

Coroners and the Public Interest

Coroners' inquests have no advance billing in the press, so the first news of an inquiry into a death of medicolegal interest is usually an account in a local or national paper. In these circumstances it is impossible for doctors, journalists, and lawyers to get full information about the proceedings unless the coroner is prepared to supply copies of the depositions (the statements given in evidence by the witnesses). Rule 39 of the Coroner's Rules 1953 provides¹ that the coroner must on application and on payment of the prescribed fee supply to any person who in his opinion is a properly interested person a copy of the depositions, any report of a necropsy, and notes of evidence. Requests by the *B.M.J.* for this information have generally met with full co-operation from coroners, but a recent exception has given grounds for concern.

Deaths under intravenous anaesthesia with methohexitone were discussed at length in the libel action² brought by Mr. S. L. Drummond-Jackson against the *B.M.J.* At the trial the sting of the alleged libel was said to be the claim by Professor John Robinson and his colleagues³ at Birmingham University that on the evidence of their 30 experimental cases, "the technique of intermittent methohexitone must be regarded as having serious detrimental physiological effects, which may well have been the cause of the reported deaths."

It was for this reason that examining the depositions taken at inquests on a number of deaths in cases in which methohexitone was an anaesthetic formed at least as important a part of the court's task as investigating the severe challenges made by the plaintiff to the validity of the Birmingham tests and to the honesty of those who made them. The action was settled before even the plaintiff's case could be completed, but Mr. Drummond-Jackson ultimately acknowledged the *B.M.J.*'s right and duty to the medical profession and others to publish and comment upon articles on methohexitone anaesthesia. Before the trial ended Dr. J. G. Bourne had dealt in evidence⁴⁻⁷ with deaths in cases in which methohexitone had been administered at Lewes, St. Pancras, Colwyn Bay, Brighton, Basingstoke, Slough, and Southampton. The details of all of these deaths were discussed in court on the basis of depositions previously supplied to interested parties by the coroners concerned. None of them had had to be sought from coroners by means of subpoena.

Since the end of the libel action in November 1972, the *B.M.J.* has carried two further reports in detail of deaths in which methohexitone was an anaesthetic: one was that of a 29-year-old man at Walthamstow,⁸ and the other that of a 17-year-old girl at Isleworth, is reported at page 419. Each of the reports was compiled from depositions supplied by the coroner concerned. The report on the Walthamstow death stimulated considerable correspondence,⁹⁻¹³ both from members of S.A.A.D. and from those opposed to the technique being practised without the presence of a specialist anaesthetist. Letters included an account¹⁴ of a recent death of a 10-year-old child where nitrous oxide and oxygen alone were used.

At the Hammersmith inquest on 25 June 1974 into the second death the coroner, Dr. John Burton, pointed out¹⁵ that three inquests had been held in recent months on cases in which methohexitone was an anaesthetic. The third had occurred to a young man who collapsed in the surgery of Mr. Drummond-Jackson. In accordance with our usual practice, the *B.M.J.* wrote to the Westminster coroner,

in whose court the inquest on the third death had been held, asking for a copy of the depositions. The request was refused. The coroner is not required to give his reasons, but it seems likely that he took a very restricted view of the words "properly interested" and was prepared to supply copies only to persons who could anticipate being parties to litigation arising out of the subject matter of the inquest.¹⁶ However, in view of the many articles and letters on methohexitone and dentistry in recent issues of the *B.M.J.* and in view of the undoubted interest in the medical and the dental professions in the technique of intermittent intravenous anaesthesia with methohexitone, it hardly seems right that the coroner can turn down the *B.M.J.*'s request in the same way as if it had been made out of idle curiosity. It is fortunate for those who wish the methohexitone debate (and the discussion on any other topic arising from an inquest) to be conducted with as much relevant information as possible that his attitude is unique in our experience. Furthermore Coplans and Curson¹⁷ making a study of deaths associated with dental anaesthesia reported that "most coroners proved co-operative in supplying inquest documents." They do not seem from their account to have met with any flat refusals.

Clearly the rule gives each coroner a wide discretion in the matter. That discretion, said the Brodrick Committee,¹⁸ is exercised liberally, but if the attitude of the Westminster coroner really is a valid interpretation of the rule then the Home Office may care to consider whether it ought not to be changed. In that way it could be ensured that public proceedings in coroners' courts are always made available as widely as possible to doctors whose day-to-day concern with patients gives them a legitimate professional interest in the subject-matter of inquests. Otherwise there is a danger that important lessons, available to be learnt, will go unheeded.

¹ SI (1953) No. 205. Halsbury's Laws of England: 3rd Edition, Vol. 8. p. 540, para. 1027.

² *British Medical Journal*, 1972, 4, 313.

³ Wise, C. C., et al., *British Medical Journal*, 1969, 2, 540.

⁴ *British Medical Journal*, 1972, 3, 61.

⁵ *British Medical Journal*, 1972, 3, 424.

⁶ *British Medical Journal*, 1972, 4, 309.

⁷ *British Medical Journal*, 1972, 4, 373.

⁸ *British Medical Journal*, 1974, 1, 207.

⁹ James, P., *British Medical Journal*, 1974, 1, 329.

¹⁰ Blatchley, D., *British Medical Journal*, 1974, 1, 391.

¹¹ Bourne, J. G., *British Medical Journal*, 1974, 1, 516.

¹² Bourne, J. G., *British Medical Journal*, 1974, 2, 389.

¹³ Rollason, W. N., *British Medical Journal*, 1974, 2, 444.

¹⁴ Mehta, S., *British Medical Journal*, 1974, 2, 224.

¹⁵ *Daily Telegraph*, 26 June, 1974.

¹⁶ *Jervis on Coroners*, 9th ed. London, Sweet and Maxwell, 1957, states: "most of the applicants are persons who may be concerned with legal questions arising out of the death: e.g. Government departments, or employers or the British Legion, or an insurance company."

¹⁷ Coplans, M. P., and Curson, I., *British Medical Journal*, 1973, 1, 109.

¹⁸ *Report of Committee on Death Certification and Coroners*: Cmnd. 4810, p. 223. London, H.M.S.O., 1971.

History of the M.R.C.

Among the many British medical institutions possibly none is held in greater esteem and affection than the Medical Research Council. The Council was established a little over 50 years ago, and it has fortunately been able to persuade Sir Landsborough Thomson, who joined the staff of the original committee in 1919, to write its history under the title of *Half a Century of Medical Research*. The National Insurance Act of 1911 laid down that one penny in respect of each insured person might be used for the purposes of research. Who originally suggested this provision is not known: it may have been Lloyd George himself. Probably the original intention was research on tuberculosis, but it was soon determined that the money might