

that the tissue will be stretched. With the technique used, it is my opinion, the tissue would not be stretched. During my years of research on the eye, I carried out all the technical work myself. I have mounted thousands of specimens and I have never seen that phenomenon occur. I did not make an exact ~~account~~ count on the slide of how many patches of pigment there were. As to that being helpful in determining whether or not in life that was a blue eye, a hazel eye or a brown eye, it would help but, at the most, I do not think there were more than three isolated patches; they were not very large, they were not close together and there was none near the pupillary margin, where they would congregate in a large extent if the eye were brown. There were some out towards the outer margin of the iris, where the ~~eye~~ colour is not so readily ~~visible~~ visible. As to understanding anyone describing the slide as showing a large amount of pigment at different levels, I could understand that statement if the person were not accustomed to examining ocular tissues. If it were suggested one could not mistake a large number of deposits of pigment for two or three deposits, I would say I do not think that the point has yet been perfectly appreciated. At the back of the iris there was a layer of pigment so dense that no light could penetrate through it ~~at~~ all; there was no doubt about that. At the spots where the pigment epithelium had been scraped off, there were holes in the pigment layer which allowed light to shine through the stroma of the iris. Suspended in the stroma of the iris one could see fine particles which may or may not have been pigment, but they were not so dense that they would interfere with the passage of the light through ~~them~~ ^{the stroma it was}; they were still translucent. If I were asked whether I would expect to find that even ~~that even~~ with a hazel or a light brown eye I would ask you to define a hazel eye. If I were told that two witnesses had described a certain person as having hazel eyes and you said you thought a hazel eye would be somewhere between blue and brown and asked me if I, too, had thought that, I

would say I have always regarded it as being - - -

The Pocket Oxford Dictionary says "Reddish brown". As to my thinking a hazel eye was between blue and brown, I am giving you the definition of the ^{POCKET} Oxford ~~Medical~~ Dictionary.

TO THE CORONER: Seeing that the statement had been made that it was a hazel eye, I attempted to define what was meant by a hazel eye.

MR. READ: I agree, to be quite frank, I did not know before consulting a dictionary. I cannot give a definition of the distinction between the two colours. In regard to what I saw in connection with the quantity of pigment on this slide in the stroma and in the retinal layer, as to whether there was anything inconsistent with it having been a hazel eye in life, I think it is unlikely to have been a hazel eye. If it is suggested examining an eye that has been in formalin for ten years, the cornea having been removed and the iris mounted on a slide, the whole thing as to what colour the eye has been is more or less conjecture, I say not quite, there has been a tremendous amount of work done in different parts of the world on the structure of the iris. Even though that eye has been preserved for ten years in formalin the pigmentary structures present ten years ago will still be there. Pigment is a substance which is very resistant to change. In preparing fine microscopical sections of the eye, one of the difficulties is to get rid of the pigment which impedes a clear view of the tissue. That pigment is still likely to be there after ten years. After the eye has been in formalin for ten years and I see the iris mounted on a slide, after the cornea has been removed, I do not think it is more or less a matter of conjecture as to what colour the eye may have been in life; one can observe as intimately as possible, the structure of the iris. The colour of the eye depends on the aggregation of pigment on the anterior surface of the eye. In this eye we actually have one or two very isolated spots but there is no indication

that there is any aggregation of pigment in the anterior surface of the stroma greater at one spot than anywhere else, although there is plenty of pigment on the retinal layer. That pigment is darkish in colour. I disagree with the statement made by Dr. Mollison that an examination showed a very large amount of pigment at different levels - it does not go far enough, it is a very vague statement.

TO MR. BARRY: As to how far the statement should have gone, the actual position of the pigment should have been defined. My own interpretation of it is that the layer of pigment epithelium is present except in those places where it has been detached and it is very darkly pigmented. Anterior to that one sees scattered uniformly through the stroma fine dots which may or may not have been pigment. They do not interlace to form a band to prevent light going through the stroma. On the anterior surface there are two or three isolated dense black dots. I did not approach the viewing of this eye with any preconceptions. I did not go along to oblige Mr. Monahan, Mr. Barry or anyone else, for the purpose of looking at the eye and then saying, untruthfully, it was some colour which it was not. I have never had any interest at all in this matter other than an interest to assist the Coroner. I hear you say that portion of the deposition of Dr. Sunderland, appearing on page 745 reads:

"My impression is that ^{eye is} ~~I was~~ loaded with pigment and probably light brown in colour; there is just a possibility what I was focussing on it were these folded ciliary folds with their pigment." As to whether that is a possibility of a likelihood, I do not quite understand what Prof. Sunderland means. At that particular part of the eye, just at the margin of the cornea, just a little further back underneath the white of the eye, there is very densely pigmented structure, the ciliary body. In most individuals the white of the eye at this part is so opaque that no pigment actually shows through; no pigment can be seen shining

through the white of the eye at all. It is correct to say that, as a result of my examination, my opinion is that the iris was not the iris of a brown-eye in life.

TO THE CORONER: As to when an eye merges from a blue-grey eye to a hazel eye; when that happens, when the hazel stage is reached, the pigment in the anterior layer is becoming more densely aggregated in large patches, or perhaps a conglomeration of small patches. That is when one reaches the state of the hazel eye. As to whether it merges from grey to hazel, I think it goes from blue to grey, and then to hazel. I cannot express an opinion on the likelihood of this eye being in the stage of merging from the grey to the hazel eye. If I were told that the eyes of one individual had been described by various witnesses as being from hazel to laughing brown and the eyes of the other individual had been described as being from blue-grey to brown, I would say there would have to be many clumps of pigment, not just one or two isolated patches, but masses of fairly dense pigment.

TO MR. BARRY: It is correct to say that I do not consider this was a hazel eye. On the assumption that hazel means reddish brown, as to whether or not I say it is a hazel eye, I say definitely it is not a dark brown eye. I am not inclined to think this was a brown to green eye because a brown to green eye presupposes an agglomeration of pigment in fairly dense masses in the anterior part of the stroma. As I said, the thing that impressed me greatly was the tremendous contrast between one or two isolated black patches and the unvarying colour of the rest. It was a dead, dirty, white colour, something rather deeper than the surface of the wall. That surface was not broken at any place by any change in colour. The rest of the iris was a uniform colour and not pigmented.

TO THE CORONER: The colour of the wall, mentioned by me, would be due to post mortem changes. In life, the iris is perfectly transparent but, when a tissue like that dies, it loses its transparency, the whole of the optical phenomenon is rather upset, and one is getting the result of looking

through a dirty medium, through a glass of dirty ~~white~~ water
It was still translucent.

TO MR. BARRY: It was still translucent. In my view, the condition
was consistent with the tissue having been transparent when
it was alive.

A. J. O'Day
.....

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 24th DAY OF APRIL 1944.

W. J. King
.....
CORONER.

CRAWFORD HENRY MOLLISON, recalled, on his oath saith:

TO MR. BARRY: In regard to the passage in Peters, ^{on} ~~Webster and~~ Haines ^{Webster and}

CP
Second Edition, where ~~Preuss says~~ it says Preuss found that union of the upper humeral epiphyses was not complete in some individuals to the 45th. or 47th. year; that is possible, but I have never experienced it myself, I have never seen it. As to agreeing with the passage in "Medical Jurisprudence & Toxicology", p. 82, where it says - "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 a variation in relation to growth and age", there may be some variation. As to agreeing with the statement "growth changes in the skeleton do not permit of an exact determination", probably there may be a variation of two or three years. If he further says - "From puberty, until the consolidation of the skeleton (at twenty-two or twenty-three, or at the most twenty-five 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 thirty years, when the mature skeleton already begins to show signs of 'ageing' - including the beginning of the progressive closing of the cranial sutures - it will be hardly safe to estimate more closely than in ~~ten~~ decades", as to agreeing to that, I do; after consolidation of the skeleton the range must lengthen. As to agreeing with that passage, or whether I want to qualify it, he says thereafter, after the consolidation of the skeleton at twenty-two or twenty-three, or at the most twenty-five years the range must lengthen. I think that is quite reasonable. I think that that passage in Glaister is sound. I do not desire to qualify it. As to this book produced being my own book, that is very likely. At the end of that paragraph he

mentions the sutures of the skull, that has some bearing on it. In regard to the passage - "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, 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", in my opinion that is right. As to these spots on the body being purplish spots, I described them as being purplish black. They were not brown like freckles are, they were darker than ordinary freckles. As to such spots being quite common as part of post mortem changes, they are not, not definite spots like that. As to whether there were larger areas of similar colouration on the body where the spots had coalesced - where a number of spots had run together - I did not see any. I did see areas of marked discolouration on the body. As to their also being purplish areas, they were dark areas - they might be purplish. As to their being purplish, they were somewhat resembling that. As to remembering having a discussion with Dr. Benbow about spots on the arm, he showed me some spots on the thigh. As to his saying "Those spots on the ~~the~~ thigh are the same kind as on the arm", they appeared to be. I do not know whether he said that, but I think so. I think he pointed them out for the purpose of showing there were similar spots on the thigh to what there were on the arm. To me they looked to be the same kind of spots. As to my saying to Dr. Benbow "But the girl had these spots in life", I said there were three spots in the photograph. As to this being what happened, that I said to Dr. Benbow - "But the girl had them in life", and Dr. Benbow said "Did you know Philomena Morgan", and that I said "No, but they show on the Linda Agostini photograph", no, I did not say that. What I said was that there were similar spots in a photograph, and he said "Oh, you say she is Linda

Agostini". I said "No, I don't say that. I did not know her." As to his pointing out to me post mortem lividity on the scalp of the body, ~~in~~ inside and outside, or what he said was post mortem lividity, I do not remember that. I remember him pointing out a patch on the ear, and the same, I think, ~~it was~~ on the skin of the neck. As to whether that was post mortem lividity, I could not say that, on account of the putrefaction that had evidently occurred before she was placed in the formalin. It might have been either kind. In regard to the parietal bone, that is the bone where I indicate on my own head, that showed a ~~crenate~~ ^{crescentic} opening on the left side, low down, where the bone beneath joins with it. As to whether there was any injury to the ~~parietal~~ parietal bone, there may have been a fracture along the edge; but it seemed to me more where the bone beneath - the temporal bone - had united with the parietal bone. There was a semi-circular gap in the parietal bone, but one would see that on an ordinary parietal bone, where there had been no injury. As to whether there was any semi-circular gap in the parietal bone ~~was~~ ^{that} was due to injury, there may have been a slight fracture along the edge of it. As to whether I am satisfied with my description of that ear condition, do you mean the back of the ear, or the top of the ear. If you mean the helix, as to whether there was anything unusual about the helix, there was; there was a patch of either half an inch or five-eighths in length where it was much thinner than the other portion. This was present in both ears. As to whether this was an abnormality, I would call it that. I do not think it was more pronounced on one ear than the other, I think it was about the same on both ears. As to whether I would agree that it looked as if it was scalloped or notched out, I would not agree with that; it was not notched out. I should think it was a congenital ~~effect~~ ^{defect}; but I could not say

whether it was familial or not. I do not think either scalloped or notched would be a proper word to describe it. I have given measurements of the distance the spots were down from the acromion. We took the bony point of the acromion (indicating). First of all we removed the skin and subcutaneous tissue to ascertain the exact bony point and then took the measurement from that. As to whether

I found a broken finger nail on the second finger of the right hand, I think that was the finger where the nail looked as if it was absent, but I could not say exactly without seeing the report. So far as I remember it was the second finger of the right hand where the nail appeared to be absent. As to what part of the acromion I measured from, it was the tip. That area has not very much width, I ~~should~~ ^{do not} think it was any bigger than the tip of my little finger. I measured just from the middle of it. As to whether I agree there was a universal post mortem lividity about the upper part of the body; there was a discolouration. As to whether that was distinct from putrefaction, I think the putrefaction which must have occurred had destroyed any evidence of that. As to whether in my opinion there was no evidence of post mortem lividity in the upper part of the body, there was ~~certainly~~ ^{certainly} some lividity, but I attributed that to putrefactive discolouration, not to post mortem lividity. There was no evidence that the hair had been permanently waved recently. It seemed to be straight hair, not frizzy hair; it was straight.

TO MR. READ: I was asked about finger nails. On the third page of my report I say "The nail of the middle finger of the left hand was absent". That would be correct. Then I go on to say "The big toe on the right foot was curved and there was no evidence that a nail was present". That would be correct. In regard to the bullet and the track of the bullet, I look at the three X-ray negatives produced. I

see a point in each of those X-ray negatives which appears to accurately depict the finishing point of the bullet, so far as it is possible to judge. It shows fairly clearly in those negatives where the bullet was in relation to the spine. I should say that would be about the spot where I thought it was.

EXHIBIT No. 94.

Three X-ray negatives.

TO MR. BARRY: In my own book, 1926 Edition, p. 23, the following appears - "In ordinary cases the first external sign of putrefaction is discolouration of the abdomen, which commences to turn slightly green." That is the first external sign of putrefaction in those cases; but not always. As to whether this is a different case from the usual case, I could not say at this stage whether it was different from others or not. As to whether post mortem lividity is reddish blue to a bluish ~~xxx~~ colour, it varies, ~~sometimes it is bluish green.~~ As to that being what enables me at first glance to tell the difference between post mortem lividity and discolouration due to putrefaction; there would be a difference. As to the difference being that in ~~putrefaction~~ putrefaction the colour is greenish, whilst in post mortem lividity it is reddish, sometimes putrefactive discolouration is reddish, but generally it starts as a greenish-black. Proper post mortem lividity is reddish-blue - dark red.

TO MR. FAZIO: Taking the X-ray plates (Exhibit No. 94), I see the plate which shows the skull in profile, you state the fact is the bullet entered the right side of the face. As to whether I can say from that negative the bullet coursed to the left side of the neck, the opposite side to its entry- I cannot say whether it went to the left side of the neck or not, but I was going by the description Dr. Woods gave of the appearances. I read his report. I believe it was a report which he gave in 1934. As to it being evidence which he gave at the inquest in 1938, or

just a preliminary report, I could not say. As to my suggesting this morning that particular X-ray plate did not disclose to me which side of the head it had been taken from, that is so. I do not know which way the plate should be held - I do not know whether it is the right hand side -- of the neck, or the left hand side of the neck; it all depends on how one holds the negative. I cannot see the course of the bullet on that X-ray negative. As to seeing the presence of some object there, I can see a bullet. As to not being able to see a bullet, but some object - some dark, foreign object - it seems to me to represent a bullet. It is some cylindrical dark object. As to not being able to say, looking at the X-ray negative, that it is a bullet, it has the appearance of a bullet. It is not because I was told a bullet was extracted, not altogether. It has a battered end, showing where it struck a bone. It has the cylindrical appearance of a bullet. As to it being a light coloured cylindrical likeness, with a rounded top, I would not call it a rounded top. It has a battered top, characteristic of a bullet that had struck a bone. If it is suggested it is oval in shape, with a curve going more to one side than the other, I would say yes. As to the suggestion that all I can say from looking at this X-ray plate - apart from something I learned outside this Court - is that there is some foreign body which looks like a bullet, below the base of the skull, that is so. I would not like to say what side it is ^{on} ~~not~~, not from the X-ray negative. From the X-ray plate alone I would say it appears to be a bullet. There is nothing to indicate the track of the bullet. In relation to this other X-ray plate (part of Exhibit No. 94), which is now handed to me, as to there being a foreign object shown up in the face, I see it. That looks like a bullet, too. This photograph has been taken at a different angle. As to it being merely a

rectangular shape shown there, it is, practically. As to venturing an opinion, merely from that X-ray plate, that that is a bullet, it looks more like a bullet than anything else. If Dr. Woods says he found a bullet embedded in the left side of the neck, just below the skull, as to what I have seen being consistent with that, I should say it was. As to whether, according to the X-ray plates I saw, it may have been the right side of the neck, on the X-ray plate I could not say which was the front and which was the back. As to knowing, from my examination of ~~the body~~ this body, the bullet had entered the right side of the cheek, I was told that. As to whether, apart from what I was told, or not, the entry of the wound is on the right side of the cheek, that is so. As to whether that is the entry of --the wound, ~~whatever~~ and that whatever entered into that wound went in on the right side, that is so, just below the eye, on the right hand side, and that is the entry. In regard to exit, the left side of the neck had been cut about. I could not say whether it was an exit or not, but it only looked like an ordinary cut. It did not look like the exit wound of a bullet. I am now referring to the left hand side of the neck. I have given a correct description of what I actually saw of the wound itself. As to the evidence showing it had been examined and probed, I would say yes, probably. As to it being by more than one person, I would say on more than one occasion, probably.

TO THE CORONER: I said that the back of deceased was long. As to exactly what that means, from the buttocks up to the shoulder it appeared to be a long back, not a short one - I should say longer than usual.

Richard H. Mellis

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 24th. DAY OF APRIL, 1944.

Richard H. Mellis
CORONER.

REDFORD JOHN WRIGHT-SMITH, on his oath saith:

My full name is Redford John Wright-Smith and I am a Pathologist to the Coroner at Melbourne. In conjunction with the last witness, Dr. Mollison, on the 17th. April, 1944, I made a post mortem examination on the body of the woman popularly known as the "Pyjama Girl". With Dr. Mollison I made a report of that post mortem examination. I have read through that report, the document produced is our report (Exhibit No. 93). In regard to the colour of this eye, I removed the right eye from the orbit. The colour of the iris immediately the cornea was removed was a dark brown. From my examination of this body I am able to express an opinion as to the age of deceased. In my opinion the approximate age of deceased was about 28 to 29. Turning to the head injuries described in our report, in my opinion ^{those} ~~that~~ head injuries were caused before death. In my opinion those head injuries could have caused death. Supposing that the body of deceased was being carried downstairs in the arms of a man, with the head upright and to the left, and then when on a step approximately 10 to 11 feet from the floor level that man fell, and the body fell, and that the head came in contact with a flower pot, or a flat iron, in my opinion the injuries to the ~~head~~ head could not have been caused in that way. Supposing that the head in those circumstances struck both a flowerpot and a flat iron, in my opinion the injuries to the skull that we found could not have been caused in that way. Coming to the bullet wound described in our report, as to whether there was anything to indicate whether that bullet wound was inflicted before or after death; we could not say. In regard to expressing an opinion, from our examination, whether that bullet might, or could, have caused death, I do not think it could. In my opinion the cause of death was the injuries to the head. As to being able to express an opinion in

regard to the amount or extent of violence that would have to be used to cause those injuries, I would say considerable ~~xx~~ violence, repeated, would be necessary. By that I mean more than one blow or act of violence.

TO MR. BARRY: I get the age up to 28 or 29. Dr. Mollison gave it as 27-28. As to meaning to tell the Court that I can form any real opinion, within a year, on the material I have had in this case, I think I can. As to it all being dependent ultimately upon the condition of density of the ossification of the epiphyses, that is so, plus the bone marrow, plus the sutures of the skull. So far as ossification is concerned, I know the table set out in Sydney Smith. That table is approximately correct. I do not agree that one will get a variation of as much as three years one way or the other. In some bones you do, but most authorities on one bone are pretty constant, that is, the sternal end of the clavicle - the collar bone. As to Sydney Smith saying something about that, I do not know if he gives it in his own book as 25 but he gives it in Taylor's Medical Jurisprudence as 25, and he edits that work. I heard you read a passage from his book dealing with the sternum, but I was not talking about the sternum. His views on the clavicle are not ~~the same~~ ~~much~~ the same as his views on the sternum. In Taylor he gives it as 25, and in all other authorities I know it is given as 25. The 25 appeared in Taylor, and Sydney Smith as subsequent editor has not altered it. He took over the editorship longer than 10 years ago, I think he did the 1935 Edition. I have not checked to see when that 25 came in, I have not looked at previous editions. As to whether I would be really surprised to find a perfectly honest pathologist, having studied the same material as I, coming in and saying "Well, I think the age could be ~~xxxx~~ under 25", I would be very surprised. As to that being on basis we are always surprised when anyone differs from the

conclusions we have arrived at, it is not. There is so much in this examination that makes me sure it is at least twenty-five. As to knowing that the opinion was expressed in September 1934 or November 1934 that the age was 22 to 27, that those were the ~~two~~ ranges of the age; that the anatomists at the Sydney University, Professor Burkitt and others, arrived at that conclusion, I believe so. As to that being nonsense, I think it is; it is quite definite that this minimum age was twenty-five. As to whether, if it was established to me that this was a female in whom there had been precocious development, that would not affect the matter, I would ask what sort of precocious development is meant. If it is put she was a highly over-sexed female who had developed rapidly, who had attained puberty at the age of eleven, I would say that is not unknown in normal people. As to that having anything to do with the development of the body, it would not have anything to do with the development of the bone. As to what controls the development of the bone, it is ~~probably~~ the growth hormones from the anterior lobe of the pituitary gland. If it is suggested that is one theory, and I am asked is that generally accepted, I say it is true. As to whether that has been specifically established, or whether it is just hypothesis, I say it has been proved. As to who proved it, would you like me to give you all the authorities. If you say you do not ask for that, but for the best, Smith and Smith, and Evans, are two I can think of. They have written numerous papers on the subject. As to there being any ~~xxx~~ useful works in that regard, like Sydney Smith's, there is, you can read "Recent Advances in Pathology", , and "^{Muir's} ~~Munro's~~ Textbook on Pathology" 1943 Edition. As to how long ago it is since I examined an eye, the iris of an eye, for the purpose of determining

its colour, I do not think I ever examined one before. As to agreeing it is a job for an expert, I think it is a very difficult job. As to agreeing a person who has studied eyes is more likely to be right than I am in regard to the colour of eyes, I say he should know about it more than I do. As to that being on the basis that he has the training that would give his opinion more weight, that is so; but I still say it would be very difficult. As to whether I claim to be skilled in the pathology of the eye, I would say only in regard to tumours, perhaps. As to an acquaintance with tumours being of any assistance in determining the problem here, as to what is the colour of this iris, it is not. I have heard all you have put to Dr. Mollison on the subject of eyes, from these various text books. As to accepting all those authorities as sound authorities and expressing the true position, I would say that is so, so far as I know. As to it coming down to this, that the anterior surface of the stroma must be densely pigmented in order to get a brown eye, that is so, and the stroma, too. As to the essential thing, in order to get a brown eye, being a dense pigmentation of the anterior limiting layer, that is so, according to your authority. I do not know of anything in my experience inconsistent with that. As a fact, my experience in relation to the task I have performed with this eye is limited to that eye. I heard Dr. Mollison agree that the opinion that the present shape of the breasts, the appearance of the breasts, was due to scorching of the skin was conjecture, rather than a scientific opinion. As to that being the same in my case, it is not, I do not quite agree with him there. As to considering I have a scientific basis for saying that the appearance of the breasts have changed as the result of scorching, it is based on observation.

As to whether I have ever seen and noted the breasts of a x female that have been subjected after death to scorching, as opposed to burning previously, I have seen bodies with burning after death. I understand you are talking about scorching. I cannot recollect details concerning the breasts of those bodies. As to thinking the steps by which you reached Dr. Mollison's conclusion it was merely conjecture are reasonable steps, I think he said with scorching the skin contracts, and as the skin contracts it would bring the breasts up to an appearance such as this cadaver presented. I think that is true. As to whether we took a section of the skin, we did, we took a section right through the nipple. We found the skin was destroyed, there was coagulation of the surface skin. I thought the cutis *vera* was coagulated. Dr. Mollison did not. The scorching extended from the pubes to above the breasts.. The scorching was on all sides of the breasts, above and below. The scorching was even, and the contraction would be even, so that it would pull in all directions. As to whether, in those circumstances, it is not likely the shape would remain unaltered, what happens when a person is lying down - we see it any day - is that the breasts fall flat. Even a quite flabby breast falls flat when the person is recumbent, and with scorching, if in that position, there will be contractions in all directions. If it is suggested that when the body was found it was lying on its side, so that that factor would have nothing to do with it, I do not know how the body was when it was found. I see Photograph Exhibit No. 1. Looking at that, I see the body is half on its side and half on its back. As to that getting rid of the theory of the body lying flat on its back and the breast then settling down in a nice, firm fashion, that is so. As to whether one breast was more affected

than the other, they seemed about the same. So far as I can remember the scorching was about the same, and the breasts were about the same size. As to whether, having regard to the condition of the skin, there could not have been such contraction as to turn a drooping breast into these breasts on the cadaver, it is hard to say. These breasts I would have described in life as full, and in a person possessing them, standing erect, I think they might have drooped; but, of course, I cannot say the degree of droop. As to these being firm breasts which, in the life of the possessor, would not have been pendant breasts at all, I think they would droop, but I do not know how much they would droop. As to their not drooping much, I think they would droop all right. As to whether, in that picture of the body, they would be called firm, & pointing breasts, of course, they are hardened here (in photograph). As to Dr. Wood not saying they were hardened, and his saying they were ~~small~~ firm, small breasts when he saw them, I would not call them small. So far as this examination of ours was concerned, as to being aware of all the proceedings that had taken place here and that the police case substantially was that this was Linda Agostini, I knew they said it was Linda Agostini. As to knowing it was alleged there had been a statement or confession by Agostini of the fact it was his wife, I knew he had made a statement. Of course, he may have ~~not~~ asserted this was the body of his wife. I have no doubt I knew that. I read the newspapers. I cannot remember reading his statement. I was not in Court the day it was produced and read. Of course, I knew he had made a statement.

(At this stage the Court adjourned until 10 a.m. on Wednesday, 26th. April, 1944).

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 24th. DAY OF APRIL, 1944.

Alvin Gato
CORONER.

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—

Page 11

EIGHTEENTH DAY

RESUMED INQUEST

held at

THE CITY MORGUE - MELBOURNE

on

WEDNESDAY, 26TH APRIL, 1944.

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

Wednesday 26th April

REDFORD JOHN WRIGHT-SMITH, recalled, on his oath saith:

TO MR. FAZIO: I have been a Coroner's Surgeon for 17 years. In making my examination of the body of deceased with Dr. Mollison, we both did the physical part of the autopsy. We would discuss between ourselves what was visible. Taking the haemorrhage in and between the muscles near where the shot went in, as to which of the two of us first noticed any haemorrhage there, that haemorrhage was seen under the microscope. That haemorrhage was not visible at the beginning in the section. As to who excised the section, I cut out the piece of ^{skin &} muscle and the haemorrhage was not then visible to the naked eye, it was only after we came to make our examination under the microscope that it was noticed. As to agreeing with Dr. Mollison that were it not for the injuries he would consider that haemorrhage was occasioned by the shot, I would agree with that. In regard to my opinion was to whether it is consistent with its having been caused by a shot, the presence of haemorrhage in and between the muscles is consistent with being the result of the shot. I was not able to see any post mortem staining; I could not say it was post mortem staining as we understand post mortem staining. Post mortem staining is the presence of some colouring which comes through the body having rested in a particular position for some time; the blood is still in the ^{vessels} ~~muscles~~ and sinks to the most dependent part - whilst it is still fluid it goes to the ~~most dependent~~ small vessels. ~~vessels~~ in the most dependent parts. In regard to how long the blood is fluid after death, it is fluid for probably two or three hours, that is, in a general way. As to it depending upon particular types or modes of death for the period of fluidity to exist, that is so. I am not giving two or three hours as an absolute maximum; in asphyxial ^{deaths} the blood remains fluid much longer. With sudden deaths it does not necessarily remain fluid longer; but it may. As to being able to give an opinion, from

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my experience of 17 years as Coroner's surgeon, whether it would be possible to see the post mortem staining in this body after some four or five years in formalin, I do not think it would. If Dr. Benbow ventured the opinion that the body had ~~not~~ been carried any distance because of the particular presence of post mortem staining and as to whether in my experience it would be possible four or five years afterwards to say whether the body had been carried any particular distance, I do not think it would. As to that being a considered opinion, that is in regard to a body that has been naturally fixed in formalin, if it were not, there would be so much decomposition that one would not be able to tell, anyhow. In regard to the passage from Dr. Benbow's evidence (p.p.421-422 of transcript) which reads:

"As to whether the statement about the man carrying the victim in a sack head downwards is a scientific fact, a surmise, or a statement of fact, that happens to be correct. That is a statement of fact. As to how I know the body was carried head downwards in a sack, the body was found in a sack and the body had post mortem lividity, in my opinion more marked in the head and neck than anywhere else. When I observed the cadaver in the formalin bath I gained the impression as I looked at it "This cadaver shows more than a hint of a suffusion of the head and neck, rather more pronounced than anywhere else; that would indicate she was carried head downwards."

TO THE CORONER: As to whether I have any other explanation, I told Mr. Read that, to a man who is used to seeing cadavers, there are certain post mortem changes which take place and I observed "This girl has been turned upside down and carried some distance because there is a greater degree of those changes in her head and neck than anywhere else, in my opinion."

In my opinion those post mortem changes would not be visible in a body ^{mat} ~~when~~ had been in formalin some four or five years after death, and in which there had been some putrefaction. As to being able to say whether, from ~~my~~ observation in recent times, there would have been putrefaction in four or five years, I cannot say now; but from the time the body was found until it went into formalin there must have been putrefaction. In regard to Dr. Benbow's evidence, (p. 533 of transcript) where he says -

"I did observe something about post mortem lividity upon this body. In my first report I had an impression that the post mortem lividity was greater in the head than in the neck, and it indicated the body had been carried head downwards. I have since viewed the body and I am only confirmed in that decision."

As to being able to offer any opinion whether there could be any confirmation of that view, from my inspection of the body, we could not confirm that view. As to being ^{able} ~~xxxxx~~ to say, on the contrary, from what I saw, there could be no confirmation of that view, I do not quite understand what is meant. With Dr. Mollison I conducted an autopsy of the body. We could not see any signs on that body which could confirm an appearance of post ~~xxxxxx~~ mortem ^{staining} greater in the head than in the neck. In regard to his further statement, on the same page of transcript, that -

"I am of the opinion that body was carried in an upturned position for, at a guess, two and a quarter to three miles."

as to being able to offer any opinion whether this particular body, which had been 4 or 5 years in formalin, offered any evidence which would indicate that the body had been carried a distance of two and a quarter to three miles, I think it is an impossibility. I hear the whole portion of

of his evidence read, as follows -

"I did observe something about post mortem lividity upon this body. In my first report I had an impression that the post mortem lividity was greater in the head than in the neck, and it indicated the body had been carried head downwards. I have since viewed the body and I am only confirmed in that decision. There is also the swelling of the soft tissues in the head and neck. I am of the opinion that body was carried in an upturned position for, at a guess, two and a quarter to three miles. Post mortem lividity is an appearance which takes place after death. It is due to gravity and extruded serum coming to the surface along the most dependant part. If there is any pressure on the part at all, it does not appear there. If a body were lying on a slab, one might find it down the face perhaps but not along the back. If a body had a tight girdle on it, there would be no post mortem lividity under that girdle. There is some swelling in the neck, the face, the chest and the back. On the other hand, if one looks at the abdomen carefully one finds it is not as well marked there. It reappears again on the calves of the legs. Although the body is burnt one can see flesh and it has that colour. I am convinced the body was carried head downwards. That is why the post mortem lividity takes the form it does; in ordinary cases there would be none on the face."

Having heard the whole of that passage read, that does not alter my opinion. As to agreeing with Dr. Woods and Dr. Mollison that the shot, the traces of which I saw through the face down to the neck, would undoubtedly have caused unconsciousness, I would not say "undoubtedly"; but it is possible. I could not say how long that unconsciousness would last. As to it being immediate after the shot had entered the head, that would be so, if unconsciousness occurred. It would be immediate. I am not able to say from my personal examination of the passage through the head of that bullet the furthest extent to which that bullet went, because on the left side ^{the neck} it had been very widely opened and explored, and one could not say whether it was immediately under the skin, or perhaps an inch in. The bullet during its passage did not disturb any of the great blood vessels. The track was behind the blood vessels, when I say behind, that means posteriorly, looking at the body from the front. The track of the bullet passed below the base of the brain. As to there being nerves at

that point which could be affected by the passage of the bullet through there, there would not be main nerves affected, but branches of nerves could have been affected. As to having had any experience of the effect upon nerves of the passage of a bullet through branch nerves, I have seen numerous bullet wounds that must have caught branch nerves, and there was no great effect, so far as I know, except to that particular branch nerve that was caught.

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