WHITHER FORENSIC MEDICINE ?*

BY

JOHN GLAISTER, M.D., F.R.F.P.S., F.R.S.Ed.

Regius Professor of Forensic Medicine, University of Glasgow

Forensic medicine or medical jurisprudence may be defined as the science concerned with the application of medical knowledge to the purposes of the Law. Since administration of the Law is a principal function of the State, the close relationship which obtains between forensic medicine on the one hand and the State on the other becomes well established.

At an early date this subject received clear recognition as an important ancillary in relation to the functioning of our legal system, and in 1807 King George III granted the commission to create a professorship of medical jurisprudence in Edinburgh University, the first chair of forensic medicine in the British Dominions. Recognition of the importance of the subject steadily gained ground, and in 1834 Taylor was appointed Professor of Medical Jurisprudence at Guy's Hospital Medical School. Ten years later Dr. William Guy became Professor of Forensic Medicine at King's College. A regius chair was established at Glasgow University in 1839 and a chair at Aberdeen in 1857. By 1934 37 medical schools in Great Britain provided courses of instruction given by lecturers, this being due to the fact that in the previous year the subject had been made an obligatory one in the medical curriculum in all medical schools throughout the United Kingdom. Thus this state of affairs afforded medical jurisprudence academic recognition throughout the country and once and for all conferred proper status. Between then and now chairs were created at Liverpool and, most recently, at Leeds Universities.

Criminal statistics over the past years show a steady rise in the incidence of crime against the person fairly well all over Britain, and it would seem logical to expect that there should be not only a sustained but an increased interest on the part of the State towards the subject of forensic medicine and the assistance which it undoubtedly is giving to criminal investigation and thus to the welfare of the citizen. It is, therefore, well worth while to-day to consider in some detail whether or not such an interest is in fact being shown. Looking around, one wonders why the chairs at Guy's, at King's, and at Aberdeen and Liverpool Universities are no longer in existence, and why no place has been allotted to the subject of medical jurisprudence within the fabric of the National Health Service, essentially a Government enterprise.

Status of Forensic Medicine

Before attempting to outline some of the effects of the exclusion of this subject from recent medical legislation, I wish to stress the term "exclusion" because I am here not concerned with the merits or the demerits of the National Health Service. The difficulties which I propose to refer to have arisen merely from the fact that a State medical service has been brought into being with the exclusion of forensic medicine and the absence of any provisions for the specialists practising this subject. One is forced to consider the answers to a number of questions, and among these questions are: Whether the one-time interest of the

State in our specialty has gradually evanesced? Whether the close relationship between specialized forensic medicine and the State has been forgotten or whether it has merely been overlooked through lack of sincere or adequate representation at the deliberations concerning the formation of the National Health Service as we now see it. Whatever the reason for the exclusion, it seems to me to have produced some very important effects, and I would like to discuss these in some detail. I would like to stress the importance of this detailed analysis, since it would be very easy to be deceived by a superficial view. For instance, I have heard it said that the practice of forensic medicine is quite suitably placed as it stands, and that the State has the services of a number of experienced medico-legists who are satisfied with their conditions of work; why, therefore, should we bother about something which is working well? I do not think, however, that this is the full answer, and I would therefore like to draw attention to some considerations which I think are important.

First of all I would suggest that the omission of forensic medicine from the State medical service has not tended to enhance or embellish the status of the subject either in the eyes of the clinicians or in the minds of some of the administrators of universities and teaching schools. This is a general matter, and I do not wish to place too much stress upon it. I am, however, certain of its reality, and have the impression that we have not yet seen its full effect.

No Inducement to Suitable Recruits

I pass from this to the very important question of the effect of the State medical service on the recruitment of suitable doctors for forensic medicine. To make the position clear I would draw attention to a section in the Spens Report dealing with the question of equality of status between different branches of specialized practice and the matter of recruitment:

"We are certain that unless all specialists, in whatever branch of medicine they practise, have an opportunity of reaching the highest levels of remuneration, the ancillary specialties, however important, will find it difficult to attract sufficient recruits of suitable calibre. The principle on which we decided to base our recommendations was that all varieties of specialists should be remunerated within the same range of incomes, the place of an individual within this range being dependent upon his responsibilities, experience, and skill. Thus the highest remuneration would be open to specialists in all fields, although the proportion attaining that remuneration might be less in some fields than in others, and might vary with the increasing importance of this or that branch of medicine."

This, then, may be accepted as the yardstick of the remunerative potentialities of a medical specialist, but apparently the medico-legist does not fall within this category. The National Health Service makes provision for the training of specialists, with remuneration at a relatively high level during the entire period—but here again forensic medicine is excluded.

Turning next to the question of whether forensic medicine is quite suitably placed as it stands, even if it be admitted that the number of medico-legal specialists is adequate for the present-day demands of the State, further points still emerge; for example, how many medico-legal specialists, on account of the employment of their services by legal authorities and the skirmishing thus involved in the course of routine work, can claim that there is enough time for any far-reaching research work or adequate consideration for those for whom they are responsible in training as future medico-legists? Thus again, through exclusion from the Service, pressure of remunerative work assails forensic medicine. In the light of these facts it is at all surprising that there is already a dearth of recruits to the field of medico-legal practice? One wonders how much more accentuated this position may become in the immediate future. If the specialty of forensic medicine is to be perpetuated to any serious extent this dearth is almost bound to result in a deterioration in the quality of the candidates that do come forward.

*A paper read to the British Association of Forensic Pathologists in Glasgow on June 28, 1952.

The Official Attitude

From a review of the position of forensic medicine as it stands to-day, one primary question arises. Has the practice of forensic medicine been excluded from the Act deliberately or unintentionally? It is difficult to reconcile one's mind to the latter view as an adequate explanation, since detailed consideration of such a scheme must inevitably have been given by so many before legislative weight was accorded to it. Colour is lent to the former view, however, since the apparent practical outcome of the Act suggests an intention, almost a decision, to farm out medico-legal work to all and sundry, thereby freeing the State from recognition of forensic medicine as a practical and individual specialty, so far as the Act is concerned.

In this connexion it is interesting to note that by clear specification a number of medico-legal duties may be undertaken remuneratively even by those already described as full-time participants under the Act. I have been informed that in certain quarters full-time pathologists have participated in forensic pathology to the detriment of forensic medicine specialists, that there has been a tendency to farm out police surgeon's work to ordinary but willing practitioners, and that, speaking broadly, there has been a trend toward the dissemination of certain types of medico-legal work to literally all and sundry in the ranks of the medical profession who are willing to accept it. It has also been reported to me that sometimes coroners and procurators-fiscal have engaged the services of doctors who have not had adequate experience of either a medico-legal post-mortem examination or its implications. Whether or not these allegations are completely accurate, the salient fact remains that the Act encourages even whole-time participants to undertake medico-legal work on a remunerative basis.

Place of Forensic Medicine in the Curriculum

I have briefly surveyed the role of forensic medicine in the field. Perhaps it is now both desirable and opportune to consider very shortly how the subject is faring in academic quarters. Already I have suggested that the omission of forensic medicine from the Act has not improved its status in the minds of some of the administrators of universities and teaching schools. The reason for this may be that since medical jurisprudence has failed to find a place beside pathology or any other clinical subject, its importance to the medical profession must thus be of a very limited character and of no great significance, more especially having regard to the clamour of clinicians and others concerned in medical curricula for additional teaching hours.

In November, 1950, the attention of the British Association of Forensic Pathologists was drawn to the fact that London University proposed to abolish forensic medicine and hygiene as separate subjects in the London M.B. examination. Despite many overtures to rectify such an intention, it seems that the result of the most recent deliberations on the part of London University has not yet been disclosed.

Reviewing the teaching in the various universities throughout the country, one's attention is forcibly struck by the variation in the length of the courses on medical jurisprudence. This may well be the practical reflection of the particular attitude held in regard to the subject by the controlling body in question. Some colour to this interpretation is lent perhaps by the terms employed in the Report of the Inter-departmental Committee on Medical Schools. The only reference made to forensic medicine is: "In some medical schools the amount of instruction given to medical students on forensic medicine seems excessive having regard to the needs of general practice." One does not know the schools referred to, but it is both heartening and refreshing to leave this drab statement and turn to the recommendations of the General Medical Council in relation to the medical curriculum published in 1947. There it is stated: "In deciding the importance that should be attached to the

various subjects and the type of instruction that should be given, the bias should be towards the needs of the future general practitioner."

It is pleasing to note the Council's remarks in connexion with the Goodenough Committee's Report—namely, "It is sufficient for the present purpose to say that the liability of every general practitioner to be called upon without notice to take decisions of grave importance on questions within the province of forensic medicine makes it imperative, in their judgment, that due weight should continue to be attached to the subject in the curriculum." I cannot overemphasize how much I agree with this recommendation, which is borne out by the remarks in a leading article in the *British Medical Journal* of March 22, 1952 (p. 641).

It seems that half a million certificates of death are issued in this country every year, but the Registrar-General apparently finds it necessary to send out some 10,000 requests to doctors for supplementary information each year in order that causes of death may be adequately classified.

To furnish careful and accurate certificates of the cause of death is an important responsibility of the medical profession. This responsibility has never been greater than at present in view of the collection of data necessary for the elucidation of medical problems.

Where is the doctor of the immediate future to make his acquaintance with the subtleties of the death certificate, the cremation certificate, the certificates of lunacy, the medical report, the problems attendant on malpraxis, the ethical aspects of the conduct of medical practice, and his rights and limitations within the procedural aspects of the law, if not in the class-room of forensic medicine? It is erroneously thought by many that this subject is one almost exclusively directed to the dramas of "blood and thunder" rather than to law as it is applied to the practice of medicine. Although there is a distinct and discernible tendency to soft-pedal "the subject" in certain academic quarters, the recommendations of the Spens Committee, to which I have already alluded in connexion with recruits to forensic medicine, states: "We have no doubt that teaching is an additional burden on the specialist and calls for special aptitude and skill. We are doubtful indeed whether it will be possible to secure the best men for teaching unless they receive higher remuneration."

In this connexion I would make reference to the procedure which obtains in certain places of creating ostensibly whole-time university or police appointments remunerated by the employing body at what they consider full-time terms but where, in fact, a large proportion of the salaries paid are reimbursed from the fees accruing from contractual obligations under these appointments and connected with medico-legal work—for example, coroners' and procurators-fiscal's fees. There seems little to commend such a practice.

Remuneration of Medico-legal Specialist

I have already touched upon the subject of remuneration under the Act and the recruit. I would now like to discuss this somewhat material matter in relation to the fully fledged medico-legal specialist. When a comparison is made between the average remuneration of the medico-legist and the specialist in the National Health Service, it may appear in many instances to be not unfavourable, but a more detailed analysis is necessary before the true picture becomes delineated, since all present rates of income are exposed to extortionate taxation. The inevitable result is that as salary ceiling is the order of the day progressive saving for the future becomes almost impossible. This, however, has apparently been recognized in the National Health Service, and thus high rates of pension, based both on salary and "merit award," have been established. It is unnecessary for me to refer to calculations in connexion with interest on capital, but I submit that savings which would yield an income comparable with the pensions granted to specialists under the Act would require an annual remuneration, under existing rates of taxation, bordering on the fantastic.

It must not be forgotten that Crown work for many flows from the hands of the coroners in England and from the procurators-fiscal in Scotland, that this work is neither pensionable nor the subject of superannuation, and, finally, that such a flow may be interrupted for many reasons. In this connexion the following passage from a recent medical journal, describing the terminal professional phase of an outstanding British medico-legist, is not irrelevant: "It is a sad commentary on the system under which he worked that when, with increasing years, he began to falter and to fumble and when his magnificent memory began to play him false, he still had to cut up bodies at two guineas a time to earn a modest living."

I believe that we must accept much of the responsibility for the present position in which forensic medicine finds itself and which is undoubtedly due to a variety of factors, lack of adequate representation being one of the most important. Even in the British Medical Association many specialized branches of medicine—for example, pathology—are well represented, and their voices can be clearly heard in matters affecting their interests. But once again we are silent, having no proper sponsor. For long enough a tendency to rivalry and competition within our ranks has exercised a rather distintegrating influence on proper co-ordination and unity, and tolerance of unsatisfactory working conditions, of inadequate remuneration, and of other factors which would not have been accepted for a moment by those practising other branches of medicine have each and all exercised a combined effect. Perhaps there is small desire to change the existing position. Some of us who have worked long under the old regime are unlikely to savour the fruits of any changes. But what of those who are to follow? Do we not owe them a duty to ameliorate things? I rather think so, if we pretend to take any interest at all in this matter.

Lines of Approach

If it is thought, as the result of this outline of a somewhat difficult and possibly controversial subject, that the present situation in forensic medicine is unsatisfactory, then obviously some alternative and better method of organizing the subject must be sought. It is not, of course, possible in the limited space at my disposal to discuss this aspect of the subject in any detail, but I would, before concluding, like to submit one or two very general considerations which are to some extent based on my previous remarks. There seems to me to be two feasible and yet very broad lines of approach. The first is to incorporate the subject of forensic medicine as a specialist branch of the National Health Service, with the various university teaching schools as regional headquarters. The second, but to my mind very much less desirable, is to base a complete medico-legal service for the country on the forensic science laboratories, but with many modifications of the existing service as we now know it.

Whichever of these methods might be adopted, and I have no doubt in my mind which is the more desirable, I am certain that it can be adequately staffed for the purposes of practice in the field, and for teaching and research, only if the terms of service are based on similar lines to those of the National Health Service.

I have submitted for consideration some factors which in my estimate suggest a pointer to how things are going in the realm of forensic medicine. For over 30 years I have observed the teaching and the practice of this subject at close range, and I can only say that prospects seem rather disquieting. This, of course, is merely a personal observation, and the answer to the question, Whither forensic medicine? is one that I must leave open to others.

Leprosy is not uncommon in the Iberian Peninsula, according to a recent W.H.O. publication. In Spain there are 1,708 registered cases, and in Portugal 1,416. Figures given for other European countries are Greece 643, France 250 to 300, United Kingdom 100, Norway 16, Sweden 6, and Federal Republic of Germany 4.

Medical Memoranda

Spontaneous Rupture of the Symphysis Pubis in Normal Labour

As spontaneous rupture of the symphysis pubis in normal delivery is an unusual occurrence, a description of the following case may be of interest.

CASE REPORT

A 2-gravida aged 23 was first seen in the antenatal clinic on July 31, 1947. Her first pregnancy, in 1945, was normal and ended with spontaneous delivery of a healthy male child. There was, however, a history of sciatic pain in her right leg, first noticed during the puerperium, which lasted for several weeks and made walking difficult. Her last menstrual period before the second pregnancy was on May 18, 1947; the estimated date of delivery was February 25, 1948. The antenatal period was normal throughout. There were no pelvic abnormalities. Labour began at 8 a.m. on February 9 and the patient was admitted to the maternity ward at 1.50 p.m.

On admission the uterine contractions were of moderate strength, the membranes were intact, the vertex was presenting in the left occipito-anterior position, and the foetal head was engaging. Labour proceeded normally, the contractions becoming fairly strong. The membranes ruptured at 4.45 p.m., by which time the os was fully dilated. The second stage lasted only 15 minutes, and at 5 p.m. a healthy male child was born, weighing 7 lb. 4 oz. (3.3 kg.). The placenta was born after a further 25 minutes. The total duration of labour was 9 hours 25 minutes: first stage, 8 hours 45 minutes; second stage, 15 minutes; third stage, 25 minutes. The patient felt well and did not complain of any pain or discomfort. Three days later, on February 11, she experienced a sudden and sharp pain in her groins after she had tried to turn in bed. From then onwards any attempt to raise either leg, actively or passively, was accompanied by sharp pains in the groins, as was, in fact, any movement of the lower limbs or pelvis; and the most comfortable attitude for her was lying on her back, with her knees slightly bent and both thighs abducted.

On examination it was found that she experienced pain when the symphysis pubis was merely touched, and a groove about as wide as a normal index-finger could be felt between the two pubic rami. No pain was felt on rotating the femur, nor were there any pains in the region of the sacro-iliac joints, though sharp pain was felt on pressure upon the trochanters. There were no signs of oedema or haematoma, but the temperature began to rise to 100° F. (37.8° C.) during the afternoon. A spontaneous separation of the symphysis pubis was suspected. An x-ray film of the pelvis taken on February 13 revealed a separation of the symphysis pubis, the gap measuring 15 mm. (3/5 in.). The pubic bones were slightly out of alignment. Adhesive strappings, enveloping the pelvis tightly, gave noticeable relief and enabled the patient to change her position from time to time without great pain. The temperature subsided to normal on February 14, and the rest of the puerperium was uneventful. The function of the bladder remained unimpaired.

The patient was kept in bed for a fortnight and was then permitted to get up for light exercise. Weight-bearing was still accompanied by pain, especially in the left groin, but both legs could be freely moved in the recumbent position. After another four days of further progress, she was able to walk a short distance. She had a waddling gait and a slight limp. She was discharged from hospital on February 28 wearing a tightly fitting belt round the pelvis. She was given instructions to avoid exertion.

When last seen on April 7, 1948, her condition was much improved, her gait was normal, and her only complaint was