

GOVERNMENT SHORTHAND WRITER'S OFFICE

Melbourne,.....4...../.....5...../1944.....

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—

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| SYDNEY SUNDERLAND | ... | 797 - | 813. |

R. J. Place

.....
Licensed Shorthand Writer.

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| SYDNEY SUNDERLAND | ... | 814 - | 816. |
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| JOHN FRANCIS OVEREND | ... | 817 - | 819. |
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Geo. Blake

.....
Licensed Shorthand Writer.

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Licensed Shorthand Writer.

taken at Melbourne on the Nineteenth 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

SEVENTEENTH DAY

RESUMED INQUEST

held at

THE CITY MORGUE -, MELBOURNE

on

MONDAY, 24TH APRIL, 1944

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

Monday
24th Apr.

CRAWFORD HENRY MOLLISON on his oath saith:

My name is Crawford Henry Mollison. I am the Coroner's Surgeon at Melbourne and have acted in that capacity for a number of years. On the 17th April, 1944, at the City Morgue, Melbourne, in conjunction with Dr. Redford John Wright-Smith, I made a post mortem examination on the body of a woman popularly known as the Pyjama girl. At the time of that post mortem examination, notes were made for the purpose of preparing a report for His Worship the Coroner. I produce that report, which reads as follows: -

"The body was fairly well nourished and was approximately 5 ft. one inch in height. The back was long, the shoulders were broad. The skin was hard and tanned with brownish discolouration. There was extensive destruction of the skin and muscles over the back of the hips and outer side of the left thigh. Part of the sacrum and coccyx were destroyed exposing the rectum and intestine. There was similar destruction on the back and side of the right leg exposing the bones of the lower leg. The right foot was brown dry and wrinkled and was separated from the leg at the ankle joint. There was similar exposure of the muscles, but not so deep on the inner aspect of the left leg. The terminal portions of the first, second, third and fourth toes of the left foot were missing and the left foot was brown and shrivelled. The terminal point of the right fourth toe was missing. On the anterior and inner aspects of the right and left thighs there were dry transverse splittings of the skin, not quite so extensive on the front of the right thigh as on the left. There was a scorched area on the front of the body extending from above the pubic hair to above both breasts. The chin was scorched, scorching extending on to both cheeks. There was fine fair hair on the face and the upper lip. Some of the hair on the cheeks was singed but not on the upper lip. There was fine fair hair on both arms, from below the shoulders to the wrists, and on the back. The skin was



scorched on the inside of the right arm and scorched on the front and side of the left upper arm and front of the left forearm. The hairs were not scorched on the outer side of the left forearm and these were all fair hairs. There was a little fair hair on the thighs and legs. This was scorched in places. The hair on the pubes was brownish and darker than the hair on the head.

The hair on the head was a light brown, averaging about eight inches in length. It was not burnt. It could be parted either in the middle or on either side of the head. It was down to a peak in the mid-line of the forehead. No feathers were found in the hair of the head. The eye-brows were fair and thin. They appeared to have been plucked. There was no sign of scorching of them. There were few eye-lashes in the upper eye-lids, and on the outer angle of the left lower eye-lid, some of the hairs were dark and some were fair.

Nose and Nostrils: A fairly large amount of cotton wool had been packed in both nostrils, especially the right one. The opening of the nostrils were oval in shape. The nose was straight. There was a small oval shallow depression in the upper lip below the nose.

On the back of the basal joint of the right middle finger, were two marks like scars. No scars were found on the abdomen.

The ears were two and a quarter inches in length. A small section of the edge, five eighths of an inch long, of each helix was straight and thin. The lobes were continuous with the cheeks. The left lobe was slightly larger than the right. The right was slightly lobular and the left one flatter. The external auditory meatus of each ear was widely patent but not distorted. The upper tip of the left ear was dry and brown.

The breasts were prominent. The skin over them was scorched, dry and brown, contracted and hard. The

breast tissue was pale and firm and was not burnt.

The hands were large and long and the skin shrivelled and wrinkled. The nail of the middle finger of the left hand was absent. The wrists appear to be in proportion to the hands. The big toe on the right foot was curved and there was no evidence that a nail was present.

On the lateral aspect of the right upper thigh were six small rounded and oval purplish black spots in the skin. From the left eye to the left ear, the skin showed numerous small rounded purplish black spots, very similar to those on the lateral aspect of the left shoulder. There were a few indistinct spots of similar kind above the right eye-brow. On the lateral aspect of the left shoulder, at a distance of $1 \frac{11}{32}$ inches from the bony acromion there were three rounded purplish black spots in the skin. The centre one was more distinct and rounded and measured $\frac{1}{16}$ inch in diameter. The anterior one was elongated oval in shape and $\frac{1}{16}$ inch in its longest diameter. The posterior one was oval and also $\frac{1}{16}$ inch in diameter.

There were post mortem incisions from both angles of the mouth extending into the cheeks, one and one-tenth inches in length on the right side and one inch on the left side and then curving upwards for a further half inch and tapering off through the skin for another half inch. There was a post-mortem incision over the top of the head extending from behind one ear to behind the other ear. There was another post-mortem incision across the back of the neck extending from the lower portion of the left ear to behind the angle of the right lower jaw. It was "Y" shaped with a vertical arm going upwards on the back of the head. There was a post-mortem incision extending from below the chin to the pubes, another over the right collarbone, another in the right breast, another over the lower end of the right thigh bone and another just below the outer side of the left knee. Most of these incisions had been roughly stitched.

The following wounds were found on the body:

A large kite-shaped wound on the left side of the forehead. Its greatest direction measured two inches across and on each side and ^{one and} a half inches in length. There were small wounds extending on either side of the main wound, one $\frac{7}{16}$ inch and the other half inch long. On the left side of the main wound, there was a lacerated wound $1\frac{1}{4}$ inches long, and below this latter wound there were two small lacerations, one $\frac{3}{4}$ inch long, and the other $\frac{1}{2}$ inch long. Above and just in front of the left ear was a curved wound with a triangular flap, $1\frac{1}{2}$ inches from above downwards and 1 inch from side to side. One and a half inches above the left ear and behind the previously mentioned wound there was a small lacerated wound $\frac{1}{2}$ inch long. Immediately above the left ear, there was a small lacerated wound a quarter inch long. The hair on the left side of the ^{head} face in the neighbourhood of these wounds had been cut short. No sign of any paint would be found on the hair or about the wounds.

The edges of the large wound and the large laceration nearby were discoloured suggesting haemorrhage. Similar discolouration was present around the left orbit and underneath the right eye.

Immediately below the lateral portion of the left orbit there was an almost horizontal lacerated wound $\frac{3}{8}$ inch long and $\frac{1}{8}$ inch wide.

Just below and a little to the side of the outer angle of the right eye, there was a small almost oval wound $\frac{1}{8}$ inch in diameter. This wound was generally clean out. A probe penetrated through this wound for $1\frac{1}{2}$ inches. This was evidently the bullet wound described by Dr. Wood. The bullet had struck the lower part of the right orbit breaking the lower border laterally. The track then passed through the floor of the orbit and into the nasopharynx between the soft palate and the base of the skull on the right side, through the back and left side of the nasopharynx behind the left lower jaw and great vessels on the left

side of the neck to the spot where it was found. There was no evidence of haemorrhage along the track of the wound. The great vessels on the left side of the neck were intact.

In examining this portion of the body, we found that the 2nd., 3rd., 4th., and 5th, cervical vertebrae had been removed from their normal position and were lying loosely in the tissue. These vertebrae did not show any signs of injury.

Beneath the wounds described on the left side of the forehead, and left side of the head there was a very extensive comminuted fracture of the left frontal bone above the orbit, the left orbital plate of the frontal bone and portion of the left temporal bone. The greater portion of the squamous part of the left temporal bone was missing. The fracture extended widely across the anterior fossa of the base of the skull. Across the ethmoid bone opening the nasopharynx and into the base of the right nasal bone and running across to the tip of the left nasal bone. There was no displacement of the nasal bones, nor of the cartilaginous septum. The fracture also extended across the orbital plate of the right frontal bone with comminution and then between the right frontal bone and the right wing of the sphenoid bone into the squamous portion of the right temporal bone. From the main comminuted area a linear fracture also ran up through the left frontal bone to the coronal suture. There was a linear fracture in the left wing of the sphenoid bone.

There was a fairly large extravasation of blood in the left temporal muscle. Only a small portion of brain was present in the cavity of the skull.

The right eye could be seen in the orbit. It was shrivelled. The cornea was brownish and opaque. The sclerotic was greyish white. The iris was intact and was removed for further examination. The left eye could not be seen externally and was found pushed back into the orbit. It

It was very shrunken and the iris, when removed, tore into pieces.

The following teeth were present: -

In the left upper jaw, there were two incisors, a central and lateral, a canine and two bicuspids. In the right upper jaw there were two incisors, a central and lateral, a canine, a first bicuspid and a filling in the biting surface, and a second bicuspid which was loose and showed a small cavity. In the left lower jaw there were two incisors, a central and lateral, a canine and one bicuspid. In the right lower jaw there were two incisors, the central and lateral, a canine and two bicuspids. In the upper jaw, there was a small "v" shaped gap between the central incisors near the gum. At the free edge, these teeth were touching and the edges were slightly serrated. The left upper lateral incisor was touching the central incisor at the free edge of a small "v" shaped gap at the gum. The right lateral incisor was not touching the right central incisor, there being an even gap between them. A small piece had been broken off the front edge of the left upper lateral incisor and also from the lower right central incisor.

The bones were examined with regard to their ossification. The crest of the hip bone was firmly united the bony fusion being dense. The upper end of the fibula was firmly united to the shaft of the bone, by dense bone. The lower end of the right thigh bone showed firm bony union. There was firm bony union between the inner end of the collar bone and the shaft of the bone. The junction between the sphenoid and occipital bones in the base of the skull was firmly ossified. The marrow cavity in the upper portion of the right arm bone reached half way between the surgical neck and the epiphyseal line.

The sutures of the skull were well marked on the outside and showed no evidence of union. On the inside, the longitudinal suture in the mid-line was starting to close.

The transverse suture in the front of the skull-cap was just beginning to show signs of closing. The parieto-occipital sutures were not closed.

The cartilages attaching the rib to the breast bone cut easily and showed no sign of calcification. The cartilages of the larynx in the neck showed no signs of calcification, the wings of the hyoid bone were not united to the body. The breast bone was missing.

The thoracic and abdominal cavities were filled with cotton wool and the organs were absent. Portion of the pubic bone had been removed. The vagina and uterus were absent. One kidney was found in the pelvis, also a portion of the lower bowel.

The tongue, the larynx and portions of the gullet and windpipe were present. They showed no injury or disease.

APPENDIX:

The following were removed for further examination, if necessary:

1. Lock of hair from scalp.
2. Hair from the pubic area.
3. Second right upper bicuspid tooth.
4. ? Scar from right middle finger.
5. Section of from left lower eye lid and lacerated wound.
6. Section from left upper eye-lid.
7. Upper edge of large wound.
8. Right lower eye lid and bullet wound.
9. Iris from right eye.
10. Section from left temporal muscle.
11. Iris from left eye.
12. Cornea and sclerotic from right eye.
13. Crest of right hip bone.
14. Upper end of right fibula.
15. Lower end of right thigh bone.
16. Faeces from rectum and large intestine.
17. Inner end of collar bone.
18. Portion of right breast taken through nipple.
19. Junction of sphenoid and occipital bones in base of skull.
20. Three spots on left arm near shoulder.

MICROSCOPICAL EXAMINATION OF TISSUES PRESERVED.

4. ? Scar from basal phalox of right middle finger -
There is a thick fibrous layer under the epithelium.
We cannot say whether it is a scar or not.
5. Left lower eye lid: There is evidence of haemorrhage
in and around the muscle fibres.
6. Left upper eye lid: There is extensive haemorrhage
in the tissues. A tiny focus of infection is also present.
7. Upper edge of large wound : Section shows some haemorr-
hage in the muscle.
8. Right lower eye-lid and bullet wound: Section shows
destruction of tissue in bullet wound area, with yellowish
and yellowish brown rounded particles, suggesting powder-
grains. There is haemorrhage in and between the muscle
fibres.
9. Right Iris - Examination shows a very large amount of
pigment at different levels through the specimen, suggest-
ing that the eye was brown.
10. Left temporal muscle - Section shows haemorrhage in
and around the muscle fibres.
11. Left Iris - too fragmented to give an opinion, but is
similar to the right iris in places.
12. Faeces from rectum and colon - Numerous short muscle
fibres present.
13. Right breast through nipple - Section shows no signs
of functional activity.
20. Spots on Left arm - Section shows pigmentation in the
epithelium consistent with freckles.

EXHIBIT 93.

Report of Dr.C.H.Mollison
and Dr.R.J.Wright-Smith
as above.

The iris of the right eye, immediately the cornea was removed was dark in colour. As a result of my examination of this body I have formed an opinion as to the age. From the extent of ossification of various bones, the age, in my opinion was about 27 to 28 - as near as one can form an opinion. Turning my attention to the head injuries which I have been describing and asked whether I am able to say if there is or is not anything to indicate whether these head injuries were caused before or after death, I say they were caused before death. That opinion is based on the haemorrhage which we discovered in all the tissues immediately surrounding the fractures, especially in the left temporal muscle. Those head injuries I found on the body could certainly cause death. As to the amount of violence that would be required to cause head injuries of the nature I found, considerable and repeated blows would be necessary to cause those injuries. In my opinion, those injuries could not have been caused to the head by a body falling a distance varying from, say, 10 to 12 ft. and the head striking a flower pot or flat iron on the floor. Turning my attention to the bullet wound I found, and asked whether I found anything in my examination of the body which enabled me to form an opinion as to whether or not that bullet wound was inflicted before or after death, I would say no, I could not find any definite indication whether it was before or after death. I should say that bullet wound did not cause death. In my report I spoke of finding some signs of powder at the site of the bullet wound. Asked today if there was anything which enables me to express an opinion as to how close the muzzle of the revolver was to the face when the shot was fired, I would say provided those grains were powder, which I think they were, the muzzle of the revolver would be within a few inches of the face. In my opinion, the cause of the death of the deceased was the injuries to the head.

TO MR. FAZIO: As a Coroner's Surgeon, I have given evidence on many occasions. The occasions upon which I have given evidence have been very numerous. I have been Coroner's Surgeon for a little over fifty years. I agree there would not be many in Australia who would have had ^{as} much experience as I have had. In all my experience I have never before been called upon to make a post mortem examination ^{of} autopsy upon a body which has been dead for ten years, As to whether I have ever been previously called upon to make an autopsy upon a body to which a number of surgeons have already had access, not a number, but I have previously made examinations where post mortems have already been performed. I believe it is correct to say that there was, first of all, a post mortem performed by Dr. Woods shortly after the body was found. As to whether any of the signs upon which I base my opinions are usually removed when a previous post mortem examination is made, a previous post mortem often hampers subsequent investigation. In addition to that post mortem carried out by Dr. Woods, I believe Dr. Benbow had access to the body and probed that bullet wound. I do not think that interfered with my investigation. I do not know whether he did or did not probe that wound. As to that affecting me in giving my opinion as to what I found in the wound itself, actual probing of the wound would not affect it. If it were suggested Dr. Woods gave evidence that he was unable to trace the course of the bullet I would say that is so, because he did not sufficiently examine the head. It was not because he did not sufficiently probe the wound. As to how we traced the course of that bullet, we split the head open. That is the way we did it, some ten years afterwards. The head was split open by means of some cutting instrument. I agree, it was done with a saw, or something of that sort, applied by hand. As to whether I made the cut in the vicinity of

the wound when splitting the head open, we made a cut in a vertical direction, dividing the head into two halves and exposing all the bones at the back of the face and around the jaws. As to whether that was done at a point where the bullet had entered, it was done in the midline and we then passed a probe through the external wound so as to show the course of the bullet. If I were asked whether I did find traces of haemorrhage in the muscle and between the muscle fibres, I would say "Yes, in the vicinity of that wound and the eye-lid." As to that indicating that the person was still alive when that wound was received, we could not say whether the haemorrhage came from the bullet wound or whether it came from the injury above the eye, caused by the fracture. It is a fact that the entry of the bullet wound was below the eye. If it were suggested that the presence of the haemorrhage where I found it, in the vicinity of the bullet wound, in the muscle fibres, would be consistent with the haemorrhage being present as the result of that bullet wound, I would say "Yes, if it had not been for the other injuries, I would have said so." I answered you by saying "Yes, if it had not been for the other injury." In relation to the other injuries, other than the bullet wound, I found some haemorrhage above the left eye, the large laceration was in the forehead where you indicate and I found haemorrhage in the tissues around the wound over the left eye. I agree, on my first examination, before I came to use the microscope, I found that the ^{edges} ~~extremes~~ of the large wound and the large laceration near by were discoloured, suggesting haemorrhage. As to why I was not able to say before using the microscope that the discoloration was haemorrhage, we were able to say that with regard to the discoloration in the muscle. I hear you read from our report "The edges of the large wound and the

large laceration nearby were discoloured suggesting haemorrhage." I agree that was at a stage when I was making my examination, before I came to the microscope. If you suggest, having given evidence on many, many occasions, I am careful in my choice of words, I say that is so. If I found haemorrhage at the edges of the large wound and the large laceration nearby, as to why I did not say so, I said "Discolouration suggesting haemorrhage." As to why I was not able to say the discolouration was or was not haemorrhage, first of all, on account of the fact that a certain amount of decomposition must have occurred which may cause a discolouration, and then the tissues, because of being so long in formalin, had been somewhat altered and made it more difficult. As to whether it is a fact that discoloration may take place as a result of being so long in formalin, the discoloration of putrefaction may have been preserved because of being so long in the formalin. If it were suggested my opinion as to the cause of death was based upon the presence of haemorrhage around the wounds, I would say my opinion that the injuries were caused before death is based on the presence of haemorrhage. I do not agree that injuries which are caused shortly after death may show haemorrhage. I have never thought so. When such injuries happen within some hours after death, one will not get the haemorrhage into the tissues. In ~~spite~~ respect of the bullet wound I have said there was no evidence of haemorrhage along the track of the wound. As to haemorrhage along the track of the wound being removed by a post mortem examination made by someone else, there was no examination of the track of the wound made by anyone else. As to whether or not there was a post mortem examination by probing, we could only get the probe in about an inch and a half. We could not see any haemorrhage further along among the bones or

in the tissues at the back of the throat. Some of the cervical vertebrae had been removed and left loose. As to whether a person causing them to be removed would affect the position where the bullet had been, I do not know whether they were removed before or after the bullet was discovered. Their removal before the bullet was found might affect its position. It would not affect my consideration in regard to the greater part of the course of the bullet; it might have affected it near the end of the course of the bullet. The greatest danger would not necessarily lie where the bullet had reached its furthest extent. If you suggest in this particular case, where the bullet has entered the cheek and gone down underneath the brain, the greatest danger is at the end of the course of that bullet, I say that would be correct if the main vessels of the neck had been injured. I hear you say the bullet enters the side of the face and lodges at the base of the skull or in the neck and I hear you suggest that in its course it went in amongst the main vessels, and I say not the main vessels, there would be some arteries and veins during its course but the main vessels would be on the left side of the neck. The bullet, in its course from the right hand side of the face, must have gone very near the main vessels, but I could not say definitely because there was no indication exactly where the bullet had lodged. I agree His Worship has been told that the bullet was removed. I believe it was removed by Dr. Woods during his post mortem examination. I am unable to say exactly where it lodged in relation to the main vessels, except that it appeared to have been behind them. I think it very likely that the effect of receiving such a bullet would be to cause the person concerned to lose consciousness for a short time. I could not say for how long. I agree I was asked my opinion as to whether the injuries, apart from the bullet

would could have been caused by a body falling 10 to 12 ft. and landing on one of two objects, and I said, in my opinion, those injuries could not have been so caused. As to whether I would agree the injuries would be greater if that distance was extended by some feet, the ~~am~~ force would be greater. Before I entered the witness box, we had considered the question which Mr. Read asked me about the body falling 10 to 12 ft. When Dr. Wright-Smith and I went in to make our examination, we knew it was suggested the body had fallen a distance from the level of the shoulders of a man on the top of a staircase. As to why the report did not contain a statement of opinion about that, our report only dealt with facts, it did not deal with any opinions. I hear you read from our report "The edges of the large wound and the large laceration nearby were discoloured suggesting haemorrhage." That is not an opinion, I think that is a fact. I hear you read the words "Suggesting haemorrhage," and I say we considered that to be a fact. The fact that there was a tiny focus of infection near the left upper eye-lid would not influence our particular opinion. That would not have any influence as to what was the cause of death between the bullet wound and the other injuries. I agree that that was just a fact but I did not draw any inference from it. I hear you read from our report "Section shows destruction of tissue in bullet wound area, with yellowish and yellowish brown rounded particles, suggesting powder grains." That is not an opinion. I think that is a fact, that those yellowish spots were there. If the report were merely concerned with facts, as to why we did not simply mention the presence of yellowish and yellowish brown rounded particles without suggesting what they were, we considered they were powder grains. Asked whether I am able to answer you when you ask me why we did not say so in our report instead of using the phrase "suggesting powder grains",

I say no, except that is what they appeared to us to be; they were certainly some foreign body. If they appeared to us to be something, that may have been an expression of opinion. I do not think there is an appearance in those wounds in the head, apart from the bullet wound, to suggest they must have been done at different times, I say there would be considerable and repeated blows necessary to cause those injuries because of the extensive breaking up of the bones in that portion of the head. I do not think one could get sufficient application of force in one blow to cause those injuries. I agree, by the examination of the various wounds I am unable to tell whether they were done at different times. I say there must have been repeated blows to have caused those injuries because of the extensive nature of the injuries. As to whether those injuries could have been caused by sufficient force applied at various points, sufficient force at various points would imply repeated applications of force. I agree, as far as the skull is concerned, one has a rounded surface. As to those injuries being caused by the force being applied either by the moving of the skull to some object or by the moving of some object to the skull at various points of contact at the one time, I do not see how it could be applied at various points at the one time. As to whether they could be caused by multiple surfaces with pointed edges or with rounded edges and the points of the various surfaces at the moment of impact coming into contact with the rounded edge of the skull, I cannot understand how that could happen. (At this stage Mr. Fazio illustrated with felt hat). I do not understand what you mean when you suggest that we take that rounded edge and we find that rounded edge coming into contact with a number of pointed surfaces. I agree that ^{with} three pointed surfaces, similar to those you are indicating with your fingers, if the force were applied either by the skull

moving towards the object or the object moving towards the skull, one would get the application of force in the way you indicate. As to why that could not have been so in this case, in the first place the bones were broken up into small pieces and, in the second place, the fractures which extended from the central injury spread from the base of the skull and up on to the vertex. If I am asked if that indicates to me that one blow must have taken place before another blow, I say, yes, there were repeated blows. I come to that conclusion on account of the smashing up of the bones of the skull in the vicinity and in the neighbourhood of the central injury. When I speak of the central injury I am referring to ~~xxxxxxxx~~ what is obvious in the hole in the skull. I agree it is a fact there is a hole in the skull and the way in which that injury is received is a matter of deduction. As to whether, in those injuries, there is anything inconsistent with your illustration of, say, three or four points - sharp instruments - coming into contact with that skull with force at the same moment of time, I cannot imagine any instrument of that kind. It is a fact that injuries to skulls may be caused by the application of blunt instruments, such as, for instance, an axe, or they may be caused by a fall of the body on to some projection. I agree with the statement which you read from my book, "It may also be caused by a fall on to some projection, the corner of a table, or a projecting knob." I still stick by all the statements in my book, even after 50 years. I agree with the next portion read from my book, "The force in these cases is concentrated and the result is that, instead of a linear fracture extending some distance, it is localized and the bone is driven in." In this particular case the bone must have been driven in. It could not have been driven out, it must have been driven in, but a great portion of it was missing. As to whether that is accounted for by the passage of 10 years and the fact that a number of people have had access to the body,

it was at the first post mortem that some of the fractures must have been removed. There were several linear fractures extending from this hole in the skull. They led from the central injury. As to the fact of the fractures leading from the central injury being consistent with one injury, it depends on the extent of the central injury. There would have to be considerable violence to make the hole in the first place. I agree, the fact that there are fractures extending from that central hole, merely gives me a guide as to the ~~extent~~ ^{force} of that blow; it shows there was considerable force. The presence of the fractures extending from the central injury indicates the degree of force. From my examination of this skull, there was nothing to indicate that a light blow could have caused such extensive injuries. As to whether there was anything in the skull to indicate that the degree of violence needed in this particular case might have been less than the degree of violence needed if the skull were stronger, the skull was not unduly thick. Compared with injuries received during life, injuries applied after death would require more violence to produce the same result. That statement is due to an opinion expressed many years ago by a celebrated German pathologist, by name of Casper. That is not exactly due to the inability of the body to react to any movement but, I think, tissues, especially dead bone or bone with no circulation through it, would not break as easily as living bone. I do not know any basis of physics for that. Those injuries could not have been caused by a person having been shot in the way I saw the bullet wound on the corpse, becoming unconscious and, after some hours but within 12 hours, being carried down a staircase and, from a distance of about 15 feet, flung on to its head at a place where there was a flat iron and an earthen-ware flower pot. I say they could not have been caused in that way on account of the great extent of the comminution or breaking up of the bones. I hear you put to me the assumption that the flat iron has its

pointed surface projecting vertically, standing up, the person at this time is not dead but merely unconscious, the skull comes into contact with the flower pot from a distance of 15 feet, and I hear you read from a statement said to have been made by Mr. Agostini, "She fell and I fell after her," and I say if the head struck the point of a flat iron it might cause a localized depressed fracture but it would not extend so far as the injuries which were found on the body. I believe Dr. Woods has given evidence about this matter but I do not know what evidence he has given. I hear you read portion of the deposition of Dr. Woods, appearing on page 96 - "As to whether the injuries to the head could have been caused by a body having been flung from a height of approximately 15 feet to the ground and the head coming into contact with some obstacle of a comparatively sharp nature, it depends on the shape of the obstacle. As to whether the wound on the forehead could have been caused by some obstacle which had some narrow surface with either a pointed edge or an edge somewhat wider than a point, I say yes, I should think that could be so." As to whether I disagree with that, I understand he is talking about the wound. If I am told he is talking about the large wound in the forehead, I say the wound to the skin may be caused in that way. I do not agree if that includes the intense destruction of the bone. I hear you read further from the deposition of Dr. Woods, page 96, "Asked to suppose a man of medium build was standing on a step, the base of which was 11 feet two inches in a vertical direction from the floor level, and was holding a body in his arms and asked whether if that body fell from his arms and the head struck a flat iron or a flower pot that would cause any of the injuries I saw on the skull of the deceased, I say it could cause some of them." I agree with that. I hear you read further from page 96 : "I think it could cause the wound in the forehead; I would say the wound in the forehead could be caused by falling on a flat iron from that height," and I say, "the wound in the forehead," that is the superficial wound. If I were told

he was not being examined in regard to any superficial wound, I would say he talks about "the wound in the forehead." If it were suggested his deposition was in narrative form but the words were those of Mr. Read, who would ask, "Could it have caused the wounds in the forehead" and the witness would answer "Yes", I would say by, "the wound in the forehead" I understand him to mean the wound in the skin. I hear you read from page 97, "As to whether the injury over the left eye could have been caused by the body being dead for 10 hours and then striking some object, I say that that injury took place; I am not referring to this hypothetical body you were talking about falling that distance. I consider the cause of death was the result of those wounds, the big forehead wound, and those other wounds." I say the other wounds would be the wounds on the side of the head. If I were told Dr. Woods was talking about what he considered was the cause of death and was making clear that the big forehead wound could have been caused in the way Mr. Read put it to him, I would say the wound on the forehead, that is to say the skin wound, could have been caused by the falling on to the flat iron, and some of the injury to the bone, but not all the extensive injuries to the bone and also the separate wounds on the side of the head could not have been caused in that way. I hear you put to me the supposition of the head coming into contact with the flat iron and also with the flower pot, and I say the flower pot would be more likely to be broken than the skull. I do not agree it would be possible for the skull fracture to be caused by contact with the flat iron and the wounds on the side of the head to be caused by the flower pot, because there was a number of wounds on the side of the head. If the head struck the flat iron and caused the wound on the forehead, there could not have been sufficient force for it to fall against the flower pot and cause seven or eight wounds on the side of the head. I hear you read from page 97 of the deposition of Dr. Woods : "Asked to suppose that a bullet had entered the woman's face and lodged in the neck

and that the impression gained by a layman was that she was dead, and that 10 hours after or thereabouts the body then being carried was flung or dropped for a distance of at least 14 or 15 feet on to some sharp object and asked if the injuries to the head that I saw on the woman could have been caused in that way, I say yes." I do not agree with that statement of Dr. Woods. If I am told that Mr. Read had been putting to Dr. Woods the question of haemorrhage from the brain, and so on, other questions which may have affected his opinion about it, and he finally answered on page 97 : "I am bearing in mind the question that Mr. Read asked me about the blood coming from the brain and so on, and I still adhere that it could have been caused in that way. That would have caused death.", I say I do not understand what he means by the "blood coming from the brain." If it were suggested that Mr. Read had put to him "Does the fact that there was haemorrhage there indicate that the ~~xxxx~~ person was still alive," or words to that effect - whether it was before or after death by reason of the presence of haemorrhage - and that was why he said, "I am bearing in mind the question that Mr. Read asked me about the blood coming from the brain and so on, and I still adhere that it could have been caused in that way. That would have caused death", I would say I do not see what the blood coming from the brain has to do with it.. As to my agreeing that it has anything to do with my surgeon's opinion as to whether the injury to the skull, the hole in the skull, was caused before or after death, the fact that the blood was coming from the brain would suggest they were caused before death. If you suggest blood coming from the brain has something to do with the opinion, I say I thought the opinion was about the fall on the flower pot or the flat iron. As to whether I agree with the portion of Dr. Woods' deposition on page 96, which reads, "Supposing the body had been dead for approximately 10 hours and then the injury took place I do not think that would make any difference to the condition of the brain", there would not be the same amount of bleeding if the body had been dead for 10 hours. I hear you read a further passage from the deposition of Dr. Woods, page 96,

TO MR. BARRY: As to being satisfied that the height of this body was not more than 5 ft. 1 inch, we said approximately on account of the removal of some of the ~~xxxxxxx~~ vertebrae in the neck. The removal of the vertebrae of the neck must have been done by Dr. Wood. I do not know what he would remove the cervical vertebrae for, possibly to see if the bullet had caused any injury. It was obvious to me that what had been done to the cervical vertebrae had been done after death, probably as the result of the post mortem. I should not think that the approximation we made would allow for an error of 2 inches. I should not think that the body in life was 5 ft. 3 inches in height. The eye was removed from the socket. The iris and the cornea were taken to the Melbourne Hospital. The cornea was not removed from the eye when it was in its orbit; it was taken out of the orbit, and then the cornea was removed. The cornea was removed and that made the iris accessible. The iris was stripped off and taken to the Melbourne Hospital. I do not even remember having removed an iris from an eye previously to this. I have seen it removed previously. As a matter of fact, I did not remove it personally, it was Dr. Wright-Smith who removed it. I should say that the examination of an eye after death for the purpose of determining the condition of the iris is a highly skilled task. I should say it is a very difficult indeed to give an accurate opinion as to its condition. I agree that my qualifications as a pathologist do not entitle me to speak with authority upon the eye. I agree that an opinion upon the iris is more properly within the province of someone who has specialised in eye work. As to whether it has been suggested that the appropriate method for examination of this eye was to have removed the cornea and then suspended it in a saline solution and examine it with a slit lamp, the iris was placed in saline and formalin; and all I know about a slit lamp is that it was examined by a slit lamp. That was by Dr. O'Day in his

rooms. It is correct that at the request of the interests you are representing I took the iris to Dr. O'Day's rooms where it was examined under a slit lamp. Dr. O'Day first inspected the iris at the Melbourne Hospital. He inspected it somewhere about 5 o'clock last Wednesday at the Melbourne Hospital in company with me, Dr. Wright-Smith, and Mr. Monahan. Dr. Benbow had inspected it somewhere about lunch-time. I did not understand Dr. Benbow to say when he inspected it that by reason of the way in which the eye had been dissected the retinal pigment layer had been torn. He did not say that the retinal pigment layer had become detached in places; what he said was that the amount of pigment which showed in the iris was the retinal pigment. I do not remember Dr. O'Day saying that the retinal pigment layer had been torn or detached in parts. I have seen the book to which you refer, Wolff on The Anatomy of the Eye, but I am not very familiar with it. I have never read it through. As to whether I have read any part of it, I do not know whether it was that book or another one that I read. I cannot remember the name Eugene Wolff. I believe the structure of the iris consists of, one, the anterior endothelium; two, the anterior limiting border layer; three, the stroma; four, the posterior membrane; and, five, the posterior epithelium. I believe that the posterior epithelium is commonly known as the retinal pigment layer. As to agreeing with the statement that Mr. ~~Wassif~~ Wolff makes when he says "The anterior limiting layer is really the condensation of the anterior part of the stroma", I have not enough personal experience to agree or disagree. I am quite prepared to accept it. I could not say whether the definitive colour of the iris depends on the anterior limiting layer. I believe the statement that he makes "In the blue iris the anterior limiting layer is thin and has only a few pigment cells. In the brown iris it is thick and densely pigmented" to be correct. I believe that to be correct, it depends upon the