention those in a moment in connection with the pigment which they carry. At birth, the only pigment which is carried by the iris is located on its posterior layer, and it is a brown pigment - it is melanin. When you look at such an eye you see in the centre, of course, the dark pupil - you are looking into the dark inner chamber of the eye. When you look out towards the iris you are looking at that dark space posteriorly now through an opaque membrane; and when you look at a dark object through an opaque membrane that opaque membrane appears to be blue in colour. If you take the veins on the back of your hand, they always appear to be blue in colour. Actually they are carrying blood which is a port wine colour; but when you look at that dark port wine blood through the opaque structure of the skin and of the wall of the vein the vein appears blue. We get a similar appearance here when we look at the baby's eye. The iris is opaque, there is a dark background behind it, and it appears blue. For that reason most baby's eyes at birth are blue. A child can go through life and retain its iris in substantially the condition as regards pigment that it has at birth. If that is the case, the iris remains blue throughout life. If the iris thickens up, but no additional pigment is deposited in it, the eye becomes greyish in colour. If, however, additional pigment is deposited in the iris, addition^{al} melanin, then the eye takes on a brown colour, and, of course, the shade of brown will depend

upon the amount of pigment which is actually deposited in the iris. So that we see the colour of the iris depends upon two factors, firstly, that it is opaque, and secondly, that it contains pigment; and the amount of pigment varies. Now, at death an additional factor is added, because the cornea, which during life is transparent, now becomes opaque. Now we are looking at a dark background through an opaque membrane and for a very obvious reason the eye takes on a blue colour. That is a deceptive appearance. We are going back now to the condition we had in a baby when we had the opaque iris in front of the dark background; now we have an opaque cornea in front of the dark background, and, as I say, the colour appears blue. Under those conditions the only chance that one has of estimating the colour of the iris is to focus sharply on that angle (indicated.) There, the distance between the cornea and the iris is at a minimum, and with strongly transmitted light it is possible to see that angle of the iris. It was that particular region that I have examined very carefully, and as I say, my impression is that the iris is loaded with pigment, and that during life it was brown in colour. However, post mortem examination, by lifting off the cornea, should reveal the colour of the iris. There is just a possibility that what I was focusing on were these ~~folded~~ ciliary folds with their pigment. They contain a brown pigment, and it is just possible that the brown appearance which I could see was attributed entirely to that pigmented area there. My impression is that I was looking at the outer edge of the iris, an iris loaded with pigment.

..... EXHIBIT 9 Diagrams showing enlargement of sections of the human eye. These specimens I produce will explain that point. They are specimens of sheep's eyes, in which the iris is brown. On the left hand side, the cornea is intact, and you will observe that there is nothing like a brown appearance in that eye; but out on the margin you will see the brown tint. On the right hand side the cornea has been removed, and you have no

difficulty in seeing the dense brown colouration of the iris. I did have another specimen in which the cornea was quite blue. In attempting to preserve it and when placing it in a bottle, however, the eye became distorted, and I had to procure another one. This eye I produce has been in formalin only for a very short time; but if it were left there for a period of a year the cornea would go a light and then a deeper blue in colour. This is quite an early stage, and it has a green appearance in the centre; but if you look at it towards the periphery you will see where it is blue.

EXHIBIT 92..... Two sheeps' eyes in formalin.

There is nothing else I want to say about the eyes; I just wanted to explain the extreme difficulty one meets with when attempting to ascertain the colour of the eyes so long after the individual has been dead, and after such an extensive period in formalin.

TO THE CORONER: I am explaining why this eye may have been described as a bluey-gray eye. The time that it takes for the cornea to become opaque varies. I have seen the cornea become opaque in a day, and I have seen it remain clear for a week.

TO MR. READ: The incisor and canine teeth are well fitting. The dental formula I ascertained as follows: On the upper jaw, left hand side - first incisor, second incisor, canine, first bicuspid, second bicuspid, first, second and third molars; on the right hand side, still dealing with the upper jaw - first incisor, second incisor, canine, bicuspid one, bicuspid two, molar one, and molar three; on the lower jaw, left hand side - incisor one, incisor two, canine, bicuspid one; on the right hand side - incisor one, incisor two, canine, bicuspid one, bicuspid two, and second molar. On the upper left lateral incisor in the subject there is a ~~fracture~~ vertical furrow on the labial surface towards the mesial border. That vertical furrow enters the fracture site of the labial surface of the tooth inferiorly. In connection with the incisor, there was a "V" shaped space between the

two incisors at the gum, the base of which is applied to the gum surface, and the apex of which is directed inferiorly. That is, between the two upper central incisors there is a "v" shaped space which can be seen in the subject. The other point is the identification of the tooth in the upper jaw on the right hand side, which is located between the third molar and the second bicuspid. That tooth is unquestionably a first molar tooth. On the left hand side of the upper jaw there are three molar teeth present, the first, the second and the third. On the right hand side there are only two molars in evidence. There is no difficulty in identifying the last tooth on the right hand side and the last tooth on the left - they are both third molars. However, when one compares the tooth in question on the right hand side - that is the one between the third molar and the bicuspid - with the other two molars on the left, it is perfectly obvious, both from a metrical and non-metrical comparison, that the tooth in question is the mate of the first molar on the left hand side. It is the same size and it possesses four cusps. The second molar on the left hand side is much smaller than it, and possesses only three cusps. That is sufficient, I think, to identify that tooth unquestionably as a first molar tooth. The slight mesial inclination which that tooth shows, and which has been described, is due to the line of the direction of the force applied to that molar by the second lower right molar. As the jaws close together, observe the direction taken by the force imparted on the first molar by the second lower molar - it is upwards and forwards. That tends to deflect that first molar in a mesial direction and to give it a mesial inclination. At the same time, of course, the impact of the molar above on the second molar below has also turned it down. We have the resultant there of two forces. The lower molar, the second, is deflected forwards. The inclination there is greater because there is no first molar to prevent it going forward; but the inclination

in the case of the upper molar is only slight because there is a biscupid anteriorly to prevent it being driven forward. I made an X-Ray examination of the bones of the body, but, excluding the skull, they showed no evidence of any recent disease or injury. On the tibia, at the lower end, there are what we call four growth lines showing, which indicate that at some period during life that individual had suffered from a series of illnesses, not necessarily severe in character. It might have been scarlet fever, measles, whooping cough, but there is evidence there to indicate that that individual had suffered from certain general illnesses during life. I could produce those X-Rays and explain them. They are lines of condensation which are found above the growing centre of the bone. What actually happens is that when the person has this illness and is laid up in bed for some time, dense bone is deposited in the region of the epiphyseal line - that is the growth line running across the bone - and then when the person is up again the growth proceeds normally and new bone is deposited below that dense line. On the skin there was permanent freckling to be seen over the left temple anterior to the hair line, between the hair line and the eye, about the inner canthus of the left eye, and over the left shoulder. Freckling was present elsewhere in the facial region, but was quite indistinct. In the regions I have enumerated, this freckling was very prominent and very obvious. On the left shoulder, about 28 mms. below the acromion, that bony point of the tip of the shoulder, there were three characteristic conspicuous pigmented areas, brownish black in colour, approximately circular in outline. These could be freckles or moles. The fact that the colouration could be seen in the epidermis, the outer layer of the skin, suggests that they are freckles. The important point is that they are pigmented areas. They are arranged in a characteristic pattern, that is to say, along a horizontal line located about 28 mms. below the acromion. The posterior of the three spots

is slightly smaller than the anterior two; the average diameter is about 1.5 mms. The distance between the anterior and central spots - I measured from the anterior margin of the anterior, and the posterior margin of the central - was approximately 6 mms. The distance between the anterior margin of the central and the posterior margin of the posterior was approximately 4.5 mms. On the photographs of Linda Agostini produced (Exhibits 16, 17 and 18) I see similar spots which are in a similar position to the spots I have been describing. In my opinion, the three spots shown on these photographs are identical to those which are shown on the corpse. I also noticed on the lateral aspect of the left arm some spots suggestive of a vaccination mark. It was a scarred area. That was located approximately 82.5 mms. below the pigmented spots. There was an area on the left arm suggestive of a vaccination mark. However, discolouration in this region, with evidence of some scorching, made it extremely difficult to identify this area definitely as a vaccination mark. The appearance was suggestive of it being such a mark. Again, post mortem examination of the skin may be able to provide additional evidence of that point. I note that in one of the photographs of Mrs. Agostini there is a mark on the left arm which also suggests the presence of a vaccination scar. That is shown on the photograph, Exhibit 17. I cannot see it on the photographs exhibit 16 or Exhibit 18. There were no other ante mortem scars of skin deformities that I could detect. I was unable to detect any scar on the abdomen at all. However, I did not attempt in any way to clear the surface of the skin. The post mortem examination was to be conducted by Dr. Mollison and Dr. Wright-Smith and I avoided in any way interfering with skin tissues; but so far as I could detect from a superficial examination there were no scars. With regard to the evidence given by Dr. Benbow on page 345 where he said "I thought much younger; she was obviously 22 to me" and on the same page where he said "This is a girl who is much younger than 27 and

I think about 23", I should say that since that evidence is based on an impression only that that estimate could be discarded. It is of no value, it is quite valueless. From an anatomical point of view there is no way, however experienced one is, of forming an impression of age by merely looking at a corpse. With regard to his evidence at page 345 where he says "She was decidedly slim and very neatly built" and at page 390 where he said "I identified Anna Philomena Morgan's back straight away, it is a long slim back," I would disagree with both comments. They refer, in general, to the torso, to the trunk, which, by measurement, is definitely not slim. It is slightly longer than average, but, again, I understand that those comments of Dr. Benbow are based on impressions only, and not on anatomical measurements. I disagree with Dr. Benbow's comments which appears on pages 384 and 385 when in speaking of the breasts he spoke of them as being very small firm breasts and contended that heat and post mortem changes would not affect the condition of the body's breasts. As to what I say about his evidence, at page 389, where he says "The arms of the body having regard to the general formation are unusually long", the arms are certainly longer than in the standard subject, but I would not describe them as unusually long. The important point is, of course, the alteration in the upper arm to the forearm - hand ratio. The hand is much longer than in the average, the forearm is just slightly longer and the upper arm is much shorter. In regard to his evidence where, at page 368, Dr. Benbow said "That is an extraordinarily neat wrist" and at page 390 where he says "I consider the wrist to be abnormally small having regard to the size of the hands; they are extremely small wrists", I affirm that the wrists are very thick, no matter how you regard them. In comparison to the average subject they are much thicker. With regard to Dr. Benbow's evidence at page 397 where he said "Those rubber boots fitted the cadaver very beautifully" but in cross-examination he conceded that was a slip on his part and he meant the