

and is dying substantially in a healthy condition, any degenerative changes presenting themselves after death as plainly as they would in a person who died as the result of illness. As a matter of commonsense, I think there is every chance it would become hazy just as rapidly. That is my general impression from what experience I have had, that the cornea could become hazy within 24 hours. I do not state that the cornea would become hazy within 24 hours. I have not kept a table to show in what proportion of cases the cornea becomes hazy within 24 hours. I have formed my general impression just on general observation of the cases that have come to me. I have no statistics on the point. If it is suggested I cannot offer any scientific opinion of value upon the question of the cornea becoming hazy or in what time it becomes hazy, I can only state I have seen the cornea become hazy within 24 hours. I see the subjects that come to my department within a very short time of their coming in. Asked when it became of interest to me to note when the cornea became hazy, I say that it is a general observation I have made over a period of years. I do not always look at the eyes; sometimes the lids are closed and I do not take the trouble to open them. The lids are not closed more often than not. In the case of a hazy cornea I did not make any test to determine whether the subject suffered from an opacity of the cornea in life. If it is suggested that I am giving only a general impression on this matter and that it really has not got any scientific value, I say I am merely expressing my opinion. That expression of opinion has not at the present time got the necessary background of scientific investigation to enable me, for example, to write a paper for an authoritative medical journal on it. In calculating the height, according to the formula which I used, the effect of the embalming fluid contracting, say, the soles of the feet would influence it only in terms of millimetres. The

admission of embalming fluid, say, two gallons, which is the figure that has been worked out, increases the length of the head, for instance, by three millimetres. The soles of the feet are not modified in any great measure, that is to say, it is much less than three millimetres because of the density of the tissues in that region. The scalp and the regions lateral to it react more readily to the introduction of fluid. I did not do any reading last night on the subject of hyper-gonadal types. If it is put that I am in no better position today than I was yesterday to offer any views on that subject, I say I have the same information at my disposal this morning that I had yesterday. The term "hyper-gonadal type" does not necessarily infer that it comprises people who are precocious in development. Hyper-gonadal means an enlargement of the sexual organs. It means nothing else. When I say "sexual organs", that includes the glands of internal secretion. When I say "sex organs" that involves the gonads as well. The gonads are related to the internal secretion of the sexual organs.

W *Osler's* spots are petechial spots in the skin. They do not come to the epidermis; they are located in the dermal layer of the skin. They are apparent on the surface. They are apparent because the epidermis is transparent to the color. The petechial rash in typhoid fever is of the same character. I have never seen it. When you ask me whether in the hyper-gonadal types the secondary sexual characteristics generate early, I am not quite sure what you mean by the hyper-gonadal type. If you are referring to a condition called pubertas praecox, that is an entirely different matter. If it is stated that a hyper-gonadal type is a case of sexual development, I say in my opinion that is a term which is not customarily used in medicine. The term "hyper-gonadal" means large sex organs. The term "gonad" itself refers solely to the testis in the male

and the ovary in the female. I look at Exhibit 28, No.1. The hair there gives the appearance that it has been set. I have not made a statement that the hair was always parted on the right side. I said that it was parted either in the midline or to the righthand side of it, and that in my opinion it could never have been parted on the left side. I made that statement. I do not think the setting of the hair after death in that fashion would materially affect hair slopes. In the first place, the natural slope of the hair has been established and maintained through life. The individual is now dead. You can force the hair in one way or the other. The point is to have the hair quite loose and to observe the hair tracts, the direction in which they are passing, in addition to the frontal hair-line across the forehead. On the evidence which is present in the hair I do not think I am carrying things a bit far in saying, after the body has been in formalin for ten years, that on examining the hair it could never have been parted on the lefthand side. There is no evidence that she ever brushed her hair back and did not part it at all. On my examination, I would say that the hair had been swung across to the lefthand side, and that it had not been brushed straight back permanently all her life. I would say that the hair had not been brushed straight back constantly. I have now heard read the evidence of the witness Mrs. Beresford on page 141. I can only express an opinion on the facts as I see them in the head of the individual. I did not approach this matter from the point of view of seeing what facts I could find to confirm the theory that the body was that of Linda Agostini. It occurred to me when I carried out my examination on the body that it would be of importance to note whether she did her hair on the right side or the left side. That was on Thursday, March 23rd. I do not know

that that is the day the inquest opened. If it is stated that that was the day the inquest opened and if it is suggested that on that occasion I saw the four photographs of Linda Agostini during the day, I say my impression is that I had seen the photographs before that date. It is correct that the examination of the head to determine on what side the hair was parted occurred after I had seen Linda's photographs. I took X-rays of the skull. We took an X-ray of the skull which reveals the condition of the right upper maxillary process. We took ^{an} antro-posterior films. I think that ~~it is~~ still available. It is not in Court. I could not say whether that showed anything about the ~~alveolar~~ alveolar cavity of the removed tooth. I did not look to see. I did not do a dental film by way of X-ray. I realise it is a matter of dispute whether it is a first or second molar on the right side which is filled. I have offered the view that it is a first molar and not a second molar. I know that Mr. Jackson, the dentist who originally examined it, expressed the view that it was a second molar. I do not think he expressed the view that the first molar was gone. I think it was lying in the position - I forget his exact words - but my impression was it was a question of what tooth came behind. I think he said that the first molar had been removed and the second had come forward. I know that the official description of the teeth circulated after the finding of the body contains a statement that it was a second molar and that the first molar had been extracted. According to me, that statement is wrong. With regard to the statement that the age may be from 22 to 29, I would fix the minimum age at 25. In my opinion there are a number of marked errors in that early description which obtained for ten years or so. I look at Exhibit "E". I will read aloud the bottom paragraph and draw attention to any parts with which I do not

of the probable age was based upon (1) general appearance (2) Teeth (3) examination of cut sections of the left fibula (upper end), right femur (lower end), and right clavicle (sternal end), (4) X-ray photos. of lower end of femur, and of pelvis (iliac crest etc.) (5) examination of the endocranial sutures especially the sagittal and coronal sutures (of Wingate Todd)," I do not agree that that is at least as extensive as the material or the examination upon which I based my calculation. It is correct that I did not have any cut sections. Those cut sections are of epiphyses and they would be for the purpose of determining the ossification of the bones, which is thought to be an aid towards determining age. I had the section of one epiphysis for examination; that was one of the femurs. Professor Burkitt or whoever conducted the examination had replaced the piece of bone. That was the only section of an epiphysis that I was able to examine. In common with Professor Burkitt I had the general appearance and the teeth. I did not have the same number of cut sections as he had. I had X-ray photographs of all the bones. I did not make what I would regard as an accurate examination of the endocranial sutures. I had X-rays, but I regarded those as being unsuitable for the purpose. I did not have anything in addition to that. I agree I had no better material than Professor Burkitt had. With regard to the passage "The combined evidence of all these observations would seem to place her age very definitely at a figure very close to 24 or 25 years, provided she was normal average type, and further it can be said with considerable certainty that she was not under 22-23 years of age, nor over 27-28 years of age", I do not agree with that opinion. I ask if that communication is signed by Professor Burkitt. My reason for asking that is

that in a communication Professor Burkitt informed me that the age is probably 26, almost certainly not below 25. That is an unsolicited communication which reached me a few days ago. I did not wink to anybody in Court a few moments ago when you said it purported to be signed by Professor Burkitt. Mr. Read nodded to that (indicating document on table) and I nodded back. I have the unsolicited communication from Professor Burkitt with me. I produce it. The relevant part is on the back page at the top. Asked where I learned that Professor Burkitt may not have signed this report, I say it seemed to me anomalous that one estimate of age should be contained in that report and in the letter another. I regard those as being inconsistent. I did not have any idea before you told me that that document was not signed by Professor Burkitt. The inconsistency of the two ages caused me to ask whether or not it had been signed. One is between 22 and 27, and in a communication to me he says 25 or 26. I was not waiting for you to ask me about that report and I did not have waiting for you the question "Is that signed by Professor Burkitt". I deny that I winked when I asked that question. I do not cast any doubt on the accuracy of that document produced by the police. I agree that the passage which reads "The combined evidence of all these observations would seem to place her age nor over 27-28 years of age" is the language of an anatomist. I am unable to answer the question of whether or not Professor Burkitt meant that when he wrote it. My impression would be that he meant it when he wrote it. With regard to the next part of the report which reads "Nationality - As regards her nationality, the absence of an epicanthic fold in the eyes, the brunette hair, bluish eyes, absence of shovel shaped incisor teeth and the

smallness of the wisdom teeth, all tend to negative any suggestion of Chinese or black admixture", I agree that sounds like an anatomist's description. I noticed there the words "bluish eyes". If there had been Chinese or black admixture the likelihood of pigmentation of the iris would have been increased. I do not agree that if on the other hand she was of English or European extraction it is quite likely the eyes would be blue. It is quite likely the eyes would be blue if she was of Dutch descent. With regard to the next passage "I think the weight of evidence is slightly in favour of her being English or European, rather than Australian", I would not go so far as to say that. I can only say I would not agree with that. With regard to the passage "I have carefully searched the body for scars or injuries other than those already known, but can find no trace of such, nor of birth marks, etc., except a small superficial scar on the back of the basal phalanx of the right middle finger", I would say, excluding the pigmentation I referred to, that I agreed with that. That pigmentation is the three pigmented spots on the left arm and the freckling of the face and shoulder. One of the first things an anatomist would look for would be vaccination marks. I suggest that there is something upon which an opinion can be based that there are vaccination marks on the arm of the body. There is suggestive evidence that there are or have been vaccination marks on the arm of the body. I cannot say definitely that the arm of the body lying here at this Morgue is an arm which has been vaccinated. I realise that this body was in the hands of the authorities for ten years. I realise that the presence of vaccination marks should be a contributing circumstance towards identification. The result of vaccination is to cause scar tissue. If there is any scar tissue there it should

be possible to section it and demonstrate it under a microscope. I remember that in Dr. Crippen's case there was great conflict between experts as to whether something was scar tissue or not. The scar tissue in this particular case would not be as marked as that, for instance, in a surgical incision. Asked if I could take a bit of the part where I suspect there might be vaccination marks and section that and find scar tissue, I should say there is a chance of demonstrating scar tissue if it is there. I am unable to say whether or not it is a remote chance. I will agree that up until 1944 from anything I have seen there was no suggestion that this person whose body is out there had been vaccinated. I would not agree that it is easier to come to a conclusion if you know the answer than if you do not know the answer. It is correct that Professor Burkitt when he conducted the examination had no lead to work to and that I, on the other hand, did have present to my mind that a man had admitted that he had been concerned in the death of his wife and had put the body up at Albury. That did not affect my mind at all.

(Luncheon Adjournment)

UPON RESUMING:

With regard to the passage in Professor Burkitt's report which reads "Her breasts, and the evidence given to me as to the condition of the uterus, and the absence of ~~lineae~~ gravidarum, make it very improbable that she had ever borne children", I do not agree that that reference to the condition of the breasts is surely to their firmness. I do not quite understand what is meant by that reference. I do not think that one can draw from that report the conclusion that the breasts had never suckled a child. I will agree that pregnancy has an effect on the mammary glands. If it is suggested that one of the breasts bears

obvious signs of having been opened for the purpose of getting a section for histological examination, I cannot say for what purpose it was opened. I would not be prepared to agree that is the reasonable purpose; it may or may not have been. I agree that a breast which has suckled a child undergoes changes which enable it to be distinguished from a breast which has not suckled a child. I have not examined the breasts histologically. In the passage "Her breasts, and the evidence given to me as to the condition of the uterus, and the absence of lineae gravidarum, make it very improbable that she had ever borne children", Professor Burkitt is probably referring to the histological structure. I could not express an opinion on the statement as it is given; it is not full enough. If it is suggested that he does not say anything about the histological structure but merely says her breasts, and that that, in the absence of any other reference, would mean the outward appearance of the breasts, I would not agree with his statement on that hypothesis. I have never been in the witness box before to give evidence of an expert kind. I have never been connected with an investigation of this kind before. The lineae gravidarum are cutaneous markings which indicate that at some stage the skin has been subjected to stretching which has ruptured the elastic fibres in the dermal layer of the skin. In other words, it is the marks which are left as the result of a first birth and thereafter as the result of births following upon the first. They are ~~the~~ indications that a woman has borne a child, and are to be found by an examination of the outer surface of the abdomen. With regard to the passage in Professor Burkitt's report which reads "As regards recognition, I would suggest that the large size of her hands, and the peculiar ears (photograph attached), together

with the slight stature, are deserving of some attention", taking it bit by bit, I would agree that "slight stature" is a correct description of the body as regards the height. I would not agree that the body may be described overall as that of a person of slight stature. I would use the word "stature" in connection with height only. I would not draw the conclusion that "slight stature" was opposed in ordinary parlance to "stocky build". If it is suggested that the body as it is to be seen outside here looks like the body of a slight person not much past adolescence, I agree that if one excludes anatomical measurements and relies solely on one's impression, paying particular attention to the region below the shoulders and above the hips, one can draw that conclusion. If it is suggested that leaving out of consideration anatomical investigations and just going on a survey of the body made ocularly the body does not look to be that of a 29 year old married woman, I say that is not how I would describe it. The difficulty is you are comparing a body in which post-mortem changes and embalming have produced some effect and from that you are attempting to conclude what the body was like during life. I do not know the state of the intra-abdominal cavity. It is likely or perhaps possible that some of the viscera may not have been replaced after the original post-mortem. In any case, they would contract under the influence of the embalming agents and I should say that the intra-abdominal cavity is now much smaller than it would have been during life. At the same time the incision passing down the mid-line ventrally which was done at the post-mortem has been securely laced up. It does not overlap. That again may have produced some effect. When one looks at the body as it is at the present time it gives an apparent impression of being slim. I do not agree

that it gives the apparent impression of being that of a girl. I would agree with the passage in the report which reads "It will be noticed that part of the edge, or helix of the ear is imperfect, and that there is very little if any lobe present, the whole giving a very distinctive and rather unpleasant shape". In the letter which Professor Burkitt wrote to me he did not say anything about being mistaken about the colour of the eyes. With regard to the passage "The only evidence I have supports the probability that she was right handed, and there is also a probability that she had worn a ring on the ring finger of the left hand", I am unable to express any view on that. With regard to the passage "The X-rays of the bones would further suggest that she had not suffered recently from any severe illness", I do not quite know what Professor Burkitt is describing there because if my memory serves me right he X-rayed only two bones. If he X-rayed the lower end of the femur and the pelvis, I do not think that one could draw that general conclusion. I do not agree with Professor Burkitt's conclusion as expressed there.

With regard to the passage "Finally, there is a definite fracture of the nasal bones, but it is impossible to say whether this was done after the death or just before, or less probably a considerable time ago", all I can say is that the nose has been fractured. I would not express an opinion as to whether it occurred before death or after. I agree with the passage "No bruising of the nose is visible over the fracture". With regard to the passage "Her height was approximately 5 ft., so far as I could determine, at the most 5 ft. 1 in., and might even have been less than 5 ft.", I do not agree with that entirely. The height actually ascertained by me on the corpse was just a little over 4 ft. 11 $\frac{3}{4}$ in., but one had to make some

allowance for the loss of tissue over the sole, and on that basis I placed her minimum height at 5 ft. I did not straighten the legs to determine that. It was a measurement and a calculation in that I had to calculate the thickness of the soles. I agree ^{in general} with the statement "Her left hand was approximately 17.5 c.m. (7 inches) long and 7.8 c.m. (3 1/10 inches) broad". There is just about one millimetre difference in our measurements. I agree with the statement "Her right hand was approximately 17.6 c.m. (7 inches) long and 8.1 c.m. (3 1/2 inches) broad". With regard to the statement "Her body was well formed and proportioned", I agree her body was well formed, but I would not say it was well proportioned. I agree that in Professor Burkitt's statement the "well" attaches not only to the "formed" but also to "proportioned". I agree that the reasonable interpretation of that phrase is that her body was well formed and was well proportioned. I do not agree with the Professor's opinion that the body was well proportioned. In regard to the burnt portions of the body, I would agree with the passage "The main fact of importance here is the extreme degree of burning of the buttocks, which is so extensive that the sacrum or lower end of the spine is burnt right away".

(Page 772 follows)

MS

TO MR. BARRY: I have never had any previous experience of examining an entire body which has been 10 years in formalin. My conclusion as to the age is based largely upon my examination of the bones by means of X-ray films. I do not agree that an estimate of age under those circumstances can only be approximate. I agree that the bodily development of a person is partly dependent upon the endocrine glands. I agree that puberty makes its appearance at various ages, within certain limits. If it is suggested that some people are, as is ordinarily expressed, precociously developed, I say not with reference to their entire bony structure. I would agree with reference to the development of certain structures. I do not know the passage in Glaister's book to which Dr. Benbow made reference. I did not notice that this girl was of the hyper-gonadal type. Before I answer whether I did not notice it or whether I am not prepared to offer an opinion, I would have to ask for a definition of "hyper-gonadal". It has a certain significance to my mind as an anatomist. I say it means an over-development of the sexual structures of the body. It means precociously developed sexually with reference to the sexual structures. There are no indications whatever to suggest that this girl was such. The long backbone and short shin bones mean absolutely nothing with reference to the hyper-gonadal type. The pituitary gland has an influence on the development of bone. If it is suggested that from an examination of the bone I am not able to say within two years what is the age, I say it is possible to place a minimum age level. I would not say whether that body was 27, 28 or 29 years of age, but I believe the evidence is such that I can say it is not under 25. I agree with the passage from Glaister which reads "An approximately accurate estimate of age is given by the centres of ossification and the progress of that ossification in the unification of the

bones." With regard to the passage "Flecker holds the view that a ~~perusal~~ perusal of the various anatomical authorities shows a considerable discrepancy regarding the ages at which the various centres of ossification in the epiphyses appear and the epiphyses fuse with their respective diaphyses, and that X-ray examination is the best means of determining this", I do not agree with that. There are some points on which all anatomists would agree, there are others on which they would vary. The basi-occipital fuses with the basi-sphenoid usually anywhere between 18 and 22 years of age. Some authorities do state that it fuses at 25 years of age. I know Professor Sydney Smith's book on forensic medicine. I agree that Sydney Smith is regarded as an authority on forensic medicine. I draw a clear distinction between an expert in forensic medicine and one in anatomy. With regard to the passage in Professor Sydney Smith's book on Forensic Medicine which reads "Skull - The anterior fontanelle closes about the end of the first year. The condylar portions of the occipital fuse with the squama at the third year and with the basi-occipital at the fifth year. The metopic suture closes about the third year. The basi-occipital fuses with the basi-sphenoid at about 18 to 20 years, not 25 years, as commonly stated", I do not agree with that proposition. If it is suggested I find myself in disagreement with a lot of people, I say I think I will find myself in agreement with quite a number of people. Asked what I rely on precisely in order to say that the age is 25, no more and no less, I say the fact, firstly, that the epiphyses of every long bone have completely united with the shafts. If it is suggested that could happen before 25 years, I say it is impossible to estimate the age of a body on one or two bones alone. One must carry out an examination of the entire skeleton

and the skull. In my opinion, the epiphyses of all the long bones of the body could not completely fuse, with complete obliteration of ^{all} the suture lines, before 25. Authorities I can quote for that are Gray's Anatomy and Cunningham's Anatomy, an article by Wingate Todd and Errico in the American Journal of Anatomy on the ossification of the clavicle. They make the statement that the epiphyses of the clavicle fuses with the shaft at 25. That is the latest period. It is correct that that statement does not exclude the possibility that you will get fusion before 25. It is correct that it does not exclude the possibility that you will get obliteration before 25. With regard to the passage from Sydney Smith which reads "Union of epiphyses with shafts. 15-17 years, the lower end of the humerus, there is a union of the epiphysis with the shaft", I agree that is correct. I agree that the internal epicondyle of the humerus and various other bones unite from 17 to 18. I know the last stage he gives in his book is "23-25 years, crest of ilium, sternal end of clavicle, articular facets of ribs". I have had a look at that in his book. I think his table is reasonably correct. Perhaps I could put it this way, that on the information which is given there and which you have read out, you could not estimate the age of the individual, you would only get an approximation. There is additional evidence which is not given in that table. The additional evidence I am going on is ossification of the bones of the skull. The second fact I rely on in saying that the age is 25 is not only a fusion of the occipital and sphenoid bones at the base, but the complete disappearance of any denser line of bone at the site of union and the movement of the sphenoidal air sinus backwards towards the basi-occiput. If Sydney Smith is right that that fusion occurs at about 18 to 20 years, and not 25 years as

commonly stated, it does not necessarily follow that I am wrong. I am not wrong in saying positively that the age is 25. If it is suggested that the factors on which I rely to say with assurance that the age is 25 and not 24 or 26 are that I found the fusion of the epiphyses of the long bones combined with the fusion of certain sutures in the skull, may I say that I have examined the ossification not of one bone, but of all the bones plus the skull. An opinion which will confirm what I have said will be found in the much-quoted Ruxton case by Professor Brash in reference to body No.2. That is on page 92. He bases his minimum age of body No.2 on exactly the factors that I have employed. The passage on page 92 reads: "The estimate of the probable age of Body No.2 was based on a series of observations similar to those made in the case of Body No.1; and in addition there was certain other evidence that confirmed the general conclusion that was reached. X-ray examination of the epiphyseal ends of the limb-bones showed that all the epiphyses were completely united, and this was confirmed by subsequent direct and X-ray examination of a series of sections, corresponding to those made of the bones of Body No.1. The complete union of the epiphyses by itself indicated a minimum age of 22 years; and the features of the architecture of the ends of the bones, as shown in the sections, raised this minimum to at least 25 years". In this case I ~~found~~^{found} there was ~~no~~ appearance of the epiphyseal scars at all, there is nothing to suggest the epiphyseal line in the X-rays of these bones. Further on in that passage on page 92 there is a reference which is important. With regard to the passage which reads: "The sphenoccipital cartilaginous joint was found to be completely ossified. By itself this would mean a probable minimum age of 22 years in the female", I agree with Professor Sydney Smith as to that. With regard to the passage which reads "but an examination of a section through the region made it evident that some

years had elapsed since the disappearance of the cartilage and the fusion of the bones. For one of the sphenoidal air sinuses extended across the region formerly occupied by the joint, a fact which is clearly seen in comparing the radiograph of the section with the radiograph of the corresponding section from skull No.1. There could be no hesitation, on this evidence alone, in raising the minimum age to at least 25 years", that body is the body of Mrs. Ruxton. I do not know that she was, in fact, 35 years of age on the evidence. If it is suggested that Mrs. Ruxton was just over 34 years, and that there is a big difference in the disappearance of anatomical signs between 34 and 29, I say that Professor Brash was establishing the minimum age. The factors present in his case are also present in this. I am not saying that the person at death was aged 25, I am saying the minimum age is 25. She may have been 30, she may have been 34; I do not know. I cannot draw any conclusion in that regard. If it is suggested that I am not in the position that Professor Burkitt was in who was able to say that the limits either way were 22-23 and 27-28, I say I have not had an opportunity of examining post-mortem the cranial sutures. I think Professor Burkitt makes a statement that he examined the cranial sutures, "of Wingate Wood" I think were his words. I did not make the examination because the post-mortem had not been conducted and I was conducting only an anatomical examination. I agree that a post-mortem had been conducted when Professor Burkitt was connected with this matter, but I did not have access to the cranial structures to examine them. He would have better access than I because he would almost certainly have the vault off the body. He could examine the inter-cranial ^{appearance} ~~establishment~~ of the skull. I disagree with his opinion of 22-23 at one end and 27-28 at the other. I have not read Glaister's book. I have had occasion to estimate the age of a body before in conducting

anthropological work. This is my first essay at that from the point of view of a post-mortem examination. With regard to the passage from Glaister's (page 82 of 1942 edition) which reads "According to Brash, growth changes in the skeleton, although providing a very reliable basis for the estimation of age, do not permit of an exact determination, but only within a range, since there is variation in relation to growth and age. In referring to this point, he states that 'before puberty, when the skeleton begins to consolidate, so many active growth changes are going on - including the development of the growing (epiphyseal) ends of the limb-bones, and the progressive calcification and the eruption of the teeth - that it is relatively easy to determine probable age within a year or so. From puberty, until the consolidation of the skeleton (at 22 or 23, or at the most 25 years), a fairly close estimate - within a range of two to three years - may still be made, mainly on the progress of the union of the epiphyses. Thereafter, the range must lengthen; and after 30 years, when the mature skeleton already begins to show signs of "ageing" - including the beginning of the progressive closure of the cranial sutures - it will be hardly safe to estimate more closely than in decades.'" I agree with that with some qualifications. I think he could have been more specific about his 25-year period. I will admit that over that period it is extremely difficult to estimate even within decades, but at that 25-year period, if you take the features I have enumerated, I think it is possible, and Professor Brash would affirm that. He does confirm that in the Ruxton case. On those conditions of every epiphyseal line having gone, no sign of epiphyseal scar, no sign of the site of the union of the sphenoid and occipital bones, you can place the minimum age at 25 years. You cannot do any more than that. You cannot say 27, 28 or 34; but you would place a

minimum age on the subject of 25. It is a pure process of scientific reasoning on the basis of the evidence which is available that ~~xxxxx~~ causes me to pick 25 and not 23. I agree with the passage from Glaister's which reads "The development and consolidation of the bones of the skeleton which ossify in cartilage occur, as a rule, about two years earlier in the female than in the male". I agree with the statement "but the obliteration of the sutures of the vault of the skull sets in a little later and proceeds more slowly in the female than in the male". I agree with the statement that in connection with ossification in general it should be remembered it is delayed when certain of the internal secretions are absent. I agree it can be delayed. If it is put that it can be accelerated if certain of the internal secretions are present in too great a quantity, I say that would happen only in diseased conditions, and not as a normal process, not as a normal variation. If it is suggested that the real position, so far as the determination of age from the examination of bones is concerned, is that you can get a useful guide within two years or so up to 25, but that thereafter you cannot get any useful guide at all and that in any event these rules all postulate a normal, I still maintain it is possible to state a minimum age of 25. A departure from the normal, when one takes all the sutures of the long bones and the skull into consideration, does not matter. I agree that the only authority I find on this proposition, on all of those factors, is Brash in the evidence he is recorded as giving on page 92. There is additional confirmation regarding the epiphyses of long bones and of cranial sutures in other authorities. If it is suggested that no authority says that you cannot get complete fusion and ossification of the epiphyses by 22, the only other reference I can recall at this stage which states that when all the epiphyses of the long bones

are fused and obliterated you can place the age at 25 is
an American reference by Stevenson. As to the worth of that,
I know Stevenson comes from a very good school - the
Western Reserve Medical School University at Cleveland, Ohio.
With regard to the breasts of the deceased, when you ask
me to agree that the breasts are small and firm, it is
difficult to say what one would mean by a small breast.
They are very prominent breasts, very protruding breasts.

or not there is anything over-developed about them. I mean that it is a frontal view, it is almost directly on. If it were a side view, taken from the lateral aspect, that would indicate the degree of prominence. The breasts as they appear in this photograph look very like the breasts on the body when I examined it here in 1944. I agree there does not seem to have been much change. I will not agree, in those circumstances, that those breasts as they are depicted in this photograph and as they were to be observed on the body are very close to what they must have looked ~~like~~ like in life. You have not yet given me an opportunity of mentioning the question of scorching. Since the ventral aspect of the trunk was subjected to burning after death, one would not expect blistering to occur. The ventral aspect is the front. My opinion is that that aspect has been subjected to scorching. That scorching has resulted in a fair contracture of the skin. With that contracture in other regions subject^{ed} to heat the result would have been splitting of the skin. But on the anterior thoracic wall as the skin tightens it can take up the slack of the fatty tissues which form the basis of the breast, and as it does it contracts up into a pyramidal shaped mass. In other words, what I am saying is that the skin contracted due to heat and the loosely disposed fat was packed more tightly. In my opinion, there was evidence of scorching on the breasts themselves. That evidence was the condition of the skin. The skin was extremely hard, much harder than in regions which had not been subjected to heat. It is the type of change that one associates with a soft tissue; it is not exactly charring, it does not go as far as that stage. It does not involve, to macroscopic examination, a destruction of any part of the skin. If one went and studied this body about the breasts, one would see the discoloration and the alteration in the texture of the skin. The texture of the skin is now much harder than normal skin

even after normal skin has been in a formalin bath for 10 years. The result of immersion in formalin is to mummify the skin and the tissue, in addition to producing some contraction. When the body is taken out of formalin and exposed to the air, with the evaporation of fluid there is a further hardening of the tissues; there is dehydration and a further contraction. I agree that the ordinary things which individuals see when they burn their fingers are not to be seen on those breasts. I would say it was a most unreasonable assumption that the subject in life had breasts not dissimilar from what they are now. My theory is that there was some scorching which has resulted in a contraction of the skin which packs up the fat in the breasts, plus the effects of the formalin preservation which I mentioned. If it is put that the degree of contraction to be expected is much less where you burn dead flesh than where you burn living flesh, I say I have only carried out the experiments on dead flesh, not on living flesh. In my hospital days I have seen cases of people who have been badly burnt. I was able to observe the degree of contraction; it all depends on the degree of burning. It could give rise to a blistering only. It could give rise only to a reddening or to a complete sloughing of the affected part. It does not necessarily follow as a matter of commonsense that live flesh burnt with living structures in it will obviously contract more than dead flesh. If it is suggested that the greatest contraction after a burn is in the process of healing where you get a contraction of scar tissue, I say we now have the introduction of scar tissue. That will contract, but scar tissue is not skin. I do not think that on ordinary reasonable principles it follows that the effect of burning living skin will be to get a far greater contraction than the burning of dead skin. I made notes on two or three occasions during my examination. I made notes on the night of Thursday, March 23rd, and I

made notes - this is at the body - on the afternoon of the following Tuesday, that would be March 28th. Those notes may have been preserved. I have typed off them. I have not got my notes. I have ~~not~~ got my measurements with me. I have not got with me the notes that I made beside the body. I may or may not be able to locate them. I have got a typed copy, an exact copy. By that I mean my whole brief. My procedure was to take the measurements; I then wrote them down on a piece of paper. I have those lists, but as regards what the breasts were like or the general comparison that was in my final summing up, I wrote that out in longhand; it was typed out, and I do not know what happened to the original copy. I have the typed copy. When I was making my examination of the body I made a note on a sheet of paper of, for example, the breasts. I do not know where that sheet of paper is. There may be a hope of getting it for you. I understand what you are asking for. I do not understand that it is important. I do not know the directions which are given in regard to making post-mortems. I do not remember reading in any book on forensic medicine that when making a post-mortem you should make a note of your findings as you go along and always keep them because if your memory is challenged you are entitled to refer to the notes made at the time. I read Dr. Mollison's "magnum opus" at the University. If it is suggested that I did not employ the method of noting as I went along the various features of the body, I say I paid most attention to the measurements and then to the non-metrical features which I have already described, one of them being the breasts. In my rough note at the time I made a note about the breasts; I made a note of all the structures, the final report of which I handed to Mr. Davis; I cannot say where the first notations made by me about it are. I shall look for them and if they are still available I shall produce them. They were written on what is known as University examination paper. They will be

in one of two places, if they are still in existence. They will be in my room at the University or they will be at my home. I made my notations partly in ink and partly in pencil. Before I went down to examine the body I drew up a list of measurements, for instance, that I wished to take, and while at the body immediately I took the measurement I put it against the ^{relevant} relative measurement in pencil. I produce the notes as to measurements that I have in my pocket. That shows the type of pencil used. These notes were all made at the one time. This is copied from rough notes. It obviously ^{is} not the note made at the time because it has the figures of a standard female of five feet height there. I did not say that I had the measurements with me that I took at the time. It is extremely likely that I screwed up my rough notes and threw them away. It is extremely likely that you will not be able to see them. I heard the evidence given that Linda Agostini's breasts were drooping breasts. I cannot recall definitely hearing the evidence that two witnesses were by reason of the present condition of the breasts unable to identify the body. I cannot name the definite date when I first expressed to the police my view that the present condition of the breasts might be due to skin contraction. It was before the Inquest; it was at the time I made my measurements. It was before anybody gave evidence here. In my examination of the body I saw a broken finger-nail, but I cannot name the exact finger-nail. Dr. Benbow did not point it out to me. I recall at the time there was a slight chipping of the thumb nail, I think it was of the right, and there was a slight split in another. It definitely did not occur ~~that~~ when I was beside the body and Dr. Benbow and Mr. Monahan were present last Friday afternoon that Dr. Benbow picked up the right

hand of the body and directed my vision to a broken nail on the second finger of the right hand. Dr. Benbow did not show that to Mr. Monahan in my presence. I was present at the body just as Mr. Monahan and Dr. Benbow were leaving. I first noticed the broken nail on the night of Thursday March 23rd. I may have made a note of that; I cannot recall. I did not include it in my report. I mentioned about the thumb a moment ago. When I was looking over the nails I noticed there were certain defects. They were not localised to the thumb. I can recall only that I saw a chip off the front surface of one of the thumbs, I believe it was the right, and there was a split in one of the other nails, I cannot remember which. It was quite an extensive split. I did not make a note of that because I was reporting only on anatomical features. If it is suggested that it is an anatomical feature that part of a nail has been torn away from the finger, I say I did not propose to ~~include~~^{intrude} it in any way on the post-mortem examination. If it is suggested that it is not a question of intrusion on a post-mortem examination and that even a layman could see that, I say I am not expressing an opinion on any splits in the nail. I have told the Court that the nails were large, flat, thick and well kept. Although I have told the Court, without intruding on the post-mortem examination, that the nails were large, flat, thick and well kept, I did not regard it as coming within my province to record in my examination that the nail of one of the fingers had been broken away. I was reporting only on anatomical evidence. I do not agree that if it was within my province to report that the nails were large, flat and well kept, it was within my province to go on and say that one of them was broken away.