

already taken place, I do not quite follow what is meant. Assuming the death had occurred as a result of the shot, and those injuries, other than the bullet wound, were received, as to whether there would not be the presence of haemorrhage in or near the injuries, I do not think there would; I do not think it is possible. As to whether I have examined a body where a bullet wound had caused death, with a view to seeing whether the blood was in a fluid state after death, I have seen the blood in a fluid state after death from a bullet wound. If the blood was in a fluid state after death and injuries were received of the character in this case, I would not expect to find haemorrhage present to the degree and extent that I found in this body. As to what was unusual in this case, the haemorrhage round these wounds in the head which we examined was widely distributed through the tissues. ~~Haemorrhage~~ Haemorrhage that occurs after death is not so widely distributed through the tissues. That is the main reason. As to there being anything except that to guide my in my opinion, there is not in this case; it is the presence of haemorrhage and extent of haemorrhage in the position where one would not find it as a result of fluidity after death. As to that being a matter of opinion - opinion based on long experience, it is; but one cannot very well mistake it. As to it being a matter of opinion, it is our opinion. In regard to the shape of the nose, from the base to the tip, it was a straight nose. When I examined the nose there was no swelling apparent on it. As to whether, in my opinion, there could have been in this body an appearance of swelling, four or five years after the body had died, and during that four or five years the body was kept in formalin, and then ^{the swelling} it disappeared when we saw it, I think after four or five years in formalin practically the same appearance that we saw would have been present. In the second passage of

our joint report we say the body was fairly well nourished. If a person had been addicted to drink during life, as to expecting to find the body fairly well nourished, that varies with the type of individual. Some people who drink a lot are very fat, others who drink a lot are very thin. If there is one passage in the evidence which shows that the liquor drunk was whisky, not beer, as to expecting to find a person who drank large quantities of spirits well nourished, what I said just now would still apply; it depends on the individual. If the evidence before me ~~was~~ was that the person drinking drank not continuously, but in spasms - in drinking bouts, and the evidence shows that on one occasion this person finished a bottle of whisky - that two persons each had a drink out of the bottle - and that she finished it, that would not affect my opinion. As to not being able to give a reliable guide, it is only the experience of people drinking whisky, some are fat, and some are thin. I could not go backwards to determine that from a well nourished body.

TO MR. READ: In the evidence of Dr. Woods (p.93) the following appears "All the abdominal organs were normal except the gall bladder, which contained stones". The finding of stones in the gall bladder is consistent with a person in life having suffered from jaundice; but it does not necessarily ~~follow~~ follow because a person suffers from jaundice that person will have stones in the gall bladder. Heavy drinking of spirits would not be likely to render the ^{presence} ~~presence~~ of stones in the gall bladder probable. I was asked a number of questions as to what I observed about post mortem lividity. In fact, I did not observe any signs of post mortem lividity on the corpse. I looked for that. In regard to the microscopical examination of the ~~xx~~ tissues preserved from the body, in the sample marked "6",

the left upper eyebrow, our report says "There is extensive ~~haemorrhage~~ haemorrhage in the tissues. A tiny focus of ~~infection~~ infection is also present." This little infected area was very small, it was the type of thing one gets around a hair follicle, like an eyebrow. It does not indicate anything (At this stage Mr. Read intimated that, in the absence of Mr. Barry and Mr. Monahan, he desired to put to witness some questions, on behalf of Dr. Benbow).

I understand that Dr. Benbow wants to know would formalin cause to fade the colour of post mortem putrefactive changes, and if so, why. I say it depends on what stage they have reached. In the early stages of putrefaction where the tissues are red, there would be fading, with strong formalin fixation. Where putrefactive changes have produced a green or greenish-black colour, they would fade a little - the green disappears out, the blackish colour remains. If he wants to ~~know~~ know generally what is the colour of putrefactive changes, I say it varies from the time of onset. To start off, it may be reddish, then greenish, and as it goes on it becomes greenish-black. If he wants to know if formalin would cause post mortem lividity to fade, I say it would. As to what is the colour of post mortem lividity, it is reddish to reddish-purple. As to seeing any signs of red, or purplish colour along the right flank of the body, it was a curious sort of colour and it was not confined to the right flank, it was general over the body. We saw this colour and we discussed it. We concluded it was not post-mortem lividity, as it was shown. It had not that appearance and we concluded it was a putrefactive colour, fixed by formalin. As to seeing any bluish colour along the right flank and on the back, it was a somewhat purplish type of colour and it was the same in all parts. As to seeing deeper blue patches, we saw deeper brown patches,

which were due to tanning.

TO MR. FAZIO: I saw on this body an appearance of it having been burned. From that alone, the appearance of that body - apart from what I have heard - would indicate intense heat had been applied to some part of it. As to agreeing that the application of heat to a body, after death, gives to that body the appearance of rigor mortis, it does not give the appearance of rigor mortis, but it causes stiffening. As to whether that stiffness could be mistaken for rigor mortis, I should think it could, perhaps, by one not used to seeing much rigor mortis - quite easily. The ordinary period of rigor mortis is 24 to 36 hours. It passes off then as a rule. That is the extent of the period, 24 to 36 hours, as a rule. From my examination of this body, having regard to the opinion I have expressed to the Court as to the injuries and as to the bullet wound, as to offering an opinion as to how long rigor mortis would exist in that body, I should say it would be about the usual time. There was nothing to show it would have passed off any earlier, so far as we could tell. Assuming that the shot took place first and that some hours after, about 8 hours but not more than 12 hours afterwards, the injuries were received, as to indicating what in my opinion would be the commencement of rigor mortis in that body, from what time would be - from the time the injuries were received? Assuming, first of all, that the shot caused the death, and then the injuries were received about 8 hours, but not more than 12 hours after the shot was fired, as to indicating when it would be that the rigor mortis would start, if the death were due to the bullet rigor mortis would start from three to six hours after that happened, that is, from the time of death. Supposing, in fact, the shot did not cause the death, but rendered the person unconscious, and then the injuries were received about 8 hours but not more than 12 hours after the

shot was fired, as to when I would expect the rigor mortis to start, assuming death was immediate after the injuries, it would be from three or six hours. The facts in this case would not alter the ordinary period of commencement, three ^ro six hours after death. Earlier exertion has some effect on the times rigor mortis starts. Supposing I was told there was a struggle for possession of the gun, if the struggle exhausted the person who was dying, rigor mortis would come on earlier. If that person were exhausted and in fact died, rigor mortis would come on earlier. ~~instantaneous~~ ^{instantaneous} death did not occur, and the injuries were received about 8 but not more than 12 hours after the shot was fired, and the death ensued, not instantaneously from the shot, but as a result of the shot, as to whether that would vary the time of the coming on of rigor mortis, do you mean death occurring as a result of the shot, eight to twelve hours after the shot? If so, you are putting up an impossible proposition. I am assuming if death was due to the shot it must have been due to inhibition, and that occurs immediately. That problem you put is impossible in this case. If the body was found about 9 o'clock, or 9.30 o'clock on the morning of the 1st. September, and rigor mortis, genuine rigor mortis, was present then, as to offering an opinion in regard to how long before that time death must have occurred, I would have to know how cold, or how hot, it was. Cold and heat, such as that of the weather, would affect it. If it was the 1st. September, at Albury, and rain had fallen the previous Tuesday, it would be fairly warm in Albury in September, so far as I recollect. If it was in the beginning of September, and it was a normal warm sunny day - I do not mean a hot day - and rigor mortis was still present in that body, I would say that death had occurred from 36 hours to

about those. There was a big mark that appeared to be a chip out of the enamel, I think that was on the upper left lateral, that could have been done before or after death. I say death was brought about by the head injuries, as distinct from the bullet wound. I cannot say how long after the injuries were received death would take place, it might occur within a very short time, a matter of minutes; but it is also possible for a person with such injuries to live for some hours. We are unable to say how long it would be before death would take place. With regard to the bridge of the nose, and whether a blow caused that fracture, we thought it was an extension of the fracture from the base of the skull behind the nose. We could find no evidence of a blow directly on to that portion of the nose. I see the photograph of Ann Philomena Morgan produced (Exhibit No. 20), said to be taken at the age of 16 or 17. From the age of 16 up to 23 there would be considerable growth proceeding all the time in the bones of the face and in the teeth, and the proportion of the size of the face to the rest of the head would vary. I see the plaster cast produced (Exhibit "C2"). Looking at that I say it could represent anything. I hear a passage from Dr. Benbow's evidence read (p.461) as follows:

"I draw attention to the peculiar bevelled effect upon the bone itself. That is the position in life of the parietal bone articulating further down here with the temporal bone."

This cast I hold in my hand represents the parietal bone.

"The temporal bone was completely shattered. The injury occurred above the suture line so you have got the good solid bone of the parietal bone itself. An examination of this shows a typical wound in bone of a very fast, heavy body moving through the skull. The entrance is quite clean-cut, but it is bevelled on the inner side."

48 hours before. That is as near as I can say. Of course, one cannot be definite. As to 48 hours, in my opinion, being the longest period, it would be, if it was ordinary Spring weather. I do not mean hot weather, but not definitely cold. I would say 48 hours would be the limit, if rigor mortis was present. If Dr. Wood said death must have occurred more than 24 hours before the finding of the body, and not more than four days before, I think four days is too long a time, if it was sunny weather. If there is evidence that from the fourth day, the earliest of the four days, there had been rain, the weather would still be warm. As to it making any difference if the body was partly immersed in water, or that there was water at one end of the culvert, indicating it had run from where the body was, with the cold condition accompanying the presence of the body in water, it would probably tend to prolong rigor mortis. As to still maintaining my opinion that it could not have been four days, I do not think it could have been, not if this appearance were truly rigor mortis. Supposing it was mistaken for rigor mortis by reason of heat having been applied, as to offering an opinion in regard to the length of time death would have occurred before the finding of the body, the same heat stiffening is still present in the body, and one could not give an opinion as to when death had occurred, just from the appearance of heat stiffening. The same heat stiffening is still present; the legs cannot be bent. The body is dry and contracted now, but the heat stiffening is still present, the formalin and that stiffening has stiffened the muscles. ^{Once} ~~One~~ heat has been applied to the degree indicated, I would not like to give an opinion as to how long before death had occurred. The application of ~~of~~ heat causes coagulation of the muscles, they contract and become stiff. I saw

evidence of heat having been applied to the body, in addition, there is very much of a stiffness still in the body.

at
Assuming~~x~~ that 10 years ago/^{when} that body was found there had had been heat applied to it, and there was a stiffness which bore the appearance of rigor mortis, but which from my experience could be said to be due to heat and not to rigor mortis, then I would not be able to offer an opinion as to how long before the finding of the body under those conditions death had occurred. If Dr. Woods in his evidence (p.99) said -

"I think that would be right, that it continues about four days after death. It is a fact that extensive heat applied brings on a condition similar to rigor mortis", and if he says "It is correct that rigor mortis usually begins somewhere about four hours after death. As to whether it continues up to about four days after death, it varies",

and then goes on to say what has already been read - "I think that would be rigor mortis", , as to agreeing with him it continues about four days after death, I presume he is there talking about an average case. If so, I would not agree with that, I say it passes off in from 24 to 36 hours.

TO THE CORONER: As to where the puncta lachrymale are situated, they are in the inner edge of the ~~yx~~ eye. We examined the second right bi-cuspid tooth and the ~~cavity~~ in it. As to the cavity, we do not profess to be dentists, but it seemed to us it had had a drill. We put a sharp probe in and we scraped out what we thought was carious material; but, as I say, we ~~ix~~ are not dentists. We thought there were drill marks in that tooth. There were certain marks on the central incisor. There were little lines or marks, which we called serrated, on the edge. That is all we would say

Looking at the cast, in my opinion there is no injury here above the edge; the cast is perfectly regular. The curved position there would represent the suture line between the temporal and parietal bones. As to fitting the cast I have in my right hand (cast of implement ExB2, part of Ex.C2) into the cast (parietal bone) I have in my left hand and as to that conveying anything in regard to the actual fractured area, I say there is no fracture represented in this cast I have in my left hand. The actual skull cap shows that the left parietal bone was intact. This curved edge on the left parietal bone was just a little bit ragged in places. The temporal bone below it had obviously been shattered, there were two or three pieces left, and whether a previous examiner had taken the free edge of the fractured temporal bone and torn it off I do not know; but it rather suggested that to me, it was just a ragged edge. We thought it was a normal suture, although it was a little ragged; but it was a little lower on the side I indicate than on the other side. We did not think it was fractured.

Wright-Smith

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 26th. DAY OF APRIL, 1944.

Wright-Smith
CORONER.

SYDNEY SUNDERLAND, recalled on his oath saith:

TO MR. READ: I have been sworn. In addition to being Professor of Anatomy at the University of Melbourne I am also Professor of Histology. Histology is the study of the microscopic structures of the body. In the course of my duties I give instruction to the medical students on the development of the eye. I conduct the course in anatomy, histology and embryology of the eye for the post graduate specialist qualification of the Diploma of Ophthalmology of the Melbourne University. I am also the senior examiner in that subject for that Diploma. Whilst I was attached to the staff of the Department of Anatomy at Oxford I also gave lectures on the eye. I have examined the section of the iris taken from the body of the deceased by Dr. Mollison and Dr. Wright-Smith which has been mounted on a slide. I have examined that section of the iris prepared by Dr. Mollison and Dr. Wright Smith. My observations confirm those made by Dr. Mollison and Dr. Wright-Smith, namely that pigment is present in large amounts throughout all levels of the iris. That is to say, not only in the retinal pigment layer but also in the stroma. With the necessary apparatus it requires no detailed knowledge of microscopy to see the amount of pigmentation present on the slide, providing the apparatus one uses gives ~~the~~ perception of depth in the tissues. ~~If~~ The apparatus shows that you can see the pigment lying at various levels, actually without focussing up and down. It cannot entirely be done by means of a lantern slide but a good impression of it can be gained from seeing a projection of the slide on a screen. Before showing this slide, could I perhaps explain that the stroma of the iris is rather spongy tissue. It is this layer anterior to the retinal pigment layer and though formalin fixes that tissue it does not deprive it of its elasticity, so that even after that tissue had been fixed in formalin it can still be compressed and flattened out. That point shows up on the microscopic slide. This is a section of the iris of the right eye of the deceased.

Following its removal it was placed on this slide and mounted in Canada balsam and a cover slip placed over it. The iris has not been subjected to any staining procedure at all. It is the iris as taken from the right eye of the deceased. It will demonstrate certain points I would like to bring to your notice. The first is that the iris itself covers a larger area than it does in life, indicating that at some stage of the preparation, I should say immediately after the cover slip had been placed, or shortly after it, whilst the balsam was still moist, the cover slip had been pressed down on the iris. That has the effect of not only flattening it out but actually thinning it. The result is, of course, that the amount of pigment per unit area will now be less than when the iris had a greater depth. The point is that it does show the iris is occupying a greater area than it normally does. The second point is that it does demonstrate that the iris carries a great amount of pigment. If one looks at the eye one also sees that the pigment is more dense in some areas than in others. The lighter areas are those in which the retinal pigment layer has come away from the iris. But no matter where one looks across that section the appearance is that of a light merging into a deep brown colour. I would like to enlarge ~~the~~ just a portion of that iris on the projection microscope. That point was just to demonstrate that it is flattened out and that it is larger than it normally is. Now the iris is enlarged up. The white centre is, of course, the pupil. ~~This~~ demonstrates the brown pigment, and the difference in density of the pigment. If you select an area in which the retinal pigment layer is absent, that is the clearer brown area, you will see still the presence of numerous pigmented granules. This section as thrown on the screen will not give you a true perception of depth, we must use another instrument for that purpose. All I want to demonstrate in that eye is that where the retinal pigment layer is gone the appearance is still brown. ~~That~~

That is due to the presence of multiple dust-like granules right through the stroma, which can be revealed under a high powered microscope. I cannot project it on the screen, but if you select a portion and examine it under the apparatus I have you will see those granules are lying at varying levels throughout the iris. They are not restricted to the pigmented retinal layer. You can see them in quite a number of areas. There are thousands of pigmented granules there. This is merely to demonstrate the colour and the varying density and the presence of the granules. This instrument is a binocular microscope, and it is designed to give perception of depth in tissues. That is why we use it in the department. The eye pieces are easily adjustable, and you focus them just as you do a pair of binocular glasses. You get one single field, and then we can adjust the slide by focussing up and down. The magnification here will reveal the larger granules at different levels in the iris, right from the retinal pigment layer, right forwards to the most anterior layer. The other instrument is only to enlarge the field; with a higher magnification you can pick up the dust-like particles in the stroma itself, the finer particles which impart that light brown colour which you saw thrown on the screen. This is the apparatus which is actually used in making the observations of the section. In my opinion, that eye in life would be regarded by an observer as a brown eye or one of the variants of brown.

TO MR. FAZIO: I gave evidence before in this matter. When I examined the eye I did not make an examination with a microscope of this variety, it was done with dissecting spectacles. I did say that my impression was that the iris was loaded with pigment. It is not necessary that the iris should be loaded with pigment before you can say the eye is brown. It is correct that I did give the explanation to His Worship in this way "...and as I say, my impression is that the iris is loaded with pigment, and that during life it was brown in colour." I did not indicate that it

was by reason of the fact that the iris was loaded with pigment that I formed the opinion that the eye was brown in colour. It was the presence of pigment in the stroma. I used these words "The iris is loaded with pigment." My impression was from the appearance of the amount of pigment, in life it would be a brown eye. The ciliary fold is not part of the stroma, it is not part of the iris at all. Asked if the only test which appears from my impression is that the iris was loaded with pigment, I say at that stage, yes. At page 789 of the transcript which reads: "As to whether I would expect to find pigment in any marked degree in that eye in order to say that it was a brown eye in life, you should expect to find the stroma layer of the iris deeply impregnated with melanin pigment" and asked if that is the test which I applied in order to find a brown eye, I say yes, I would expect to find melanin in large amounts in the stroma. In the slide which I just put on the screen I can say that part of the stroma is translucent; light is coming through it. The fact that light is coming through the stroma does not indicate that the eye is a light colour.

Harvey Sunderland
.....

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 26th DAY OF APRIL 1944.

Mc King
.....
CORONER.

FREDFORD JOHN WRIGHT-SMITH recalled on his oath saith:

TO MR. READ: After the cornea was removed from the eye my technician mounted the iris on to a slide. The iris which is now mounted on that slide is the iris of the right eye taken from the body of the deceased.

..... EXHIBIT 95.....Slide of the right eye of deceased.

TO MR. FAZIO: The balsam compound has no colour, it is quite transparent. It has no colour at all in the fresh state. It goes yellow after years. There is no colour from the balsam compound on the slide, it is clear. None of that influences the colour of the specimen. I was not in the Court when Prof. Sunderland said that the cover had apparently been slipped along in some way. I was outside, I did not hear that. As to him saying that he thought the cover slip had been slipped along which caused the area of the iris to appear to be greater now than it was, I say yes; as a matter of fact, Dr. Benbow saw this slide when it was in the fresh state and he damaged it. We had to remount it, and that is why I did not want Dr. O'Day to handle it while it was still soft. It is prepared by the balsam being put on to the cover slip, the iris is spread on to the large bit of glass, and then it is pressed on to it to mount it. I know that Dr. O'Day is a recognised specialist in regard to the eye in Melbourne. I believe he is a man of very high qualifications.

.....
F. Wright-Smith
.....

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 26th DAY OF APRIL 1944.

W. King
.....
CORONER.

SYDNEY SUNDERLAND, recalled on his oath saith;

The iris has been flattened out. With the elasticity of the stromal tissues and the pressure that has been applied the iris is now much thinner than in life and is covering a much greater area. Under those conditions, one must expect some modification of the density of the pigment in the stromal tissues. The second point one observes when looking here is that not all the melanin present is deep black; some of it will be present as light brown granules. Melanin is not all deep brown or deep black in colour; we have only to take the variation in the colour of freckles to appreciate that point. We want to demonstrate on this section that at various levels there are clouds of granules suspended in the stroma - I think you will be able to pick up depth perception here. I have one section under the microscope at the present time and there are quite a number of clouds. There are other areas around that; they are clouds of very black granules. This other instrument magnifies that particular area. Of course, the focus will be different for individuals, but in that field which has just been taken at random you will find that some of the granules are in focus and some are right out of focus, they are blurred. If you look at the brown pigment right at the pointer and move this very slowly up and down you can watch the different granules coming into focus. By focus I mean they are quite sharply shown. The others are more diffusely shown, and as you alter the focus - in other words, as you alter the depth - you can see them. There are some light brown granules in there and some are a deeper colour. An important observation is, of course, the colour of the iris immediately the cornea is removed. Formalin does not alter the colour of the iris. That is an important observation that was made. I think Dr. Mollison described it as being dark, and Dr. Wright-Smith as being a dark brown.

Sydney Sunderland

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 26th DAY OF APRIL 1944.

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26th Apr.
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THOMAS ALEXANDER PALMER-BENBOW, Recalled ~~XXXXXXXXXXXX~~ on his oath saith:

This is a section of an iris. The first thing I noticed in the section at the particular point at which I am looking is that in the preparation the iris has folded over itself. That is at the periphery, and it has the effect of making it appear a much denser brown than it actually is. When I look at the edge of where it has folded over I find that the iris is quite translucent. The light comes through from the sub-stage without any intervention. With the exception of the fact that the stroma is a light biscuit colour in places, a little bit darker in other places, it is not obstructing the translucency. *is not impaired.* That is my point. As I move the stage towards the pupil, I see the layer of dense retinal pigment; *on the posterior surface of the iris* where this layer of dense retinal pigment is present the translucency is completely destroyed. Where the dense layer of retinal pigment is torn, as it is, the translucency immediately re-appears. On the basis of this translucency I know at once that in life this must have been a blue eye, because the blue effect of a blue eye is formed by the fact that the translucency of the stroma allows the light rays to penetrate through the structure of the iris. Actually it is reflected back from the dense black retinal pigment layer *on the posterior surface of the iris, and this because of physis, makes a blue eye.* In the brown eye or the black eye the stroma has to be so impregnated with pigment as to render it quite non-translucent, otherwise if it only partially obstructs the rays of light going through the translucent iris you have a modification of the blue effect, such as a grey-blue. To my mind there is just sufficient obstruction in the translucency of this eye that instead of it being a bright blue in life it was a grey blue. There are small isolated clusters of pigment cells. There are also brown pigment cells in the stroma, nothing to do with the retinal pigment layer. They are small; they are isolated; they do not obstruct the rays of

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act

act

light. They do not interfere with the translucency of the iris. That gives the effect in life of looking at a blue eye with flecks of brown, a very common occurrence. It is rare to see an eye that is perfectly blue, it usually has a small fleck of brown here and there. The other point about this iris is this, that, as I remarked before, in the preparation it has got folded over on itself in places, which gives it a deceptive appearance of thick-

and a brown colour at that particular point
ness, which it should not have. The other thing to note

is that the retinal pigment layer was badly torn, and

here there
pigment from the retinal pigment layer is scattered all

but is not to be confused with stroma pigment.
over this iris. Careful focussing shows that that is the

state of affairs.
true position. It is not really in the stroma, although,

as I say, there are brown pigment granules scattered

through the stroma; but the translucency of the iris is

definitely
simply not affected, and it is translucency of the iris

with the dense retinal pigment layer on the posterior

surface of the iris that inevitably gives a blue eye.

It cannot be a blue eye if the translucency of the iris

impaired by pigment in the stroma.
is infected with any brown. The brown pigment prevents any

reflection of rays from the posterior retinal pigmented

layer, consequently it is a brown eye. It cannot possibly

unless of light prevented from penetrating through
be a brown eye if the rays are not completely shut off the iris

reflecting back
from the posterior retinal pigmented layer. This eye

is perfectly translucent, in spite of a slight biscuit

colour in the stroma and in spite of small scattered islands

at different depths. In regard to the demonstration when

using Prof. Sunderland's microscope and the observation of

small pigment islands at various depths in the stroma,

the fact that they were at various depths in the stroma

and discretely scattered prevents their being coalescent

and obstructing the light rays. In other words, they do

not interfere with the translucency of the stroma. To

affect the translucency of the stroma all those islands

would have to be collected into a dense mass, a mass that

would be dense enough so that you would not be able to see through the iris, even to the posterior pigmented retinal layer. In this case, you can see clean through the thickness of the iris, ^{to} and the posterior retinal pigment layer and ~~where that is torn or absent the iris is almost completely transparent; protrudes itself the whole time.~~ There is one other little test, which is a very simple one. That is to merely hold it up to the light and take a dark tube, look through the tube with the slide at the other end, and the light comes through ~~just as if it were not there.~~ ^{showing that the iris is perfectly translucent} It should not do that in a brown eye. The dense ^{brown} pigmented area would obstruct the ^{passage} whole of the light. We know that when the light comes through ^{the iris it is translucent or transparent and must} ~~as if it was not there~~ that it must be a blue eye in life.

(At this stage the hearing was resumed in the Court room.)

Having heard my depositions read to me I wish to make the following alterations: - Portion of page 369 reads -

"I would not say one could make that observation on this hand in the photograph, but that was a feature by which Mrs. Poole was able to identify Anna Philomena Morgan - from the backs of the hands." I wish to point out Mrs. Poole did not identify the cadaver at any time. I was talking to Mrs. Poole and she remarked on the skin of Philomena's hand and said if she ever saw Philomena's hand she would know her by that.

Page 377 reads: "This, to which I am referring, is not ovoid, but if it was turned upside down it would give an idea of the structure of the teeth in exhibits 16 and 19." I was comparing the plaster cast of the teeth with Linda Agostini and the sense I was conveying was that the teeth of Linda Agostini were ovoid in shape and the edges came away from their fellows, whereas in the cast the edge of the lateral incisor came across to the central incisor. Reading pages 387 to 398 I say the shorthand note does not enable me to say what was intended. There are many pages I am unable to recognise, they have lost their sense completely and they do not ^{en-}able me to say what was intended. I am unable to

recognise those as statements made by me in the course of my evidence. At the top of page 401 where it reads "I was not really interested because I felt that once having established the crime and found who caused it....." I say that should read "Those connected with it". A passage on page 419 reads "I hear you read 'one surmises that this caused the gun to jam', and I say that is a very reasonable supposition; being in close contact with anything, may very easily jam the magazine." That should read "Jam the action in an automatic, not in a revolver." On page 436 there is a passage reading "As to whether at this time, I was trying to establish the identity of the Pyjama girl I say No, I had finished with the crime." that should read "I say, yes, I had finished with the crime." In connection with the passage on page 440 reading "If it were suggested if there was any swelling of the face all my evidence in regard to the lines drawn would go by the board, I would say my measurements are taken from points which do not swell such as the teeth" - as regards the swelling of the face it would not affect my lines because allowances has been made for that all the time. On page 482 there is a passage reading "One is merely making a statement that there are certain limits on the accuracy but they are limits of about half a millimeter that is all, looking at the width of the wrist of the hand of "Y" and asked to say whether it is identical with the width of the hand of the corpse, according to the lines shown on it, I say most definitely, that particular line is about the same", the line is about the same but I am very doubtful about the wrist being the same because it was in very deep shadow. My geometrical figure was put on the hand of the police officer and I was doubtful even about the width of the wrist being the same to coincide with my figure. On page 500 there is a passage reading "If I am correct in my surmise, Mr. Deane and I had already done the work on the cadaver", that had reference to my

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Handwritten signatures and initials at the bottom of the page, including a large signature on the left and another on the right.

cross examination by Mr. Read, wherein he was suggesting I had this done to make the photograph look like the body. I did not know it at the time, but I have since remembered what actually happened was this, that coloured photograph was made before we went to the University and did the work on the cadaver because we set that coloured photograph up beside the cadaver to get the pose. With that alongside me, I was getting the pose and I remember quite well it was the coloured picture because, when I combed the cadaver's hair to arrange it, the light falling on the hair made it the same colour as the hair shown on the photograph. Yet, the other had been coloured from memory, from what the mother told me about the colour of her daughter's hair. On page 525 there is a passage which reads "I said to Mr. Deane 'Your camera is a studio camera and you do not know the camera at Howard Harris's' he said 'I do not think it will be very different to my own because his is not a large camera.'" I do not think Mr. Deane would say Howard Harris's was not a large camera because I do not think he would know. I think that has got into the transcript somehow without it being said like that. I would not like to say that he said to me "Because his is not a large camera", Deane's camera was one of those portable studio cameras - if I remember rightly, it was a half plate and had a 5" or 6" lens. On page 533 there is a passage which reads "If a body were lying on a slab, one might find it down the face perhaps but not along the back." That is referring to post mortem lividity but it is not correctly expressed. One would not find it on the face, certainly not on the anterior surface of the face, one might find it around the ears and the neck and one would find it in the arch of the back where it did not, press on the slab - it would be outside the line of pressure. I was trying to define the distinction that this girl had it all over her face, on the top of her head and through the thickness of her scalp.

There are certain points in connection with my evidence which I wish to clear up. It may be recalled that I claimed this picture (Exhibit 20) was not an original. Every one of these prints came from Dunleavy's negative. Dunleavy copied a daylight proof. There are certain distinguishing features in his negative which are not in that daylight proof. They crop up in all the pictures which have been put forward as this girl. They crop up in the one given to the mother by the New South Wales police and in the ones produced here. There is a dot on the point of the nose which is due to what is known as a pin hole in the emulsion. That is in Dunleavy's negative but it is not in the daylight proof which came from the original ^{after} negative ~~negative~~ that a negative had been retouched. Dunleavy's negative also has a fingerprint where I indicate. That finger print shows in every single picture of Anna Philomena Morgan, whether put forward by me or by the police, showing they all came from Dunleavy. Dunleavy's negative did not get a fingerprint from the daylight proof. That shows that all the prints that show this finger print must have come from Dunleavy's negative. That establishes there is a copy negative in the pedigree of this picture, and once one finds a copy negative then the ^{accusation} ~~explication~~ of alterations is a very difficult one to refute because there is an intermediate stage. ^{When} This cast of the cadaver's teeth was photographed the expert photographers with me did their level best with lighting to produce this effect. They did that to ~~show~~ see whether that could have been done accidentally by the lighting in the studio. As a matter of physics it is impossible to get that lighting; one cannot possibly get that shadow and obliterate the corner of that tooth. The cast was photographed and the photograph of the cast is exhibit M. In order to get that shadow showing in the photograph it is necessary to have an oblique light. It is because of the light rays going across the surface of that tooth and the depression being in that tooth that

a shadow is formed, but it is absolutely impossible to get those light rays going across the surface of that tooth without illuminating the right corner of that left hand lateral incisor. In this picture (Exhibit 20) the inclusion lacuna is perfectly distinct but the whole of the right hand edge of the left lateral incisor has disappeared. Not only has it disappeared but it is curved away. That is an impossible thing in physics. One cannot possibly get this shadow and obliterate the corner of that tooth; it cannot be done and that tells us at once that has been retouched out. It tells us that the corner of the left lateral incisor was retouched so as to make it appear as though there was a gap between the left lateral incisor and the left central incisor sufficient to account for a tooth having been drawn and that the left lateral incisor is now masquerading as a canine. There has been some retouching along the line of the lower lip which gives the effect of making the right central incisor appear to be a ^{shorter} longer tooth than the left central incisor and also partially obliterating the shadows ^{two in the right central incisor} which correspond to the two nicks in right central incisor ^{due to the} two small holes which showed of the cadaver. If it were suggested I was modest enough one day to say I did not profess to know very much about photography, I say I was being too modest. As to whether I profess to be an expert in photography, I profess to be expert in certain things. I have heard experts give evidence that that photograph has not been retouched. I heard their reasons for that statement. I disagree completely because they were not dealing with the negative.

LUNCHEON ADJOURNMENT.

UPON RESUMING:

I would like to put this photograph in as an exhibit.

..... EXHIBIT W/2..... Photograph of portion of Exhibit 20 with markings thereon.

On this photograph, I have drawn an arrow to the fingerprint on her

[Handwritten signatures]

chest~~s~~ and I have drawn two arrow lines to the two central incisors showing that the true length has been obscured because of a band of ^{retouching along the lower lip.} light. The negative has been knifed. When the negative is knifed and a print made and a negative made from that print, the original knifing may be almost impossible to see. Sometimes, after the copy negative is made, a print is made then another negative is made from that print, another print is taken from that negative, and so on until ^{the retouching} it is completely hidden. I also desire to mention I was in a position to compare the result of this copy negative with the police prints very accurately indeed, because Dunleavy happened to keep a print from his own negative. That print is in my possession.

It will be recollected that I demonstrated to your Worship with my transparencies. The transparency of the cadaver photographed immediately after it was found, was introduced for the purpose of showing the square ^{shape of the right} side of the ^{head} face compared with the transparency of a known picture of Anne Philomena Morgan. It will be remembered there were two transparencies put forward in evidence by Mr. Hobley, one of Miss X and one of Linda Agostini. The purpose of putting those transparencies forward was to show that they could be transposed with equal ease on my transparenc~~ies~~ of the cadaver or on my transparency of Anne Philomena Morgan and they would coincide. I desire to draw attention to the fact that those transparencies did nothing of the sort. When the transparency of Linda Agostini was put on top of the transparency of either Anne Philomena Morgan or the cadaver in the shadow box, Linda Agostini took charge of the picture because it was ^{dense transparency of full} a ^{at a distance} face, and it may have looked as if it was in absolute apposition with the transparency below, but of course it was not. Measurements of the pupils showed they were about 5 mms. out.

In connection with the spots on Linda Agostini's arm, as I stigmatised these photographs as coming in the same category as Exhibit 20, it is only fair to say I have made experiments

to amplify my contention and I would like to put in as exhibits three test photographs.

..... EXHIBIT X/2..... Three test photographs labelled 1, 2 and 3.

In the three test photographs I have shown the axis alters in a certain direction but within certain limits, that the spots do not change positions relative to themselves and that the spots in relation to the top of the arm are in perfect measurement in all three positions, and that is very important. In the pictures of Linda Agostini the spots have no constancy in relation to themselves in shape, size or position. In addition, in the three different positions the axis alters a great deal more than it should in actual physics, as judged by my test photographs wherein the arm was put in the same position as the arm of Linda Agostini, with as great a degree of accuracy as I was able to do. I now hold in my hand three photographs of Mrs. Agostini, Exhibits 16, 17 and 18. The series commences with Exhibit 18. Exhibit 17 comes next, and exhibit 16 is the final pose, with the shoulder pointing towards the camera. In the first pose, Exhibit 18 the spots are on an angle in a downward direction; in the next pose, Exhibit 17, the spots are now at such an angle that it is practically a horizontal line across the picture and in the final pose, exhibit 16, the point of the shoulder is towards the camera and the axis of the spots extends in an upwards direction. I have measured ^{the} ~~this~~ ^{change of} angle and ^{increase in axis} ~~the~~ change in all these pictures. In the first position, the transverse line is 16 degrees below the base line, in the second position the ^{extends almost} ~~zero~~ ^{the picture} ~~practically~~ at right angles across is the axis of the spots and in the third position the axis is 19 degrees above that zero line. That gives a total shift of 35 degrees from the commencement of the pictures, that is from the first position to the last position. The spots have no constancy in shape, size or position. The centre spots wanders and all three spots are obviously much closer to the shoulder tip in the third

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position, they are altogether different in their position. The three test pictures (Exhibit X/2) have been labelled 1, 2, and 3. Pose No.1 is as near as possible the same as pose No.1 of Linda Agostini. Pose No.2 is as near as possible the same as pose No.2 of Linda Agostini and pose No.3 corresponds as near as possible with pose No.3 of Linda Agostini.

at I drew three dots on this arm and then photographed it - I used ^{the} *latest model Leica camera and* stood a good way off so there would be no discrepancy due to focal length of lens *and I stopped the lens down to F.63.* Those spots, when examined gives the following results. The spots do not alter in shape or size, all the spots are in line exactly the same distance from the point of the shoulder, as indicated by the dress at the point of the shoulder, they do not alter in their position at all in that respect, they keep their alignment and do not alter in shape or size. The first picture is 12.5 degrees above a horizontal line, but, as this is the first position from which we start, we ignore that particular measurement. We do pay attention to the next measurement, it is the first *at* increase in tilt from ^{*this first measurement*} the zero line - 4.5 degrees. The *at* other measurement is the zero line in this series of *at* pictures. The third picture shows 13 degrees increase in tilt. From the first to the third position we have a total increase in tilt of $17\frac{1}{2}$ degrees, just half the shift of the spots on the arm of Linda Agostini, and the positions are more extreme in some ways in my series than in the series of Linda Agostini. The spots on my series are lower down the arm therefore, a comparatively slight movement will make a greater difference in the shift. I said the series of photographs of Linda Agostini were copy negatives. I made the statement for this reason - apart from their having the usual flat appearance of a copy negative, I examined *at* most carefully, ^{*unfortunately to be made from one of these negatives*} the daylight print, ^{*h*} the full face of Linda Agostini looking forward. The daylight print has to be taken direct from the negative; it is a contact print. It is put right on the negative, with a piece of glass over

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