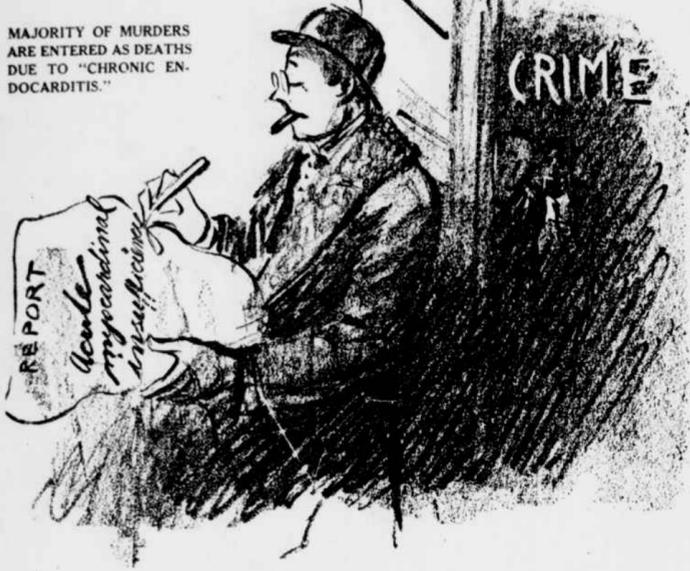


SHOWING UP THE CORONER, RELIC OF MIDDLE AGES

MAJORITY OF MURDERS ARE ENTERED AS DEATHS DUE TO "CHRONIC ENDOCARDITIS."



Conduct and Misconduct of His Office, as Revealed in Many Tragic Episodes.

By WILLIAM MORRIS HOUGHTON.

"MURDER will out" is an old proverb. But Manhattan Island—and much of the rest of the world—has outgrown it. There are too many devious ways to-day of removing the troublesome brother, and too many folds to our social fabric behind which to hide the homicide. It may easily masquerade as suicide, or as accidental or natural death. So that only too frequently it takes a man of unusual insight and scientific knowledge to ferret out the crime, a much higher order of detective really than he who chases the criminal. Here's a case in point, now become a part of New York's criminal annals:

In 1905 a girl was shot by her lover, one Thomas C. Smith. The bullet entered over the left hip and lodged near the spine, where it was located through an X-ray examination in Roosevelt Hospital. The doctors decided to let it remain there, since it seemed to be doing no harm, and in a short time the wound healed. But the patient developed all the symptoms of pneumonia in her right lung, and she was continued at the hospital until it became necessary to clean out one of the wards, at which time she was transferred to Bellevue with a number of other patients. Not long afterward she was discharged from Bellevue, apparently cured.

In the mean time the police had searched in vain for the lover, who, however, on the release of the girl, promptly married her. This, of course, changed her name. She became ill again and called in a private doctor, who found that one of her lungs showed signs of a cavity; she was spitting blood. Finally she died, and he wrote out a death certificate giving tuberculosis of the lungs as the cause of death.

But just at this time the detectives succeeded in finding the man who had shot his sweetheart, in time to stop the funeral of the victim, who had since become his wife. Her body was taken to the Morgue, where Dr. Schultze, the coroner's physician, performed an autopsy. He found that the bullet had gone so close to the descending colon that it had contused its posterior wall. A fecal abscess had developed, and in its growth had reached the left common iliac vein—the large vein coming up from the left leg. The blood in this vein had clotted, and where it joined the right common iliac vein to form the large body vein, known as the inferior vena cava, a piece of the clot had been washed off, had travelled up and had plugged a branch of the pulmonary artery of the right lung. The whole section of the lung to which that artery belonged became solid, inducing symptoms of pneumonia. Later this same section of the lung broke down, became gangrenous, developed the cavity and resulted in death—a death directly traceable to the wound inflicted some time before.

Dr. Schultze made his report to the coroner's office in as simple language as he could employ, but he was told frankly it was unintelligible, that it was almost beyond belief that a woman who had since had pneumonia and then consumption could have died from a bullet which had lodged near the base of her spine. Nevertheless, the lover was convicted and sentenced to ten years' imprisonment, a term which he is now serving.

ONE LIFE TAKEN EVERY SECOND DAY IN THE GREATER CITY.

The number of known murders in New York City rises and falls with the different years, but the average amounts roughly to one every other day. Roughly again, convictions are obtained in from one-quarter to one-third of these cases. This seems an appallingly small proportion of justice to crime, but considering the heterogeneous nature of the city's population, its teeming foreign sections and babel of tongues, and the amazing sentimentality of American juries, it is not altogether discreditable to those agencies of justice which begin operation once it is known that a homicide has been done. A really startling comparison would be one between the number of convictions and the total number of

murders, known and unknown, actually committed in this city.

This, of course, can never be ascertained, and perhaps it is just as well for what the late Mayor Gaynor used to call the "fair name of our city" that it can't. New York, in common with the whole country, already bears an unenviable reputation in the matter of homicide, with a yearly average of more than seven murders to every 100,000 of her population, as against one to 100,000 in London. But even such a high murder rate constitutes for New York a prodigious bluff at respectability, for the simple reason that probably the great majority of her murders never become known as such, but are entered on the records of the coroner's office as deaths due to "chronic nephritis" or "chronic endocarditis" or "acute myocardial insufficiency" or some other favorite cause of sudden dissolution. It is only the obvious murders in New York that ever provoke official cognizance.

In the year ending December 31, 1914, the homicide bureau of the District Attorney's office recorded 161 homicides in Manhattan. These were divided as follows: Shootings, 83; stabbings, 30; assaults (i. e., fatal beatings with or without blunt instruments), 30; run down by automobiles, 6; blown up with bombs, 4; strangulations, 3; criminal negligence, 3; poisonings, 2. Now, when a man is shot or stabbed or beaten to death or hit by an automobile or blown up with a bomb it doesn't as a rule take an expert in criminology to understand that a homicide has occurred. In the case of a shooting, to be sure, it often requires an expert examination to determine between homicide and suicide, but the occasion for an examination of the sort is usually perfectly apparent and its result conclusive. Strangulation, however, is not so easily distinguished from natural death, and cases of poisoning often elude the most eminent pathologists. It will be noted that these latter two methods of murder (I purposely omit discussion of "criminal negligence," which, with automobile killings, belongs more properly in the category of accidental deaths) were employed in only five of the 161 recorded cases of homicide, and yet they are perfectly obvious methods of making away with one's fellow being. Does any one believe that only two of the inhabitants of Manhattan Island were done to death through poison in 1914 among the 6,000 who died here from violence, through accident, suddenly or under suspicious circumstances? And how many more than three of this number were strangled? The gun, the knife, the bludgeon are the weapons of the crude, hot-blooded murderer. The more artistic and designing assassin uses other means, among them the silken noose and the various deadly poisons. And unless we are willing to credit New York with being peculiarly free from this particular species of criminal we must confess that he works his will with evident impunity in this city of ours.

The blame for this seeming inability on the part of the community to uncover the subtler forms of murder lies with the Board of Coroners and the system of which they form a part. It is a case of setting a thirteenth century agency to detecting twentieth century crimes.

The office of coroner originated in England in the time of the Plantagenets, when medical science was in its infancy, if it can be said actually to have emerged from the womb of civilization. The coroner assembled into his court a jury of the neighbors of the dead man, who presumably could supply him with information regarding the causes of death. But to-day, with the growth of population and the development of medical science, the coroner's jury represents a helpless and ridiculous survival. They claim no acquaintance with the deceased and not the remotest knowledge of pathology. Their verdict is usually worth as much as a layman's diagnosis of an obscure disease.

Furthermore, the coroner himself, formerly the representative of the King, chosen for life (the Lord Chief Justice of the King's Bench was the principal coroner of the realm), labors now under no legal qualifications for office. Leonard M. Wallstein, Commissioner of

Accounts, in his report to the Mayor on the coroners' system writes:

"Of the sixty-five men who have been coroners since consolidation nineteen were physicians, eight were undertakers, seven were politicians and chronic officeholders, six were small real estate dealers, two were saloon-keepers and two were plumbers. The remainder constitute a miscellaneous assortment, comprising a lawyer, a printer, an auctioneer, contractor, carpenter, painter, an expressman, a butcher, wood carver, marble cutter, a labor leader, an insurance agent, a musician, a milkman, a dentist and several whose occupations were unknown.

"Of the nineteen physicians elected to the office, representing a professional class having more nearly some knowledge to qualify for the office, not a single one was a man of any standing or reputation in the medical profession in this city. Generally speaking, they have been doctors chiefly noted for their political activity."

It must be very apparent, then, that the guidance which a coroner's jury may get from the coroner is generally worthless when it isn't corrupt, a case of the blind leading the blind.

OUR MOST FARCICAL INSTITUTION—THE CORONERS' PHYSICIANS.

But in an evident attempt to bolster up the archaic institution of the coroner and the coroner's court, each coroner with us is provided with a coroner's physician, whose duty it is to examine into every death coming within the jurisdiction of his coroner. An idea of how valuable is this prop to the system may be derived from the fact that Manhattan provides four coroners' physicians to examine into 6,000 deaths a year—1,500, or an average of between four and five a day each, a great many of which should require the performance of autopsies. Each physician draws a salary of \$3,000; his beat is the whole island, and nominally he must work eight hours a day, seven days a week. He must examine relatives and friends of the deceased, but he can-

"The coroner's physician, far from being subject to any continuous or effective control, is practically a law unto himself. It is impossible for the average lay coroner to exercise any such supervision or control, because he does not possess the knowledge on which alone such supervision could be based. Neither is he in the habit of compelling his physician to justify his conclusions."

UNBRIDLED IN HIS OFFICIAL ACTS—BUT IS HE UNBRIBED?

"A serious by-product of this complete lack of supervision is that it opens the door wide to extortion by coroners' physicians. Since they are not required to make any adequate record of their findings, nor to justify them to the coroner, whatever the coroner's physician learns concerning a case he may retain in his own head. This information he may attempt to sell to an insurance company or to any one else interested in a case. Similarly, since his data have not been made a public record, he may refrain from furnishing any information if his demand for compensation is refused, or, again, he may change his mind and for a consideration become an expert witness for the defence. From the testimony taken in private hearings I must conclude that examples of such extortion are not uncommon."

And how simple it would be for such an individual to "plant" a murder on an innocent person! Attempts of this sort are not unknown in the conduct of the coroners' office. Indeed, one might hunt throughout Russia in vain for a more curious jumble of modernity and medievalism than New York's corrupt, incompetent and tyrannical method of treating twentieth century homicide.

And yet even the violent murders often require the exercise of no small ability to determine their nature. Commissioner Wallstein cites the case of Eugene Rochette, who died March 9, 1914, from a bullet wound in the brain. The coroner's physician said immediately it was a suicide. Capable pathologists who also viewed the body said it would take an autopsy to determine whether it was a

suicide or a homicide. In another case, that of Charles Ingram, who died January 23, 1909, outside physicians performed a post-mortem examination, which revealed a fracture at the back of the skull, although no abrasion of the scalp appeared. It had evidently been done with a sandbag or some soft implement which fractures the skull without cutting the scalp.

Then there's the very recent scandal over the issuance of a death certificate in the case of Edward Seaman. Dr. Lehane, a coroner's physician, had certified the death as due to chronic nephritis. But the District Attorney's office, becoming suspicious, ordered the funeral stopped and an autopsy performed. The latter indicated clearly that Seaman's skull had been beaten in with a hammer. An examination of the kidneys showed not the slightest trace of nephritis.

If coroners' physicians pass over cases like these daily, as they undoubtedly do, in the perfunctory performance of their routine, it must be obvious that the more subtle crimes never come to their notice except through the merest accident. Of these, Commissioner Wallstein says:

"When the more subtle forms of homicide are in question the most skillful application of modern science is essential. Thus it is a well known fact that there are a number of fatal poisons which produce convulsions in infants, and their symptoms are not easily distinguishable from the symptoms of certain natural causes of death. Again, the effects of irritant poisons simulate the symptoms of cholera. Strychnine poisoning often simulates tetanus. Accordingly cases of infantile convulsions, cases of alleged gastro-enteritis and those of alleged ptomaine poisoning, as well as those summarily disposed of as still births, premature births, atelectasis pulmonum and trismus neonatorum, cannot uniformly be safely assumed to be due to natural causes."

Professor James Ewing, of the Cornell University Medical School, says he thinks infanticide must be carried on with impunity in New York City. And what about the girls and women who die annually from criminal operations? One looks in vain for a single case of the kind in Manhattan's list of homicides for 1914. Yet deaths of this sort are more truly homicides than those attributed to criminal negligence. Who is there who believes that not a woman in all of Manhattan died last year as the result of a criminal operation? The fact is abortions, often resulting in death, are performed with the same impunity that attends infanticide, but not so much through carelessness as through corruption in the coroner's office.

It is really surprising, is it not, that in the circumstances Manhattan should possess one eminently capable, conscientious and honest coroner's physician? He exists in the person of Dr. Otto H. Schultze? Dr. Schultze is also professor of medico-legal pathology and assistant professor of pathological anatomy at the Cornell University Medical School. He is the particular aversion of the coroners and of the other coroners' physicians. Persecution has been his lot throughout most of the fourteen years of his incumbency, just as it is often the portion of an honest and conscientious member of the police force. Dr. Schultze and the "system" are of necessity antipathetic.

"Such disciplinary power as the Manhattan Board of Coroners possesses over physicians," says Commissioner Wallstein, "has been used not to improve the character of the medical work, but rather to harass and embarrass the most competent of all their physicians (Dr. Schultze). Despite more serious charges against other physicians which have been made or could have been made, this board has seen fit to discipline Dr. Schultze for alleged delay in viewing a body and for alleged insubordination to the 'chief clerk.' One is led to the conclusion that the coroners of the Borough of Manhattan resent the existence of medical efficiency rather than its opposite."

Dr. Schultze has been a coroner's physician for fourteen years—during 1896 and 1897 and from December, 1902, to date. His troubles with coroners began in the summer of 1902, shortly before he became a coroner's physician for the second time, when he was called in to examine a coroner's case as representative of District Attorney Jerome's homicide bureau.

A motorman in the city, a native of Sweden, had sent back to his old home for his niece, whom he claimed when she landed at Ellis Island and took home with him. Subsequently his neighbors didn't see him for several days, and becoming suspicious notified the police. The police broke into his flat and found him sitting in his kitchen counting over his money. He talked incoherently, repeating that some one had robbed him. In an adjoining bedroom, stretched out on the bed, they found the body of his niece, already discolored from decomposition. They asked him if the body was that of his niece, and he told them no, it was a "nigger."

The coroner's office, without hesitation or the slightest attempt at proper examination, put the case down as one of rape-murder. The body was sent to the Morgue, where Dr. Schultze, with the aid of the spectroscopic and a chemical reagent, discovered the girl had died from gas poisoning and that there was no evidence whatever of a criminal assault. Furthermore, it was determined that the motorman's irrationality was due to the same cause, gas poisoning. The motorman escaped, therefore, a trial which would probably have landed him in the death house in Sing Sing for a crime of which he was entirely innocent.

But coroner Gustave Scholer, whose case this was, profoundly resented Dr. Schultze's interference, and not long afterward, when Dr. Schultze had become a coroner's physician again, Scholer and Dr. Timothy D. Lehane, another coroner's physician, jumped into a carriage and tried to beat Dr. Schultze to a case to which the latter had been assigned, their object being to prefer a charge of neglect of duty against him. They failed to reach the place ahead of him, but the charge was entered against him, nevertheless, and he was called upon to defend himself before a meeting of the Board of Coroners. He consulted the District Attorney's office and was advised to present himself. He did so. The full board was in attendance, including coroner Moses J. Jackson. But they had no sooner launched upon a consideration of the charge against Dr. Schultze when there appeared in their midst a thickest gentleman representing the District Attorney, who walked up to coroner Jackson to inform him that he had just been indicted for bribery and might consider himself under

arrest. This broke up the meeting. The other coroners suddenly remembered urgent engagements elsewhere, and the charge against Dr. Schultze died of neglect. Coroner Jackson, by the way, was convicted.

THE ONE EFFICIENT MAN PERSECUTED FOR HIS EFFICIENCY.

From time to time, as the result of important delays due to Dr. Schultze's care and thoroughness in the handling of his cases, other charges of the sort have been brought against him or held as a threat over him. Last spring, because he had delayed until the next day an autopsy on the body of one Anna Ramsay, who had died from an unknown cause at Harlem Hospital, he was charged with neglect of duty. He explained that he had purposely put off performing the autopsy because the woman had been unconscious, in a state of coma resembling death, for four days before she died, and he wished the fact of her death to become thoroughly ascertained. But this charge was complicated with one of insubordination to Antonio Dalessandro, the "chief clerk" of the Board of Coroners. It was Antonio who persuaded the daughter of Anna Ramsay to make the complaint, and Antonio is a Republican district leader. So although the Court of Appeals has ruled that a coroner's physician need not take orders from the "chief clerk," Dr. Schultze was suspended for thirty days without pay. Naturally he has entered an appeal.

Still more recently, within a month, in fact, the doctor has been accused of "misconduct" to an undertaker, apparently for refusing to make out a certificate of death before he had performed an autopsy. In this instance a bartender, a great, heavy fellow, weighing around 300 pounds, had been found dead in a bathtub in a boarding house on the upper West Side. Nobody could assign any reason for his death, particularly as drowning was out of the question, since the man's body filled the tub to the exclusion of all but a few buckets of water, and his head stuck up above the brim. Another coroner's physician would have written down "acute myocardial insufficiency," or "fatty degeneration of the heart," or have satisfied himself with the use of some other of the expressions which, according to Commissioner Wallstein, "are recognized to-day as meaning in effect that the user of them either does not know the cause of death or is too ignorant or lazy to ascertain it." Dr. Schultze decided on the necessity of an autopsy, to be performed the next day at the undertaking establishment. As a result of it he found the bartender had died from gas poisoning, and in examining the bathroom he discovered under the foot of the tub a little gas heater whose burners, it is supposed, had become so clogged with dust and dirt that only a few of them ignited when the gas was turned on, although gas continued to escape from those which did not ignite. It was a clear case of an accidental death, but in calling the landlady's attention, through the police, to the condition of the heater, Dr. Schultze probably saved the lives of other boarders.

One might contrast this case, which involved Dr. Schultze in trouble with the coroner's office, with that in which Dr. Albert T. Weston, who has been a coroner's physician in Manhattan for twenty-five years, is charged with accepting a "present" of \$100 from the members of the family of a deceased Christian Scientist for refraining from making a post-mortem examination. "The deceased . . . for some hours before his death," writes Wallstein, "had received absent treatment, and for a few minutes prior thereto had had present treatment from a Science practitioner. With no assistance, therefore, from any clinical history and upon external examination alone, Dr. Weston certified the cause of death as valvular cardiac disease."

Yet no one has ever heard of Dr. Weston's being brought up on charges before the Board of Coroners! In every respect, apparently, Dr. Schultze's motives and methods have thrown into high relief those of his colleagues. As against Dr. Lehane's statement, that he did not consider it any part of his functions in the first instance to detect crime through medical examination, we have case after case in which Dr. Schultze has picked his way straight to the heart of a homicide.

There's the case of Rosetta Gordon, for example, a negro, who was found dead in bed on the morning of January 23, 1913, at No. 29 West 135th street. There was nothing about the body to indicate the cause of death. No one else in the house knew or was willing to tell any of the circumstances surrounding the

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DR. OTTO H. SCHULTZE

not administer an oath. The city provides him with no clerk to take notes for him in the course of an autopsy; it provides him with no jars for the receipt of organs or viscera; it doesn't even provide him with a carafe. And, finally, he is called upon to make a technical report to a superior, the coroner, who is usually absent from his office, but who cannot understand what he is talking about in any case. What kind of physician can be got to do this drudgery for \$3,000 a year? How can efficiency be expected of any physician under these conditions? And, lastly, who is there to keep the slightest check on his activities?

Commissioner Wallstein answers these questions as follows:

"With few exceptions, including notably Dr. Otto H. Schultze, the coroners' physicians are of mediocre capacity and are not subject to any adequate control or supervision."

"Having slight qualification at the time of their appointment, they have seldom developed any scientific interest in their work, although it represents one of the most fertile fields for the extension of accurate scientific knowledge. They are members of no learned bodies devoted to the discussion of the scientific developments of diagnosis and pathology. They themselves make no contributions to the development of these sciences. In a few years they become callous or indifferent to the character of their work."

"Generally the coroners' physicians have a preferred chronic cause of death. Among these are chronic nephritis, chronic endocarditis and, among infants, infantile convulsions. When the details surrounding death are fragmentary, and where there is no clinical history, instead of considering the need of a most thorough examination the greater, the coroner's physician usually reverts to his routine cause of death. A contest between chronic nephritis and endocarditis, for example, would be both close and exciting. . . ."

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