TAYLOR'S
PRINCIPLES and PRACTICE
OF
MEDICAL JURISPRUDENCE

ELEVENTH EDITION

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TAYLOR'S

PRINCIPLES AND PRACTICE

OF

MEDICAL JURISPRUDENCE

Volume I

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1806—1880

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Frontispie

PREFACE TO THE ELEVENTH EDITION

SINCE Taylor brought out the first edition of this work just 90 years ago, the world has witnessed startling advances in all the physical sciences and a great, though not so spectacular, advance in the biological sciences. It would be true to say, I think, that in the past half century progress in science has been greater than in the whole previous history of mankind. The development of new instruments and new techniques has given the chemist, the physicist and the biologist new means of acquiring knowledge of the intimate structure and reactions of matter, of the manner in which so-called poisonous substances interfere with the functions of cells or the enzymes which are essential to their use. The serologist has pursued his researches into the elements of blood and tissues and has obtained greatly increased knowledge of identification and inheritance.

Our knowledge of the human mind and human behaviour has been extended and enlarged and we have witnessed a regular advance in our concepts of the place of punishment and reform in connection therewith. It would be wrong, however, to think that the enormous advances in medical and social science have been accompanied by a commensurate improvement in the human mind.

Successive editors of "Taylor" have endeavoured to keep the book abreast of these advances but the field has widened to such an extent that it has gradually become too vast to be covered by any one man. In this edition I have been fortunate in obtaining the assistance of Dr. Keith Simpson in the general editorship, and I have no doubt that his influence will be observed in most sections of the work. I have also had the privilege of enlisting the collaboration of Mr. Gerald Howard Q.C. in the revision of the legal aspects. His long experience of medical affairs as seen in the Courts of Justice and in the General Medical Council should be of unique value to our readers. The section on Psychiatry and the Law has been largely rewritten by Dr. David Stafford-Clark whose advanced and balanced views on mental disease and behaviour are well-known. Mr. Nickolls, Director of the Metropolitan Police Laboratory at New Scotland Yard, has undertaken the revision of the toxicological section from the laboratory side. He has had an experience of toxicological procedures which is denied to most people in this country.

In this new edition a somewhat more radical revision has been attempted in order to keep "Taylor" abreast of the times. Several sections—notably those on Post-mortem changes; on Intersexuality as an identity problem; on the general procedure of Criminal Investigation; on Regional Wounds; Blood in Identity, Trauma and Disease—and the sections on Asphyxia and on Life Assurance have been very largely rewritten.

In Volume II Abortion and Infanticide—and the greater part of the section on Toxicology have been similarly revised. Times change, and both modern views and current practice demanded major change in the text. No less than 292 new cases have been introduced into the first volume, together with some 40 new illustrations.

In the section on post-mortem change Dr. Keith Mant gave considerable assistance and for his help we thank him. We desire also to record apprecia-

tion of the general help in proof reading given by Mr. R. Furbank, and in checking the bibliography by Mr. W. Hill, Librarian at Guy's Hospital Medical School. Dr. Keith Simpson's secretary, Miss J. Scott Dunn, undertook the major task of providing typescript from both editors' manuscript, and her great care and patience contributed much to the smooth collaboration achieved with the publishers in this new edition.

Apart from certain individual acknowledgements for illustrations there remains a record of thanks to be made to both the Commissioner of Police of the Metropolis and to the Assistant Commissioner (Crime) Mr. R. L. Jackson for permission to use other unspecified photographs which appear for the first time in this edition.

The assistance of the chemist, the physicist, the biologist and of experts in other branches of science has given greater precision in our work with a corresponding increase in the value of evidence. Over all, however, there must be someone who is able to advise on the procedure to be adopted, the particular scientist whose help should be sought, and who takes a final responsibility of advising the Crown. Thus there would appear to be no lessening in the need for a general work such as this on forensic medicine, nor in the need for instructing medical practitioners on accurate observation. In that respect it is of interest to note how accurate Taylor was in his general observations and how little his forthright advice has been changed by time.

Edinburgh 1955. SYDNEY SMITH.

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CHAPTER I

INTRODUCTION

Definition. The time has long since passed when it could be expected of a medical witness that he should possess an intimate knowledge of all branches of medicine. The scope of application of the basic sciences and of the many sections of medicine which may lend their aid to the needs of the law—from anatomy or biochemistry to therapeutics or pathology—has so increased that it becomes important to define a general medical practitioner's duties at law in entirely different terms from those of a specialist with particular claims in this field: the latter may profess a knowledge of forensic pathology, toxicology, serology or psychiatry which is quite outside the scope of the ordinary medical man's training in legal medicine.

Medical Jurisprudence, an older term for legal or forensic medicine, is a subject which should equip both the general practitioner and the specialist for their particular services to the law, and the purpose of this work is, to bring within the reach of both medicine and the law some knowledge of those problems which confront both professions when on common ground.

Scope. Medico-legal knowledge consists not so much in the acquisition of facts, as in the power of arranging them in an orderly way, in drawing sound conclusions from them and in applying these to the needs of the law. A man may show skill and competence in the handling of professional matters and an erudition in his subject, yet lack the ability to express his views to others—least of all, perhaps, to those without knowledge of medical matters. A master in his art may be incompetent as a witness, surpassed perhaps in the giving of evidence by one who is much inferior in professional standing.

Palmer, in his Life of Hunter, wrote:

> John Hunter stood at the head of his profession: and if sound professional knowledge could have qualified any man to act as a medical witness, Hunter was fully qualified. Yet this great man, when giving evidence in 1781 on a memorable trial for poisoning, was obliged to confess that he was unable to give a definite answer to the important question put to him. Hunter was the only professional witness called on the part of the prisoner to rebut the charge of poisoning the deceased by laurel-water. His cross-examination, however, rather strengthened the case for the prosecution; and the final question put by the court was: "Give your opinion, in the best manner you can, one way or the other, whether, upon the whole of the symptoms described, the death proceeded from the medicine (laurel-water), or any other cause?" His answer was: "I do not mean to equivocate; but when I tell the sentiments of my own mind, what I feel at the time, I can give nothing decisive."
>
> The facts of the case were that a young man, previously in good health, expired in convulsions about half an hour after taking a draught of rhubarb and jalap sent by his medical man with which it was alleged the accused had mixed laurel-water.

The victim's mother observed that the draught smelt of bitter almonds when administered. Ten days after death the body was exhumed and examined by several medical men. The examiners did not open the brain and they did not investigate the condition of the intestines. No analysis either of the contents of the stomach or of the remainder—if any—of the draught was made. Hunter deposed that the appearances found in the stomach were ordinary *post-mortem* changes with which he was quite familiar, and that the symptoms with which the victim died were quite compatible with apoplexy or epilepsy. He admitted in cross-examination that the occurrence of the symptoms immediately after taking the draught was a circumstance in favour of its having caused them, and "if", said he, "I *knew* that the draught had contained poison, I should say that most probably the symptoms arose from that." He was, however, directed by the judge to separate the medical *facts* which he had observed from the suggestion that poison had been administered: and, on this direction, he declared that there was no direct medical evidence to show how death had been caused. The accused was convicted and hanged.

Analysing this case in the light of our present-day knowledge, so far at least as the medical evidence is concerned, the conviction seems to have rested almost entirely on circumstantial evidence. There can be no doubt that if death was due to poisoning at all it was due to poisoning by a dilute solution of hydrocyanic acid, but the *post-mortem* evidence, apart from the smell, was indecisive. Hunter's evidence was as straightforward as his knowledge would permit, for the smell would probably have passed off in ten days, and there were then no means available for exact analysis of the contents of the stomach, but he might reasonably have been expected to have given a more definite answer on the balance of probabilities.

The law asks that a medical practitioner should exhibit a degree of knowledge commensurate with his station and a care in its application to practice which could be regarded as reasonable in the circumstances. This principle applies to practice in all branches of medicine, to surgery, obstetrics, public health, etc., and, of course, to forensic medicine. It must not be forgotten that it applies equally to the discharge of routine legal duties by the ordinary practitioner in his examination and treatment of patients, in certification and in his relation to civil or criminal procedure in which his help is sought. He should be an impartial observer, intent only on seeking the truth of a case in relation to its circumstances; the conscience with which he discharges his duties is but a corollary to his putting into practice the medico-legal knowledge he has aquired.

Some members of the medical profession have been inclined to regard medico-legal matters as an unwelcome, even unnecessary addition to their ordinary duties, but no doctor can be in practice for long without having to shoulder the responsibility for decisions of medico-legal importance. He must face the problems of legal responsibility, of certification and compensation, of his relations with the coroner and other legal authorites and with his duties in courts. He may at any time be required to give a report on, and subsequently appear in court in connection with, cases of accident, assault, suspected poisoning, of abortion and infant death and in a variety of other cases which may come before him either in his capacity as a general practitioner or as a hospital officer.

It is almost inevitable that in such cases he will be asked to give not only factual evidence about matters which he has observed but also his opinion on such facts. He may, of course, excuse himself from answering questions on matters outside his ordinary province. A practitioner may, for example, safely admit he does not feel qualified to answer questions on the grouping of

blood stains, and the forensic pathologist may equally excuse himself from comment on criminal psychiatry or the EEG, but a great many of the questions on which he is asked to give an opinion might well be considered within the competence of a well educated practitioner.

A knowledge of the principles on which forensic medicine is based must, therefore, be within the grasp of all practitioners not only in the matter of aid to those concerned in the administration of justice but also to preserve their own reputation and the good name of the medical profession. A doctor cannot afford to be ignorant of everyday problems in legal medicine.

MAKING MEDICO-LEGAL OBSERVATIONS

Some medical men who have treated forensic medicine with indifference have occasionally ventured to appear as witnesses, and have believed that the subjects on which they were likely to be examined were so much beyond the knowledge of the judge and of the lawyers engaged in the case that even hazardous or rash statements would escape observation. Nothing could be further from the truth, many lawyers possess a good deal of medico-legal knowledge; and are quite able to detect when a witness is attempting to avoid giving a proper answer by vague or evasive statements or by the use of technical language. Counsel engaged in any civil or criminal case of importance take care to inform themselves of the views of standard medical writers; and they are not likely to be put off by an erroneous or evasive answer to a medico-legal question.

It is certainly a common fault of medical men that they are often not prepared for the complex and difficult questions which are likely to arise in a case upon which they know they will be required to give evidence. This lack of preparation applies to facts as well as to opinions. For instance, in a case of death which may result in a charge of murder or manslaughter, a medical man who attended the deceased may often omit to observe many circumstances connected with the case because they appeared at the time to be irrelevant or of little importance, although at the subsequent trial he may find that upon them depends the final issue. As a result of professional habit medical observation is, on these occasions, confined as a rule to only one set of circumstances, *i.e.*, the diagnosis and treatment of disease or personal injury; but medico-legal observation should take a much wider range, and should be directed to all the surrounding facts and incidents of the case. Circumstances which are of no interest from a medical or surgical point of view are often of the greatest value and importance in legal medicine. If all these facts are not observed by a medical witness upon his first dealing with the case, it may be beyond his power to answer many questions which must arise during the trial. The lack of careful observation is a serious matter, and may result in an imputation of professional ignorance.

The first duty, therefore, of a medical practitioner is to cultivate a habit of accurate observation, the exercise of which is by no means inconsistent with the performance of the duties of a physician or surgeon. Medical men possess this power to a variable degree, as the following incidents show:

Swaine Taylor instanced a case in which Sir Astley Cooper was called to Deptford to see a man who, while sitting in a chair in his private room, had been mortally wounded by a pistol-shot fired by an unseen person. Sir Astley having attended to the wound, compared closely the direction from which the pistol was fired with the position of the wounded man, and came to the conclusion that the pistol must have been fired by a left-handed man. The only left-handed man known to be on the

premises at the time was an intimate friend of the deceased, against whom there was no suspicion; but this acute observation led to the arrest and trial of the friend, and to his subsequent conviction for murder.

A doctor was called to a Leyton house to see a man who had been found dead on the return of his wife from a two-hour shopping trip. She had, just before leaving, admitted a stranger who had an appointment to see her husband. There was no disturbance in the room and without moving the body or closely examining it the doctor reported the death as "a sudden death from causes unknown". A later examination showed a bullet hole in the shirt and a pool of blood between the shoulder blades and the floor. There was no weapon there and the case was plainly one of murder. As a result of the improper medical opinion an armed suspect remained at large for over a day.

The circumstances, the locality, position of the body of a person who has been found dead, the position of any weapon found on the scene, and the condition of the clothing, as well as the form and direction of any wound, are not always noticed with sufficient accuracy. They may instantly disclose the nature of a case.

One of the authors was called to a house at Watford where a woman and child lay dead on the floor of the kitchen, vomit soiling the face of each. Suspicion of poisoning had arisen and the husband was suspected.

A police officer left to guard the scene was found after two hours to be complaining of headache, dizziness and nausea. It was noticed that both bodies bore very pink livid stains and search revealed two wool sanitary packs obstructing the flue of the kitchen stove, causing CO fumes to accumulate: both deaths were accidental.

Reasonable care in making observation may dispel suspicion and avert criminal enquiry.

On the other hand, lack of observation may lead to the acquittal of guilty persons.

A woman was found dead in her bed. The scalp was lacerated and there were grounds for believing that the wounds had been produced by criminal violence. For the defence it was suggested that, as there were projecting nails at the head of the bed, these lacerations might have arisen from accident—a suggestion which was supported to some extent by the medical evidence. An experienced witness, however, stated that from his examination he did not believe that the nails, even if they were in the bedstead at the time of the occurrence, could have produced the wounds. He said also that as blood had issued from the wounds, and as there was no blood upon the nails or upon the part of the bed around them, he did not believe that the head had at any time come into contact with the nails. Those who were first called to the dead body had omitted to notice whether there was anything on or near the bed to account for the wounds on the scalp, *and they were quite unable to say whether there were or were not any projecting nails at the head of the bed when they first examined the body.* The accused was discharged on the Scottish verdict of "Not proven"; and there was some reason to believe that he escaped through manufactured evidence, in that the nails had been driven into the head of the bed subsequent to the death of the woman. It seems perfectly clear, however, from a general view of the medical evidence, that the wounds could not have been produced by nails in the manner suggested. The accused was given the benefit of the doubt which had been raised in the minds of the jury.

The judge who tried this case remarked that "*a medical man, when he sees a dead body, should notice everything.*" A medical man should make it a rule to observe everything which could throw a light upon the production of wounds or of other injuries found upon the dead body. It should not be only for the police to say whether there were any marks of blood on the clothing, or on the hands of the deceased, or on the furniture in the room. The clothing of the deceased, as well as the body, should always be closely examined by a medical man at once, on the spot.

Another matter of great importance which is frequently omitted when examining a dead body is the duty to observe whether, at the time of examination, the body or any part of it was still warm[1], whether the limbs were cold and rigid, or cold and pliant. From a medical or surgical point of view, these conditions of the body are of little importance; but, if these facts be observed, they may enable a witness to speak with greater probability as to the time of death; this may make all the difference between the acquittal and conviction of a person charged with murder.

A girl's body was found fully dressed (at 8.30 a.m.) lying on the low tide and bank of the Thames under a parapet of Waterloo Bridge during its reconstruction. A police surgeon was called to certify the fact of death and was asked (*a*) about when she had died, and (*b*) if there was cause for suspicion. He put a hand on the body and pronounced it "dead four to seven days". He appreciated that there was a broken leg "probably from a jump off the bridge".

On arrival at the public mortuary, the body was found to have (*a*) an internal (rectal) temperature of 47°F. (air temp. 38°F., Thames river 31°F.), (*b*) marks of strangling on the neck. These observations indicated that death was due to violence and that the death had occurred within hours rather than days as suggested by the police surgeon. It transpired that the girl had been murdered by a soldier on the partly constructed bridge "soon after closing time" (11 p.m.) the previous evening and pushed over into the river. A conviction for murder followed, substantiated partly by closer timing of death (11–12 p.m.) very shortly after accused had left a local public house in the girl's company.

The circumstances which chiefly require notice on these occasions have been fully described in the chapter on Wounds. In cases of supposed death from poison, other matters also will require immediate attention; these will be found in detail in the chapters on Poisoning.

One of the chief purposes of counsel when defending persons charged with murder or manslaughter is to endeavour to discover what the medical man engaged in the case omitted to do. Although sometimes the omission may be of no medical importance whatever, yet it may be placed before the jury in such a strong light that the accused may obtain the benefit of a doubt and secure acquittal. The omission may be attributed to professional ignorance, or (what is worse) to professional bias—a determination to find proofs of guilt against the "unhappy prisoner at the bar"—when the facts might easily be explained by the witness's lack of experience in dealing with cases of this nature.

In *R.* v. *Smith*[2] (the "Brides in the Bath" case) it was held that medical evidence in the form of opinions by medical witnesses is admissible as evidence if such opinions are given in the exercise of professional skill and knowledge with regard to assumed facts.

NOTES AND REPORTS ON CASES

Notes. In the ordinary course of practice there can be no doubt that the more complete are the notes which are kept of every case of sickness or injury the better it is for the patient and for the medical man in the event of any question which might necessitate the production of records, whether they be kept in a day-book or not. Such notes may be of great service in refreshing the mind of a medical man when he is called upon to provide reports or give evidence. Whereas to a very busy practitioner such a course may be impracticable, it is of the utmost importance that all medical men should make as

[1] For details of a method of estimating the lapse of time since death by heat loss and other data see p. 167, *et seq.*

[2] (1915) 25 Cox, 271.

copious notes as possible immediately there is the slightest degree of suspicion that any case may ultimately become the subject of a medico-legal inquiry; this is especially to be emphasised in the case of an accident, however trivial, inasmuch as legal redress is frequently sought by those injured through accident or by their dependant relatives.

When it becomes certain that a case will eventually be the subject of legal inquiry it is the duty of the medical man to commit to writing at the earliest possible moment everything which he has observed of the case hitherto, everything which he is then able to observe, and, if the case does not terminate at once, the details of its further course. In various parts of this work (*e.g.*, in the chapters on "Rape," "Wounds," etc.) special reference will be made to the notes which ought to be taken. The medical man's own observations must be kept distinct from information given to him by others; he may draw conclusions of value from the former, but the latter must be proved before any conclusions can be drawn therefrom. They may be false.

Many weeks may elapse before a person charged with a crime, or defending some claim, is brought before the judge and jury. However clear the circumstances may appear to a medical practitioner at the date of his examination of the body, it will require more than ordinary powers of memory to retain for so long a period a distinct recollection of all the facts of a case. If no notes have been made, and the memory be defective, the case may result in favour of the accused, and the administration of justice suffer through the neglect of the medical witness.

At the trial of Harold Greenwood in 1920 on a charge of murder by arsenic, the general practitioner attending was questioned closely by Marshall Hall, counsel for the defence, as follows:

M. Hall. "What tonic did you give Mrs. Greenwood?" (The witness produced a paper containing a copy of the prescription and handed it to counsel. It had been "copied from the prescription book").

Counsel. "When did you copy this?" "Last night." "Who did you get it from?" "Out of my book." "Where is the book?" "At home." "Why did you not bring the book? *Just be careful, doctor. Is there a book?*" "It is at home."

The judge ordered Dr. G. to "bring here any book or papers you have containing entries relating to prescriptions made out for Mrs. G." The court adjourned, and on re-opening Sir Edward Marshall Hall again pressed the doctor.

Counsel. "Will you point out the entry in the book which you referred to in the morning." "The entry is not in it. I kept it in an old prescription book and the old book has been destroyed. I thought I had copied it into this book."

The law relative to the admissiblity of notes or memoranda in evidence is very strict, and, in trials for murder, is rigorously enforced by the judges. In order to render such notes or memoranda admissible, it is essential that they should have been made by the witness at the time when the observations were made, or as soon afterwards as practicable; further, a witness is allowed to refer to such notes only for the purpose of refreshing his memory. Though he cannot read them audibly in the witness-box, giving them as his evidence, he may, and usually does, refer to them freely. If he is known to have such notes, he may be required to produce them. He need neither be afraid nor ashamed to produce soiled or bloodstained notes of an autopsy. Dirt does not destroy their value, and may be evidence of *bona fides*—by the inference that they were in fact made at the earliest moment[1].

[1]Notes dictated by a pathologist to a secretary during autopsy are acceptable if read over immediately upon completion of the *post mortem* and signed. The same principle applies to a clinical examination.

At a trial for murder some years ago the judge commented: He (his lordship) had always found that when a witness said he had such a good memory that he took no notes, that witness was either very vain or very inaccurate. Dr. B. said that he found two pieces of lead behind the tongue, whereas, in fact, he did not find them at all. His partner found the pieces. These points were not vital to the case, but they were, at any rate, important points.

At the *R. v. Haigh* trial at Lewes Assizes in 1949, the Attorney General commenced his cross-examination of the psychiatrist called by the defence as follows[1]:

Cross-examined by the Attorney-General: "You said when you gave your evidence that you had seen the prisoner five times, you had examined him five times. This is not accurate, is it?" "I believe it to be accurate or I should not have said so."

"Look at your notes. When did you see him first?" "I really do not know the dates—between the first and sixth July."

"Would you accept it from me that the first time you saw the prisoner was on the first July?" "Yes."

"For twenty-five minutes?" "Yes, I dare say."

"The second time, on the second July, for one hour?" "Yes."

"And the third time on the fifth July for forty-five minutes?" "Yes."

"You visited Brixton Prison on two other occasions and discussed the case with Dr. Matheson?" "Yes."

"You never saw the prisoner, did you?" "I do not think that is quite right." "I am quite prepared to accept it, and I am sorry if I have made a mistake."

"I do not want you to accept anything which is not right. I want you merely to be accurate. Have you not any notes of your interviews?" "I have got large notes of the interviews with the prisoner, but I have not got notes of the days on which I actually visited him."

"I must put it to you that you saw him in all for two hours and ten minutes, forty minutes longer than your evidence has so far taken. Is that right?" "I do not know."

"Is it about right?" "I have got no idea."

This could not be described as a favourable start to a cross examination in which the accuracy of the medical witness' notes was to be closely examined. The jury are bound to be affected by such questions and the doctor, quite needlessly, has his reliability badly shaken.

It is not in criminal cases only that notes ought to be made and preserved, for in civil cases it happens frequently that there is a very long interval between the occurrence of an accident or an illness and the trial of the case. Accurate records then prove invaluable.

Reports of a medico-legal nature are very frequently demanded from doctors, and these will necessarily be based upon the notes referred to. All such reports should consist of a summary of the relevant medical facts, and of the conclusions based upon them, expressed as far as possible in non-technical language.

Reports necessarily vary in their contents according to the nature of the case. The substance of a poisoning case will differ materially from that of a street accident, for instance; but there are a few rules which are applicable to all such reports, and they merit careful consideration.

Dates. These must in all cases be stated very carefully, and in such a manner as to leave no room for doubt, and to make it unnecessary to refer to calendars; *e.g.*, a phrase such as "Last Saturday I saw Mr. Jones" must never occur; it must run : "At 11 a.m. on Saturday, 26th January, 1950, I examined Mr. John Jones, at No. 5 Prospect Place, Kensington." Careful

[1] Notable British Trials. The Trial of John George Haigh (The Acid Bath Murder). Ed. Lord Dunboyne. Hodge & Co., 1953.

distinction must be made between the date upon which the events took place and the date when the report was made.

Identity. The sex, age, and occupation of the person reported upon should be noted accurately. Formal identification is sometimes desirable.[1] The facts should in the first instance be stated *seriatim*, plainly and concisely, in language easily intelligible to non-professional persons. A report should be made not to display erudition, but to be understood. If technical terms are employed, their meaning should be stated in parentheses.

Opinions, inferences, or comments. The facts should be stated first, and the conclusions should be stated later in the report. The language in which the conclusions are expressed should be precise and clear. It must be remembered that these are intended to be a concise summary of the whole report, upon which the decision of a magistrate, or the verdict of a jury, may ultimately be based. Such conclusions should be confined strictly to the matters which are the subject of inquiry and have actually come under the observation of the witness.

Relation to circumstances. Deductions from the facts described should be based upon *medical* data only, not upon circumstances, unless the reporter is specially required to express his opinion in regard to them in cases where they are said to be related. Further, they must be founded only upon *what the writer has himself seen or observed.* Any information derived from other persons should be made the basis of an opinion in a medico-legal report only where it is proven, or at least open to examination. A conclusion based upon mere possibilities is of no value as evidence.

Notwithstanding the plainness, simplicity, and obvious nature of these rules, they are broken far too frequently, and it is desirable to call attention to the more common lapses. Statements are often set out in verbose or exaggerated language, overloaded with technical and unintelligible terms; the writer is often not sufficiently careful to keep the facts distinct from his comments, or his deductions from the facts. Whereas facts are vital as evidence, the comments and deductions of a witness are admissible only in evidence at court.

In regard to the first of these defects, too often it is the practice of medical men to use exaggerated language when writing reports of medical cases for professional purposes. Thus, in the writing of a report on an ordinary *post-mortem* examination, the lining-membrane of the stomach may be described as being "intensely" inflamed, or a cavity as "enormously" distended. Expressions employed in this loose manner may convey to the legal mind a meaning widely different from that intended by the reporter. They create great difficulty in evidence if withdrawn or modified, a change which, though necessary, may at the same time place the witness in an undesirable position before the court. If such descriptions involve a comparison, the question at once arises as to the standard by which they are measured, and as to the opportunity which the witness had of creating such a standard. As a rule it will be found that these terms have been used without careful consideration, or from a habit acquired from reporting cases for the information of medical men only. Lawyers look much more closely to the strict signification of words than do most medical men, and they are disposed always to mistrust the judgment of a person who cannot speak or write without employing the superlative degree.

[1] *Vide* Forbes G. 1951. *Brit. med. J.*, **2**, 227.