
Phillips' Brief

"So When That Angel of the Darker Drink": Omar Khayyam

On the evening of 30 November 1948, in balmy weather, John Lyons and his wife were enjoying a walk along the beach at Somerton, a suburb of Adelaide. It was Mrs Lyons who first noticed the motionless figure. "Look at the way that man is slumped", she said, pointing at a figure lying on the sand with the head and shoulders supported against a low sea wall. Lyons saw nothing of moment, just a man, he thought, who had had much too much to drink and was sleeping it off. This impression was rather confirmed when the right arm of the recumbent figure was raised and then limply dropped. Next day, after completing his early morning swim, Lyons saw the figure again but now it was surrounded by a curious group of jockeys who had been exercising their mounts along the beach. He made a quick inspection and satisfied himself the man was dead, noting that the legs of the body were crossed, an observation he had made on the previous evening. He lost no time in ringing the Brighton police.

Constable Moss was on the scene by 7 am. He noted no signs of violence on the body and no unusual disturbance of the sand in the area. Under his direction the deceased was taken to Royal Adelaide Hospital where life was formally pronounced extinct. Moss made a superficial search of the deceased's clothing and found, among other items, an uncanceled railway ticket from Adelaide to Henley Beach and a bus ticket from Adelaide to Somerton. This ticket, as it turned out, had been issued at about 11.15 on the morning of 30 November.

Gordon Strapps and Olive O'Neil came forward as a result of the publicity which police inquiries attracted. They had visited the Somerton beach at about 7.20 in the evening of 30 November, occupying a seat near the sea wall for about half an hour. They, too, had seen the man lying on his back but their observations were that his legs were held straight in front of him and not crossed. This suggested that, at that part of the evening, he was still capable of movement.

An autopsy was carried out by Dr John Matthew Dwyer (known to his friends as "Barb" Dwyer) at 7.30 am on 2 December. Dr Dwyer found the deceased was a tallish man about 45 years of age, with greying hair and in good physical condition. The stomach was deeply congested with blood mixed among the food in it. The heart was of unremarkable size and normal in every way. The spleen was some three times its normal size. Small haemorrhages were present beneath the mucosa in the stomach lining. The liver contained a great excess of blood in its vessels. Dr Dwyer thought the food in the stomach had been there for up to three or four hours before. The presence of the blood in the stomach suggested to him some irritant poison, but there were no signs of such detectable to the naked eye. He sent specimens of the stomach contents, blood and urine for analysis. His findings suggested to him that death had been caused by poison, possibly a barbiturate or a soluble hypnotic. In particular, he thought a barbiturate may have caused death and then become decomposed, but this seemed an unlikely explanation. Dr Dwyer wondered if Nembutal had been involved but saw no evidence of any hypodermic puncture and he concluded that there was no evidence of any injection of Curare or Tubarine—both of which produced death from asphyxia. He was inclined to rule out any overdose of insulin as there was no evidence of a disturbance, and in any event, insulin could be discounted on the basis of the findings of the liver. He further speculated that diphtheria toxin may have been involved and was a possible cause of the haemorrhages. Botulism could be ruled out because of time considerations—death does simply not occur shortly after an administration—and there would have to be an incubation period of at least 12 hours. He was of the opinion that, apart from barbiturates, there were no poisons which might be known to the average person, which would not be discernible on analysis. He considered prussic acid but ruled it out as its action was so rapid that death was practically instantaneous.

Robert Cowan conducted analysis of the samples supplied by Dr Dwyer, but was unable to find evidence of any common poison among

them. He tested, without result, for the common poisons—cyanides, alkaloids, barbiturates and carbolic acid—and it was his opinion that if any of those poisons were the cause of death they would not have been absent from the body after death if they had been taken by mouth. He knew of cases where barbiturates were the cause of death but were not evident on analysis. He concluded that no common poison caused death and postulated a very rare poison.

John Burton Cleland, Professor Emeritus of Pathology at Adelaide University, examined the body of the deceased after it had been embalmed. He agreed with Dr Dwyer's estimate that the man was somewhere between 40 and 45, probably a European. He, too, concluded that death was almost certainly not natural and that, in all probability, some poison had been taken. He acknowledged that it was possible for some poisons to be excreted from the body before death so that they were not detectable on analysis. In particular, barbiturates and alkaloids may not be so detected. He noted that there was no evidence of vomiting, calculating that death probably occurred at about midnight. Thus it must have been a comparatively quick death from poisoning. The post-mortem findings were not consistent with a failure of respiration as would be expected had death been caused by a hypodermic injection of Tubarine or Curare. Most of the common poisons would produce evidence of vomiting or convulsions and, while cyanide would be very quick, no bottle was found near the body nor was there any smell of cyanide detected.

Perhaps because his curiosity was aroused, Professor Cleland also examined the clothing of the deceased. In a fob pocket of the trousers, which was rather difficult to locate, he found a piece of paper. On it were written the words "tamam shud". It did not take the police investigators long to discover that these words appear at the conclusion of Edward Fitzgerald's translation of the Rubaiyat of Omar Khayyam. They mean, "the very end". Professor Cleland wondered whether this might be a suicide note.

There the matter rested until 14 January 1949 when the police conducted a search of the "left luggage" office at the Adelaide police station. There they found a suitcase which had been deposited about 11 am on 30 November. The clothes in it were, generally speaking, the same size as those on the body. The name "Keane" was sewn on a laundry bag and the name "T Keane" was sewn on a tie. A singlet was marked, "Kean".

Further, the coat that the deceased had been wearing at his death had been stitched with a brown thread. A similar thread was found in the suitcase.

Photographs of the body and impressions of fingerprints taken from it were sent to all States in the Commonwealth and to New Zealand. They did not result in any identification. Nor was any identification produced by very intense publicity surrounding the discovery of the body, although many people came forward with information. A taxidermist made a death mask which was featured in many Australian newspapers without result.

At an inquest held in June 1949, the coroner called Professor Cedric Stanton Hicks, Professor of Physiology and Pharmacology of Adelaide University, and read to him portion of Dr Dwyer's evidence. Professor Stanton Hicks offered the opinion that the deceased's death was not a natural one and said he was in agreement with the other medical evidence in this respect. He said that, accepting the findings of Mr Cowan and postulating an undiscovered barbiturate, he would have expected to have found death from respiratory failure and an enlarged left ventricle of the heart, but this was not the case. In his view, the post-mortem findings excluded the possibility of barbiturates being the cause of death. Had morphine been the cause of death, he was of the opinion that that would have been easily detectable and measurable. He agreed that there had been cases where death was known to have been caused by barbiturates with no traces thereof having been found on analysis. Taking into account the findings that the heart was contracted, that the lungs—particularly the liver and spleen—were engorged, that the walls of the stomach were not only engorged but there had been blood passing into the cavity of the stomach, he said that these findings suggested to him the action of a poison which caused the heart to cease relaxing and filling in the normal way. He postulated there must have been some period during which the heart action was getting less and less effective. This would explain the engorgement of the viscera found at the post-mortem. He noted no inflammatory agents were detected by Mr Cowan, nor did the post-mortem examination suggest an irritant poison, or an acid. He concluded that the likely cause of death was a poison from a

particular group. He then wrote down the poisons in this group on a piece of paper which was handed to the coroner, evidently to avoid publicity about such potentially dangerous substances. Unfortunately, the note written for the coroner has been lost (although a later reference by the coroner to a glycoside gives a clue as to its contents) and this circumstance makes the balance of Professor Stanton Hicks' evidence rather unintelligible, but he did say that if poisoning from a drug in the group had been responsible, there would have been evidence of convulsions and probably disturbance of the sand in the region of the body. However, there could have been convulsions without particularly violent body movement. The state of the liver would exclude insulin.

In his findings, the coroner noted that, on analysis, no common poison was found, although the medical witnesses were united that death was unnatural. He observed that minimal doses of certain common poisons could, in particular circumstances, cause death and be eliminated from the body before death and thus be undetectable, but that in the instant case, on the evidence of the experts, no such minimal dose could have caused death so quickly. A more massive dose would certainly have left some traces which would have been detected on analysis. He referred to, without naming it, a poison in the group Sir Stanton Hicks had written down, but noted in this connection there was no vomit and no real evidence of convulsion. The coroner found that he was unable to identify the deceased but declared that he would be prepared to find that he died from poisoning, that the poison was probably a glycoside, and that it was not accidentally administered. He added, "I cannot say whether it was administered by the deceased himself, or by some other person." The inquest was adjourned sine die.

The depositions of this inquest are full of interest. They display both a meticulous search for the truth and a certain informality. The coroner's name was Thomas Erskine Cleland. I have not

been able to discover whether he was related to Professor John Burton Cleland but, in any event, in addition to questioning by the coroner and a detective who was presumably assisting him, both Professor Cleland and Sir Stanton Hicks were allowed to question a number of the witnesses, even the lay witnesses.

The depositions take one into a time warp. The bus ticket found on the deceased cost seven pence and carried the deceased from North Terrace to Somerton. Trains from the Adelaide railway station ran very frequently indeed and, on 30 November, all were on time with one exception—and that was but 60 seconds late. The deceased's effects included a razor stop, one front and one back collar stud and a shaving brush.

So, what is the truth of this matter? What was the poison which so taxed the experts of 1948? There seems little doubt it was digitalis and it is, most probably, the glycoside referred to at the inquest. This conclusion accommodates all the post-mortem evidence, particularly the engorgement of the organs and the lack of evidence of natural disease together with the absence of anything seen macroscopically which could account for the death. So, too, although the death was undoubtedly toxicological, there was no evidence of the presence of a toxic substance. This is unremarkable because, while readily available in 1948, digitalis would have been very difficult to detect in those days even if it was known to be present.

Murder or suicide? Who can now say? Let us again turn to Omar Khayyam: "A hair, they say, divides the false and true."

[The author acknowledges the assistance of the Office of the State Coroner of South Australia and of Professors Stephen Cordner and Olaf Drummer of the Victorian Institute of Forensic Pathology.]