CHAPTER IX

THE CORONER (in Cook County)

By

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(IN COOK COUNTY)

1. *History.* In the administration of criminal justice, determining the cause of death and other expertly scientific investigations play an essential part. In Illinois all deaths from unknown or suspected undue causes are investigated by the coroner. On the coroner rests the duty of ascertaining the cause of death in cases that subsequently may become the subject of consideration by courts of justice, and consequently it is of interest to inquire into the manner in which this important duty is discharged, particularly in the growing urban district of which Chicago is the center.

Prior to 1889 the postmortem examinations required by the coroner of Cook County were made by the county physician. Under Coroner Henry L. Hertz in 1889, a new post, that of coroner's physician, was created and a pathologist appointed with the rank of deputy coroner. Still further important changes in the conduct of the coroner's office were brought about in 1912 by Coroner Peter M. Hoffman, who held that office for a longer time than usual. A chemical laboratory was established; the keeping of record books and inquest files was improved, and a medical advisory committee to the coroner was formed to recommend competent candidates for coroner's physicians and to advise in other matters. At this time there were three physicians on the coroner's staff. Between 1912 and 1919 five additional physicians were added. Of this number of eight, one had died and another resigned, leaving six coroner's physicians on the staff. For eight years Coroner Hoffman retained in service his staff of physicians with few changes. Most of the physicians appointed by him were experienced pathologists. Five were engaged in the teaching of pathology during their period of service as coroner's physicians, two each at Illinois and Northwestern and one at Rush Medical College. As evidence of the interest of most of these physicians on the coroner's staff in their work and in advancing medicolegal knowledge, it may be mentioned that during the years 1919 and 1920 they produced and published some fourteen scientific papers on medicolegal subjects.[1] This period may be said to represent the highest point of efficiency yet reached by the office of coroner in Cook County.

Following a vicious attack in 1919 on the coroner's office by one of Chicago's daily newspapers there began a decline in the efficiency of the medical service by that office. Unfortunately some of the coroner's physicians appeared to be the main object of criticism. The medical advisory committee formed to assist and advise the coroner was allowed to lapse. Competent pathologists, acting as coroner's physicians many years, were

[1] Report Concerning the Work of the Coroner's Office of Cook County, Chicago, Ill., by Edward H. Hatton, prepared under the auspices of the Committee on Medicolegal Problems of the Division of Medical Sciences, National Research Council, p. 15.

summarily dismissed without good reasons and during the past seven years some twenty new appointments following other dismissals have been made (see table). Of the old staff only the coroner's chemist now remains.

During the administration of Coroner Wolff, Dr. E. R. LeCount, a pathologist of international reputation and for thirty years a teacher of pathology at Rush Medical College, was discharged as a coroner's physician, after thirteen years of faithful service, on the unfounded and unverified charge that he had unnecessarily mutilated a body while performing an autopsy. For the most part he had been assigned to the County Hospital, a very important post as the County Hospital naturally handles many "pick-up" cases of which adequate history often is lacking and in which violence may be suspected. In such cases, as in all medicolegal cases, thorough examination is essential if the results are to be of definitive value. About one-third of the coroner's cases are said to come through the County Hospital and autopsies there have averaged from 60 to 80 a month. Dr. LeCount was replaced by a doctor, then president-elect of the Illinois Medical Society, whose specialty is pediatrics, and who voluntarily resigned from the position as a coroner's physician after a few weeks of service.

2. Qualifications of Present Staff. Of all the later coroner's physicians (see Table 1) it unfortunately must be said that they have had practically no training or experience for the work for which they have been appointed and that with the exception of the chemist not a single one so far has shown any tangible indication of being interested in any real sense in medicolegal work.

At the present time (June, 1928) no member of the staff of coroner's physicians holds a position as hospital pathologist, and only one holds a teaching position in a medical school, and this is in the department of internal medicine. One appointment made in the last few years was of a man of unsavory reputation as a physician, this information being available in the records of the American Medical Association before the appointment was made. Another appointment was of a man of whom the American Medical Association had no record at all as being a licensed physician in any state.

3. Handling of Autopsies. In general, deaths reported to the coroner's office of Cook County have been handled in three ways:

(1) By *inquest without autopsy* and without the assignment of a coroner's physician to the case. This appears to be the usual procedure in deaths that result or appear to result immediately from railway, street car, automobile, or other accidents; also in cases of later death following gross injuries and in which there apparently is no question as to the diagnosis of the attending physician. If, in a case of this kind, the deputy coroner finds that an autopsy is necessary, the hearing may be postponed until the results of the autopsy are available.

(2) In a second group of cases a coroner's physician is assigned with the general instruction to issue a *death certificate without inquest* provided the circumstances on investigation appear to warrant this course. This group concerns for the most part cases in which death from apparently natural causes has taken place without medical attendance. In such cases

TABLE 1

QUALIFICATIONS OF CORONER'S PHYSICIANS, 1921-1927

Name	Year of Birth	Place and Year of Graduation in Medicine	State License to Practice	Membership in Medical Societies	Service as Physician to Coroner's Office	Remarks
Badzmierowski, M. K.					Dec. 16, 1927	
Bartizal, John Frank		Northw. '23		Yes	Apr. 1, 1927, to Sept. 10, 1927	
Benson, Axel Ferdinand	1873	Illinois '10	1910		Mar. 15, 1924, to Apr. 1, 1925	Coroner of Henry County, 1916–22
Brand, E. Thomas	1883	Wash. Univ. St. Louis '08	1908		Dec. 10, 1927, to Dec. 14, 1927	
Burmeister, Wm. H.	1882	Mich. '07	1912	Yes	1912 to 1925	Pathologist to St. Joseph's Hospital
Eastman, Louis Kent	1896	Loyola '17	1917		Apr. 1, 1925, to Feb., 1926	
Epstein, Samuel S.	1890	Chi. Coll. Med. and Surg. '14	1914	Yes	Apr. 17, 1927 to	
Foley, Thos. P.	1882	Northw. '08	1908	Yes	Dec. 16, 1925, to Oct. 1, 1927	
Goltra, John Nelson	1859	Coll. Phys. and Surgs., N. Y. '87	1919	Yes	Dec. 1, 1921, to Feb. 15, 1926	
Goodman, Jacob Abraham	1889	Northw. '12	1912	Yes	Dec. 16, 1925, to Dec. 9, 1927. Jan. 3, 1928, to	
Green, Abraham Chester	1886	Northw. '10	1910	Yes	Sept. 16, 1927, to Dec. 12, 1927	
Handmacher, Walter					Dec. 16, 1927	
Hatton, Edw. H.	1876	Rush '12	1912	Yes	1916-1923	Prof. Pathology Northwestern Dental School
Janda, Chas. Ladislaus	1897	Loyola '22	1922	Yes	Sept. 11, 1927	

TABLE 1—Continued

QUALIFICATIONS OF CORONER'S PHYSICIANS, 1921-1927

Name	Year of Birth	Place and Year of Graduation in Medicine	State License to Practice	Membership in Medical Societies	Service as Physician to Coroner's Office	Remarks
Krafft, Jacob Carl	1874	Long Island '99	1901	Yes	Aug., 1924, to Nov., 1924	
Klopper, Zanville David	1871	Jenner '08 Illinois '10	1908	Yes	Feb., 1926, to Apr. 1, 1927	
Lynott, Wm. A.					Dec. 16, 1927	
Lange, I.						Laboratory Assistant
Lecount, Edwin R.	1868	Rush '92	1893	Yes	1911 to 1924	Prof. Pathology Rush Medical College
McNally, Wm. Duncan	1882	Rush '21	1921		June 1, 1913	Chemist
Mosley, Elmer Wm.	1884	Northw. '11	1911	Yes	Aug. 9, 1927	
Porges, Irving Angel	1882	Illinois Coll. Phys. & Surgs. '03	1903	Yes	June, 1923, to June, 1926. Oct., 1926, to	
Reinhardt, Henry G. W.		Rush '97	1897		1911 to Aug. 8, 1927	
Simonds, James Persons	1878	Rush '07		Yes	1918 to Dec. 15, 1920	Prof. Pathology Northwestern Univ.
Springer, Joseph	1867	Chi. Coll. Phys. and Surgs. '96			1911 to Dec. 10, 1927	
Smith, Robert A.	1880	Rush '03	1903	Yes	Dec. 16, 1927	
Trainor, Morgan Lewis	1885	Chi. Med. '21	1921	Yes	June 6, 1926, to July 1, 1927	
Van Paing, John Francis	1886	Ill.	1914		Dec. 15, 1920, to Mar., 1922	
Woeckner, A. A.					Nov., 1924, to Jan., 1925	
Zolla, Norman	1888	Chi. Coll. Med. and Surg. '16	1916	Yes	Feb., 1923, to Apr., 1924. Feb., 1926, to Apr., 1927	

the physician may decide whether an autopsy is or is not required. It may be discovered that death did result from injury or other unnatural cause, or the physician may find that he can not determine the cause of death without the aid of some sort of laboratory tests. In such a case an inquest may be held later.

(3) The third group includes cases in which the information at hand plainly indicates that the *inquest must be preceded by an autopsy* to determine the exact cause of death. As the autopsy is made the physician decides whether it is advisable to have any laboratory examination made, and if so he removes material suitable for the type of examination required.

From this brief summary it is obvious that the work of the coroner's physician can not be entrusted safely to others than competent and reliable pathologists. We note that an autopsy is indispensable in all cases in which it is necessary to determine the cause of death as fully as possible. Here nothing can take its place. For this reason, law and custom sweep aside all objections when an autopsy is indicated for legal purposes. In medicolegal work, the highest standards of completeness of examination and of reliability of observation are demanded because, in the effort to determine the cause of death, it is essential that no potential factor be overlooked or neglected. Frequently, the autopsy is of great value in showing conclusively that certain conditions, whether suspected or not, are not present in a given case. It unfortunately is the case that under the coronarial system, as illustrated so strikingly by the present practice in Cook County, medicolegal autopsies are only too commonly entrusted "to inexperienced physicians whose examinations are incomplete and untrustworthy." A bungling and incomplete autopsy may do great harm by failing to disclose the true state of affairs and thus lead to wrong conclusions. A badly done autopsy can not be undone. The ordinary practicing physician does not have the knowledge and experience essential properly to conduct autopsies for forensic purposes because they require special training, interest and experience. It is highly significant, too, of the failure to recognize his responsibilities, that up to the present time no coroner of Cook County has set up even a minimum required standard for the manner and extent of the routine autopsies by his physicians or for the recording of the results. Each physician, no matter what his qualifications or experience, is left to his own discretion in this important matter, which is, in most countries, subject to stringent official regulation.

The coroner's office does not issue any systematic reports of its work. Reliable and comprehensive reports at regular intervals would be of great value. The records of the coroner's office contain significant information, not otherwise easily obtainable, about the deaths in Chicago and Cook County from violent or unnatural as well as obscure causes, and this information should be made public. From the study of the facts that accumulate from year to year, results of importance to the public welfare could be drawn and the regular issuance of reports inevitably would tend to raise the standards of the work of the office especially in its expert phases.

"Keeping the office of coroner in politics makes it impossible to secure the quality of expert service required. No competent expert can be induced

to subject his work or his professional career to the uncertainties of partisan politics," is the outstanding criticism of the coroner system brought out in a survey of crime conditions made in Cleveland in 1921.[1] In Cook County, Illinois, the coroner, not only is politically elected every four years, no special training being required of him for his important work, but his staff of physicians not chosen from a civil service list, is appointed by the coroner without guarantee that adequate competency will insure uninterrupted service. Furthermore, pressure may be brought to bear upon the manner in which the physicians do their work. Probably no group has had a stronger influence in this respect than the undertakers. "As many autopsies are made in undertakers' morgues, a constant pressure is being applied, either to reduce the number of autopsies made, or to limit the extent of the autopsy. In instances where the coroner's physician cannot be influenced, individual undertakers, groups of undertakers, or committees from the undertakers' association have gone to the coroner or deputy coroner with their complaints. This form of pressure on the coroner's physicians was at one time, at least, a constant source of embarrassment to conscientious men."[2] The attitude of the dominant association of undertakers in Chicago in regard to autopsies for medicolegal or other purposes does not indicate a high sense of social responsibility.[3]

In his report of a survey of the coroner's office of Cook County, made in 1926 under the auspices of the Committee on Medicolegal Problems of the National Research Council, Dr. Edward H. Hatton states that, "there are as many types of autopsies made by the Cook County coroner's staff as there are physicians. It may be said that in the years 1925 and 1926 no complete autopsy, in the scientific sense of the term, was made, that is an autopsy in which the findings at the section table are verified by further systematic histological (microscopic) and bacteriological examinations." He groups the examinations as follows:

(a) Abdominal only, used largely for the purpose of inspecting the stomach contents and lining in order to rule out the likelihood of poisoning.

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[1] Part V of Criminal Justice in Cleveland, Cleveland Foundation Survey, "Medical Science and Criminal Justice," by Herman M. Adler, M.D. Sec. "Crime Detection by the Coroner's Office."

[2] "Report Concerning the Work of the Coroner's Office of Cook County, Chicago, Illinois," by Edward H. Hatton (formerly a coroner's physician in Cook County), page 28. Prepared under the auspices of the Committee on Medicolegal Problems of the Division of Medical Sciences, National Research Council, Washington, D. C., 1926.

[3] In 1923, the council of the Chicago Medical Society adopted the following resolution in regard to undertakers and autopsies:

"WHEREAS, A real obstacle in the way of obtaining permission to make autopsies is the more or less open opposition by many undertakers who advise against granting permission for various pretended reasons, a favored one being that 'the body cannot be embalmed after autopsy'; and

"WHEREAS, Certain other undertakers offer willing and helpful co-operation with physicians in securing autopsies, and announce that they can 'assure the relatives that the body will look just as lifelike and be preserved just as long as though no autopsy had been held,' it is

"RESOLVED, That the Council of the Chicago Medical Society records its hearty approval of the enlightened policy in favor of autopsies, recommends its prompt adoption by undertakers in general, and urges on the members of the Chicago Medical Society to insist on their inherent right, in the interest of the advancement of medical knowledge, to receive co-operation, and not antagonism, from undertakers in seeking permission to make autopsies."

Such an incision also permits inspection of the pelvic organs, liver, spleen and kidneys.

(b) Trunk examinations, which consist of an extension of the abdominal incision to include the chest-wall and allows the examiner to include in his examination the heart, the great vessels, the lungs and the linings of the chest cavities. This latter type of examination is the one most frequently made by examiners in Cook County.

(c) Examinations made of injured regions for the location and removal of large foreign bodies and for determining the effect of injury, the extent of stab wounds, and the pathways of bullets. Often the examination is carried no further.

(d) More or less complete autopsies, including the head and, much more rarely, the neck region. The head and neck regions are rarely opened except in cases where there is some very evident reason for doing so. Even in murder cases where it seems quite obvious that a complete autopsy should be performed, there is a tendency to abbreviate the amount of work done.

Dr. Hatton further states, "The organs, tissues and materials to be examined are brought to the laboratory by the physicians, by police officers, and occasionally by members of the staff other than the physicians. It is supposed that all specimens will be brought in within sealed containers which are supplied to the user by the laboratory, thereby insuring the cleanliness of the container and the lack of opportunity for contamination. This rule, however, is not always observed, and in too many instances organs are brought in wrapped up like so much beef-steak, or in containers often unsealed, and of questionable cleanliness. In many such instances it is very doubtful that the legal identification of such specimens has been properly guarded. No question concerning the identity of specimens after they reach the laboratory has arisen."

4. *Management of the Chemical Laboratory.* The chemical laboratory has for fifteen years been under the continuous direction of Dr. William D. McNally, a skilled chemist. The chemical examinations asked for appear to be made promptly, and considering the amount of work done in the laboratory, which includes also routine work associated with the testing of chemicals, drugs, food supplies and fuel used in the county institutions, there seems to be no ground to question the general accuracy of the results. At present the work of the coroner's chemist is the only part of the medical or scientific examinations of the coroner's office of Cook County that approaches in reasonable degree the completeness and reliability such examinations must reach to fulfill the requirements of criminal justice. Microscopic examinations of organs appear to be made occasionally in the chemical laboratory under the direction of the chemist who, however, is not a trained pathologist.

5. *Reports of Cause of Death.* In many instances the chemist and physician together prepare the final statement concerning the cause of death in order to avoid unnecessary contradictions; but when contradictions do occur they are not always reflected in the verdict of the coroner's jury.

Physicians' statements of examinations usually covering less than one page of legal size paper, written in most instances in long hand, as stenographic service is seldom furnished, are made as brief as possible. They consist in general of four parts:

(1) An introduction, containing the physician's name, the name and identification of the dead person, the date, and place of the autopsy. (2) A brief description of the outside of the body, with the chief items of identification such as height, color of hair, etc. (3) A brief description of the condition of organs within the body. (4) The opinion as to the cause of death in terms that should correspond as nearly as possible to those in the International List of Causes of Death.

As may be seen from the copies of various doctors' reports following, essential items in the identification marks of the body are often omitted, "Probably," Dr. Hatton states, "because of hurry to go on to the next case, or because the statement was not written in the presence of the body, and the physician's memory is confused.

"Often the description of external and internal parts of the body are combined in such manner that it is difficult to tell whether or not the body was opened. This may be the result of carelessness, or it may be intentional. As a result of this practice, the term 'post-mortem examination' has come to have a rather doubtful meaning (when applied to the work of the coroner of Cook County).

"In the third place, the description may be not only brief, but also indefinite. While this may be the result of carelessness, yet such a practice provokes the suspicion that this is done purposely in order that statements or testimony given later may not be hampered by too much detail in this original statement."

Obviously statements of this general type are of doubtful value as legal documents and worthless in a scientific sense. Certainly statistics based on such reports have no significance whatever.

Reports 1, 2 and 3 illustrate some of the defects in reports by coroner's physicians referred to by Dr. Hatton.

Report 1.

DOCTOR'S STATEMENT BLANK

AT AN INQUEST UPON THE BODY OF
HELD AT
COUNTY OF COOK, STATE OF ILLINOIS, PERSONALLY APPEARED
WHO BEING SWORN ACCORDING TO LAW, DEPOSES AND SAYS: MY NAME IS *Norman Zolla*, I RESIDE AT CHICAGO AND AM BY OCCUPATION CORONER'S PHYSICIAN.

I have this day the 6th of February, 1926, performed a post-mortem examination upon the body of a white man, aged 33 years, height about 5 ft. 8 in., weight about 160 lbs., smooth-shaven, identified to me by his

wife, Louise Peppe as that of Charles Peppe, 2905 Princeton Avenue, at 2904 Wentworth Avenue.

Inspection reveals a laceration of right parietal region, with a skull fracture. The right cheek showed a bullet wound of entrance covered with powder, was deflected and made its exit through the skull. Another bullet wound of entrance in left axillary region mid-line near axilla, another wound of entrance at the navel and two flesh wounds of left arm above and below elbow. (2)

Upon opening the body I found the pleural and abdominal cavities filled with clotted blood. The right lung was punctured as was the left. I removed one bullet from the left side of abdomen anteriorly. And another bullet from the left arm. Both are Cal. 32 Steel-jacketed.

In my opinion death was the result of shock, hemorrhage and injury, due to gun-shot wounds. NORMAN ZOLLA, M. D.

Comment: Without an examination of the inside of the skull it hardly seems safe to conclude that the bullet which entered the right cheek was deflected and made its exit through the skull. The bullet may have lodged in some part of the head. No attempt is made to trace the course of the bullet found in the left side of the abdomen or of the bullet that entered in the left axillary region. The question whether all the bullet wounds were made by the same revolver is not determined.

Report 2.

DOCTOR'S STATEMENT BLANK

AT AN INQUEST UPON THE BODY OF *William Devine About 50 Years Old* HELD MARCH 8, 1926, AT 743 N. CLARK STREET, COUNTY OF COOK, STATE OF ILLINOIS, PERSONALLY APPEARED

WHO BEING SWORN ACCORDING TO LAW, DEPOSES AND SAYS: MY NAME IS *Zan P. Klopper*, I RESIDE AT 556 ROSCOE AND AM BY OCCUPATION A PHYSICIAN AND SURGEON.

Upon viewing upon the body of the named above, I found the following:

According the external signs, the body appears to be about 4 days dead, and no external violence of any kind—and about all the internal findings I found that he died of internal hemorrhage of the brain.

Resp. OSCAR WOLFF, Coroner.
ZAN P. KLOPPER, M. D., Deputy Coroner.

Comment: How could the physician know that there was internal hemorrhage of the brain in a dead body without examining the brain? It is too obvious to need comment that it is not possible to tell anything about the conditions of the organs of a dead body without examining them. This simple, fundamental fact is neglected regularly by the present physicians in the coroner's office of Cook County, and the neglect affects disastrously the results of their autopsies from all points of view, legal, scientific, statistical, and reduces or destroys the value of the testimony based on such results in the trials of criminal and civil causes.

Report 3.

DOCTOR'S STATEMENT BLANK

AT AN INQUEST UPON THE BODY OF
HELD AT
COUNTY OF COOK, STATE OF ILLINOIS, PERSONALLY APPEARED
WHO BEING SWORN ACCORDING TO LAW, DEPOSES AND SAYS: MY NAME IS *Norman Zolla*, I RESIDE AT CHICAGO AND AM BY OCCUPATION CORONER'S PHYSICIAN.

I have this day, the 14th of February, 1926, performed a post-mortem examination upon the body of a white male aged about 25 years, identified to me by Mr. A. B. Perrigo, of 3913 Cottage Grove Ave., as that of Leland M. Hirsch.

Inspection reveals a bullet wound of entrance in the thigh about the junction of the upper and middle theids. A bullet wound of exit is seen on the back of the thigh, straight through.

Upon opening the thigh, I found the blood vessels ruptured and hemorrhages into the muscles.

In my opinion death was the result of shock, hemorrhage and injury due to gun-shot wound of thigh. NORMAN ZOLLA, M. D.

Comment: Without knowing from actual examination that all the internal organs, including the brain and the organs of the neck, were free from serious disease or diseases, the conclusion that death resulted from shock, hemorrhage and injury due to gun-shot wound at the thigh remains open to attack.

Examination of reports on file in the coroner's office by coroner's physicians of autopsies made in 1927 also corroborate fully Dr. Hatton's charges. Such reports fall so far short of modern standards that they are practically worthless in establishing the cause of death for any purpose and consequently, to say the least, must be of doubtful value as the basis for evidence in criminal trials. Not a single record of a thorough and complete autopsy according to accepted standard methods could be found. The important task of conducting the medicolegal autopsies of a huge metropolitan district has been entrusted wholly "to inexperienced physicians whose work is incomplete and untrustworthy." How often the true cause of death is missed no one can tell.

6. Summary. An assistant district attorney in New York County, Joseph Du Vivier, has described the failure of the coroner system to meet modern requirements in the following words, which appear to have wide applications:

"A dispassionate study of the office leads one to the inevitable conclusion that it is an institution of government wholly unsuited to the needs of the present day. It is obviously expensive and clearly insufficient. In some cases it is positively dangerous thus to entrust untrained men with important work. In a word, I know of no better illustration of the saying of Goethe that—'Nothing is more terrible than active ignorance.'

"The coroner does nothing that must not be done over again. No reliance can be placed on anything that he has done, nor can he be trusted to do anything right. Every case in which there may be criminal responsi-

bility must be watched. The body of the deceased is barely cold, before the experienced prosecutor begins to guard against the probable mistakes of the coroner—the shifting of the furniture of the scene of the crime, the unskillful handling of witnesses, the insufficient identification of the body at the autopsy, the careless identification of the bullet, or knife, or poison, or the clothes worn by the deceased; the danger of newspaper publicity, the observance of the technical requirements of an ante-mortem statement, the injury from unguarded and unrestricted cross-examination of the people's witnesses and the many dangers in every homicide case of importance."[1]

Recent reports and surveys in other states emphasize the urgent need of a more efficient way of carrying on the medical duties now entrusted to the coroner's office. Conscientious and able observers recommend that the medical duties of the coroner should be entrusted to a medical examiner, selected on the basis of merit. Medical men in general support this plan for the solution of the coroner problem as they see it.

In certain states the office of coroner has been replaced by that of medical examiner. This was done in Massachusetts as long ago as 1877. In 1915 the legislature abolished the coroner's system in New York City by an act that created the office of Chief Medical Examiner, "a doctor of medicine and skilled pathologist and microscopist," appointed by the mayor from civil service lists, subject to removal for cause. The chief examiner and his staff, appointed by him, are on fixed salaries, certain assistants being permitted to engage in private practice also. The chief medical examiner reports the facts in all suspicious deaths that he investigates to the district attorney. So far the new system in New York City has worked well and it may be regarded as pointing the way for the future. Recently the system in New York City has been adopted by the legislature of New Jersey as applicable for counties with a certain population.

In Illinois, and especially in Cook County, there is immediate need for radical improvements in the conduct of the medical and scientific work of the coroner's office. As now conducted the coroner's office of Cook County falls far short of its possibilities for service. On account of the poor work of the coroner's physicians the community is not receiving the aid that medical knowledge can give it in the field of criminal justice. But in Illinois any radical change from the coroner system does not seem feasible without changing the state constitution.

Experience indicates, however, that in the hands of a competent, energetic and progressive coroner, the office with modernized modifications can meet fairly adequately the needs of the population it serves. The essential requirement is that the *coroner's physicians be appointed on a professionally expert rather than political basis.* The coroner appears to have the power to make such appointments and to place the medical and other expert work of his office in thoroughly competent hands. If disinterested advice were wanted in regard to appointments of coroner's physicians or other matters of a medical nature, it could be obtained without difficulty. There are, for instance, representative medical organizations in the county that willingly

[1] The Abolition of the Office of Coroner in New York City, The New York Short Ballot Organization, New York City, 1914.

would respond to requests for such assistance (Chicago Medical Society, Institute of Medicine, Chicago Pathological Society).

7. Recommendations (Adopted by the Committee on Medicolegal Problems of National Research Council, Washington, D. C., 1926).

1. That the office of *coroner be abolished.* It is an anachronistic institution which has conclusively demonstrated its incapacity to perform the functions customarily required of it.

2. That the medical duties of the coroner's office be vested in the office of *medical examiner.*

3. That the office of medical examiner be headed by a scientifically trained and competent *pathologist,* selected and retained under civil service, and compensated by a salary which will attract men of real scientific training and ability.

4. That the office of medical examiner be provided with the services of a *staff competent* in toxicology, bacteriology and the other sciences necessary in the scientific investigation of causes of deaths, and with adequate modern scientific equipment. Wherever possible these specialists should be members of the medical examiner's staff selected and retained under civil service at adequate compensation.

5. That in addition to the medical duties of the coroner's office there should be vested in the medical examiner's office in all urban centers the duty of furnishing to police, prosecutor and courts expert *medical assistance* at every stage in the investigation, prosecution and disposition *of criminal cases of every description.* This is a step far in advance of current American practice. Without it the effective prosecution of criminal offenses and the scientific treatment of offenders will continue to be merely a pious wish.

6. That in *non-urban territory* medical examiner districts be organized with a medical examiner's office for each district, and that legislative provision be made for co-operation between these nonurban offices and those of the most convenient urban office, so that the facilities of the latter may in proper cases be available to the former. This would require a detailed study of the needs of each district, and very carefully framed legislation.

7. That the *non-medical duties* of the coroner's office be vested in the appropriate *prosecuting and judicial officers.* Ultimately the offices of police, prosecutor and medical examiner should be coordinate departments of a bureau of criminal justice under an official whose functions are indicated by the title, "Minister of Justice." It is realized that this ultimate objective is perceived only by men of unusual vision, but until it is not only envisioned but also realized, the administration of criminal justice in this country will not be satisfactory to laymen, or to jurists, or to scientists in physical and mental medicine.

8. That there should be developed, at least in larger urban communities, properly equipped *medicolegal institutes under the control of the medical examiner.* They should be affiliated, so far as practicable, with public hospitals, medical schools and universities.