

Three Liverpool doctors and their  
coronial ambitions:  
A historical perspective to the medico-  
legal conflicts surrounding the elections  
of 1836, 1867 and 1891

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This article will document nineteenth-century appointments to the Liverpool borough coronership. It will study those judicial appointments as examples of how the exercise of patronage by the new Reform Corporation reflected the political and social problems of a Victorian industrial urban society. It will analyse to what extent, following municipal incorporation, local politics combined with a public recognition of medical and legal professionalism to influence borough councillors in their choice of 'fit and proper persons' to be elected coroners.<sup>1</sup> It will also show how a Liverpool campaign for medical coroners, centred on the Liverpool Medical Institution (LMI), gained impetus in the later Victorian period at a time when the national campaign was beginning to lose momentum.<sup>2</sup>

Victorian Liverpool is referred to as England's second city, and it was the only municipality with its own London office.<sup>3</sup> It began the nineteenth century with a population of about 130,000 rising to

<sup>1</sup> Harold Perkin, *The origins of modern English society 1780–1880* (London, 1969), p. 429; and *The rise of professional society England since 1880* (London, 1989), pp. 15, 25; E. P. Hennock, *Fit and proper persons: Ideal and reality in nineteenth century urban government* (London, 1973), p. 1.

<sup>2</sup> Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford, 1987), p. 348.

<sup>3</sup> John Belchem, *Merseypride: Essays in Liverpool exceptionalism* (Liverpool, 2000), pp. 3–30.

196,212 in 1832, 388,159 in 1849, 433,814 in 1854 and then declining to 360,563 in 1867.<sup>4</sup> So far as the ratio of doctors to population was concerned, although Lancashire fared badly—according to the 1861 census it had one doctor per 2,000 population—Liverpool fared better.<sup>5</sup> It had approximately one doctor per 1,000 population in 1837, assuming that all the physicians and surgeons listed in *Gore's Directory* were in practice, but it declined to one doctor per 1,564 population in 1886.<sup>6</sup> With three times the national mortality rate and, despite a higher birth rate, a greater incidence of child deaths than the national average, as well as some of the worst housing in England, Liverpool pioneered public health reform.<sup>7</sup> In 1847, with the support of Edwin Chadwick, it became the first town in England to have its own Medical Officer of Health in the person of Dr William Henry Duncan.<sup>8</sup>

In the LMI, installed since 1837 in prestigious new premises in Hope Street and Mount Pleasant, Liverpool had an active professional body of local doctors dating back to the 1768 Liverpool Medical Library.<sup>9</sup> The LMI had been founded for 'the cultivation of Medicine, Surgery and collateral branches of Science'.<sup>10</sup> It became involved with the sanitarian movement and closely identified with the British Medical Association (BMA), which originated in 1832 under the title of the Provincial Medical and Surgical Association.<sup>11</sup>

<sup>4</sup> Gerry Kearns, Paul Laxton & Joy Campbell, 'Duncan and the cholera test: Public health in mid nineteenth-century Liverpool', *Transactions of the Historic Society of Lancashire and Cheshire (THSLC)* 143 (1994), p. 90.

<sup>5</sup> Anne Digby, *Making a medical living: Doctors and patients in the English market for medicine 1720–1911* (Cambridge, 1994), p. 21; and *The evolution of British general practice 1850–1948* (Oxford, 1999), pp. 80–82.

<sup>6</sup> *Gore's Directory*, 1837, p. 434; John Woodward, 'Medicine and the city: The nineteenth-century experience', in Robert Woods & John Woodward, eds, *Urban disease and mortality in nineteenth-century England* (London, 1984), p. 20.

<sup>7</sup> J. K. Walton & A. Wilcox, *Low life and moral improvement in mid-Victorian England: Liverpool through the journalism of Hugh Shimmin* (Leicester, 1991), p. 14; H. Shimmin, *The courts and alleys of Liverpool* (Liverpool, 1864).

<sup>8</sup> W. M. Frazer, *Duncan of Liverpool: Being an account of the work of Dr. W. H. Duncan, Medical Officer of Health of Liverpool 1847–1863* (London, 1947).

<sup>9</sup> W. A. Lee, *Catalogue of the books in the Liverpool Medical Institution library* (Liverpool, 1968), preface; J. L. Thornton, *Medical books, libraries and collectors* (London, 1949), pp. 218–43.

<sup>10</sup> *Transactions and Report of the Liverpool Medical Institution* (1998–99), p. 57.

<sup>11</sup> S. W. F. Holloway, 'Medical education in England 1830–1858: A sociological analysis', *History*, 49 (1964), p. 305.

The latter operated as a pressure group for doctors challenging on a democratic basis the oligarchic corporations such as the College of Surgeons and Physicians and the Society of Apothecaries so strongly censured by England's first medical coroner Thomas Wakley.<sup>12</sup> Liverpool was represented by four eminent local doctors on the first council of the BMA—John Rutter, James Dawson, Thomas Jeffreys and Thomas Stewart Traill—all of whom were members of the LMI.<sup>13</sup>

The LMI, recalling Wakley's election campaigns of 1830 and 1839, adopted an originating role in stressing the importance of medical qualifications in the election to Liverpool's borough coronership.<sup>14</sup> Although in the Victorian period the three elected borough coroners were solicitors—the only qualification then required was that they should be freeholders—the LMI provided one of its members as a medical candidate in 1836 and selected and supported medical candidates in 1867 and 1891.<sup>15</sup> This article will focus on those three Liverpool elections in turn and then conclude with an assessment of the campaigns in a national context.

### George Rogerson and the 1836 election of Liverpool Borough Coroner

The surgeon George Rogerson was the first Liverpool doctor to appreciate that the 1835 Municipal Reform Bill, if implemented, would enable the new reform corporation to elect its own borough coroner in certain circumstances. Such elections would involve a small number of borough councillors and not the several thousand freeholders previously involved in the election of county coroners, who had hitherto exercised jurisdiction in boroughs. Rogerson saw possibilities for doctors with coronial ambitions lobbying borough

<sup>12</sup> S. Squire Sprigge, *The life and times of Thomas Wakley* (London, 1989); Irvine Loudon, *Medical care and the general practitioner 1750–1850* (Oxford, 1986), p. 271.

<sup>13</sup> T. H. Bickerton, *A medical history of Liverpool from its earliest days to the year 1920* (Liverpool, 1936), p. 72.

<sup>14</sup> *Liverpool Mercury*, 27 Aug. 1867.

<sup>15</sup> Rudolph E. Melsheimer, *Sir John Jervis on the office and duties of coroners: With forms and precedents* (4th edn, London, 1880), pp. 8–9; G. H. H. Glasgow, 'The election of County Coroners in England and Wales circa 1800–1888', *Journal of Legal History*, 20 (1999), pp. 75–109; Pam Fisher, *An object of ambition? The office and role of the coroner in two midland counties, 1751–1888*, Occasional Paper of the Friends of the Centre for English Local History (Leicester, 2003), pp. 38–43.

councillors. When the 1835 Municipal Corporations Act became law the boroughs could be showpieces in a campaign for medical coroners. He knew that Liverpool would quickly have its own borough coroner since the Liverpool borough councillors had, on 6 January 1836, petitioned His Majesty in Council for the grant of a separate Court of Quarter Sessions.<sup>16</sup> When that petition was granted the sixty-four Liverpool councillors would have to elect a borough coroner within ten days.<sup>17</sup>

However, the 1835 Act laid down no qualifications for the coronership whether legal or medical or by estate or by residence. The Act only required the election of a fit person not being an alderman or councillor of the borough, although the councillors were unlikely to elect anyone engaged in trade or business. Successful candidates were likely to be solicitors or doctors.<sup>18</sup> Rogerson saw the possibility of promoting a vigorous campaign for medically-qualified borough coroners. That campaign extended beyond Liverpool, being national as well as local, and it relied heavily on the respect according to him by other Liverpool doctors and the LMI.

Such respect resulted from his pre-1836 medical career in London and in Liverpool. Rogerson had shown himself as a young and extremely able and energetic surgeon who had become a member of the Royal College of Surgeons of England on 11 May 1827. At that College he had been the winner of the prestigious Jacksonian Prize for a 'Dissertation on inflammation of the membranes'.<sup>19</sup> He had become a Licentiate of the Society of Apothecaries and had published 'Essays on Hygeia' in the *Medical Gazette*.<sup>20</sup> After qualifying he had commenced practice in Liverpool with consulting rooms at 1 Suffolk Street.<sup>21</sup>

By 1836 Rogerson had been accepted by the Liverpool medical profession, which numbered 199 surgeons and fifty-two physicians

<sup>16</sup> Liverpool Council, Minutes, Jan. 1836–Sept. 1837, p. 11.

<sup>17</sup> Melsheimer, *Sir John Jervis*, p. 7; *R. v. Grimshaw* (1847) 10 QB 747.

<sup>18</sup> Victor Bailey, 'This rash act': *Suicide across the life cycle in the Victorian city* (Stanford, 1998), p. 38.

<sup>19</sup> George Rogerson, *A treatise on inflammations . . . Being an extension of a 'Dissertation on inflammation of the membranes' to which the Jacksonian Prize for the year 1828 was awarded by the Royal College of Surgeons in London* (London & Liverpool, 1832).

<sup>20</sup> *London and provincial medical directory*, 1853, p. 540.

<sup>21</sup> *Gore's Directory*, 1832, 1835, 1839.

not including druggists and unorthodox practitioners.<sup>22</sup> He had acquired a reputation as a capable surgeon, vociferous in local affairs and with a growing medical practice. He had urged the establishment of additional hospitals in Liverpool like the Dock Hospital. He had spoken at the LMI and the Mechanics Institute stressing the popular relationship between science, the arts and natural philosophy, and had urged an alliance between medical sciences and popular politics. In that respect he foresaw the importance of medical and scientific expertise in death inquiries and, in relation to the latter, developed a vision of an exclusively medical coronership. His colleagues saw him as a reformist in medical and political terms. Rogerson was, therefore, in a strong position to promote a campaign for medical coroners in the new reform boroughs and to be a candidate himself.<sup>23</sup>

Rogerson began that campaign expeditiously by writing on 1 January 1836 to the Liverpool borough council offering himself as a candidate for the forthcoming election of borough coroner. After the Liverpool councillors' petition of 6 January, not doubting that it would succeed, he wrote an eighteen-page printed letter to the Corporation on 11 February urging the appointment of a medical coroner.<sup>24</sup> On the same day, with a suitably altered frontispiece, he sent an otherwise identical copy of the letter to each of the mayors, aldermen and councillors of the Reform Corporations throughout England.<sup>25</sup> *The Lancet*, of which Wakley was both founder and first editor, welcomed that action, published extracts and expressed the hope that Rogerson's argument would be noted and followed by all the new reform corporations.<sup>26</sup> The arguments had been formulated against the background of the nineteenth-century concern about deaths, criminal or otherwise, following the misuse of poisons, especially arsenic.<sup>27</sup> The latter, which was readily available, was

<sup>22</sup> *Gore's Directory*, 1837.

<sup>23</sup> Liverpool Record Office (LivRO), Bickerton Papers, P-R, p. 163.

<sup>24</sup> George Rogerson, *A letter to the reform corporations on the necessity of electing medical coroners* (London, 1836); and *A letter to Liverpool Corporation on electing a medical coroner*, Special Collections & Archives, Liverpool University Library.

<sup>25</sup> J. A. Shepherd, *A history of the Liverpool Medical Institution* (Liverpool, 1979), p. 91, 95–96, 99, 103, 120–21.

<sup>26</sup> 'New Corporations—medical coroners', *Lancet* (1835–36), part I, pp. 88, 912–13.

<sup>27</sup> J. D. J. Havard, *The detection of secret homicide: A study of the medico-legal system of investigation of sudden and unexplained deaths* (London, 1960), pp. 59–62;

almost impossible to detect except by chemical tests.<sup>28</sup> Therefore, Rogerson's arguments were based on a general premise that inquests were 'essentially medical' or scientific, that a non-medical coroner without 'an extensive knowledge of medical science' was not 'best qualified to preside' and that 'his medical ignorance . . . prevented him from safely, justly and properly conducting [inquests]'.<sup>29</sup>

Rogerson argued that coroners' courts needed reform by the application of the science of medicine 'which alone can effectively administer justice through the detection of the cause of death'. He then went on to state:

Hitherto the inquiry is strictly *medical*, and the requisite information is afforded by anatomy, pathology and surgery. By negligence, self-design, or guilt, destruction of life is frequently effected by drugs and poisons; of which the Coroner's inquiry can only be efficiently and justly prosecuted by discovering *the nature and properties of destructive substances, and their effects on living bodies* . . . [it] is strictly *medical*, and can only be attained by the aid of *materia medica*, chemistry and toxicology.<sup>30</sup>

Rogerson then proceeded to criticise attorney-coroners, noting their lack of medical knowledge. He referred to attorney-coroners taking into the courtroom for reference medical handbooks on poisons such as William Buchan's eighteenth-century text on *Domestic medicine*, then in its sixteenth edition, in an attempt to overcome their 'medical ignorance'. He wrote that doctors, understanding the science of medicine, were 'alone . . . able to investigate and discover the causes of death and to duly estimate all evidence bearing on them'.<sup>31</sup>

Rogerson observed that

P. W. J. Bartrip, 'How green was my valance? Environmental arsenic poisoning and the Victorian domestic ideal', *English Historical Review*, 109 (1994), pp. 891–913; Thomas Forbes, *Surgeons at the Bailey: English forensic medicine to 1878* (New Haven, 1985), p. 131.

<sup>28</sup> W. L. Burn, *The age of equipoise: A study of the mid-Victorian generation* (New York, 1965), p. 250.

<sup>29</sup> British Parliamentary Papers (BPP), Return from coroners of England and Wales, of inquisitions where death was caused by poison, 1839 vol. XXXVIII 565; there were 540 verdicts of death by poisons in 1837–38.

<sup>30</sup> Unless otherwise noted, quotations in this section are from Rogerson, *A letter to Liverpool Corporation*, pp. 6–18 (emphasis as in original).

<sup>31</sup> William Buchan, *Domestic medicine: Or, a treatise on the prevention and cure of diseases by regimen and simple medicines* (London, 1779).

A Coroner is present at every inquest; a medical witness sees very few of them, and at the majority of those few, the assistance of a medical practitioner is . . . required only on account of some glaring suspicion . . . which stupidity itself could not overlook.

He went on to argue that:

A great number of sudden deaths, requiring inquests, are suspicious, and a medical Coroner, who, by the nature of his profession, is best acquainted with the *causes and appearances of death is enabled at once to decide on the truth or falsity of these suspicions, and on the necessity of instituting a rigid examination by a medical witness.*

It should be noted that Rogerson was writing before the 1836 Medical Witnesses Act had given the ordinary medical practitioner a pivotal role in the inquest system.<sup>32</sup>

Reference to errors made by coroners 'with a smattering of knowledge' or with 'a total ignorance of medical science' led Rogerson to focus on Henry (Orator) Hunt, a stalwart supporter of medical coroners as well as a leading reformer and radical politician.<sup>33</sup> Hunt had experienced the unsatisfactory outcome of inquests held by attorney coroners like Thomas Ferrand, arising out of the 1819 Peterloo Massacre and out of prison deaths during his period of imprisonment in Ilchester Gaol.<sup>34</sup> In consequence he was convinced of the need for medically-qualified coroners. Rogerson, therefore, quoted in his letter to the reform corporations part of a speech made by Hunt in support of Wakley in the 1830 Middlesex election. He also set out in full a letter from Joseph Hume, MP for Middlesex, to Wakley in which letter Hume had written 'I consider

<sup>32</sup> Ian A. Burney, *Bodies of evidence: Medicine and the politics of the English inquest 1830–1926* (Baltimore, 2000), pp. 108–9.

<sup>33</sup> J. C. Belchem, 'Orator' Hunt: *Henry Hunt and English working-class radicalism* (Oxford, 1985), pp. 115–18; and 'Henry Hunt and the evolution of the mass platform', *English Historical Review*, 93 (1978), p. 748.

<sup>34</sup> J. A. Dowling, *The whole proceedings before the coroner's inquest at Oldham on the body of John Lees* (1820); I. A. Burney, 'Making room at the public bar: Coroners' inquests, medical knowledge and the politics of the constitution in early nineteenth-century England' in James Vernon, ed., *Re-reading the constitution: New narratives in the political history of England's long nineteenth century* (Cambridge, 1996), pp. 129–35; G. H. H. Glasgow, 'The John Lees inquest of 1819 and the Peterloo Massacre', *THSLC*, 148 (1998), pp. 95–118; Reports, Commissions of enquiry 3–15 relating to the Royal Commission on the state of Ilchester Gaol 1821–1822, Somerset Record Office, Q/AG1/9.

that no man should fill the office of coroner who has not attended a course of medical jurisprudence’.

Rogerson believed that the role of doctors at inquests should not be restricted to that of a witness. If that were to happen the jury would not receive ‘a clear and valid statement of the medical topics of the inquiry’, since Rogerson wrote that ‘it is preposterous to expect that a Coroner can give a true opinion, or state a correct explanation on subjects of which he is ignorant’. Rogerson argued that as the evidence relating to a death and its causes was exclusively medical it could only be explained ‘clearly and justly’ by a medical coroner. He substantiated these statements by reference to the failings locally of non-medical coroners to evaluate scientific evidence in several Liverpool inquests citing, in particular, the Eliza Jennings inquest which involved poisoning with a steel knife and arsenic in a pudding and some inquests involving murder and manslaughter. He admitted that ‘some degree of legal knowledge’ was required but ‘the legal inquiries of the Coroner’s Court [were] not obscured with difficulties of law’:

The requisite legal information is soon gained by any rational individual, for the examinations seek into MATTERS OF FACT RATHER THAN OF LAW. The Court is not one for the decision and examination of points of law, and for the awards of punishment, but of preliminary investigation and inquiry on *violent, sudden, and unnatural deaths, and deaths in prison, and their causes.*

Rogerson concluded his letter by stating that doctors had not until recently ‘publicly proclaimed their peculiar fitness’ to hold the judicial office of coroner. He urged the new reform corporation to appoint doctors to that office ‘as the best means of ensuring justice’. The letter was the basis upon which his candidature for the Liverpool borough coronership relied.<sup>35</sup>

Following the granting of its own Court of Quarter Sessions, Liverpool council called a special meeting to be held on 20 April 1836 for the sole purpose of electing the new borough coroner. The chairman was the Mayor, William Wallace Currie, and fourteen aldermen and thirty-two councillors were present.<sup>36</sup> The official minutes are brief—one handwritten page only—but as the debates, influenced by Rogerson’s letter, focused on the respective merits of

<sup>35</sup> Liverpool Council, Minutes, Dec. 1835–May 1838, p. 155.

<sup>36</sup> Liverpool Council, Minutes, Jan. 1836–Sept. 1837, p. 156.

legal and medical coroners, press coverage is more detailed. The Mayor referred to letters of application from four candidates. H. J. Forshaw and Philip Finch Curry were solicitors, while John Rimmer MD and Rogerson were doctors. According to one press report another medical candidate, Dr Philp, had withdrawn from the contest and according to earlier council minutes another solicitor, Joseph Lacon, had applied but his name was not mentioned at the council meeting. Another press report stated that Rogerson's application had only been included following the matter having been raised by a press reporter.<sup>37</sup> Medical and legal candidates were, therefore, evenly balanced. However, according to press reports, neither Forshaw nor Rimmer featured in the debates. In reality, the contest was between Curry, who had been honorary solicitor to the Reform Association and was backed by the Liberal-dominated Liverpool borough council, and Rogerson who represented the Liverpool medical profession.<sup>38</sup>

Although Curry was, in effect, the Reformist nominee for the borough coronership he and his supporters on the council were anxious to address the issues raised as to legal or medical qualifications.<sup>39</sup> Curry had qualified as a solicitor and was a partner in the firm of Curry Statham & Horner of Lord Street. However, he had links with the medical profession. His father had been a doctor, he had intended to enter the medical profession and he had undergone some medical training.<sup>40</sup> He had studied medical jurisprudence, and his supporters argued that, whatever the respecting merits of legal or medical training, Curry had undertaken both.<sup>41</sup> As one councillor stated, Curry 'combined the two qualifications of medical ability with legal knowledge'.<sup>42</sup>

Dr James Carson, who represented Abercromby Ward in which the LMI was situated and who was physician to the Workhouse and Fever Hospital, addressed his fellow councillors at length on the necessity of medical coroners. He maintained that coroners should be doctors to establish accurate causes of death. He further stated that inexperienced doctors were asked to give evidence at inquests

<sup>37</sup> *Liverpool Journal*, 23 Apr. 1836.

<sup>38</sup> Derek Fraser, *Power and authority in the Victorian city* (Oxford, 1979), p. 26.

<sup>39</sup> *Liverpool Journal*, 23 Apr. 1836.

<sup>40</sup> *Liverpool Times*, 26 Apr. 1836.

<sup>41</sup> *Liverpool Mercury*, 29 Apr. 1836.

<sup>42</sup> *Liverpool Times*, 23 Apr. 1836.

and that the corrections of such evidence could only be properly decided by a medically qualified coroner. He went on to say:

The duties of a coroner could only efficiently be discharged by a medical man thoroughly skilled in all branches of his profession and also possessing a profound knowledge of general literature and the sciences and in particular moral philosophy.<sup>43</sup>

Carson concluded by proposing a resolution that the coroner should be selected from the medical profession in Liverpool. He referred to Rogerson as 'an eminent member of the [medical] profession' and inferred therefore that he was a fit and proper person to be Liverpool's first borough coroner under the 1835 Act.<sup>44</sup> His proposed resolution did not, however, name expressly a particular doctor.<sup>45</sup> C. Logan, representing Scotland Ward, seconded that resolution. John Holmes then proposed a resolution that Curry be appointed borough coroner and Alderman Joseph Hornby seconded that resolution. Finally the Mayor, by a show of hands, 'took the opinion of the Council' and it was 'almost unanimously resolved' that Curry be elected borough coroner with Carson's resolution being rejected 'almost unanimously' since only Carson and Logan had voted in favour.<sup>46</sup> That resolution had made a proposal. It had not named a particular doctor. The names of the other two candidates, one of whom was doctor, had not been put forward.

Curry's election was an example of the exercise by reform corporations of local patronage to reward services rendered.<sup>47</sup> Elsewhere, the appointment of Birmingham's first borough coroner, Dr John Birt Davies, in 1839, although involving a medical candidate, was not the result of a debate as to the merits of a legal or medical qualifications. It was a political appointment.<sup>48</sup> To that extent therefore, the debates that took place in the council as to the merits of a legal or medically qualified coronership had been eclipsed by the exigencies of local politics.<sup>49</sup>

<sup>43</sup> *Liverpool Mercury*, 29 Apr. 1836.

<sup>44</sup> *Liverpool Journal*, 25 Apr. 1836.

<sup>45</sup> *Liverpool Mercury*, 29 Apr. 1836.

<sup>46</sup> *Liverpool Times*, 26 Apr. 1836.

<sup>47</sup> Fraser, *Power and authority*, p. 54.

<sup>48</sup> Borough of Birmingham, Council Minutes, 22 Dec. 1838–17 Oct. 1847, pp. 75–78; *Aris's Birmingham Gazette*, 20 May 1839.

<sup>49</sup> *Liverpool Journal*, 25 Apr. 1836.

### The Liverpool Medical Institution, Dr Robert Gee and the 1867 election

The Liverpool coronership did not again become vacant for thirty years. By that time the medical profession had changed both in its organization and in numbers.<sup>50</sup> So far as organization was concerned the 1858 Medical Act had been designed to inform people as to medical qualifications, but the tripartite divisions remained with different methods of qualification as surgeons, physicians or apothecaries.<sup>51</sup> Orthodox medicine existed alongside unorthodox medicine.<sup>52</sup> A much-divided medical profession encompassed, in addition to regular practitioners, unqualified homeopaths, druggists, medical botanists, herbalists and bone-setters.<sup>53</sup> Unorthodox medical practitioners, although not on the Medical Register, remained eligible to apply for coronerships. However the LMI, representing orthodox medicine, played the pivotal role in the Liverpool campaign for medical coroners and put forward its own members as candidates.

In Liverpool the number of doctors had more than doubled from 251 in 1837 to 550 in 1867 and the membership of the LMI had increased proportionately.<sup>54</sup> The LMI selected as coronial candidates doctors who held other public appointments such as those of police surgeon, prison medical officer and hospital or workhouse doctor. By 1867 the number of voluntary and public hospitals, and the number of workhouse hospitals, had increased. For example, the Royal Southern Hospital (1841), the David Lewis Northern Hospital (1833), the Mill Road Hospital (1857) and the Liverpool Hahnemann Hospital and Homoeopathic Dispensaries (1871) had been established and the Toxteth Park, Mill Road and Belmont workhouse hospitals under the Poor Law Union further expanded.

Doctors holding such appointments were accustomed to regional needs and the tradition and situation of Liverpudlians. They were

<sup>50</sup> Loudon, *Medical care and the general practitioner*, pp. 280–81.

<sup>51</sup> Holloway, 'Medical education', pp. 313–15.

<sup>52</sup> Roy Porter, *Disease, medicine and society in England, 1550–1860* (Cambridge, 1995), pp. 48–49.

<sup>53</sup> J. V. Pickstone, 'Medical botany and self-help medicine in Victorian England', *Memoirs of the Manchester Literary and Philosophical Society*, 119 (1996–97), pp. 85–95.

<sup>54</sup> *Gore's Directory*, 1837, 1867.

attracted to the Liverpool coronership for several reasons. After 1867 the coronership was a highly paid, prestigious but controversial, full-time judicial job. Because of its socio-medical association it provided investigative procedures for doctors not otherwise available. Further, with its new court room, mortuary facilities and more post-mortems it afforded opportunities, within the sanitarian movement, to develop professional expertise and to advance public health reform, the investigation of occupational deaths in relation to working conditions and to expose ill treatment relevant to deaths in prison and in workhouses.<sup>55</sup>

Philip Finch Curry, the Liverpool borough coroner, died on Wednesday 21 August 1867 at his home at Oxtou, Birkenhead, having held office for more than thirty years.<sup>56</sup> Under the 1835 Municipal Corporations Act the Liverpool borough council had to appoint another coroner by the end of the month.<sup>57</sup> The election would be by the whole council and, as there were sixteen wards each with four councillors, some sixty-four councillors were involved. Following Curry's death, the LMI held an *ad hoc* meeting at its premises in Hope Street Liverpool.<sup>58</sup> No minutes were kept, although the proceedings were reported in detail in local newspapers.

The object of the meeting was stated to be 'to take steps to secure the election [by the Liverpool borough council] of a medical practitioner to the office of coroner for the borough of Liverpool'. The press referred to a 'numerous attendance of medical gentlemen'—in excess of fifty—including leading Liverpool practitioners like Dr A. C. Hughes, Dr Ewing Whittle, Mr F. W. Lowndes and Mr F. J. Bailey. The Chairman was Dr John Cameron, physician of 17 Rodney Street, and described as physician to the Royal Southern Hospital and 'a careful and shrewd consultant'.<sup>59</sup> The Secretary was Dr J. W. Irvine, physician of 11 St Paul's Square.

<sup>55</sup> Bailey, 'This rash act', p. 50; Tony Ward, 'Coroners, police, and deaths in custody in England: A historical perspective' in *Working Papers in European Criminology*, 6 (1985); Joe Sim & Tony Ward, 'The magistrate of the poor? Coroners and deaths in custody in nineteenth-century England' in Michael Clark & Catherine Crawford, eds, *Legal medicine in history* (Cambridge, 1994), pp. 245–67.

<sup>56</sup> *Liverpool Mercury*, 22 Aug. 1867; *Southport Visiter*, 25 Aug. 1867.

<sup>57</sup> *Liverpool Mercury*, 23 Aug. 1867; *Liverpool Chronicle*, 24 Aug. 1867; *Liverpool Mail*, 24 Aug. 1867.

<sup>58</sup> *Liverpool Mercury*, 27 Aug. 1867.

<sup>59</sup> Bickerton Papers, D, p. 270.

Cameron began by saying that there could be no doubt that the person best fitted to be a coroner was 'a gentleman who had had practice and experience in the medical profession'. He pointed out that only within the last few years medical men had become coroners as hitherto coronerships had been regarded as the monopoly of the legal profession. He told the assembled doctors that 'it stood to reason that gentlemen who had spent the best part of their lives into inquiring into the causes of death were best fitted to preside over a court where causes of death were investigated'. He went on to say that a doctor had come forward 'entirely at their request' but that if they were not satisfied with the selection they should come 'forward and move the adoption of another'.<sup>60</sup> Two resolutions were to be put to them and, if passed, copies sent to the Liverpool borough council.

The first resolution stressed the importance of the borough council appointing a member of the medical profession and the second resolution strengthened it by putting forward the name of the doctor that 'the general body of the medical profession of Liverpool' considered should be the new Liverpool borough coroner. The first resolution was moved by Dr Steele after delivering a lengthy address referring to well-known medical coroners like Thomas Wakley and Edwin Lankester, and pointing out the advantages of appointing a medical gentleman as coroner.<sup>61</sup> He stressed possible economies to ratepayers saying that:

in case of sudden death the coroner [if a medical gentleman] would be able to investigate the cause before an inquisition was held, and if he considered it was a case which did not require investigation before a jury, he might save expense and unnecessary pain to the relatives of the deceased.<sup>62</sup>

Steele then read out an agreed version of the first resolution, which concluded with a call for the council to recognise 'the paramount importance of securing for the office of coroner, now vacant, the services of a member of the medical profession'.<sup>63</sup>

At this stage of proceedings the LMI adopted as their candidate Dr Robert Gee MD MRCP, who had joined the Institution on 6

<sup>60</sup> *Liverpool Mercury*, 27 Aug. 1867.

<sup>61</sup> *Daily Post*, 27 Aug. 1867; E. Sherrington, 'Thomas Wakley and reform 1823–62' (DPhil thesis, University of Oxford, 1974); Mary P. English, *Victorian values: The life and times of Dr Edwin Lankester MD FRS* (Bristol, 1990), pp. 136–56.

<sup>62</sup> *Daily Post*, 27 Aug. 1867.

<sup>63</sup> *Liverpool Mercury*, 27 Aug. 1867.

February 1854 and who had given lectures to its members on the Liverpool Medical School and the LMI since 1864.<sup>64</sup> Gee was forty-eight years old, a native of Denbigh who had received his medical education at University College London, Edinburgh, Paris and Heidelberg, from which university he had obtained his doctorate.<sup>65</sup> He had settled in Liverpool about 1851 living at 10 Oxford Street and 6 Abercromby Square. He had built up a substantial private practice but he was also a resident surgeon at the Liverpool Workhouse (one of the largest workhouses in Europe), a consulting physician to the Hospital for Infectious Diseases and to the Hospital for Consumption and Diseases of the Chest (1864).<sup>66</sup> When Gee died in 1891 his funeral service was held in the Workhouse Chapel. He was a lecturer in pathology at the Liverpool School of Medicine and had a reputation as an authority on fevers, being instrumental in the establishment of Liverpool's fever hospital in Netherfield Road.<sup>67</sup> In view of his Welsh origins and his position as a deacon of the Calvinist Methodist Church in Oswald Street Liverpool, not surprisingly, he was enthusiastic in politics. The local press described him as, on behalf of the Radical party, 'exerting himself strenuously both in municipal and parliamentary elections'.<sup>68</sup>

Gee's name was put forward to the Liverpool doctors in a second resolution.<sup>69</sup> That resolution was moved by Dr Daniel W. Parsons, a physician of 31 Everest Crescent and it was seconded by Dr Ewing Whittle, a physician of 65 Catherine Street. It read as follows:

That in the opinion of this meeting Dr Gee, from his long extensive and varied experience in the public and private details of medical practice, from his personal qualification, and from the high estimation in which he is held by his professional brethren and the public of Liverpool, is eminently qualified to discharge in an efficient manner the important functions of coroner of this borough, and this meeting hereby pledges itself to afford to Dr Gee every assistance to further the success of his election, with the firm

<sup>64</sup> Bickerton Papers, D, p. 144; Robert Gee, *Outline of the origin and progress of the Liverpool Medical Institution* (Liverpool, 1866); and 'Inaugural address on the history of the Liverpool Medical Institution since 1864, delivered on 9 October 1884'; and 'Report of the cases of continued fever admitted into the Liverpool Fever Hospital January-June 1856', *Medico-chirurgical Journal*, 1 (1857), pp. 119-29.

<sup>65</sup> *Lancet*, 10 Jan. 1891; *British Medical Journal*, 10 Jan. 1891.

<sup>66</sup> *Liverpool Chronicle*, 24 Aug. 1867; *Liverpool Daily Post*, 6 Jan. 1891.

<sup>67</sup> *Liverpool Courier*, 2 Jan. 1891.

<sup>68</sup> *Liverpool Courier*, 2 Jan. 1891; *Liverpool Daily Post*, 6 Jan. 1891.

<sup>69</sup> *Liverpool Mercury*, 3 Jan. 1891.

belief that the best interests of the public no less than those of the medical profession will thereby be promoted.<sup>70</sup>

That resolution having been passed unanimously, the Liverpool doctors proceeded to set up a committee to canvass the support of borough councillors during the few days available before the full council meeting on 29 August 1867. The prime mover was the physician Dr Benjamin Townson of 53 Shaw Street. Thirty-five committee members had been set up to lobby all sixty-four borough councillors on the basis, as Townson stated, that if Gee were elected he would show to the public, as a medical practitioner, 'with clearance and confidence' and 'with efficiency and safety' the real causes of death, which was something according to Townson, 'not done [in Liverpool] as it ought to be'.<sup>71</sup>

Two days later Gee wrote a letter of application to the borough of Liverpool applying for the coronership.<sup>72</sup> He began by stating that, if elected, he would accept the decision of the council as to the report of the General and Parliamentary Committee reforming the borough coronership as to fees and disbursements, and making the position a full time appointment after adding to the coroner's work the investigation of the causes of fire as put forward by the Manchester coroner Edward Herford.<sup>73</sup> Gee had been sent a copy of that report, and he stressed that he would seek to reduce the number of inquests held and to curtail expenses so that sections 11 and 12 (which were intended to empower the town council to pay the coroner a fixed annual salary in lieu of fees) would not be necessary and, by implication, accepted section 13 as to inquests into the causes of fires.

He offered four reasons why as a doctor he should be elected coroner. First, his education and training for the medical profession had included the study of medical jurisprudence and the collateral branches of science. Second, his experience as physician to 'the workhouse hospital and other institutions' had provided opportunities 'rarely equalled of observing the phases and treatments of diseases'. Third, he had given a special study of pathology and morbid anatomy holding the position of lecturer in those subjects at the Royal Infirmary School of Medicine. Fourth, he referred to the

<sup>70</sup> *Liverpool Mercury*, 27 Aug. 1867, emphasis added.

<sup>71</sup> *Liverpool Mercury*, 27 Aug. 1867; for the committee membership, see appendix 1.

<sup>72</sup> *Liverpool Mercury*, 30 Aug. 1867.

<sup>73</sup> Borough of Liverpool, Proceedings of the Council, 1866-67, pp. 214-18.

opening speech of Cameron at the emergency meeting of the LMI on 26 August 1867 by saying that it was 'the decided opinion of the [medical] profession that none but a medical man [could] satisfactorily discharge the important functions of a coroner'.<sup>74</sup>

Although Gee was the only medical candidate other legal candidates applied, or intended to apply. For example, the much-liked Liverpool solicitor Weir Anderson intended to apply but did not proceed when he found out the competition, since he felt that any appointment should be by the unanimous vote of the council. However, in the eight days that elapsed between Curry's death and the appointment of the new coroner being made, five other candidates applied in writing. Three letters of application were made prior to Gee's letter; one (on 22 August) from Ogden Bolton, a barrister and for more than twenty years a member of the northern circuit; one from Walter Wrenn Driffield, a solicitor and deputy county coroner (23 August); and another from John Wybergh Jr, who had been for more than twenty-five years the legal advisor of the borough magistrates in Dale Street Liverpool (24 August).<sup>75</sup> One local newspaper claimed that the legal profession supported Wyburgh.<sup>76</sup>

Two other candidates submitted letters of application on the same day as Gee. Joseph Devey of Park Road West Birkenhead wrote applying for the post on 28 August. He had been Curry's deputy for many years when Curry had been incapacitated by illness. He promised to devote his full time to the coronership and to accept the recommendations of the borough council's report made a few days earlier. Further he stated that there had been 'a great reduction in the number of inquests during his long period of office as deputy coroner'.<sup>77</sup>

The other applicant was Clarke Aspinall, a prominent legal figure in Liverpool. Aspinall had been born in Abercromby Square and was a partner in the firm of Aspinall & Bird, solicitors of Liverpool. Although he had contested St Anne's Ward and the Scotland Ward as a Liberal councillor he was believed to be 'a moderate man in his political sentiments'.<sup>78</sup> He was the son of the Rev. James Aspinall,

<sup>74</sup> Letter dated 28 Aug. 1867, *Liverpool Mercury*, 30 Aug. 1867.

<sup>75</sup> *Albion*, 26 Aug. 1867.

<sup>76</sup> *Liverpool Mercury*, 23 Aug. 1867.

<sup>77</sup> Letter dated 28 Aug. 1867, *Liverpool Mercury*, 30 Aug. 1867.

<sup>78</sup> *Porcupine*, Apr. 1867–Mar. 1868, p. 206.

Vicar of St Luke's Church and the grandson of J. B. Aspinall, who had been Mayor of Liverpool in 1803. His brother was J. B. Aspinall QC, the Recorder of Liverpool.<sup>79</sup> For several days prior to the meeting of the full borough council, some elements of the press, whilst expressing the hope that politics would not influence the appointment, expressed the opinion that Aspinall's candidature with the backing of most of the council was 'certain to succeed'.<sup>80</sup>

For the purpose of electing the new coroner a special meeting of the full borough council was held at 11am on 29 August 1867 in the Town Hall.<sup>81</sup> However, the withdrawal of the popular candidate Weir Anderson meant that 'the proceedings lost much of that interest which would otherwise attach to them', with the local press stating that Aspinall would be successful.<sup>82</sup> One newspaper suggested that the Conservative group offered Anderson another job to withdraw from the election.<sup>83</sup> Not surprisingly, therefore, out of sixty-four councillors eligible to attend only forty-nine attended. The Mayor John Grant Morris presided with eight aldermen present including Alderman Turner MP and forty-one councillors including the two councillors who were members of the LMI, namely, Dr Thomas Dawson and Dr John Stopforth Taylor. Dawson was a surgeon of 26 Rodney Street, councillor for Rodney Street Ward and Medical Officer for the Liverpool Female Friendly Society, while Taylor was a physician of St Anne Street and councillor for St Anne Street Ward.<sup>84</sup>

The LMI committee set up three days earlier to promote the medical candidate had faced an impossible task. The Conservative-dominated council, including active political figures like Turner, Alderman Thomas Bold, and Councillors Whitley and Gladstone, wanted to be seen to act decisively and, if possible, by electing the new coroner unanimously to rejuvenate that office which had declined in status through the long illness of the previous coroner.<sup>85</sup>

<sup>79</sup> *Liverpool Daily Post*, 27 Aug. 1867.

<sup>80</sup> *Liverpool Mercury*, 22, 23, 24 Aug. 1867; *Liverpool Daily Post*, 26, 30 Aug. 1867; *Albion*, 26 Aug. 1867.

<sup>81</sup> *Liverpool Journal*, 31 Aug. 1867.

<sup>82</sup> *Liverpool Daily Post*, 30 Aug. 1867.

<sup>83</sup> *Liverpool Journal*, 31 Aug. 1867.

<sup>84</sup> *Porcupine*, 9 (1867-68), p. 201 (Dawson); *Gore's Directory*, 1867.

<sup>85</sup> *Porcupine*, 15 (1863-64), pp. 129-30, 209-10, 321-22, 364-65, 369-70; *Liverpool Daily Post*, 22 Aug 1867.

The council meeting began with the six letters of application being read out. Councillor Clint proposed Aspinall as a fit and proper person to replace Curry as the Liverpool coroner. Aspinall had served as a popular and energetic councillor for some six years. He was 'moderate in his political sentiments' and had the support of the Conservative-dominated borough council.<sup>86</sup> The proposal was seconded by Councillor Lawrence. However, unlike Clint, Lawrence highlighted medico-legal conflicts. He said:

he knew the opinion was held that a gentleman belonging to the medical profession would be more specially qualified to fulfil the duties of coroner but he believed that the professional training of a legal man better qualified him to sit in a judicial capacity.<sup>87</sup>

At this stage of the proceeding, sensing that Gee's application would be defeated by Aspinall's candidature, Dawson stated that he would not 'submit the name of Dr Gee' 'in the hope that the approval of Mr Clarke Aspinall would be unanimous'; the press noted that 'with the exception of a word from Dr Dawson on behalf of Dr Gee the other candidates were passed by unnoticed'.<sup>88</sup> However, Dawson reiterated the second resolution of the LMI saying that the appointment of Gee had been 'the unanimous wish of the medical profession' and that Gee had come forward 'on public grounds'.<sup>89</sup> He cited the medical coroner Dr Edwin Lankester, coroner for Central Middlesex 1862–63, as one of the ablest coroners in England, and maintained that medical coronership should be the ultimate objective.<sup>90</sup> His speech was followed by one from Taylor, his colleague both on the council and at the LMI, and Taylor dissented from the views of Lawrence more forcibly than Dawson had done.<sup>91</sup> However, in the circumstances, like Dawson, he did not propose Gee since he also wanted a unanimous decision from the councillors: 'The fear was that a judicial appointment of this kind would degenerate into a party fight'.<sup>92</sup>

<sup>86</sup> *Liverpool Daily Post*, 27 Aug. 1867; D. Ben Rees, *Local and parliamentary politics in Liverpool from 1800 to 1911* (Lampeter, 1999), pp. 14–15.

<sup>87</sup> *Liverpool Mercury*, 30 Aug. 1867.

<sup>88</sup> *Liverpool Mercury*, 30 Aug. 1867.

<sup>89</sup> *Albion*, 26 Aug. 1867, *Liverpool Mercury*, 30 Aug. 1867.

<sup>90</sup> *Liverpool Chronicle*, 24 Aug. 1867.

<sup>91</sup> *Liverpool Mercury*, 30 Aug. 1867.

<sup>92</sup> *Albion*, 26 Aug. 1867; *Liverpool Chronicle*, 31 Aug. 1867; *Liverpool Journal*, 31 Aug. 1867.

Apart from Aspinall none of the other candidates was proposed by any councillor. Five applications, therefore, never went to the vote, and without any opposition Aspinall was elected coroner for the Liverpool borough.<sup>93</sup> Liverpool doctors failed to secure the election of a medical practitioner as Gee's application had been allowed to lapse without any councillor proposing him. However, as the speeches of Dawson and Taylor indicated, it was not seen as the end of the medical campaign. That campaign emerged more strongly in the 1891 election following Aspinall's death.

### Doctors, lawyers and local politics: Dr Frederick Walter Lowndes and the 1891 election

After an influenza attack, Aspinall died unexpectedly at his home, Laurel Bank, Lower Bebington, on 10 December 1891 aged 64.<sup>94</sup> The LMI, recollecting the 1837 and 1867 electoral contests of ten days each, immediately decided to rejuvenate the medical campaign with the object of securing the vacant Liverpool coronership for a local doctor. It therefore decided to put forward an official medical candidate. The candidate in mind was Frederick Walter Lowndes, who lived a few hundred yards from the Mount Pleasant premises of the LMI.<sup>95</sup> By 1891 Lowndes, who was the great grandson of the distinguished Liverpool physician Dr Matthew Dodson, had acquired a reputation at the Liverpool Assizes as an expert in detecting arsenic poisoning.<sup>96</sup> He had worked with coroner Aspinall as well as Edward Davies, Analytical and Consulting Chemist at the Royal Institute Liverpool.<sup>97</sup> He had co-operated with the famous medical jurist professor Alfred Swaine Taylor.<sup>98</sup> As a nationally-known doctor he was, therefore, the ideal candidate.

<sup>93</sup> *Liverpool Daily Post*, 30 Aug. 1867.

<sup>94</sup> G. H. H. Glasgow, 'Clarke Aspinall—Liverpool Borough Coroner 1867–1891', *Lancashire History Quarterly*, 3 (1999), pp. 14–20, 53–56.

<sup>95</sup> W. T. Pike, *Liverpool and Birkenhead in the twentieth century: Contemporary biographies* (Brighton, 1911), p. 223.

<sup>96</sup> Bickerton, *Medical history of Liverpool*, p. 84; *British Medical Journal* (1919), II, p. 453; Bickerton Papers, M, p. 172.

<sup>97</sup> F. W. Lowndes, 'The Coroners' Court in England', *Medical Times and Gazette*, 20 Oct. 1877, pp. 431–32; Angela Brabin, *The black widows of Liverpool* (Lancaster, 2003), pp. 43, 143.

<sup>98</sup> H. T. Bickerton, *Frederick Walter Lowndes* (MS, LivRO); National Archives (NA), PRO ASS1/53/6, Exhumation and post-mortem Margaret Jennings.

On the day following Aspinall's death Dr William Carter, a former President of the LMI, called upon Lowndes at 62 Mount Pleasant with a letter signed by seventy of the leading physicians, surgeons and general practitioners in Liverpool asking him to be a candidate. He was told that further signatures could have been obtained 'had time permitted'. The letter stated:

We, the undersigned of your fellow medical practitioners in Liverpool, believing that your exceptionally wide and accurate knowledge of the legal bearing of medical questions would enable you to fill the office of Coroner with credit to yourself and much advantage to the community, beg to express the hope that you will become a candidate for the post and to assure of our warm support in case you consent to do so.<sup>99</sup>

Lowndes did consent although he informed Carter that he 'had reason to believe that none but a barrister or solicitor would be appointed'. However he knew that he had the support of the Liverpool press and that the London medical press backed him.

His professional qualifications were impeccable.<sup>100</sup> A Liverpudlian, born in St Anne Street Liverpool, he had studied at the Liverpool Royal Infirmary School of Medicine prior to going to Edinburgh and London to study anatomy under Sir William Turner.<sup>101</sup> He was awarded qualifications of MRCS Eng. (1865), LSA (1865) and (LM) 1866. After he had commenced practice in Liverpool in 1868 he was known as the poor man's doctor partly because he became a District Medical Officer 1870-79.<sup>102</sup> He had been elected, 'by a large majority', surgeon to the Liverpool Lock Hospital and to the Seamen's Dispensary, possibly because of his support of the 1864 and 1866 Contagious Diseases Acts.<sup>103</sup> Following the death of Dr Fenton in 1877 he had succeeded him as police surgeon although that appointment had been criticized as

<sup>99</sup> Unless otherwise noted, quotations in this section are from Frederick W. Lowndes, *Reasons why the office of coroner should be held by a member of the medical profession* (London, 1892, 2nd edn, 1895).

<sup>100</sup> Bickerton, *Medical history of Liverpool*, pp. 147-49.

<sup>101</sup> Pike, *Liverpool and Birkenhead*, p. 223; *Liverpool worthies* (LivRO); Bickerton Papers, L, p. 133; *Liverpool Echo*, 4 Sept. 1919; *Liverpool Daily Post*, 5 Sept. 1919.

<sup>102</sup> *Lancet*, 13 Dec. 1919, Lowndes' writings included: *The extension of the Contagious Diseases Acts to Liverpool and other seaports practically considered* (Liverpool, 1876), *Liverpool Seamen's Dispensary: Supplementary medical report of the results of the first year's working of the dispensary* (Liverpool, 1878), and *Lock hospitals and lock wards in general hospitals* (London, 1882).

<sup>103</sup> Bickerton Papers, L, p. 136.

politically-influenced. Lowndes was a member of the Liverpool Conservative Club, which carried favour with the Town Hall, and had an uncle who was a Conservative alderman.<sup>104</sup> He contributed articles to the *Lancet*, the *Medical Times and Gazette*, and the *Liverpool Courier* on public health and the work of coroner.

On 14 December 1891 Augustus F. Warr, President of the Incorporated Law Society of Liverpool (ILSL) wrote to the city council urging the appointment 'to the office of Coroner of some Solicitor practising in Liverpool'.<sup>105</sup> Three days later the LMI passed a resolution urging the appointment of a 'medical man who has thoroughly acquainted himself with the legal bearings of medical questions', and sent a copy to the city council.

Shortly afterwards the argument moved from the merits of legal or medical qualifications to local politics. The *Liverpool Echo* referred to 'Selection by the Tory Caucus'.

A caucus meeting of the Conservative members of the Council was held today to decide upon a concerted action in connection with the vacant coronership . . . the choice fell on Mr [Thomas Edward] Sampson who it is understood will be the Conservative nominee.<sup>106</sup>

Sampson, of 13 Harrington Street, was 46 years of age and a partner in Woodburn Pemberton & Sampson. Simultaneous press reports referred to a meeting of Liberal councillors at which they adopted George Jeremy Lynskey of 16 Lord Street who had practiced as a solicitor from that address for the previous six years as 'the adopted Liberal candidate'.<sup>107</sup>

At a full meeting of the city council summoned to elect the new coroner on 21 December 1891 with the Mayor, James De Bels Adams, presiding, it was announced that twenty-two candidates had applied for the coronership. Two of them—H. F. Neale and W. E. Clayton-Smith—had withdrawn. Five of the applicants had medical qualifications and fifteen were lawyers, one of them with dual qualifications.<sup>108</sup>

The electoral process adopted by the city council was unusual. It

<sup>104</sup> Bickerton, *Medical history of Liverpool*, p. 148.

<sup>105</sup> City of Liverpool, Council Proceedings, 1891–92, p. 70.

<sup>106</sup> *Liverpool Echo*, 21 Dec. 1891.

<sup>107</sup> *Liverpool Daily Post*, 21 Dec. 1891; G. H. H. Glasgow, 'The campaign for medical coroners in nineteenth-century England and its aftermath: A Lancashire focus on failure (Part I)' *Mortality*, 9 (2004), pp. 158–62.

<sup>108</sup> See appendix 2.

differed from that adopted in earlier contests because it was initiated by a motion nominating a particular individual. Sequential proposals followed with other names amending the original motion. That procedure resulted in six proposals so that seven names, being two doctors and five solicitors, eventually went before the council. Perhaps because of lack of time, the remaining thirteen candidates were not considered. Further, the number of councillors voting on each proposal varied from fifty-eight to sixty-one, with the inference being that it was a protracted meeting and that councillors came and went. However, the duration of the meeting is not stated in the council minutes, which do not record the debates that may have taken place. Without any local authority Hansard, the only evidence is press reports.<sup>109</sup>

At the opening of the meeting the Mayor required the twenty letters of application together with the letter from the ILSL, but not the resolution from the LMI, to be read out to the assembled councillors, after which the meeting settled down to the business of appointing the new coroner. One of Liverpool's Tory MPs, Councillor R. Whitley, seconded by Alderman W. Radcliffe moved that Sampson '[was] a fit person to be appointed and [he was thereby] appointed Coroner of the said city, so long as he shall well behave himself in the Office of Coroner'.<sup>110</sup>

The first motion in response by way of amendment was by R. D. Holt, seconded by P. H. Rathbone, and substituting Lynskey. It was defeated by six votes. The second motion substituting Samuell, and was defeated by five votes. The third motion substituted Drew, who had qualified in both medicine and law, and was lost by seventeen votes.<sup>111</sup> By this time London County Council expected coronial candidates to have dual qualifications, but the Liverpool council was not of the same opinion.<sup>112</sup> The fourth motion was by Dr Andrew Commins, an Irish MP and Professor of Political Economy, seconded by Dr Bligh, putting forward Lowndes. Commins pointed out that Lowndes with his medical knowledge and expertise in

<sup>109</sup> G. W. Jones, *Borough politics: A study of the Wolverhampton Town Council, 1888-1964* (London, 1969), p. 13.

<sup>110</sup> City of Liverpool, Council Proceedings, 1891-92, p. 71.

<sup>111</sup> City of Liverpool, Council Proceedings, 1891-92, pp. 73-74.

<sup>112</sup> Clare Graham, *Ordering law: The architecture and social history of the English law court to 1914* (Aldershot, 2003), p. 240. I am grateful to Pamela Fisher for drawing my attention to this study.

detecting poisons would be able to safeguard the people of Liverpool so that the problems of burial clubs and infant mortality that had concerned Aspinall could be alleviated.<sup>113</sup> However, when the council divided on the motion Lowndes lost by fifteen votes.<sup>114</sup>

Of the twenty-two councillors who voted for Lowndes nineteen were Liberals and three Conservatives. Among the thirty-seven councillors who voted against him were Liverpool's Tory MPs solicitor Edward Whitley and the former Mayor Arthur Bower Forwood, together with the Mayor who only voted in favour of Sampson. Even his uncle the Conservative J. G. Livingston voted against him.<sup>115</sup> The final motion was by Commins, seconded by Bligh, and followed the earlier defeat of Lowndes. The motion was for the substitution of Stubbs. However it was declared lost so that the original motion appointing Sampson was put back to the councillors and carried without the minutes recording any opposing votes. Sampson was therefore appointed coroner. The coronership had been determined politically and not on the merits of legal or medical qualifications.

#### Lowndes after 1891

Although the 1891 election had been decided politically, it was neither unexpected nor disastrous so far as Lowndes was concerned. He anticipated that it would be 'hopeless to persuade city councillors that any but a solicitor should have the office'.<sup>116</sup> He knew that, if Sampson had not been elected, the coronership would have gone either to the Ormskirk solicitor Brighouse, as the protégé of A. B. Forwood, or to the Liverpool solicitor Lynskey. The result was not disastrous since Lowndes had secured twenty-two votes. He was the only member of the medical profession to receive 'any support whatsoever' from Liverpool councillors. He continued to believe that the question of legal or medical coroners was 'of very wide importance involving very grave issues'. Therefore, although the campaign for medical coroners promoted by the sanitarians had

<sup>113</sup> *Liverpool Review*, 6 Aug. 1881, pp. 10–11, 10 Sept. 1887, p. 7.

<sup>114</sup> City of Liverpool, Council Proceedings, 1891–92, p. 74.

<sup>115</sup> P. J. Waller, *Democracy and sectarianism: A political and social history of Liverpool 1868–1939* (Liverpool, 1981), p. 499.

<sup>116</sup> Unless otherwise noted, quotations in this section are from Lowndes, *Reasons why*.

passed its zenith nationally by 1891, Lowndes wrote and published in Liverpool a pamphlet setting out the grounds upon which future medical candidates should back their claims. The pamphlet was published in 1892 with further shortened editions in 1895 and 1900. In that pamphlet Lowndes set out chronologically why he believed that the coronership 'rightly belonged to [the medical] profession'.<sup>117</sup>

By way of introduction, he began by referring to the legal requirement of an election being made within ten days of the vacancy arising. He suggested a temporary election to enable a full debate to take place as to the merits of legal or medical qualifications. Medical candidates needed time to campaign. He cited the example, a few weeks before Aspinall's death, of the Birmingham City coronership where, following Henry Hawkes' death on 26 September 1891, an adjoining deputy county coroner Joseph Ansell had been elected to the coronership until 30 November.<sup>118</sup> In that interval the subject had been discussed locally and in the medical and daily press. It had then been settled by the election on 30 November of a local surgeon Oliver Pemberton 'whose reputation extends all over England'.

Lowndes referred to the ILSL and the LMI and the respective arguments as to legal or medical qualifications for coroners. He pointed out that 'any fit person [could] hold [the coronership] who was not at the time an alderman or councillor'. In 1891, out of 331 coroners in England and Wales, 247 were legal coroners and 51 medical. Lowndes wrote that a coronership was the only judicial appointment open to doctors, saying that it should be confined to the medical profession: 'it [was] practically a medical one and ought to be regarded as entirely so under the existing state of circumstances'. History did not require the coronership to be held by a solicitor and claims to the office by Liverpool solicitors did 'not possess the claims of great antiquity'. That part of a coroner's duties that required legal training could be learnt by doctors and Lowndes cited Wakley 'the most experienced and best of coroners [and] a medical one' as stating that 'all the law necessary . . . could be learnt in a day'.

Following on his exposition of coronial qualifications Lowndes

<sup>117</sup> *Lancet*, 13 Sept. 1919.

<sup>118</sup> J. T. Bunce, *History of the Corporation of Birmingham* (Birmingham, 1885), III, p. 216.

concentrated on two aspects of the inquest system which he considered were reasons why the office of coroner should be held by a member of the medical profession. First, the central role within that system of the dead body and the importance of the view placed inquests in an ambiguous position in relation to doctors. A vital component of an inquest was the view of the dead body by the coroner and the jury.<sup>119</sup> It was literally a visual inspection of the body where it lay. By the 1890s the view was considered intrusive, indecent, repulsive, and offensive to the family of the dead. Lowndes wrote that it was 'considered to be a farce' but:

it need not be a farce, and is not so when the coroner is an experienced medical practitioner. When the coroner is a barrister or solicitor, without any medical training, a farce it is and a farce it must continue to be.

However, without proper viewing protocol an inquest was invalid.<sup>120</sup> Lowndes accepted that 'an inquest without a view, [was] null and void' and went on to say:

it must be obvious to any impartial person how much more competent an experienced medical practitioner [was] to perform [the view], than a barrister or solicitor, whatever legal experience he may have. The latter must, in the very nature of things, be a veritable "prentice hand" at such work—not so the doctor.

On those grounds the coronership should belong to the medical profession.

Lowndes' second argument for medical coroners centred on the need for inquests, under the 1836 Registration Act, to produce medically credible verdicts. Civil registration of death had to correspond with accurate medical certification. Inquests presented a problem. If there was an inquest it was the verdict of the jury that provided the registered cause of death. Between 5% and 7% of deaths were so certified annually.<sup>121</sup> If there was no inquest because the coroner in his discretion decided not to hold one the cause of death would be entered by the local registrar but as uncertified. Lowndes stressed that 'the coroner has absolute discretion in all these cases' but he questioned whether a solicitor was competent 'to

<sup>119</sup> Melsheimer, *Sir John Jervis*, p. 35. Ian Adnan Burney, 'Viewing bodies: Medicine, public order and English inquest practice', *Configurations*, 2 (1994), pp. 33–46.

<sup>120</sup> *R. v. Ferrand* (1819) 3B. & Ald. 260.

<sup>121</sup> Burney, *Bodies of evidence*, p. 62.

perform this duty'. He contrasted it with the competency of a medical practitioner:

a medical certificate of the cause of death can only be given by a duly registered medical practitioner who has actually attended the deceased during the last illness. And yet a legal coroner without any previous medical training is presumed to be competent to say that the cause of death in any particular case was natural, that an inquest was unnecessary, and that the probable cause was 'Convulsions', 'Heart Disease', 'Bronchitis', 'Paralysis' (probably), 'Apoplexy', 'Tuberculosis and Diarrhoea', 'Failure of Heart's Action' etc.

Lowndes went on to refer to coroners' certificates being subject 'to a very wholesome scrutiny by medical officers of health to whom they must often provide much amusement'. To critics who stated that the coroner could consult the deceased's medical practitioner or some other medical practitioner, Lowndes replied that it still rested 'absolutely with the coroner's discretion as to whether an inquest should or should not be held. It was up to the coroner whether or not he called any medical evidence.

As Liverpool police surgeon, Lowndes referred to several notorious and infamous inquests which 'had revealed the dangers arising from the coroner's ignorance of the simplest medical facts' and which had filled 'the daily press with animated discussions as to the guilt or innocence of an accused person'. The Liverpool medical historian T. H. Bickerton wrote that 'in many a clear case of poisoning the verdict had been brought in that the deceased died from 'Visitation of God' simply because the coroner did not recognise the symptoms of poisoning when he met them'.<sup>122</sup>

Lowndes used such inquests as vehicles to advance his campaign for medical coroners. He referred to the medical coroner Wakley and the 1846 Frederick John White inquest; the solicitor coroner Ward and the 1855 John Parsons Cook inquest; the medical coroner Dr Evan Pierce and the thirty-three inquests arising out of the 1868 Irish Mail disaster; and the solicitor coroner William Carter and the 1876 Charles Bravo inquest.<sup>123</sup> In all such inquests the causes of

<sup>122</sup> Bickerton, *Medical history of Liverpool*, p. 148.

<sup>123</sup> John Hostettler, *Thomas Wakley: An improbable radical* (Chichester, 1993), pp. 116–24; Sherrington, 'Thomas Wakley and reform', p. 296; *The Times*, 24 Dec. 1885; *Lancet*, 22 Dec. 1855, pp. 617–20 (Ward); National Library of Wales, MSS 19704 F, 19703 B, 19702 E (Pierce); *The Times*, 28 Oct. 1876; Donald Prichard, 'The office of coroner 1860–1926: Resistance, reluctance and reform' (PhD, University of Greenwich, 2001), pp. 105–12 (Bravo).

death were 'all important' but the question of criminal charges was consequential to medical issues. The qualifications of the coroners involved had been evenly divided between solicitors and doctors. However, the latter had provided more satisfactory medical evidence than had the former including, in the 1868 Irish Mail disaster, evidence of identity. With this in mind Lowndes wrote that 'daily experience shows more and more forcibly the absolute necessity of a medical training for this ancient office of coroner'.

Lowndes' pamphlet, rewritten in 1895 to incorporate the 1892 Coroners Act, explained why the Liverpool medical profession 'claimed the coronership as a medical one'. It declared to the Liverpool city councillors that the medical campaign promoted by the LMI was 'one of very wide importance'. It concluded by hoping that every coronial vacancy would be successfully contested by a 'suitable medical candidate'. Politics should not be involved. Lowndes believed that:

[he had] given . . . cogent reasons why such appointment[s] should be quite apart from political or friendly considerations and should be because the person [was] fit, by reason of his medical training and his subsequent medical experience, for the performance of such duties.

Although Lancashire had only two medical coroners, Lowndes anticipated, for the reasons set out in his 1892 pamphlet, that the number would increase.

### Conclusion

The work of Rogerson, Gee and Lowndes and the debates in the LMI and in the Liverpool council chamber indicate the existence of a vigorous, although intermittent, Liverpool campaign for medical coroners. That campaign was sensitive to changing local circumstances, and was not part of any national strategy originating at Westminster.<sup>124</sup> Instead it reflected Liverpool's social problems with public health, housing and industrialisation. However, throughout the Victorian period, the response to borough coronial elections varied for different reasons. In 1836, although the merits of legal or medical qualifications were debated, the appointment of Curry was

<sup>124</sup> Anderson, *Suicide in Victorian and Edwardian England*, p. 36; Robert Woods & John Woodward 'Mortality, poverty and the environment', in Woods & Woodward, eds, *Urban disease and mortality*, p. 34.

an example of patronage by the new Reform Corporation and the exclusive distribution of posts to supporters of incorporation. It did not involve the LMI. In 1867 the LMI adopted a strong view, initially, putting forward Gee as its candidate. However, Gee was never proposed to the full council as the LMI agreed that the election of Aspinall should be unanimous. By 1891, with a stronger Conservative presence at the city council the LMI put forward Lowndes as 'a fit and proper person' to be the coroner. On this occasion the proposal went to the vote and it was defeated when the politically-motivated appointment of Sampson was made.

All three Liverpool doctors, Rogerson, Gee and Lowndes, represent different aspects of the attempt to secure the local borough coronership for the medical profession. Their combined failure was due to ineffective canvassing coupled with the strength of local politics and a substantial degree of political interference. They were not part of any national campaign.

#### APPENDIX 1

Liverpool Medical Institution committee established to lobby councillors in advance of the 1867 coronial election:

Dr Grimsdale, Dr Callon, Dr Cameron, Mr Steele, Mr Manifold, Dr Parsons, Mr Irvine, Dr Ayrton, Mr Harrison, Mr Stubbs, Dr Turnbull, Mr Lowndes, Dr Skinner, Mr Hamilton, Dr Waters, Dr Desmond, Dr E. Whittle, Mr Bickerton, Mr Hakes, Dr Inman, Mr Bickersteth, Mr Denton, Dr Imlach, Mr Burrows, Dr Chalmers, Mr Long, Dr Nevins, Dr Davidson, Mr S. Taylor, Mr Archer, Dr Batty, Mr Higginson, Dr M'Naught, Dr Nottingham.

#### APPENDIX 2

Applicants for the coronership, 1891.

Source: City of Liverpool, Council Proceedings, 1891-92, pp. 70-71. (All addresses in Liverpool unless otherwise stated).

H. S. Anthony, Gentleman, 1 Bold Street

W. H. Anthony, Solicitor, 3 York Buildings, Dale Street

- J. W. Ayres, LRCP, LSA, 73 Paddington  
S. Brighthouse, Solicitor, County Coroner's Office, Ormskirk  
Charles Collins, Solicitor, 26 Castle Street  
C. L. Drew, Barrister-at-Law, Bachelor of Medicine, and Master in  
Surgery, 2 Elon Court, Temple EC  
Wilfrid W. E. Fletcher, Medical Officer of Health for Ormskirk  
Union Rural Sanitary Authority  
E. A. Gibson, Barrister-at-Law, 4 Harrington Street  
W. T. Husband, Solicitor, Garston  
R. W. Key, Barrister-at-Law, 2 Hare Court, Temple, London  
F. W. Lowndes, MRCS LSA, 62 Mount Pleasant and 40 Knight Street  
G. J. Lynskey, Solicitor, 16 Lord Street  
Walter Pierce, Solicitor, 26 Castle Street  
W. T. Rogers, Solicitor, 25 Lord Street  
T. E. Sampson, Solicitor, 13 Harrington Street  
C. S. Samuell, Barrister-at-Law, 53 North John Street  
Sidney Smelt, Barrister-at-Law, Dane House, Sale near Manchester  
Lucas P. Stubbs, Assistant Clerk to the Magistrates, City Magistrates'  
Office  
W. Digby Thurnam, Solicitor, 61 Lord Street  
Charles Williams, LRCP, LM, LRCS, LSA, c/o Mr Dyer, St Paul's  
Square.

