Letter From the Incoming NAME President

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Forensic pathologists who have been practicing for any length of time come to recognize that our unique practice is associated with a number of “third rails” that are, unfortunately, not possible to avoid. For example, NAME will soon be publishing a position paper dealing with deaths in custody. Dr. Roger Mitchell and his coauthors do an excellent job defining scope and recommended practice when it comes to these difficult cases. The collision between drug intoxication, physical restraint, electronic control device use, the press, and the plaintiff’s bar can become a maelstrom from which the careful forensic pathologist hopes to exit unscathed, having shed more light than heat on the issue. Of course, given the truism that whenever three forensic pathologists gather to discuss a case, there will be at least four or five opinions, heat can and often does come within our community. Case ap-

proach and even basic definitions tend to be variable and lead to contention within offices, at meetings, and in the courtroom.

By way of comparison, the third rail of child abuse cases seems to operate at much higher voltage. Physician attention began to focus on this issue with the publication of radiologist (and pediatrician) John Caffey’s 1946 publication, “*Multiple Fractures in the Long Bones of Infants Suffering from Chronic Subdural Hematoma*” (1). Contributions from other radiologists and pediatricians soon followed: the American Academy of Pediatrics offered a conference in 1961 organized by Dr. C. Henry Kempe entitled “*Battered-Child Syndrome*,” and “child abuse” entered the Index Medicus lexicon in 1965. Since then, government and professional response has been

brisk—multidisciplinary child death review teams are found throughout the country and this topic is clearly emphasized in fellowship training for forensic pathologists, pediatricians, radiologists, and others.

Just as with in-custody death though, controversies abound and are often even more vigorous. I can remember, early in my career, “shaken baby syndrome” was uncontested and it was in vogue to demonstrate “doll-shaking” in court. Retinal hemorrhages were the *sine qua non* of lethal abuse, and comparisons with a multi-story fall or a highway-speed accident were coin of the realm. The scientific basis was slim but anecdotes were common.

How much have we progressed? Surely, this issue of *Academic Forensic Pathology* will be a milestone, but the road goes on. We remain frustrated by the lack of anatomic experimental evidence and are left to reflect on biofidelic models and their accuracy (or lack of accuracy). Often, confession becomes medical history in child abuse cases, and we understand only too well that confession can be false, misleading, or coerced.

As in all cases, we seek accuracy and certainty – both hard to achieve in infant and child cases for which we have less experience in the usual forensic pathology practice. As we try to juggle issues of lethal head injury from short distance falls, normal behavior or lucid interval following head injury, and medical mimics of abuse, we do this all within an adversarial system in which highly compensated experts seem to top the system, while we journeyman forensic pathologists are abused at the bottom.

Is there hope? It is crucial to remember that within NAME, we have colleagues at all levels of experience who are willing to trade experiences, share expertise, and provide empathy and insight regarding the suffering these cases create. Child abuse will not go away, but neither will the collegiality and resources provided by NAME. With all the uncertainty—political, economic, and social—facing us in 2017, I know that with your support we will maintain the steady and critically important course followed by our organization in its first fifty years. My thanks to you all for your help in this endeavor.

- 1) Caffey J. Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. *Am J Roentgenol Radium Ther.* 1946 Aug; 56(2):163-73. PMID: 20995763.