Embodied Performances of Forensic Expertise

Epistemic Virtues, Gender, and Emotions in British Forensic Culture 1920-1980

Pauline Dirven

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door

Paulina Emilia Anna Maria Dirven

geboren op 4 mei 1994 te Bergen op Zoom

Promotor:

Dr. W.G. Ruberg

Copromotor: Dr. J.B. Hung

Beoordelingscommissie:
Prof. dr. C.W. Bosch
Prof. dr. Jackson

Prof. dr. M.S. Parry Prof. dr. M.L. Waaldijk (voorzitter) Dr. Wolffram

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'A totally surprising man is the former general practitioner who has become one of the world's most celebrated pathologists. He spends considerable time in the mortuaries; yet he bubbles over with bonhomie – a big, jovial pipe-smoker with an enormous sense of fun. He has inspected thousands of lungs and livers; yet he enjoys his tobacco and spirits as much as anyone. Only the surroundings give a clue to the macabre world in which he moves. His office in the London Hospital Medical College, Whitechapel, is crammed with skulls of murder victims, organ specimen, a cabinet full of deadly poisons and drugs. Similarly, his smart town apartment, in a new mini-skyscraper, is well-stocked with histories of famous crimes and trials'.

John Cottrel, 'The Strange World of Dr. Camps: Professor of Murder', January 1971, RLHPP/CAM/1/1/3/7, Barts Health Archives.

'Dr. Walls, who served as director of the Scotland Yard laboratory, may relish using a skull as an office ashtray, but there is nothing ghoulish about his agreeably restrained memoir of a career spent solving scientific mysteries. (...) the forensic scientist doesn't simply lurk in his laboratory thinking deep Holmesian thoughts. He must often appear in court as an expert witness where he has to defend his theories against the sharpshooting of an opposing lawyer who will be doing his best to make the expert look foolish or at least mistaken. Walls seems to derive as much pleasure from the courtroom matching of wits as from divining the solution to a scientific conundrum and he succeeds in communicating his enjoyment (...).

'Scotland Yard Scientist: My Thirty Years in Forensic Science', Kirkus Reviews, 1 September 1973.

The quotations above come from articles on forensic experts. The journalists describe forensic pathologist Francis Camps and forensic scientist Hamish Walls as men who operate in macabre surroundings and come in close contact with deceased bodies and crime. However, they simultaneously emphasise that these men are not so different from anyone else; they can restrain themselves, are fun, enjoy their profession, and smoke their pipes. Moreover, they encounter emotional situations such as fear of humiliation in the courtroom. These character sketches illustrate that forensic pathologists and scientists – in short forensic experts – were appraised for their character traits, their scholarly identities and bodily practices. In this thesis I focus on such embodied performances of forensic expertise. I argue that to understand the developments in forensic medicine and science over the previous century, historians should not limit their view to legal, technological, and institutional developments but explore a new avenue and include in their analysis what experts of flesh and blood looked like, felt, and did.

I show that in public performances forensic experts presented themselves as embodying hegemonic masculinity, bourgeois norms, and British values in the period 1920-1980. As historians of forensic medicine and science have shown, this time was characterised by technological innovations, institutionalisation, and specialisation of forensic medicine and science. However, I contend that forensic experts did not completely rely on these developments to carve out a position of authority and trust for themselves in the British criminal justice system. To try and accomplish this, they embodied a forensic scholarly persona that was embedded in a bourgeois masculinity of restraint and self-control. I demonstrate the value of taking a new, bodily approach to the history of forensic science and medicine: by studying both what embodied performances of experts looked like and how these impacted their knowledge-making practices when they encountered victims' bodies. On a meta-level, therefore, this thesis makes an intervention in theories on scholarly personae and epistemic virtues as it goes beyond an analysis of embodied performances and also investigates how they impacted examination practices.

Today it is obvious that the services of scientists and medical practitioners are required to solve a crime. When you watch crime series on television, the presence of a CSI team and pathologist is self-evident, as is their position of authority and significant contribution to the solving of the crime in most cases. The formal integration of forensic expertise in the British criminal justice system is, however, barely a century old. While expert witnesses, predominantly male medical practitioners, and toxicologists, had already assisted the courts in the eighteenth and nineteenth centuries, it was not until the 1930s that their roles slowly became professionalised. Scholars have argued that in British forensic science and medicine in particular, but also in science more generally, a shift occurred from trust in individual scholars and experts to trust in techniques, quantitative methods, protocols and institutions. This thesis aims to broaden the understanding of whether and how forensic examinations became increasingly valued in the British criminal justice system by analysing the embodied performances of forensic experts. I ask, how did forensic scientists, physicians, and pathologists – in short specialists who could be called on to act as expert witnesses – perform as expert personae in the British criminal justice system over the period 1920-1980? And specifically, what epistemic virtues did they embody to enact this? To answer these questions, I embed the notions of expertise and epistemic virtues in the cultural, scientific, medical, and legal environment in which these scientists, physicians and pathologists operated. The starting point of this thesis is that ideas about what it meant to be a forensic expert were not free-floating disciplinary concepts, informed only by scientific, medical, and legal ideals but interrelated with gender, class, and nationalist norms.

The research scope of this thesis is British forensic culture, rather than more specifically English, Welsh, or Scottish forensic culture. I chose this broad view because, even though important differences existed between the legal systems and court proceedings of England, Wales and Scotland, advice literature written by and for forensic expert witnesses on bodily display applied to all British courtrooms and media performances of forensic experts – who were of both English and Scottish origin – also reached across the borders of these different legal systems.

I argue that in the period 1920-1980, forensic expertise gained shape in embodied practices of scientific and medical personae, that were an addition to and sometimes contrasted with technological, methodological, and institutional developments. In line with the historiography on scientific personae, I start with the practices through which experts fashioned themselves as authoritative personae, rather than with how forensic evidence was constructed as trustworthy knowledge. I show how this worked by analysing four case studies, which have been written in the form of articles and will be presented as four chapters in this thesis. Using these case studies, I show the reader the complex interrelation of three themes: how forensic experts displayed forensic virtues on their own bodies, how they experienced them in their bodies, and what role the incorporation of these epistemic virtues played in examination practices. Specifically, the case studies demonstrate what message expert witnesses conveyed with their choice of clothes, how they managed their emotions, how they interacted with rape victims and how they related to the personhood of dead bodies. To analyse how embodied forensic virtues impacted examination practices, I study rape and murder cases, as these show how experts of flesh and blood related to emotionally charged cases that involved living and dead bodies.

Below I discuss the significance and relevance of these specific topics in more detail. At this point, I wish to argue that these case studies illustrate the fact that embodied performances shaped British forensic culture between 1920-1980. More to the point, through them I identified four core epistemic virtues that acted as the foundation of British forensic culture in the researched period: impartiality, detachment, mechanical objectivity, and trained judgement. Especially the latter three correspond with the epistemic virtues that historians of science and medical historians have argued characterised scientific and medical practice in the

twentieth century. ¹ This thesis contributes to these fields of study, first, by analysing how these scientific virtues related to the judicial virtue of impartiality for forensic scientists and doctors who appeared in court as expert witnesses. And, second, by showing that these four core epistemic virtues functioned in constellations with other gendered, class and British virtues, such as bourgeois sobriety, keeping a stiff-upper-lip, scientific enthusiasm, and sympathy.

To write this cultural history of forensic expertise, I use an interdisciplinary approach. I bring together the history of forensic medicine and science, epistemic virtues and scholarly personae, gender, the body, and emotions. The theoretical framework unites practice theory and performativity. The following section will first give an overview of the historiography of forensic medicine and science in twentieth-century Britain. The subsequent sections explain in more detail the core concepts of this thesis: British forensic culture, epistemic virtues, performativity, and embodiment. This is followed by an overview of my methodology and reflection on my source material. This introduction ends with an outline of the thesis structure.

Historical context: forensic science and medicine in twentieth-century Britain

To come to grips with the question of what role medical and scientific witnesses played in the criminal justice system historians have analysed how forensic knowledge was shaped by the organisational structures of the legal system. To this end, they study how forensic evidence was constructed in relation to police investigative practices, the adversarial structure of the British legal systems, the educational background of forensic scientists and physicians, the division of tasks between different experts and the financial organisation of forensic expertise.² In short, this literature looks at the institutionalisation and professionalisation of forensic practices.

¹ Lorraine Daston and Peter Galison, *Objectivity* (New Jersey: The MIT Press, 2010); Theodore Porter, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton: Princeton University Press, 2001); Michael Brown, *Emotions and Surgery in Britain, 1793–1912* (Cambridge: Cambridge University Press, 2022); Jodi Halpern, *From Detached Concern to Empathy: Humanizing Medical Practice* (Oxford: Oxford University Press, 2001), 17 and 20; Joanna Bourke, 'Pain, Sympathy and the Medical Encounter Between the Mid Eighteenth and the Mid Twentieth Centuries', *Historical Research: The Bulletin of the Institute of Historical Research* 85:229 (2012), 446–447; Samuel J. M. M. Alberti, *Morbid Curiosities: Medical Museums in Nineteenth-Century Britain* (Oxford, New York: Oxford University Press, 2011), 108.

² Katherine D. Watson, *Medicine and Justice: Medico-Legal Practice in England and Wales, 1700-1914* (Abingdon; New York: Routledge, 2019); Alison Adam, *A History of Forensic Science: British Beginnings in the Twentieth Century* (Abingdon, Oxon, New York: Routledge, 2015); Ian Burney, *Bodies of Evidence: Medicine and the Politics of the English Inquest, 1830-1926* (Baltimore, Maryland: Johns Hopkins University Press, 2000); Ian Burney and Neil Pemberton, *Murder and the Making of English CSI* (Baltimore, Maryland: Johns Hopkins University Press, 2016); Simon Cole, 'Forensic Culture as Epistemic Culture', *Studies in History and Philosophy of Biological and Biomedical Sciences* 44:1 (2013), 36-46.

One of the most significant findings in this literature is that from the eighteenth until the early twentieth century a formal system for the employment of forensic experts did not exist.³ Instead, medical witnesses were chosen because of their proximity to the crime in question.⁴ The professional background of forensic experts was therefore quite diverse. A general practitioner (often in the form of the family doctor), police surgeon, clinical pathologist or a self-trained forensic specialist could all be called upon in murder, rape, and infanticide cases. While this remained the case throughout the twentieth century for rape cases, in homicide cases pathology gained the reputation of an indispensable courtroom discipline in the early twentieth century.⁵ From that time on, GPs and police surgeons could still be called upon when a body was found but they were only supposed to determine whether the person was dead and perhaps estimate how long ago they had died. If the circumstances did not suggest a natural death, an expert pathologist was called in to examine the body.

Moreover, before the 1930s these medico-legal experts did not confine their investigative practices to examinations of living or dead bodies. The boundaries between police science, forensic science and forensic medicine were unclear at this time. Until the establishment of the Metropolitan Police Laboratory in 1935 and the formation of national laboratories for forensic science and ballistics in successive years, the British policing and forensic research system was locally organised. Because of that, detective and laboratory facilities were very different throughout the country. In general, it was common practice to employ independent experts who worked on a fee basis or public analysts. The post of Home Office analyst, who conducted scientific investigation in medico-legal cases, which had been created in 1882, was often given to men with a medical degree, while chemists were mostly overlooked. Until the second half of the twentieth century, the disciplinary boundaries between forensic science and medicine were not clearly drawn and it was usual for medico-legal experts to undertake a wide range of scientific and technical forensic analyses, as all-round experts.

After the professionalisation of forensic science in the 1930s, this gradually changed. As the laboratories permanently employed chemists, physicists and biologists, specialist teams

³ Watson, Medicine and Justice, 18–19.

⁴ Ibid., 19; Burney and Pemberton, Murder and the Making of English CSI, 41.

⁵ Jennifer Ward, 'Origins and Development of Forensic Medicine and Forensic Science in England, 1823-1946' (PhD Thesis, The Open University, 1993), 112; Burney and Pemberton, *Murder and the Making of English CSI*, 56

⁶ Adam, A History of Forensic Science, 157.

⁷ Ibid., 2.

slowly began to replace the all-round medico-legal expert. According to forensic historians such as Ian Burney, Neil Pemberton, Alison Adam and Katherine Watson, this transition marked a shift towards a modern forensic regime. Modern forensics was characterised, first, by the rise of criminalistics, i.e. material trace-evidence on the crime scene, which had been developed by the Austrian criminal jurist Hans Gross and was adopted in Britain in the first decades of the twentieth century. And, second, by its team-based approach, the professionalisation, specialisation and institutionalisation of forensic science. Burney and Pemberton argue that this was in contrast with the late nineteenth- and early twentieth-century regime of the celebrity-pathologist in which an all-round expert conducted body-oriented research and gained authority, not by institutional affiliations, but by individual reputation. In

Scholars interested in the role of expert witnesses in British courtrooms have emphasised that such a trend towards standardised team-based practices was characteristic of a larger modernisation process that also influenced legal practice. This line of argumentation follows Foucauldian ideas on the project of modernity, predominantly that the state came to use modern disciplinary power to govern its population in the late eighteenth and early nineteenth centuries. ¹¹ In the criminal justice system, Foucault sees a shift from corporal punishment towards the discipling of bodies and minds through incarceration in prisons and the psychologisation of the criminal mind. ¹² More generally, his studies of sexuality and medicine show that modern states became involved in biopolitics: the governing and control of the population, through the disciplining of bodies by the state. ¹³ To this end modern states relied on medical and scientific knowledge on society. Examples of this are the development of specialist knowledge on rapists (as a personage), normal and abnormal sexual behaviour,

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⁸ Burney and Pemberton, *Murder and the Making of English CSI*; Ian Burney and Neil Pemberton, 'Bruised Witness: Bernard Spilsbury and the Performance of Early Twentieth-Century English Forensic Pathology', *Medical History* 55:1 (2011), 41–60.

⁹ Burney and Pemberton, Murder and the Making of English CSI; Adam, A History of Forensic Science; Watson, Medicine and Justice.

¹⁰ Burney and Pemberton, Murder and the Making of English CSI.

¹¹ Elwin Hofman, 'Corporeal Truth: Conscience, Fear and the Body in French Criminal Interrogations, 1750-1850', *Cultural and Social History* (2020), 1–18; Willemijn Ruberg, *History of the Body* (London: Red Globe Press, 2020), 26–29; Shani D'Cruze, Louise Jackson, and Judith Rowbotham, 'Gender, Crime and Culture in the Twentieth Century: Conversations between Academics and Professionals', *History Workshop Journal* 60 (2005), 139-151, 144-146.

¹² Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage Books, 1977); Michel Foucault, 'About the Concept of the "Dangerous Individual" in 19th Century Legal Psychiatry', *International Journal of Law and Psychiatry* 1 (1978), 1–18.

¹³ Michel Foucault, *The History of Sexuality, Volume 1: An Introduction* (New York: Vintage Books, 1978); Michel Foucault and A.M. Sheridan Smith, *The Birth of the Clinic: An Archeology of Medical Perception* (New York: Vintage Books, 1963).

and dangerous individuals by sexologists and forensic psychiatrists.¹⁴ In addition to Foucault's analysis of knowledge production within the field of forensic psychiatry, historians of forensic science point out that his views are also applicable to 'the criminalistics approach which sought to manage the crime scene, the witnesses, criminals and the investigating officers whose job it was to gather and manage the scientific evidence in order to bring a prosecution'.¹⁵ From this perspective, modern forensic regimes – characterised by the development of institutions, specialised knowledge and the disciplining of bodies – were embedded in biopolitics.

Others have pointed out that the emergence of standardised forensic practices relate to Foucault's idea that the project of modernity was characterised by the bourgeois claims to universality. These scholars argue that this value was adopted both in law and science. As sociologist Carol Jones puts it: 'the impersonal application of rule of law was mirrored by the impersonal application of rule by method' in science. They show that the modern British adversarial legal system became typified by its uniform application of the law, the emergence of the defence lawyer who came to speak for the defendant, and the development of rules of evidence. For example, concerning the English criminal justice system, historian Martin Wiener argues that from the eighteenth century onwards, the criminal trial changed from a social drama, revolving around a personal confrontation between members of a local community, into an abstract and depersonalised process. A similar claim to universality is made with regard to the development of science in general and expert witnesses in particular. As the section on epistemic virtues will explain in more detail, historians of science have argued that in the modern period trust in science shifted from trust in a person towards trust in institutions, protocols, and technologies. In In this line of thought, historian of science Theodore

¹⁴ Joanna Bourke, 'Sexual Violence, Bodily Pain, and Trauma: A History', *Theory, Culture & Society* 3:29 (2012), 42; Harry Cocks, 'Approaches to the History of Sexuality since 1750', in Sarah Toulalan and Kate Fisher, eds., *The Routledge History of Sex and the Body* (London: Routledge, 2013), 54–70; Svein Atle Skålevåg, 'A Culture of Consensus: Organising Expertise in Norwegian Forensic Psychiatry, Late Nineteenth to Early Twentieth Century', in Willemijn Ruberg et al., eds., *Forensic Cultures in Modern Europe* (Manchester: Manchester University Press, 2023), 240–260.

¹⁵ Adam, A History of Forensic Science, 55. See also: Ian Burney and Christopher Hamlin, Global Forensic Cultures: Making Fact and Justice in the Modern Era (Baltimore, Maryland: Johns Hopkins University Press, 2019), 20.

 ¹⁶ Carol A.G. Jones, Expert Witnesses: Science, Medicine and the Practice of Law (Oxford: Clarendon Press, 1994), 65; Tal Golan, Laws of Men and Laws of Nature: The History of Scientific Expert Testimony in England and America (Cambridge, Massachusetts: Harvard University Press, 2004).
 ¹⁷ Jones, Expert Witnesses, 65.

¹⁸ Martin J. Wiener, *Reconstructing the Criminal: Culture, Law, and Policy in England, 1830-1914* (Cambridge; New York: Cambridge University Press, 1990).

¹⁹ Porter, Trust in Numbers; Steven Shapin, Never Pure: Historical Studies of Science as If It Was Produced by People with Bodies, Situated in Time, Space, Culture, and Society, and Struggling for Credibility and Authority (Baltimore, Maryland: Johns Hopkins University Press, 2010), 257; Steven Shapin, 'The Image of the Man of Science', in Roy Porter, eds., The Cambridge History of Science: Part I - Science and Society (Cambridge:

Porter argues that during the nineteenth century various scientific disciplines moved away from community-based science in which 'good' science was ensured by trust in local and personal relationships towards less personal, standardised and abstract safeguards for objective knowledge to which 'strangers' in the growing international community of scientists could be held accountable by the public.²⁰ A similar argument is also put forward by historian Steven Shapin who contends that whereas in the seventeenth and eighteenth centuries trust in science was embedded in trust in the person of the scientist who occupied a variety of social roles, in the twentieth century, when intellectual life professionalised, trust became vested in the institutions where experts worked and the 'rigorous' policing that was exerted on them.²¹

These modern interests in objective, scientific and medical knowledge explain the shift from an informal organisation of forensic science by celebrity experts towards the formal institutionalisation of the practice. In the words of Jones, 'since "rule by method permits knowledge to be transferred from persons to things – from historical individuals to systems and machines", the expertise of these superhuman sleuths gradually gave way to that of state-organised forensic science laboratories'. Moreover, modern expert witnesses were increasingly required to share their knowledge of abstract laws of nature and give their opinions based on their general knowledge of a specific field of study, instead of being asked to reflect on first-hand experiences and personal knowledge of the case – as experts had done in the Middle Ages. As Hamlin states, 'contemporary forensics (...) represents a faith in the principles of ultimate knowability and universal means of knowing. In this line of thought, the changes in the organisation of forensic science and medicine can be explained by the development of this impersonal and universalistic approach to law and science.

Historiography: a modern forensic regime?

British and international research on forensic science and medicine challenges the central argument in this progressivist narrative: that over the course of the twentieth century a new forensic regime developed, influenced by the project of modernity, characterised by a shift from an informal, all-round and amateurish form of forensic medicine focused on the body,

Cambridge University Press, 2008), 160–161; Guy Axtell, 'The Dialectics of Objectivity', *Journal of the Philosophy of History* 6 (2012), 339–368.

²⁰ Porter, Trust in Numbers.

²¹ Shapin, *Never Pure*, 257; Shapin, 'The Image of the Man of Science', 160–161.

²² Jones, Expert Witnesses, 65–66.

²³ Golan, Laws of Men and Laws of Nature.

²⁴ Christopher Hamlin, 'Introduction', in: Ian Burney and Christopher Hamlin, eds., *Global Forensic Cultures: Making Fact and Justice in the Modern Era* (Baltimore, Maryland: Johns Hopkins University Press, 2019), 1-33, 7.

towards a standardised, professional and specialist regime of knowledge-making revolving around criminalistics.

First, research on forensic practices in the aftermath of mass violence shows the continued significance placed on evidence found on the dead body in addition to material trace evidence until the late twentieth century. Even though these studies use examples of mass violence that did not happen in Britain – such as the Holocaust and the genocide in Srebrenica – they raise questions about the presumed diminished value of the body in British forensic practices, especially when we consider that an eminent British pathologist, Keith Mant, played a significant role in these international investigations. Was there a continuity in the role that the body played in British forensic practices?

Second, despite the development of specialisation processes, the 'boundaries and professional delineations had to be negotiated and agreed upon', as Adam remarked.²⁷ The practical division of tasks had not caught up with the formal development of disciplinary boundaries. As I argue in detail in chapter 3, this is especially evident in the history of rape examinations. Compared to the studies on murder, robbery, poisoning, paternity and inheritance, it shows a lack of specialist care until at least the 1980s.²⁸ The finding that the specialisation and institutionalisation process of forensic medicine and science in the UK came about slowly fits into the characterisation of British medicine in general.²⁹ As medical historian George Weisz argues, 'in the twentieth century the British medical profession accommodated itself to specialisation; but it did so belatedly, less thoroughly, and quite differently than medical professions in other nations'.³⁰

Third, historical studies that focus on local practices emphasise that the institutionalisation and centralisation processes did not readily replace local and informal

²⁵ Sarah Wagner, *To Know Where He Lies: DNA Technology and the Search for Srebrenica's Missing* (Berkeley: University of California Press, 2008); Taline Garibian, 'The Making of Evidence After Mass Violence: Forensics in the Aftermath of the Second World War', in: Willemijn Ruberg et al. eds., *Forensic Cultures in Modern Europe*, (Manchester: Manchester University Press, 2023), 71–91; Willemijn Ruberg, 'Introduction', in: Willemijn Ruberg et al. eds., *Forensic Cultures in Modern Europe* (Manchester: Manchester University Press, 2023), 1-24, 9.

²⁶ Garibian, 'The Making of Evidence After Mass Violence, 80. Garibian shows the role played by Keith Mant in the investigation of the medical experiments conducted at Ravensbrück.

²⁷ Adam, A History of Forensic Science, 2.

²⁸ Joanna Bourke, 'Police Surgeons and Victims of Rape: Cultures of Harm and Care', *Social History of Medicine* 31:4 (2018), 711–731; Jennifer Temkin, 'Medical Evidence in Rape Cases: A Continuing Problem for Criminal Justice', *The Modern Law Review* 61:6 (1998), 821–848.

²⁹ Anne Digby, *The Evolution of British General Practice: 1850-1948* (Oxford; New York: Oxford University Press, 1999), 36.

³⁰ George Weisz, *Divide and Conquer: A Comparative History of Medical Specialization* (Oxford; Oxford University Press, 2005), 165.

knowledge practices, but related to them.³¹ In his work *Bodies of Evidence* Burney shows that scientific and public models of knowledge together constituted the coroner's inquest in Britain in the period 1830-1926. And Britain was no exception: Lara Bergers' research on the application of criminalistics in Dutch sexual assault cases between 1930-1960 shows that despite the growing interest in trace evidence from the 1910s onwards and the institutionalisation of forensic science in the Netherlands in the late 1940s and early 1950s, in Dutch forensic practices concerning cases of sexual violence physical evidence was often neglected and witness testimonies trusted and valued.³² These studies question to what extent and how national and international regulations and protocols influenced local knowledge-making practices.

Fourth, works such as the edited volume of Adam on forensic objectivity illustrate that even though modern instruments, such as cameras, and modern protocols for investigation were integrated into forensic practices, these did not necessarily change the contemporary understanding of objectivity or ideas about the way investigations had to be executed.³³ As her work shows, objectivity in the forensic realm was not a clear-cut concept but something that gained shape in different networks of expertise, where various actors helped to create it.³⁴ In line with Adam's perspective, I argue that in order to understand developments within British forensic medicine and science we need to analyse in more detail the changing meaning of characteristic concepts such as 'objectivity' and the different ways they were enacted in practice.

Fifth, as most of these studies on British forensic regimes end their analyses in the early twentieth century, either 1914 or the 1930s – with the notable exception of Neil Pemberton and Ian Burney, whose scope includes the 1950s – the argument that a rational, objective, standardised and institutionalised forensic regime developed in the second half of the twentieth century, remains underexplored.³⁵ Because these histories limit their scope of analysis to the

³¹ Burney and Hamlin, Global Forensic Cultures; Burney, Bodies of Evidence; Alison Adam, Crime and the Construction of Forensic Objectivity from 1850 (Cham: Palgrave Macmillan, 2020).

³² Lara Bergers, 'A Culture of Testimony: The Importance of "Speaking Witnesses" in Dutch Sexual Crimes Investigations and Trials, 1930–1960', in: Willemijn Ruberg, et. al., eds., *Forensic Cultures in Modern Europe* (Manchester: Manchester University Press, 2023), 49–70.

Amy Helen Bell, 'Bodies in the Bed: English Crime Scene Photographs as Documentary Images', in: Alison Adam, eds., Crime and the Construction of Forensic Objectivity from 1850 (ebook: Palgrave Macmillan, 2020), 17–41; Alexa Neale, 'Murder in Miniature: Reconstructing the Crime Scene in the English Courtroom', in: Alison Adam, eds., Crime and the Construction of Forensic Objectivity from 1850 (ebook: Palgrave Macmillan, 2020), 43-68.

³⁴ Adam, 'Introduction', in: Alison Adam, eds., *Crime and the Construction of Forensic Objectivity from 1850* (ebook: Palgrave Macmillan, 2020), 1-14, 5.

³⁵ Watson, Medicine and Justice; Burney and Pemberton, Murder and the Making of English CSI; Adam, A History of Forensic Science.

early twentieth century and mark this period as a transitional phase, they suggest a progressivist narrative that assumes that even though the impact of institutionalisation, universality and rationality remained limited in the early twentieth century, forensic practice in the later twentieth century would be characterised by these developments. As I explain in more detail below, histories of medicine and science have complicated the idea that these disciplines became more impersonal and objective over the course of the twentieth century. And more generally, the historiography of scholarly personae emphasises that modern practices of knowledge are neither completely dependent on collective organisation nor on personal selves but on an interaction between these two.³⁶ This raises the question of how this worked in the forensic realm.

To answer this question, this thesis sets out to explore how the developments that are marked as the start of the modern forensic regime played out in the following decades and therefore takes the period 1920 until the 1980s as its time frame. The 1980s are chosen as an end point because they mark the development of a new forensic culture. As I explain below, I argue that British forensic culture was for an important part shaped by cultural norms of masculinity, emotion, and Britishness. These norms underwent a profound change around the 1980s: the emergence of the 'new man', the development of a more pronounced culture of emotional display, and an increase in female forensic experts in Britain intertwined with knowledge practices and led to the emergence of a new forensic culture.

While I do not contest that the organisation of forensic science changed significantly during the twentieth century, I challenge the assumption that twentieth-century forensic science and medicine was impersonal, standardised and objective. The enactment of the epistemic virtues of impartiality and objectivity required forensic experts to carefully fashion personae that would display these values. I argue that the application of a framework based on the concepts of epistemic virtues and scholarly personae shows that the emergence of protocols, technologies and institutions did not simply replace trust in the scientist as a person but required forensic experts to fashion a different kind of persona, who embodied both traditional and modern virtues. To analyse in depth how forensic experts did this and how this influenced their knowledge-making practices, it is not sufficient to only study institutional developments, as it also requires an analysis of their embodied performances. Therefore, I propose a shift in focus from the progression of a modern forensic regime to a study of the development of a modern

³⁶ Kirsti Niskanen and Michael J. Barany, 'Introduction: The Scholar Incarnate', in: Kirsti Niskanen and Michael J. Barany, eds., *Gender, Embodiment, and the History of the Scholarly Persona: Incarnations and Contestations* (Cham: Palgrave MacMillan, 2021), 1-20, 4.

forensic culture. This is not just a change in terminology, but, as I will illustrate below, this means a change in perspective and research scope. It implies a shift from institutions towards embodied scientific ideals, and from protocols and technologies towards their practical application and public representation.

Theoretical frameworks

I. Forensic Culture

The concept of forensic culture is shaped by the field of the history of knowledge. Developed as a reaction to the history of science, this latter approach emphasises that the production of knowledge does not solely depend on the availability of technologies, or the development of academic disciplines. Instead, knowledge is something that develops in interactions and negotiations between lay, governmental and expert actors, circulates in different spaces and is enacted through practices.³⁷ In the context of forensic science and medicine, this understanding has motivated scholars to move beyond the traditional histories that focused on technological progress, and the development of legal systems and procedural law.³⁸ I follow the work of historians who in addition to a focus on these elements, analyse how forensic knowledge production was entangled with cultural aspects, such as gender norms, epistemic virtues such as objectivity, national ideologies, societal anxieties, and media representations of forensic expertise. I concur with historian Heather Wolffram who argues that the concept of forensic culture 'describes all those ideas and values in circulation about the problem of crime and its investigation, not just among investigators, pathologists and scientists but also among others involved in the criminal justice process as well as the public. 39 As I will explain in more depth below, this focus on the public is important for my conceptualisation of forensic culture, as my focus on embodied performances requires me to take into account the interaction between experts and the public (considered here as laypeople present in the courtroom and lay readers of experts' media output).

The concept 'forensic culture' is defined in various ways but the common denominator is that these different definitions consider how spaces, actors, practices, and ideas outside the laboratory and mortuary – such as the courtroom, police force, cultural anxieties, and gender

³⁷ Simone Lässig, 'The History of Knowledge and the Expansion of the Historical Research Agenda', *Bulletin of the German Historical Institute* 59 (2016), 29–59; Joris Vandendriessche, Evert Peeters, Kaat Wils, eds., *Scientists' Expertise as Performance: Between State and Society, 1860–1960* (London: Routledge, 2015); Reiner Grundmann, 'The Problem of Expertise in Knowledge Societies', *Minerva* 55 (2016), 25–48.

³⁸ Ruberg, 'Introduction', 1–3.

³⁹ Heather Wolffram, 'Teaching Grossian Criminalistics in Imperial Germany', in: Willemijn Ruberg et. al., eds., *Forensic Cultures in Modern Europe* (Manchester: Manchester University Press, 2023), 92–116, 94.

norms – have shaped practices of forensic science and medicine. ⁴⁰ As historian Christopher Hamlin explains

When we "locate" forensic practices (...) we find them everywhere rooted in what is unambiguously cultural: with ideas of what kinds of persons the world includes; of what dangers it and they pose; and, at an even deeper level, of why things happen.⁴¹

While he does not define 'the cultural' in more detail, it has to do with social-cultural norms, concerning gender, race, crime and, in general, the organisation of society.

The impact of these norms is illustrated in the work of historians of rape and sexual violence, who show that forensic doctors' examination and knowledge practices were informed by gender, sexuality, and class prejudices. ⁴² They argue that 'even the interpretation of "physical proofs" was not a straightforward scientific process disconnected from wider cultural concerns about age, gender, class and race'. ⁴³ For example, researching the concept of sexual maturity in Victorian and Edwardian forensics, historian Victoria Bates claims:

A 'man of science' was not separated from wider society. Although the law marked out forensic medicine as more objective than other kinds of evidence, in practice medical witnesses often used their rights as 'men of science' to address implicitly middle-class concerns around age, class and gender. 44

It was not just that the examination practices and knowledge production were embedded in social-cultural norms, the expert's authority itself rested upon it. As historian Ivan Crozier and science and technology studies scholar Gethin Rees argue, 'the production of new authority

⁴⁰ Cole, 'Forensic Culture as Epistemic Culture'; Christopher Hamlin, 'Forensic Cultures in Historical Perspective: Technologies of Witness, Testimony, Judgement (and Justice?)', *Studies in History and Philosophy of Biological and Biomedical Sciences*, 44 (2013), 4-15.

⁴¹ Burney and Hamlin, Global Forensic Cultures, 4.

⁴² Temkin, 'Medical Evidence in Rape Cases'; Victoria Bates, *Sexual Forensics in Victorian and Edwardian England. Age, Crime and Consent in the Court* (Basingstoke: Palgrave Macmillan, 2016); Ivan Crozier, and Gethin Rees, 'Making a Space for Medical Expertise: Medical Knowledge of Sexual Assault and the Construction of Boundaries between Forensic Medicine and the Law in Late Nineteenth-Century England', *Law Culture and the Humanities* 8:2 (2012), 285-304.

⁴³ Bates, Sexual Forensics, 43.

⁴⁴ Ibid., 2-3.

rests very heavily on established norms, not on total newness'. 45 This thesis builds on this insight but also seeks to expand it by arguing that experts not only attempted to gain authority by developing knowledge that was based on hegemonic ideals but also by embodying these ideals themselves.

I use historian Willemijn Ruberg's definition of forensic culture to conceptualise this. In the introduction to the recently published edited volume, *Forensic Cultures in Modern Europe*, she fleshes out in detail the elements that make up modern forensic culture: ideology (political ideology, but also ideas about religion, class, race and gender), the role of the media, epistemic virtues (such as objectivity), the professionalisation of expertise, institutionalisation, legal systems, the formulation of criminal and procedural law, and advances in technology. In addition, she emphasises that a focus on 'forensic practices in contrast to forensic institutions or scientific discourses' can broaden our understanding of how forensic cultures work and develop over time. While on a theoretical level she brings forensic practices and epistemic virtues together in her definition of forensic culture, on an empirical level this conceptualisation is yet to be employed. That is what this thesis aims to do.

In this thesis, I maintain that Ruberg's definition, which includes a focus on epistemic virtues, can broaden our understanding of forensic culture because it bridges the dichotomy that other conceptualisations assumed between science on the one hand and culture on the other. Instead of considering culture as something outside the laboratory and mortuary that would slip into examination practices, this thesis illustrates the importance of bringing into the field of forensic culture one of the fundamental insights of science and technology studies: that science itself has a culture, e.g. that there exist laboratory, or forensic, cultures. ⁴⁸ I add to the existing literature by demonstrating that the definition of culture as a set of shared values, beliefs and ideals is not only applicable to the society which forensic knowledge is part of, it is also applicable to these very forensic performances. This insight has recently inspired new work by historians of science and medicine, ⁴⁹ but it has not been adopted by historians of forensic medicine and science yet. While new publications on forensic culture analyse how forensic experts were influenced by social-cultural norms such as gender and class prejudice,

⁴⁵ Crozier and Rees, 'Making a Space for Medical Expertise', 302.

⁴⁶ Ruberg, 'Introduction'.

⁴⁷ Ibid., 6.

⁴⁸ Canonically: Bruno Latour and Steve Woolgar, *Laboratory Life: The Construction of Scientific Facts* (Beverly Hills, London: Sage Publications, 1986).

⁴⁹ See for example: Rob Boddice, *The Science of Sympathy: Morality, Evolution, and Victorian Civilization* (Urbana, Chicago, and Springfield: University of Illinois Press, 2016); Michael Brown, *Emotions and Surgery in Britain, 1793–1912* (Cambridge: Cambridge University Press, 2022); Heather Ellis, *Masculinity and Science in Britain, 1831–1918* (London: Palgrave Macmillan, 2017).

their approach gives the impression that there exists a culture outside the laboratory or doctor's examination space that infiltrates these spaces. In contrast, I apply insights from the related fields of the history of epistemic virtues and scholarly personae to show that forensic scientists and physicians had their own culture, based on virtues, values and belief-systems that created expectations of what a forensic expert was and what it meant for them to practice good and trustworthy science. In the next sections I will outline the core concepts and theories I use from the history of epistemic virtues and scholarly personae.

II Forensic Objectivity

While no attempt has been made in the historiography on forensic science to map the different forensic virtues or forensic personae that developed throughout the twentieth century, historians have paid much attention to one epistemic virtue in particular: forensic objectivity. This literature is inspired by the work of historians of science Lorraine Daston and Peter Galison, who have famously argued that scientific objectivity is not a timeless concept but a historically variable construct. Their study of scientific atlases shows how in the nineteenth century, the virtue 'truth-to-nature' was supplemented by 'mechanical objectivity', a faith in instruments, numbers and explicit rules for the processing of data, to restrain scientists and repress their subjective intervention. They argue that mechanical objectivity shaped knowledge development by its ideal of passivity on behalf of the scientist and a trust in instruments, such as cameras, that were believed to be able to 'move nature to the page'. The value attached to this virtue shifted again in the early twentieth century, when it became supplemented with a new conceptualisation of objectivity, 'trained judgement', i.e. the expert's ability to apply their skills and actively interpret and engage with the object of study.

Over the last few years, Daston and Galison's conceptualisation of objectivity as a cultural construct has also captured the attention of historians of forensic science and medicine. Most notably the concept of forensic objectivity has been put on the scholarly agenda by Adam in her edited volume *Crime and the Construction of Forensic Objectivity from 1850*. The contributions to this volume show that forensic objectivity is created and performed in

⁵⁰ Daston and Galison, *Objectivity*, 314.

⁵¹ Ibid., 21 and 121.

⁵² Ibid., 21 and 121.

⁵³ Ibid. Daston and Galison's chronological argument has been challenged by scholars who point out that their study of scientific atlases should not be generalised as the consecutive constructs of objectivity they identify do not always cover the history of how objectivity was enacted in other kinds of scientific practices and disciplines. See: Camille Creyghton, 'Impartiality, Objectivity, and Political Engagement in Nineteenth-Century French Historiography: Monod and the Dreyfus Affair', *History of Humanities* 3:2 (2018), 279–302; Anna Lindemann, 'Scientific Objectivity and Subjectivity in Eighteenth Century Pharmacology', *Perspectives on Science* 27:6 (2019), 787–809.

knowledge-making practices. Adam decentres the forensic expert and instead highlights how objectivity took different shapes in different contexts as it developed in networks of expertise, where various actors helped to create it.⁵⁴ The case studies in the book show that in different knowledge-making practices forensic objectivity was enacted, inter alia, as the passive application of technologies, the anonymisation of knowledge production by the use of protocol, the calculation of probabilities or the active development of hypotheses by skilful scientists. Another approach is taken by Ruberg and Nathanje Dijkstra who explore the role of Daston and Galison's concepts of mechanical objectivity and trained judgement in Dutch forensic culture between 1800-1930. In line with other historians who underlined the discipline-specific nature of Daston's and Galison's findings, they argue that in the Netherlands trained judgement was used by forensic doctors who emphasised the probability of their findings while, in contrast, the leading forensic scientist of the country used mechanical objectivity to illuminate their positivist certainty acquired through chemistry experiments.⁵⁵

The historiography on forensic objectivity has mostly studied how different actors have shaped forensic evidence as objective knowledge through their practices, but less attention has been paid to the related question of how forensic experts presented themselves as objective, credible *personae* and how they *embodied* this epistemic virtue. This thesis contributes to the historiography by addressing this gap.

An embodied approach to forensic objectivity is valuable, first, because, as historian of science Tal Golan explains, since 'lay juries [in the modern, British, adversarial legal system, PD] could not usually follow elaborate technical arguments, (...), [expert witnesses were compelled to] let their own credibility be the main support of their testimony'. Moreover, in the UK experts' ability to exhibit their objectivity played a significant role, as they feared accusations of partiality. In the modern adversarial legal system, which had developed in the eighteenth century, expert witnesses were called by the prosecution or by the defence. In this two-party system, expert witnesses were vulnerable to appear as partial witnesses or 'hired guns'. To avoid the suggestion that they had not performed independent scientific research, it became a significant task for them to embody the closely related virtues of impartiality and objectivity. As the first chapters of this thesis will argue, British forensic experts accomplished

⁵⁴ Adam, Crime and the Construction of Forensic Objectivity from 1850.

⁵⁵ Willemijn Ruberg and Nathanje Dijkstra, 'De Forensische Wetenschap in Nederland (1800–1930): Een Terreinverkenning', *Studium* 3:9 (2016), 121–43.

⁵⁶ Golan, Laws of Men and Laws of Nature, 58.

⁵⁷ 'The Duties of the Medical Witness III', *British Medical Journal*, Medico-Legal, 31 March 1934, 600; 'Joint Discussion Between the Medico-Legal Society and the West London Medico-Chirurgical Society on "the Doctor in the Law Courts", *Transactions Medico-Legal Society* 24:102 (1930), 122.

this inter alia by dressing in sober lounge suits and white lab coats and by displaying self-control through the practice of emotional detachment.

Today, the virtues of impartiality and objectivity are almost used interchangeably and it is clear that some scholars also employ them as synonyms. Historians who study the discipline formation of the field of history have, however, pointed out that both concepts have their own history. 58 Impartiality is an ancient concept, developed in the judicial context, that means 'not taking the part of any of the parties.'59 Objectivity, in contrast, is a more modern concept that developed in the nineteenth century and was founded on the use of methods, techniques, procedures, and protocols. 60 Later it was also connected to trained judgement. Though the historiography on forensic objectivity notes the importance of impartiality – defined as not taking sides –, especially for expert witnesses in British courtrooms, little attention has been paid to distinguishing it from the closely related virtue of objectivity. 61 This thesis fills this gap and complicates the existing literature that traces the development of objectivity back to the nineteenth century by showing that it took until the 1960s for forensic experts to rely on the virtue of objectivity in their embodied public performances. Before that time, experts did already increasingly value the use of procedures and trained judgement in examination practices but continued to rely on exhibiting impartiality in their public performances.

Second, addressing the question of the ways in which British experts performed objectivity requires a focus on their embodied performances because of the interrelated character of practices, virtues, and personae. Daston and Galison themselves link the emergence of mechanical objectivity with the development of an actively willed passive and disinterested scholarly self, whereas trained judgement stimulated the development of a scholar who used their trained instinct and imagination. The significance of this relation is, in my view, most clearly demonstrated in more recent histories of embodied scholarly personae that show that epistemic virtues were entangled with cultural norms that were incorporated by experts. These works – which I outline in the next section – lay bare the gender and nationalist norms on which the seemingly rational and neutral virtue of objectivity has been based. 62 Applied to the history of forensic medicine and science in Britain, these insights raise the question of which social and

⁵⁸ Lorraine Daston, 'Objectivity and Impartiality: Epistemic Virtues in the Humanities', in Rens Bod, Jaap Maat, and Thijs Weststeijn, eds., The Making of the Humanities – Vol. III: Modern Humanities (Amsterdam: Amsterdam University Press, 2014), 27–42; Creyghton, 'Impartiality, Objectivity, and Political Engagement'.

⁵⁹ Daston, 'Objectivity and Impartiality', 28.

⁶⁰ Daston, 'Objectivity and Impartiality'; Creyghton, 'Impartiality, Objectivity, and Political Engagement'.

⁶¹ Adam, 'Introduction'; Neale, 'Murder in Miniature'.
62 For example: Herman Paul, 'The Whole Man: A Masculine Persona in German Historical Studies', in: Kirsti Niskanen and Michael J. Barany, eds., Gender, Embodiment and the History of the Scholarly Persona: Incarnations and Contestations (Cham: Palgrave Macmillan, 2021) 261-286.

cultural identities were intertwined with enactments of British forensic objectivity in the twentieth century.

III Scholarly Personae and Epistemic Virtues

Whereas traditional histories of science primarily focused on the institutionalisation of science, discipline formation at universities, and technological progress, new studies focus on epistemic virtues, scientific selves, performances of expertise and scholarly personae. ⁶³ A similar shift in focus would also enrich our understanding of the historical developments in forensic medicine and science.

Histories of 'scholarly personae' have recently developed out of studies on the social roles of scientist. The concept 'scholarly personae' was first introduced by historians of science Lorraine Daston and Otto Sibum. They define it as 'a cultural identity that simultaneously shapes the individual in body and mind and creates a collective with a shared and recognizable physiognomy. This definition thus bridges the gap between work that focuses on social institutions of knowledge production and studies on the individual scientist. Daston and Sibum explain that 'the rise of a persona is (...) not to be confused with professionalisation or institutionalisation (...) To achieve a persona presupposes a certain degree of cultural recognition, as well as a group physiognomy that can be condensed into a type. Scholarly personae thus do not refer to individual persons but exist on the crossroads

⁶³ Christopher Lawrence, 'Medical Minds, Surgical Bodies: Corporeality and the Doctors', in: Christopher Lawrence and Steven Shapin, eds., *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago, London: Chicago University Press, 1998), 156-201; Shapin, *Never Pure*; Shapin, 'The Image of the Man of Science'; Daston and Galison, *Objectivity*; Lorraine Daston and Otto Sibum, 'Introduction: Scientific Personae and Their Histories', *Science in Context*, 16:1/2, (2003), 1–8; Herman Paul, 'What Is a Scholarly Persona? Ten Theses on Virtues, Skills, and Desires', *History and Theory*, 53:3, (2014), 348–371; Herman Paul, 'Sources of the Self: Scholarly Personae as Repertoires of Scholarly Selfhood', *BMGN - Low Countries Historical Review* 131: 4, (2016), 135–154; K. Anders Ericsson, 'An Introduction to the Second Edition of The Cambridge Handbook of Expertise and Expert Performance', in K. Anders Ericsson et al., eds., *The Cambridge Handbook of Expertise and Expert Performance* (Cambridge: Cambridge University Press, 2018), 25-71; Gloria Dall'Alba, 'Reframing Expertise and Its Development: A Lifeworld Perspective', in: K. Anders Ericsson et al., eds., *The Cambridge Handbook of Expertise and Expert Performance*, (Cambridge: Cambridge University Press, 2016).

⁶⁴ Shapin, 'The Image of the Man of Science'; Mineke Bosch, 'Persona and the Performance of Identity: Parallel Developments in the Biographical Historiography of Science and Gender, and the Related Uses of Self Narrative', L' Homme: Zeitschrift Für Feministische Geschichtswissenschaft 24:2, (2013), 11-22; Steven Shapin, "A Scholar and a Gentleman': The Problematic Identity of the Scientific Practitioner in Early Modern England'", History of Science 29, (1991), 279–327; Christopher Lawrence and Steven Shapin, Science Incarnate: Historical Embodiments of Natural Knowledge (Chicago, London: University of Chicago Press, 1998); Shapin, 'The Image of the Man of Science'; Shapin, Never Pure; Stephen Hilgartner, Science on Stage: Expert Advice as Public Drama (Stanford: Stanford University Press, 2000). Vandendriessche, Wils and Peeters, Scientists' Expertise as Performance. These studies build on the theoretical framework of sociologist Erving Goffman: Erving Goffman, The Presentation of Self in Everyday Life (New York: Anchor Books, 1959).

⁶⁵ Daston and Sibum, 'Introduction: Scientific Personae and Their Histories'.

⁶⁶ Ibid., 2.

⁶⁷ Ibid., 5.

of the person and the institution and point towards group appearances. Taking on this definition, historian Herman Paul explains that scholarly personae are not private dreams of individuals but 'collectively recognised models that individuals have to appropriate, in one way or another, in order to be recognizable as "real" historians', or in this case forensic experts. Enterefore, by applying this concept, I take a different approach from Burney and Pemberton who focused on the reputation of an individual forensic expert, Sir Bernard Spilsbury. I am not reconstructing how one forensic pathologist acquired an exceptional celebrity status, but I research the group physiognomy, the cultural identity, of the forensic scientists and pathologists who together shaped the modern forensic culture in Britain between 1920 and 1980. I thus apply the concept to show how a collective identity developed at a time when larger institutional developments took place in the forensic realm.

The concepts 'collectively recognised models', 'cultural identity', and 'group physiognomy' are, however, rather broad and therefore historians have further specified what they entail. Paul breaks them down into constellations of epistemic virtues and skills.⁶⁹ He defines epistemic virtues as 'dispositions or character traits necessary for achieving epistemic goals like knowledge and understanding of reality.'⁷⁰ This definition has been expanded by historians who, following the example of Mineke Bosch, have connected the concept of scholarly personae to gender history – especially Judith Butler's conceptualisation of gender performativity – and embodiment.⁷¹ They point out that scholarly identities were not only shaped by scientific virtues but also by the wider cultural context in which they function.⁷² In this, they join the rich tradition of feminist scholarship that addresses the politics of location

⁶⁸ Paul, 'What Is a Scholarly Persona?', 354.

⁶⁹ Ibid.

⁷⁰ Herman Paul, 'Germanic Loyalty in Nineteenth-Century Historical Studies: A Multi-Layered Virtue', *História Da Historiografia* 12:30 (2019), 16-43, 17.

⁷¹ Bosch, 'Persona and the Performance of Identity'; Mineke Bosch, 'De Menselijke Maat in de Wetenschap: De Geleerden(Auto)Biografie als Bron voor de Wetenschaps- en Universiteitsgeschiedenis', *BMGN - Low Countries Historical Review*, 23 (2015); Mineke Bosch, 'Scholarly Personae and Twentieth-Century Historians: Explorations of a Concept', *BMGN - Low Countries Historical Review* 131:4 (2016), 33–54.

⁷² Bosch, 'Scholarly Personae and Twentieth-Century Historians'; Heini Hakosalo, 'Cut Out for Medicine: Anatomical Studies and Medical Personae in Fin-de-Siècle Finland', in: Kirsti Niskanen and Michael J. Barany, eds., *Gender, Embodiment, and the History of the Scholarly Persona: Incarnations and Contestations* (Cham: Palgrave Macmillan, 2021), 149–180; Julia Dahlberg, 'Gifts of Nature? Inborn Personal Qualities and Their Relation to Personae', in: Kirsti Niskanen and Michael J. Barany, eds., *Gender, Embodiment, and the History of the Scholarly Persona: Incarnations and Contestations* (Cham: Palgrave Macmillan, 2021), 181–214; Jeroen van Dongen and Herman Paul, 'Introduction: Epistemic Virtues in the Sciences and the Humanities', in: Jeroen van Dongen and Herman Paul, eds., *Boston Studies in the Philosophy and History of Science* (Cham: Springer International Publishing, 2017), 1–10; G. Gooday, 'Ethnicity, Expertise and Authority: The Cases of Lewis Howard Latimer, William Preece and John Tyndall', in: Joris Vandendriessche, Evert Peeters, and Kaat Wils, eds., *Scientists' Expertise as Performance: Between State and Society, 1860-1960* (London: Pickering and Chatto, 2015), 15–29.

and situated knowledges.⁷³ As Bosch explains, 'virtues and skills are only part of the story as they do not address wider social and more intrinsically embodied aspects of identity that contribute to scholarly credibility and authority as well'.⁷⁴ She, and others following her example, explains that being a reliable and credible scholar is not only something that can be accomplished by learning specific skills and adhering to epistemic virtues. Power relations based on intersecting social forms of distinction, such as gender, sexuality, race, religion, class, etc., impact whether or how easily some individuals can embody specific scholarly personae because of cultural ideas about what comes 'natural' to a specific body.⁷⁵

In line with these insights, this thesis follows Bosch' definition of scholarly personae as 'a (truly) embodied performance of scholarly or scientific identity that makes use of cultural and scientific repertoires of conduct in order to convince professional peers and the wider audience of the scholar's or scientists' reliability and credibility.' At the same time, this thesis uses Paul's focus on epistemic virtues as the basis of scientific repertoires, as it offers a methodological approach to uncovering codes of conduct. In doing so however, I – like Paul in his later work 77 – consider how these epistemic virtues were embedded and interconnected with social-cultural values on gender, sexuality, nationality, and class. 78

It is important to note here that a scholarly persona is not the same thing as a representation, it is not simply a construction in the postmodernist sense, not a discourse or set of discourses inscribed on a body. Instead, it is a way of being in the world that becomes ingrained in the self and influences the scholar's perception, character, approach, and bodily demeanour. ⁷⁹ This view is in line with a larger trend in the history of the body, which over the

⁷³ Niskanen and Barany, 'Introduction', 2. See: Donna Haraway, 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies* 14:3 (1988), 575–599.

⁷⁴ Bosch, 'Scholarly Personae and Twentieth-Century Historians', 54.

⁷⁵ Dahlberg, 'Gifts of Nature?', 183; Bosch, 'Scholarly Personae and Twentieth-Century Historians', 41. On intersection see: Kimberlé Crenshaw, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics', *The University of Chicago Legal Forum* 140 (1989), 139–167.

⁷⁶ Bosch, 'Scholarly Personae and Twentieth-Century Historians', 35.

⁷⁷ Van Dongen and Paul, 'Introduction'; Paul, 'Germanic Loyalty in Nineteenth-Century Historical Studies', 16 and 20; Paul, 'The Whole Man'.

⁷⁸ Ethnicity mostly falls beyond the scope of this thesis. In the conclusion I write more about the impact of colonialism on forensic expertise and highlight this theme as an avenue for future research. The significance of this category of difference on expertise and scientific knowledge-making practices is displayed in other works: Gooday, 'Ethnicity, Expertise and Authority'; Jonatan Kurzwelly and Malin S. Wilckens, 'Calcified Identities: Persisting Essentialism in Academic Collections of Human Remains', *Anthropological Theory* 23:1 (2023), 100-122; Irene van Oorschot and Amade M'charek, 'Un/Doing Race: On Technology, Individuals, and

Collectives in Forensic Practice', in: Maja Hojer Bruun et. al., eds., *The Handbook for the Anthropology of Technology* (Cham: Palgrave Macmillan, 2021) 1-18.

⁷⁹ Daston and Sibum, 'Introduction: Scientific Personae and Their Histories'; Paul, 'What is a Scholarly Persona?', 355.

last decades has critiqued the understanding of the body as a blank slate upon which cultural texts are inscribed. Instead, historians of the body look for ways to foreground the materiality and experiences of the body. 80 Conceptualised like this, the framework of scholarly personae allows me to study the bodily practices and emotional experiences of forensic scientists and doctors in addition to forensic discourses and ideals. In the next section I explain in more detail the sociological and gender theories on performativity and embodiment that inform my analysis of class and gender identities of forensic experts.

IV Embodied Performances of Class and Gender

In analysing embodied performances of forensic identities, I am guided by Bosch's statement that in studies on the impact of gender on science the focus is mostly on practices that exclude women and less on how masculine norms are engrained in epistemology. Since her critique, several gender historians have come to study the masculinities of scientists and physicians. ⁸¹ They consider masculinity as a social category that is 'done', performed, in relation to other masculinities and femininities. I follow their example and focus on the ways in which epistemic virtues were interwoven with norms on masculinity, class, sexuality, and nationalism. Because these social categories of identity were considered the norm against which other identities (feminine, queer, continental Europe and the colonies, and working class) gained shape, they have long remained invisible. This fuelled the myth of the scientist as a 'disembodied truth-lover', who did not indulge in bodily pleasures (such as eating, luxurious clothing, etc.) but devoted all his time to his intellect and search for the truth, to take root. ⁸² In contrast, this thesis emphasises the importance of studying how norms such as masculinity, heterosexuality, and bourgeois identity were performed in a bodily manner by scientists.

I turn to Pierre Bourdieu's concept of the habitus to explain how class was embodied. Bourdieu defined habitus as 'durable, transposable dispositions (...) which generate and

⁸⁰ Geertje Mak, *Doubting Sex: Inscriptions, Bodies and Selves in Nineteenth-Century Hermaphrodite Case Histories* (Manchester: Manchester University Press, 2013); Willemijn Ruberg, 'Hysteria as a Shape-Shifting Forensic Psychiatric Diagnosis in the Netherlands c. 1885–1960', *Gender & History* 35:2 (2023), 565–581; Barbara Duden, *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (Cambridge: Harvard University Press, 1998); Karen Harvey, 'Epochs of Embodiment: Men, Women and the Material Body', *Journal for Eighteenth-Century Studies* 42:4 (2019), 455–469.

⁸¹ Keren Rosa Hammerschlag, 'The Gentleman Artist-Surgeon in Late Victorian Group Portraiture', *Visual Culture in Britain* 14:2 (2013), 154–178; Ellis, *Masculinity and Science in Britain*; Hakosalo, 'Cut Out for Medicine'; Agnes Arnold-Forster, 'Racing Pulses: Gender, Professionalism and Health Care in Medical Romance Fiction', *History Workshop Journal* 91:1 (2021), 157–181; Agnes Arnold-Forster, 'The Social and Emotional World of Twentieth-Century Anglo-American Surgery: The James IV Association of Surgeons', *Bulletin of the History of Medicine* 96:1 (2022), 71–101.

⁸² Steven Shapin, *Never Pure*, 245, 249 and 251; Dominic Boyer, 'The Corporeality of Expertise', *Ethnos* 70:2 (2005), 243–266.

organise practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary in order to attain them.' ⁸³ Important here is that the habitus is constituted in practices and produces individual and collective habits. ⁸⁴ It can be understood as an 'embodied sensibility'. ⁸⁵ The habitus is importantly shaped by class and gender and the habitus 'in turn, contributes to the reproduction of social norms by adapting people's expectations to the possibilities of their situation.' ⁸⁶ The dispositions that make up a person's habitus are learned behaviour, embedded in social norms – such as class ideals – that have become integrated into our bodies. Because they are put into practice and repeated in practices, they become so incorporated into our bodies that we do not need to think about their execution anymore. Therefore, they appear natural to us. Gender, in Bourdieu's conceptualisation, is a habitus like class and refers to the embodiment of social constructions through practices that seem natural and appear to be rooted in what is in fact an arbitrary anatomical difference between the sex organs. ⁸⁷

Related to this understanding of social performances is Judith Butler's conceptualisation of gender as performative. Though Butler is inspired by other theorists than Bourdieu, Butler's perspective resembles Bourdieu's when Butler argues that gender is performative but appears to be an expression of an interior gendered core that resides in the body because it is repeated.⁸⁸ Gender performance encompasses acts and bodily gestures that are constructed and embedded in public and social discourse but appear natural, thereby reproducing hegemonic scripts about gender and heterosexuality through their enactments.⁸⁹

Bourdieu's and Butler's theories show how cultural norms are integrated into our (use of our) bodies – their gestures, clothing, movements – in such a way that we do no longer consider them acquired social aspects but think of them as something that naturally belongs to our sex or class. As research on defendants in the courtroom has illustrated, a successful display of such cultural norms – or the ability to follow the social-cultural script – has been of vital importance; it would trigger sympathetic media reports, and could even result in lenient verdicts. ⁹⁰ Following this line of thought, I would argue that, as expert witnesses are always

⁸³ Pierre Bourdieu, The Logic of Practice (Stanford: Stanford University Press, 1990), 53.

⁸⁴ Ibid., 52 and 54.

⁸⁵ Ruberg, *History of the Body*, 86.

⁸⁶ Simon Gunn, History and Cultural Theory (London: Routledge, 2006), 77.

⁸⁷ Pierre Bourdieu, *Masculine Domination* (Stanford: Stanford University Press, 2001), 11.

⁸⁸ Judith Butler, Gender Trouble: Feminism and the Subversion of Identity (London: Routledge, 1990).

⁸⁹ Ruberg, *History of the Body*, 67–68; Gunn, *History and Cultural Theory*, 147–49.

⁹⁰ Victoria Bates, "Under Cross-Examination She Fainted": Sexual Crime and Swooning in the Victorian Courtroom', *Journal of Victorian Culture* 21:4 (2016), 456–470; Daniel J. R. Grey, "Agonised Weeping": Representing Femininity, Emotion and Infanticide in Edwardian Newspapers', *Media History* 21: 4 (2015), 468–

part of a specific culture, the success of their performance also depended on their ability to perform a cultural script, i.e. to display the correct gender, class and professional norms through their bodies. Chapters 1 and 2 will use two case studies – the way experts dressed and their management of their emotions – to show how intersecting class and gender norms shaped their bodily behaviour and emotional experiences. In the next section I explain how I integrate the experiential component in my theoretical framework.

V Emotions as Practices

As I explained above, to study embodied performances of forensic expertise I follow a line of thought that argues that a persona is a way of being in the world and contend that embodied performances have a real effect on the body and mind. Therefore, I consider it important to include an analysis of experts' lived experiences, in addition to an analysis of what their bodies looked like, i.e., what kind of behaviour they display on the outside. To accomplish this, I include insights from the history of emotions. In this manner, I complicate the historiography on forensic medicine and science further, by showing that the development of a seemingly rational and objective forensic regime was accompanied by an elaborate emotional culture.

I apply historian Monique Scheer's concept of 'emotions as practices' to study experts' emotions. Scheer builds on Bourdieu's concept of habitus when she contends that emotions are practices or forms of learned behaviour. She explains that this means, first, that emotions are not the effect of things people do, but are in themselves actions of a mindful body. Moreover, they are learned practices; how to 'do' feelings is something that has been passed on from parents onto children, and 'through socializing processes between adults.'91 Formal and informal instructions of experienced forensic experts about how to manage their emotions in court and in examination spaces, are examples of this latter kind of learned emotional behaviour. Second, Scheer argues that the 'feeling subject is not prior to but emerges in the doing of emotion'.92 This means that it is not fruitful for historians to start their analysis by distinguishing between 'real', 'inner' emotions of the subject, on the one hand, and emotional norms that the subject encounters, on the other hand. Instead, she invites historians to analyse whether and how historical actors experienced and practiced such differences and how they embodied them. Applying this approach to the topic of this thesis, I argue that the emotional

^{480;} Anette Ballinger, 'Masculinity in the Dock: Legal Responses to Male Violence and Female Retaliation in England and Wales, 1900-1965', *Social & Legal Studies* 16:4 (2007), 459–481.

⁹¹ Monique Scheer, 'Are Emotions a Kind of Practice (and Is That What Makes Them Have a History)? A Bourdieuian Approach to Understanding Emotion', *History and Theory* 51:2 (2012), 193–220, 218.

⁹² Scheer, 'Are Emotions a Kind of Practice', 220.

practices and experiences of forensic experts shaped their scholarly personae. Third, Scheer emphasises that emotions are *bodily* practices, in the sense that 'the imparting of the desired emotional response involves imparting the requisite bodily disposition'. They are internalised capacities, shaped by habitual practices. I follow the emphasis she places on the body, and ask how emotion practices of forensic experts shaped their bodily behaviour and sensations.

In line with a trend in the historiography on emotions in Britain, it might seem fitting to consider forensic experts as belonging to one emotional community. Barbara Rosenwein defines emotional communities as 'groups that have their own particular values, modes of feeling, and ways of expressing those feelings'. However, as forensic experts could be said to use emotional practices that were embedded in patterns from a range of different communities (a male community, a British community, a medical-scientific community and a heterosexual community), it might be too simplistic to consider them as part of one specific community. Indeed, emotions change 'not only in response to the communities in which they were embedded but also in line with the different emphases being given to an individual's intersectional identities'. In addition, the concept 'emotional communities' does not show the complexity of forensic emotion practices that were used in the courtroom, examination space, laboratory and mortuary, because, 'historical actors are likely to shift their allegiances, values, and modes of expression according to the expectations they associate with a given spatial arena'. Therefore, I refrain from considering forensic experts as an emotional community and instead focus on their shared habituated emotional practices.

In histories of forensic medicine and science, scant attention is paid to the emotions of experts, 98 However, the closely related fields of the history of science and social history of

⁹³ Ibid., 216.

⁹⁴ Brown, *Emotions and Surgery in Britain;* Claire Langhamer, 'Mass Observing the Atom Bomb: The Emotional Politics of August 1945', *Contemporary British History*, 33:2 (2019), 208-225; Lucy Delap, 'Feminism, Masculinities and Emotional Politics in Late Twentieth Century Britain', *Cultural and Social History* 15:4 (2018), 571–593; Hera Cook, 'From Controlling Emotion to Expressing Feelings in Mid-Twentieth-Century England' *Journal of Social History* 47:3 (2014), 627–646.

⁹⁵ Barbara H. Rosenwein, *Generations of Feeling: A History of Emotions, 600-1700* (Cambridge: Cambridge University Press, 2016), 3.

⁹⁶ Joanna Bourke, 'Preface', in Claire Langhamer, Lucy Noakes, and Claudia Siebrecht, eds., *Total War: An Emotional History* (Oxford: Oxford University Press, 2020), xi.

⁹⁷ Mark Seymour, 'Emotional Arenas: From Provincial Circus to National Courtroom in Late Nineteenth-Century Italy', *Rethinking History* 16:2 (2012), 177–197, 179. See also: Benno Gammerl, 'Emotional Styles – Concepts and Challenges', *Rethinking History* 16:2 (2012), 161–175.

⁹⁸ This is excepting the work of Joanna Bourke: Joanna Bourke, 'Forensic Sense: Sexual Violence, Medical Professionals and the Senses', in: Rob Boddice and Bettina Hitzer eds., *Feeling Dis-Ease in Modern History: Experiencing Medicine and Illness* (London: Bloomsbury Collections, 2022), 157–173; Bourke, 'Police Surgeons and Victims of Rape', 730. Some historians focus on emotions of victims and but not on emotion experiences and practices of experts themselves. See: Grey, "Agonised Weeping"; Katie Barclay, *Men on Trial: Performing Emotion, Embodiment and Identity in Ireland, 1800-45* (Manchester: Manchester University Press, 2019). In

medicine show that emotions formed an integral aspect of scholarly performances. Historians of science and scholarly personae, for example, show that historical actors made an important link between emotions, or more often their repression, and the enactment of objectivity. ⁹⁹ In a similar vein, cultural historians of medicine have argued that emotional experiences of medical professionals have a complex history. ¹⁰⁰ They question the relation between objective diagnosis and the practitioner's detachment from emotions. Moreover, they point out the gendered nature of the virtue of detachment: it gained further strength by the feminisation of emotionality and the connection between the female profession of nursing and sympathy in the nineteenth century. ¹⁰¹ Both the field of history of science and history of medicine thus raise questions about how the virtue of objectivity related to embodied emotional practices. This thesis contributes to this debate by showing how forensic experts practiced emotional detachment to enact forensic objectivity and impartiality (chapter 2), and by questioning the impact that this had on experts' relations with rape victims (chapter 3) and deceased bodies (chapter 4). In this way, I offer new explanations on why forensic examiners displayed hostility towards rape victims and how forensic pathologists and scientists treated human remains.

Sources and Methodology

I study a diverse range of sources to analyse what embodied performances of forensic expertise looked like. I broadly divide these into two categories: 1) sources related to public performances and 2) sources on examination practices. The first type of sources can be further divided into two subcategories: court appearances of expert witnesses and media performances of forensic experts.

I Sources on public performances

I.I Sources on Court Appearances

Forensic experts had different spaces in which they presented themselves to a British lay audience: the courtroom and the media. Sources that offer insight into forensic experts'

sociology there has been more attention to the emotions of professionals such as legal actors and medical staff. See: Stina Bergman Blix and Åsa Wettergren, *Professional Emotions in Court: A Sociological Perspective* (London: Routledge, 2018); Marci D. Cottingham, Austin H. Johnson, and Rebecca J. Erickson, "I Can Never Be Too Comfortable": Race, Gender, and Emotion at the Hospital Bedside', *Qualitative Health Research* 28:1 (2018), 145–158.

⁹⁹ Paul, 'The Whole Man'; Boddice, *The Science of Sympathy*; Paul White, 'Darwin's Emotions: The Scientific Self and the Sentiment of Objectivity', *Isis* 100 (2009), 811–826.

¹⁰⁰ Boddice and Hitzer, Feeling Dis-Ease; Brown, Emotions and Surgery in Britain; Kelly Underman, Feeling Medicine: How the Pelvic Exam Shapes Medical Training (New York: New York University, 2020); Sarah Chaney, 'Before Compassion'; Arnold-Forster, 'The Social and Emotional World'; Bourke, 'Pain, Sympathy and the Medical Encounter', 446–447.

¹⁰¹ Chaney, 'Before Compassion'; Hakosalo, 'Cut Out for Medicine'.

courtroom appearances are photographs of expert witnesses and advice literature on how they should present themselves in court. The media sources are autobiographies written by forensic experts, newspaper articles about them, and radio and television interviews with forensic experts.

I study advice literature for forensic experts on how to appear in court to determine the ideal image that forensic experts tried to inhabit. The courtroom was one of the most important public spaces in which experts were visible to peers, judicial actors, and members of the public. That is because the British adversarial system required experts to physically appear in the courtroom, give testimony and be (cross-)examined about their findings. Adam emphasises the significance of court appearances, explaining that '[t]he courtroom is a place where expert witnesses can display their authority and where their analyses can be accepted or rejected'. 102 In academic journals and forensic handbooks, legal actors and experienced expert witnesses often advised their colleagues, predominantly medical practitioners who were not specialised in forensics (for example; GPs or clinical experts) but who could encounter medico-legal cases and were in need of advice on court procedures. I study these texts for 'traces of observable action', in line with the Bourdieuian practice theory I use. 103 I focus on what the advice columns and chapters had to say to prospective expert witnesses about how to behave, what to say, what not to say, how to communicate and how to comport their bodies. I consider these sources, as attempts to socialise the bodies of expert witnesses. Moreover, I also approach them as part of the writer's performance of expertise; authors displayed themselves as experienced and authoritative experts to their colleagues. This offers insight into how the writers performed their expertise to an audience of peers. After all, they need to convince their readers that they are equipped to offer them advice on forensic medicine and science. In these ways, I use the advice literature to reconstruct the habitus of forensic experts.

I add to the study of these texts an analysis of photographs that depict forensic scientists and doctors, to place the bodies of the forensic experts centre stage. Though photography in the courtroom was prohibited in my researched period, journalists did take pictures of forensic experts as they entered or left the courthouse, thus offering me insight into what they looked like in this space. Moreover, newspaper articles and autobiographies written by forensic experts were also frequently accompanied by portrait pictures or images of them at work. This allows me to compare court appearances and other forms of public display.

¹⁰² Adam, 'Introduction', 2.

¹⁰³ Scheer, 'Are Emotions a Kind of Practice', 216.

The value of studying images to gain a deeper understanding of how scholars constructed their identity is illustrated by medical historians. ¹⁰⁴ Ludmilla Jordanova argues that 'portraiture is an extremely important means through which identity is constructed. It constructs not just the identity of the artist and the sitter but that of institutions with which they are associated'. ¹⁰⁵ In this line of thought, I approach pictures of forensic scientists and physicians as acts of individual and collective fashioning of expert personae. As this thesis studies multiple sources in which forensic experts fashion their identity, I zoom in on one aspect of portraiture, namely dress, rather than attempting to squeeze in the many different issues that a portrait raises. To try and accomplish the latter would not enable me to do justice to the complexity and richness of this type of source.

I.II. Sources on Media Performances

In line with historians who show the importance of the media in shaping forensic culture, I focus on media performances of forensic experts. ¹⁰⁶ I turn my attention, first, to a source type that shows how they displayed themselves when their reader audience consisted of lay people: autobiographies. Forensic autobiographies were a genre that resembled the true crime genre in crime fiction that was popular in twentieth-century Britain. ¹⁰⁷ Autobiographies have proven to be a fruitful source for historians interested in scholarly personae, with the revaluation of what autobiographies are and how they should be read that took place with the post-structuralist turn in the 1960s and 70s. Before that time, autobiographies were considered as transparent, truthful, and authentic accounts of an individual's life. ¹⁰⁸ After the post-structuralist turn, however,

¹⁰⁴ Lawrence, 'Medical Minds, Surgical Bodies'; L. J. Jordanova, *Defining Features: Scientific and Medical Portraits*, *1660-2000* (London: Reaktion, 2000); Hammerschlag, 'The Gentleman Artist-Surgeon in Late Victorian Group Portraiture'.

¹⁰⁵ Jordanova, *Defining Features*, 18–20.

¹⁰⁶ Heather Wolffram, "Children's Lies": The Weimar Press as Psychological Expert in Child Sex Abuse Trials', in Alison Adam, eds., *Crime and the Construction of Forensic Objectivity from 1850* (Abingdon; Oxon; New York: Routledge, 2020), 257–278; Simon A. Cole and Rachel Dioso-Villa, 'Investigating the "CSI Effect" Effect: Media and Litigation Crisis in Criminal Law', *Stanford Law Review* 61:6 (2009), 1335–1373; Melissa M. Littlefield, 'Historicizing CSI and Its Effect(s): The Real and the Representational in American Scientific Detective Fiction and Print News Media, 1902–1935', *Crime, Media, Culture* 7: 2 (2011), 133–148; Burney and Pemberton, 'Bruised Witness'; Filipe Santos, 'The "Key" to Crime: Criminal Cases and the Projection of Expectations about Forensic DNA Technologies in The Portuguese Press', in Willemijn Ruberg et al., eds., *Forensic Cultures in Modern Europe* (Manchester: Manchester University Press, 2023), 216–281.

¹⁰⁷ Adam, A History of Forensic Science, 176; Gill Plain, Twentieth Century Crime Fiction: Gender, Sexuality and the Body (Routledge, 2001); Lee Horsley, Twentieth-Century Crime Fiction (Oxford: Oxford University Press, 2005); John Scaggs, Crime Fiction (London; New York: Routledge, 2005).

¹⁰⁸ Sidonie Smith, 'The Impact of Critical Theory on the Study of Autobiography', in *The Routledge Auto/Biography Studies Reader*, ed. Ricia Anne Chansky and Emily Hipchen (New York: Routledge, 2016), 82; Linda Anderson, *Autobiography* (New York: Routledge, 2001), 4; Bosch, 'Persona and the Performance of Identity', 20.

historians started to question the general notion of 'truth' and shifted their attention to cultural constructions and context-bound meanings. They became interested in the ways in which authors represented themselves to their audience. Writing an autobiography was now considered as 'an act of identity formation'. Building on these insights, historians of science have approached scientific autobiographies as acts of self-fashioning. 110

In histories of British forensic culture, the significance of forensic autobiographies is noted. Adam shows the significance of the forensic autobiography as a source and points out that they offer a unique insight into the social and historical milieu in which the authors operated. And Burney and Pemberton note that two eminent forensic pathologists, Keith Simpson and Francis Camps, wrote autobiographies to fashion a public identity for themselves and 'reified their place in the new landscape of investigation'. This thesis builds on these findings and adds to them by going beyond a linguistic analysis and analysing the embodied forensic personae the experts performed in their life-writing. I complement discourse analysis with a focus on bodily and emotional practices. Therefore, I look for descriptions and casual remarks about how they used and experienced their bodies.

I study news media to see how these self-representations were received and related to public images of forensic experts, such as radio and television interviews and newspaper articles, including articles about specific crimes, reviews of forensic autobiographies and human-interest stories featuring a specific expert. I used keyword searches in the online databanks British Newspaper Archive, *The Times* digital archive and *The Guardian & The Observer* Digital Archive to access them. Historians of news media have shown the significant role that newspapers play in influencing public opinion; they set the public agenda by selecting and prioritising certain topics and remaining silent on others and they frame issues in specific ways. In addition, the press 'also informed the work of, and prompted responses from,

¹⁰⁹ Smith, 'The Impact of Critical Theory on the Study of Autobiography', 82; Bosch, 'Persona and the Performance of Identity', 21.

¹¹⁰ Dahlberg, 'Gifts of Nature?; Hakosalo, 'Cut Out for Medicine; Bosch, 'Persona and the Performance of Identity'; Bosch, 'Scholarly Personae and Twentieth-Century Historians'.

¹¹¹ Adam, A History of Forensic Science, 169.

¹¹² Burney and Pemberton, Murder and the Making of English CSI, 139.

¹¹³ It is important to note that the distinction between media outputs authored by experts themselves and by journalists is somewhat artificial. That is because various experts had help from journalists and crime writers in composing their autobiographies and journalists depended on interviews and performances of experts for the content of their articles. Adam, *A History of Forensic Science*, 170; Nicholas Edward Duvall, 'Forensic Medicine in Scotland, 1914-39' (PhD thesis, Manchester, The University of Manchester, 2013).

¹¹⁴ Adrian Bingham, "It Would Be Better for the Newspapers to Call a Spade a Spade": The British Press and Child Sexual Abuse, c. 1918–90', *History Workshop Journal* 88 (2019), 90. Clare Wilkinson, 'Drama in the Dailies: Violence and Gender in Dutch Newspapers, 1880 to 1930' (PhD thesis, Universiteit Leiden, 2020), 26.

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politicians, policy-makers, the police and campaigners.'¹¹⁵ It is therefore valuable to include an analysis of newspaper and audio(visual) material to identify how performances of expertise reached a British lay audience. Specifically, I will look how experts' behaviour, skills, character traits, and bodily practices were described in these sources.

Newspapers in particular are a relevant medium through which lay people were informed about forensic science and medicine in the research period. As historian Adrian Bingham argues '[b]etween 1918 and 1978 newspapers were right at the heart of British popular culture, with the vast majority of adults regularly reading at least one national paper: at midcentury, indeed, Britons read more newspapers per capita than any other people'. 116 Crime and court reporting was a central aspect of popular journalism, that not only shocked and entertained readers but also had an impact on public perceptions of crime and the judicial system. 117 In addition, from the late nineteenth century onwards, British newspapers commercialised and started to focus on human-interest stories. These stories did not only feature celebrity actors and actresses, but also public figures such as forensic scientists and pathologists, whose public reputation as experts on crime was shaped on the pages of the daily newspapers. 118 My research indicates that these portrayals were predominantly positive, or at least, neutral. This might relate to the tendency of journalists to portray police officers positively in the newspapers because of the favourable relation journalists wanted to maintain with the police and legal actors as they relied on their cooperation for news. 119 Whatever the reason, the positive displays of experts allows me to study the ideal model for forensic expertise that was used in this medium that communicated to a lay audience the kind of person a forensic expert was.

II Sources on Forensic Examination Practices

The second type of source I use are texts that give insight into forensic examination practices. These include forensic handbooks, court files on rape and murder cases, a trial transcript of a murder case and published research reports of the same case.

¹¹⁵ Bingham, "It Would Be Better for the Newspapers to Call a Spade a Spade", 91.

¹¹⁶ Adrian Bingham, Family Newspapers?: Sex, Private Life, and the British Popular Press 1918-1978 (Oxford, New York: Oxford University Press, 2009), 2.

¹¹⁷ Ibid., 125–126.

¹¹⁸ 'Sir Bernard Spilsbury: Our Most Brilliant Solver of Complex Cases, "The Perfect Witness", *Nottingham Evening Post*, 24 May 1924; 'Fingerprint Expert was "Ideal Witness": 'Darkie of the Yard' Retiring', *Dundee Evening Telegraph*, 12 November 1938; 'The Amazing Dr. Lynch', *John Bull*, 29 July 1939; 'The Forger's Foe', *John Bull*, 22 July 1939; 'The Model Man', *John Bull*, 1 July 1939; 'The Expert Witness', *Chelmsford Chronicle*, 19 February 1937.

¹¹⁹ Wilkinson, 'Drama in the Dailies', 31.

I turn first to forensic handbooks to gain insight into the examination practices of forensic pathologists and scientists. The books were written by eminent forensic experts, who were university lecturers in forensic medicine, police surgeons, home-office pathologists or scientists working in a forensic laboratory. In the handbooks these authors discussed how doctors and scientists should examine corpses, living victims, and crime scenes. They provided the reader with advice on what kinds of tests and instruments they should use. Often, they gave an overview of the state-of-the-art and critically discussed specific technologies. In addition, they gave step-by-step explanations of how to examine victims' bodies and crime scenes in different kinds of criminal cases. These books were meant to educate students and to serve as guidelines for physicians who were called in to conduct an examination but were not specialised in forensic matters. Therefore, I approach these books as ideal images of what examination practices should look like. I trace whether authors adhered to the epistemic virtues, emotional practices, gendered and class performances I identified as characteristic for British forensic culture in the first two chapters, to analyse how embodied performances of forensic expertise impacted examination practices. Specifically, I zoom in on bodily actions and experiences.

Second, to see how these ideal descriptions of examinations played out in practice, I study trial records and published research reports on specific cases. The court records I examined are held by the National Archives in Kew. These include records on rape cases from the Court of Criminal Appeal and the Central Criminal courts for criminal cases in London, Middlesex and parts of Essex, Kent, and Surrey. Because of privacy regulations, there are few court records on rape cases open for scholars to review. My selection of courts was led by these restrictions. Of those files I was able to access only a small number contain the testimonies of expert witnesses, which limited my sample further. In total, I gained access to thirty-three records on rape cases tried between 1924 and 1979 that include medical testimonies. Often, however, these only consisted of the expert answering 'yes' or 'no' to a question posed by a lawyer or a small statement. They provided little information on expert performances. Therefore, I only use them to verify on what topics the experts were consulted and the kind of evidence they brought forward. In other words, to see whether they referred to examination practices from handbooks in court.

Complete trial transcripts offer more insight into the evidence experts displayed in court and the examination practices they used. These are available for some murder cases, especially high-profile cases, as they were published by the British notable trial series. I analyse the trial transcripts of one high-profile case, the Ruxton murder case of 1935. This published version of the trial includes the verbatim typescripts of the court proceedings. Historians, legal scholars,

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and anthropologists of crime, emphasise that even ad verbatim records should be used with caution because courtroom proceedings and statements made by witnesses are embedded in the cultural scripts of the courtroom; they do not transparently reflect the knowledge experts had generated in examination practices but should be considered translations of this knowledge which inevitably shifts shape by travelling from one space to another and by encountering other actors. Especially in British and American courtrooms where expert witnesses answered questions posed to them by lawyers, their statements were coloured by the expert witness' encounter with defence and crown counsel. That is not only because the lawyers had much liberty to choose on what topics they examined the expert witness but also, as I will argue in chapter 2, because experts could be emotionally affected by examination as this could include a critical questioning of their skills, reliability, and authority. As Jasanoff argues, a jury and judge must not only recognise specific techniques as legitimate, but must also acknowledge a specific scientist, doctor or detective as an expert. 121

Rather than a limitation, however, this offers me the opportunity to approach the typescripts as a rich source on embodied performances of forensic expertise. First, because it offers much information on how legal actors – who formed an important audience for forensic personae – judged expert witnesses. I study the standards they used to evaluate them and ask whether they valued the same virtues and embodied qualities as experts themselves. Second, I analyse this source to study how experts presented the technologies and embodied practices they used. Did they display them as impersonal methodologies and techniques that 'moved nature to the page' in the sense of mechanical objectivity? Or as practices that required them to apply their trained judgement?

I add to this a study of the published examination reports to get a more complete view of the examination practices that were applied in the Ruxton case. This type of source offers more insight into the different practices that experts applied to develop evidence. The intended reading audience of such a work were fellow forensic scientists and pathologists. Therefore, this text outlines both the research results and detailed descriptions of the technologies, theories and deduction methods utilised by forensic experts, including the ones that did not offer any positive results and hence were not discussed in the courtroom.

¹²⁰ Amade M'charek, 'Technologies of Population: Forensic DNA Testing Practices and the Making of Differences and Similarities', *Configurations* 8 (2000), 121-158; Amade M'charek, Rob Hagendijk, and Wiebe de Vries, 'Equal Before the Law: On the Machinery of Sameness in Forensic DNA Practice', *Science, Technology And Human Values* 34: 4 (2012), 542-565; Sheila Jasanoff, 'The Eye of Everyman: Witnessing DNA in the Simpson Trial', *Social Studies of Science* 28:5/6 (1998), 713–740; Joel Peter Eigen, *Mad-Doctors in the Dock: Defending the Diagnosis, 1760–1913* (Baltimore, Maryland: Johns Hopkins University Press, 2016).

¹²¹ Jasanoff, 'The Eye of Everyman'.

Structure

This thesis asks, 'How did forensic scientists and pathologists perform as expert personae in the British criminal justice system over the period 1920-1980?' To answer this question, I divided the thesis into two parts. The first part – consisting of chapters 1 and 2 – researches how experts displayed their bodies in public performances. Here I show that forensic experts performed the virtues of impartiality, objectivity, and detachment through bodily practices. Building on these findings, the second part – consisting of chapters 3 and 4 – analyses how these embodied performances influenced their knowledge-making practices. By doing so, this thesis hopes to bridge the gap between the historiography on scholarly personae on the one hand, and the practice-orientated histories of knowledge and science, on the other hand. The former often revolves around analysing which scientific and cultural ideals scholars adhered to and how they exhibited them in general, but pays less attention to how this played out in day-to-day and local examination practices. The latter, in contrast, zooms in on local knowledge practices but less often analyses how these practices relate to a scholarly persona. Taking both approaches together, can, on a metalevel, enrich our understanding, first, of why certain practices were done and, second, how influential ideal performances of the self were in practice.

The chapters presented in this thesis represent four articles which revolve around four case studies. These are: 1) the clothes of forensic experts, 2) their emotion management, 3) emotional detachment and psychological care for rape victims, and 4) the relation between experts and human remains.

Chapter 1 studies the way expert witnesses dressed in British courtrooms to analyse how they presented themselves as trustworthy and authoritative knowledge-makers in the legal context. I show that in British courtrooms experts did not 'dress up' as doctors or scientists; i.e. they did not wear their white coats or the kind of formal clothes that doctors usually wore to distinguish themselves from less highly skilled middle-class men. Instead, they wore a dark-coloured lounge suit, which had become the custom for most British middle-class men. I argue that by doing so, experts embodied one of the crucial virtues of modern forensic culture, i.e. impartiality. They did so not only by evoking a sense of familiarity between themselves and the jury, but also by building on gentlemanly fashion traditions aimed at securing social status for doctors and scientists in a society built on class differences. I show that, while a modern forensic regime – characterised by institutionalisation and professionalisation of the discipline – started to develop in the interwar years, popular performances of expert witnesses continued to rely on an older scientific and forensic culture. In the courtroom, in news media and in popular

autobiographies expert witnesses embodied the ideal of impartiality by appealing to class-based mechanisms of building trust that had developed in the nineteenth century.

Chapter 2 studies the emotion management practices of forensic experts. It shows that forensic pathologists and scientists built their expert personae on their display of emotion practices. Forensic experts valued emotional detachment as an epistemic virtue. To embody it, they did not simply turn off their emotions or refrain from discussing their emotions completely, but actively managed their emotions. I contend that by displaying their emotional labour, forensic experts fashioned detached, impartial scholarly personae while simultaneously contesting the image of them as callous. I identify four emotion management strategies they used: masking emotions, casting silences, separating private and professional lives, and focusing on positive emotions. I argue that these strategies were embedded in the social-cultural scripts of the British stiff-upper-lip and emotional control, male heterosexuality, the family man, and the bourgeois gentleman scientist. With this finding I complicate the historiography on the development of a modern British forensic regime, illustrating that the development of an objective and impartial forensic culture also depended on public embodied performances of experts of flesh and blood. They tried enacting trust and authority, not only through the impersonal application of techniques but also by fashioning an expert persona that inhabited the epistemic ideals of objectivity and impartiality through familiar social-cultural practices.

Chapter 3 researches how these embodied practices of emotional detachment and bourgeois masculinity influenced rape examinations. Specifically, it investigates the question why before the 1970s British mainstream forensic literature and practice did not acknowledge the long-term mental consequences of rape for victims and their need for a sympathetic approach. I argue that this was not simply out of ignorance, considering that in the period 1924-1978 there already were some medical practitioners – women doctors, psychiatrists, and gynaecologists – who expressed concern for these matters. However, the forensic expert witnesses, who were influential in the field, considered the virtue of sympathy and the practices of care that women doctors promoted to be incompatible with the judicial virtue of impartiality. Instead, these men employed the epistemic virtue of emotional detachment to avoid any suggestion of partiality, which would damage their authority in the adversarial courtroom. This led them to adopt a sceptical attitude towards rape victims and drew their attention away from the psychological care women and children might require. This chapter shows that the practice of detachment did not only impact the experiences of forensic experts but also of the victims they encountered and the knowledge that circulated about them.

Introduction

Finally, Chapter 4 studies how embodied performances of forensic expertise impacted the relation between experts and human remains. To this end, I analyse how the team of experts who investigated the Ruxton case enacted the human remains of the victims. I apply Annemarie Mol's praxiography and a relational understanding of personhood to illustrate that the same team of experts interacted with dead bodies in different and seemingly contradictory ways; both as objects and as persons. More specifically, I show that the remains were enacted as silent teachers of anatomy, silent witnesses of crime, fragments of persons, and control tests. The central argument of this chapter is that while the epistemic virtues of objectivity, impartiality and trained judgement shaped forensic experts' examination practices in murder investigations, they did not necessarily lead to the objectification of a body or body part. Distinguishing between different kinds of objectivity, I show that trained judgment offered a framework that allowed experts more opportunities to engage with the personhood of a dead body than mechanical objectivity did. However, my analysis also illustrates that it is too simplistic to argue that the application of the latter always led to the objectification of the dead body as its application also aided the identification of victims.

Together these chapters demonstrate that while the period 1920-1980 was characterised by the modernisation of forensic science and medicine, forensic experts continued to rely on socio-cultural norms to embody credible and reliable expert personae. Moreover, I show that these bodily displays of expertise not only impact experts' sense of scholarly self but also their examination practices.

1

Sober Suits, Bowler Hats and White Lab Coats:

Enclothed Impartiality, Masculinity, and the Tailoring of a Bourgeois Expert Persona in Britain, 1920-1980¹²²

Introduction

A striking feature of modern forensic culture in England in 1920–1950 was that both the general public and forensic experts showed ample interest in the 'looks' of forensic scientists and doctors. The media – newspapers, crime fiction and popular non-fiction – reported on the personal appearances of forensic experts and advice literature for forensic expert witnesses included instructions on what to wear to court. Interestingly, these texts show that forensic expert witnesses in British courtrooms did not 'dress up' as doctors or scientists, i.e. they did not wear their white coats or the kind of formal clothes that doctors usually wore to distinguish themselves from less highly skilled middle-class men. Instead, they wore a dark-coloured lounge suit, as had become the custom for most British middle-class men. This observation is not trivial: this chapter argues that experts' adoption of such a bourgeois look was a key feature in the performance of forensic expertise because it allowed them to embody one of the crucial virtues of modern forensic culture: impartiality. In making this claim, this chapter defines forensic culture as a set of shared values, beliefs, and ideals of what it meant to practise good and trustworthy science and medicine.

In the modern British adversarial justice system, it was far from self-evident that expert witnesses enacted impartiality. Whereas in the medieval and early modern period, experts appeared in court either as jurors or as court advisors, from the eighteenth century onwards expert witnesses had to face the jury as witnesses, for the prosecution or defence party. This put expert witnesses in a difficult position. As scientists, they wanted to embody 'society's preferred model of the cool, objective, correct, impartial man of science'. However, the space that formed the stage for their performance, the modern adversarial courtroom, to the

¹²² This chapter is published as: Pauline Dirven, 'Sober Suits, Bowler Hats and White Lab Coats: Enclothed Impartiality and the Tailoring of a Masculine Bourgeois Expert Persona in British Courtrooms, 1920-1960', In Willemijn Ruberg, Lara Bergers, Pauline Dirven, and Sara Serrano Martínez, eds., *Forensic Cultures in Modern Europe*, (Manchester: Manchester University Press, 2023), 49–70.

¹²³ Tal Golan, Laws of Men and Laws of Nature: The History of Scientific Expert Testimony in England and America (Cambridge, Massachusetts: Harvard University Press, 2004), 6-20.

¹²⁴ Carol A.G. Jones, *Expert Witnesses: Science, Medicine and the Practice of Law* (Oxford: Clarendon Press, 1994), 14.

jury suggested their partiality. ¹²⁵ In 1923 the influential medical journal *The Lancet* described the situation as follows: 'In a popular statement of the degree of untruthfulness the superlative is reserved for the expert witness. When scientific evidence adduced by plaintiff and defendant seems to be mutually contradictory, the layman is puzzled and grows skeptical of scientific values.' ¹²⁶ In the modern system, expert witnesses, therefore, looked for ways to convince the lay jury that they were not partial 'hired guns' or charlatans, but impartial, objective researchers.

The historiography of forensic science and medicine has shown how forensic experts have attempted to present themselves as trustworthy knowledge-makers by analysing the ways in which they produced forensic evidence. This literature focuses on the question of how the virtue of objectivity was enacted in forensic examination practices, as well as on the technologies, protocols or mathematical models forensic scientists used to create 'objective knowledge'. ¹²⁷ In this line of thought, historians Ian Burney and Neil Pemberton argue that the English forensic culture around the 1930s was characterised by the development of practices that enacted a sense of objectivity, such as the development of protocols and the emphasis on trace-based evidence. ¹²⁸ They identify a shift from a regime that was centred around a celebrity, all-round pathologist who personally enjoyed the trust of the public, towards a modern forensic regime that earned credibility through the use of team-work, protocols for evidence collection and trace-based crime scene investigation practices.

This chapter aims to add to this literature by shifting the focus from examination practices carried out by experts to the related question of how forensic experts presented themselves as impartial, credible personae; how they embodied this epistemic virtue. To be specific, I study sartorial performances of forensic experts and reflections on 'the expert look' in newspaper articles, forensic handbooks, and autobiographies to answer the question of how they presented themselves as impartial and authoritative knowledge-makers in British forensic culture. Shifting the focus from forensic evidence to advice literature and reflections on the way expert witnesses dressed and presented themselves, illustrates that while between 1920 and 1960 doctors and scientists did not use the notion of 'objectivity', they did refer to the epistemic virtue of impartiality. In this context, impartiality referred to 'their duty to assist in

¹²⁵ Jones, Expert Witnesses, 14.

^{126 &#}x27;The Expert Witness', *The Lancet*, 3 November 1923, 991.

¹²⁷ Alison Adam, *Crime and the Construction of Forensic Objectivity from 1850* (London: Palgrave Macmillan, 2020); Willemijn Ruberg and Nathanje Dijkstra, 'De Forensische Wetenschap in Nederland (1800–1930): Een Terreinverkenning', *Studium* 3:9 (2016), 121–143.

¹²⁸ Ian Burney and Neil Pemberton, *Murder and the Making of English CSI* (Baltimore, Maryland: Johns Hopkins University Press, 2016).

the discovery of truth and the administration of justice, no matter which side may be found to be in the wrong'. 129 It meant being a 'coldly detached person' who does not take sides. 130 This chapter shows that, while a new forensic regime – characterised by the enactment of objectivity in protocols, technologies and examination practices – started to develop in the interwar years, popular performances of expert witnesses continued to rely on an older scientific and forensic culture. To be specific, in the courtroom, news media and popular autobiographies, expert witnesses embodied the ideal of impartiality by invoking class-based mechanisms of building trust that had already developed in the nineteenth century. In Britain, where the choreography of the courtrooms suggested to the lay jury an opposition between the parties, expert witnesses had to attain credibility, trust, and authority via a performance of impartiality. As I will explain below, this task was particularly difficult as scientists and doctors – both of whom could occupy the position of expert witness – had a long history of negotiating their tenuous social position in British society. To explain why this was the case, I will outline the history of the British gentleman scholar, quackery, and the relation of the expert witness with the jury. But first, I will explain the value of studying fashion in a forensic context and illustrate what forensic experts looked like in Britain from 1920 to 1960.

Fashion and forensic virtues

Historians of forensic science and medicine have paid little attention to the embodied performances of forensic experts. That is unfortunate because in judicial cultures based on jury systems, such as England and Scotland, 'lay juries could not usually follow elaborate technical arguments, ... [and expert witnesses were compelled to] let their own credibility be the main support of their testimony'. ¹³¹ Thus experts, who struggled to verbally communicate their scientific knowledge-making practices to the jury, could establish their impartiality through a language that their audience did speak: fashion.

Attention to bodily appearance and dress practices can reveal much about the role of forensic experts in British society because the body is 'an instrument that performs socially or culturally constructed sexed or gendered identities', in the words of Karen Harvey. ¹³² The study of clothes can help us understand the 'organisation of power and authority' within societies

¹²⁹ 'The Duties of the Medical Witness III', *British Medical Journal*, Medico-Legal, 31 March 1934, 600.

¹³⁰ H.A. Burridge, *An Introduction to Forensic Medicine for Medical Students and Practitioners* (London: H.K. Lewis & Co, 1924), 23; Keith Simpson, *Forensic Medicine* (London: Edward Arnold & Co, 1947), 211.

¹³¹ Golan, *Laws of Men and Laws of Nature*, 58.

¹³² Karen Harvey, 'Craftsmen in Common: Skills, Objects and Masculinity in the Eighteenth and Nineteenth Centuries', in Jane Hamlett, Leonie Hannan and Hannah Grieg, eds., *Gender and Material Culture c.1750-1950* (London: Palgrave Macmillan, 2015), 68-89, 83.

because clothes are active actors in bringing about this order.¹³³ In this chapter, I use a broad definition of fashion that does not only refer to *haute couture* but also, and primarily, to the look of people in the street. It encompasses the cultural conceptions about what was 'fashionable' to wear and the sartorial language of what specific items of clothing, fabrics and colours meant. This fits the historical context I study: in the twentieth century, being fashionable was no longer reserved for members of the upper classes. As the manufacturing process of clothing became standardised and mass production developed, members of the labouring and lower-middle classes could more actively engage in consumer society.¹³⁴ As a consequence, in early- and mid-twentieth-century Britain, dress culture was an important tool to assess not only a person's social status but also their personality. ¹³⁵ In other words, fashion became an instrument to communicate the qualities one possessed as a person.

Applied to the context of science and medicine, the 'meaning of dress, and the cultural capital that dress secures, are key to comprehending struggles for authority and trust in medicine', and science. ¹³⁶ That is because, in the words of Mineke Bosch, 'knowledge cannot be recognised as valuable when it is not performed in a way that the scholar or scientist is seen as a trusted member of the scientific or scholarly community'. ¹³⁷ An analysis of fashion can reveal much about the way scientists wished to present themselves, the personae they adopted and the gendered and class codes they resorted to in order to enact status and credibility or evoke trust.

A notable exception to the neglect of forensic fashion in the historiography is the work of Kelly Ann Couzens, who has studied the clothes worn by expert witnesses in the nineteenth-

'Enclothed Cognition', Journal of Experimental

129; Hajo Adam and Adam D. Galinsky,

Psychology (February 2012), 1-28, 5-6.

Laura Ugolini, Men Sartorial Consumption 1880and Menswear: inBritain 1939 (Aldershot: Ashgate, 2007); Brent Shannon, The Cut of His Coat: Men, Dress, and Consumer Culture in Britain, 1860–1914 (Athens, OH: Ohio University Press, 2006); David Kuchta, The Three-Piece Suit and Modern Masculinity: England, 1550–1850 (Berkeley, Los Angeles, London: University Press, 2002); Catherine F. Horwood, Keeping Up Appearances: Fashion and Class Between the Wars (The Mill, Brimcombe Port: The History Press, 2005); Jane Tynan, 'Military Dress and Men's Outdoor Leisurewear: Burberry's Trench Coat in First World War Britain', Journal of Design History 24:2 (2011), 139-156; Quintin Colville, 'Jack Tar and the Gentleman Officer: The Role of Uniform in Shaping the Class and Gender-Related Identities of British Naval Personal, 1930-1939', Transactions of the RHS 13 (2003), 105-

¹³⁴ Katerina Honeyman, 'Following Suit: Men, Masculinity and Gendered Practices in the Clothing Trade in Leeds, England, 1890–1940', *Gender and History* 14:3 (2002), 426-446, 428–429; Frank Mort, *Cultures of Consumption* (London and New York: Routledge, 1996), 137.

¹³⁵ Ibid.; Simon Szreter and Kate Fisher, *Sex Before the Sexual Revolution: Intimate Life in England 1918-1963* (Cambridge, New York: Cambridge University Press, 2010), 295-296.

¹³⁶ Susan Hardey and Anthoney Corones, 'Dressed to Heal: The Changing Semiotics of Surgical Dress', *Fashion Theory* 20:1 (2015), 27–49, 28.

¹³⁷ Mineke Bosch, 'Scholarly Personae and Twentieth-Century Historians: Explorations of a Concept', *BMGN* - *Low Countries Historical Review* 131:4 (2016), 33–54, 53-54.

century Scottish courtroom. 138 She argues that they wore dark-coloured suits because this signified the formality that was required in the courtroom. She writes

restraint in physical appearance matched well the atmosphere of solemnity and respect the legal profession wished to inculcate among participants within the courtroom setting. Unlike the judges in their fine robes or the advocates in their wigs and gowns, the dress of the medical expert expressed a suitably inferior sense of respectability and authority that befitted their place within the hierarchy of the court. 139

According to Couzens, experts' dress emphasised their formal role in the courtroom and enacted a sense of hierarchy between the judiciary and expert witnesses. This argument is compelling. As legal actors could advise expert witnesses on how to dress, it seems fitting that they would have used it to emphasise the hierarchy between the competing professions of medicine and law. However, as I shall argue below, the choice of garment of expert witnesses, the sober lounge suit, did more than emphasise the solemn nature of the trial and establish a hierarchy between these professions. The dress code amongst doctors and scientists had a long social history as it was interwoven with their struggle for status in the British class-based society.

The sober middle-class look

Expert witnesses dressed according to the modern, masculine, middle-class fashion trend of the 1920s to 1950s. They wore sober, dark-coloured, three-piece lounge suits and matching overcoats. Such 'lounge suits' – or business suits, as they are known today – had become the choice of garment for most middle-class and increasingly also working-class men in Britain from the 1920s onwards. ¹⁴¹ They enacted a sense of middle-class professionalism. As an author

¹³⁸ Kelly-Ann Couzens, "Upon My Word, I Do Not See the Use of Medical Evidence Here": Persuasion, Authority and Medical Expertise in the Edinburgh High Court of Justiciary', *History* 104:359 (2019), 42–62. For literature on clothes of victims and perpetrators see: Alison Matthews David and Serah-Marie McMahon, *Killer Style: How Fashion Has Injured, Maimed, and Murdered Through History* (Berkeley: Owlkids Books, 2019); Alison Matthews David, *Fashion Victims: The Dangers of Dress Past and Present* (London and New York: Bloomsbury, 2015).

¹³⁹ Couzens, "Upon My Word", 51.

¹⁴⁰ Jones, Expert Witnesses, 148.

¹⁴¹ Elizabeth Wilson, *Adorned in Dreams: Fashion and Modernity* (New York: Rutgers University Press, 2003), 33; Ann Hollander, *Sex and Suits: The Evolution of Modern Dress* (New York: Bloomsbury, 1994), 109; Brent Shannon, *The Cut of His Coat: Men, Dress, and Consumer Culture in Britain, 1860–1914* (Ohio: Cambridge University Press, 2006).

of *The Lancet* described the situation in 1947, 'correct men's dress today is designed to show that the wearer doesn't work with his hands. Men dress like bankers'. ¹⁴² Moreover, the bourgeois ideal enacted by the sober suit was highly gendered and created a shared masculine culture. ¹⁴³ The practical suit emphasised the increasingly hectic and urban lives of professional men working in public institutions. It was a comfortable garment, suitable for industrial life. ¹⁴⁴

Advice literature for forensic expert witnesses emphasised the importance for forensic scientists and doctors to adopt this neat but sober look. This instruction was part of the general advice in forensic handbooks and journal articles for expert witnesses on how to behave and look in the courtroom. The literature prescribed that experts needed to 'stand up, speak up and dress up' when they were in the witness box and never lose their temper during crossexamination. An author in the British Medical Journal explained in 1934 that careful consideration of this 'art of performance' was a vital aspect of the forensic expert's job description because, while 'the professional and private conduct of a doctor in the ordinary course of practice is not obvious to the public eye, ... in court, it is open to the inspection of perhaps a hundred people directly and in particularly unlucky cases – to thousands of people through the Press'. 145 Displaying the appropriate behaviour in court was vital if the expert witnesses wanted their testimony to be heard and taken seriously. The authors of the advice literature emphasised that 'the privilege of giving evidence carried with it no small responsibility, and might affect not only the persons involved in the action but the doctor's own reputation'. ¹⁴⁶ According to some experts, it even impacted the stature of science and medicine as a whole. 147 To explain why this was the case I delve into the question of the social status of doctors and scientists in British society below. However, first I will outline how expert witnesses thought they could win over their audience; in particular, what kind of costume they thought would make a good impression.

¹⁴² 'Clothes and Psychic Health', *The Lancet*, 8 October 1949, 679.

¹⁴³ Mort, Cultures of Consumption, 137; Kuchta, The Three-Piece Suit and Modern Masculinity, 178; Beth Jenkins, 'Gender, Embodiment and Professional Identity in Britain, C.1890-1930', Cultural and Social History 17:4 (2020), 499-514, 501; Honeyman, 'Following Suit', 334.

¹⁴⁴ Fred Miller Robinson, *The Man in the Bowler Hat: His History and Iconography* (Chapel Hill: UNC Press, 1993), 27.

¹⁴⁵ 'The Duties of the Medical Witness I', *The British Medical Journal*, 3 March 1934, 407.

¹⁴⁶ 'The Doctor in the Law Courts', *The British Medical Journal*, 22 March 1930, 549. Emphasis added.

¹⁴⁷ Richard Ellis, 'Initiation', *The Lancet*, 27 August 1955, 403–4; Ordway Hilton, 'The Essence of Good Testimony', *Medicine, Science and the Law* 8:2 (1968), 85–87; A.L. Wells, 'The Expert Witness', *The Lancet*, Letters to the Editor, 30 May 1953, 1103–1104; Melitta Schmideberg, 'Point of View of the Psychiatrist', in *The Court and the Expert: Writing Reports*, Essays in Comparative Forensic Psychiatry (*International Journal of Offender Therapy*, 1971); Michael Cleary, 'Personal View', *British Medical Journal*, 1 June 1974, 498; Gerald Pearce, *The Medical Report and Testimony* (London: George Allen & Unwin LTD, 1979).

Sober Suits, Bowler Hats and White Lab Coats

In the early and mid-twentieth century, professional fashion advice was highly gendered as it was only aimed at male experts. They were supposed to wear a simple suit in dark colours. As a professor of forensic medicine, Sir Sydney Smith, explained in his handbook in 1925, 'the witness should pay due regard to his bearing, which should be modest and unassuming, and to his personal appearance, which should be at least clean and tidy; an untidy, unshaved professional witness creates a bad impression on the Court'. ¹⁴⁸ Importantly, an expert witness should also not dress up too much. As a columnist in the *British Medical Journal* remarked, forensic experts should avoid appearing 'conceited or vain'. ¹⁴⁹ Police surgeon and medical referee Douglas Kerr explained in more detail in 1935:

Much depends on the impression they [the jury] form of the doctor himself; he should therefore conduct himself as becoming a responsible professional man. He should dress accordingly in a quiet professional manner, and before entering the witness-box should remove his gloves and overcoat. It is not necessary for him to wear a morning coat, but to appear in a sporting-suit, as sometimes happens, is only to leave the jury with the impression that he does not take his profession seriously, and consequently considerably distracts from the value of his evidence. ¹⁵⁰

According to Kerr, dress was a way to enact professionalism and to ensure that the audience, the jury, would take the performing expert seriously. To accomplish this, they should not adopt a casual sporting style nor a too formal look.

In practice, it seems that experts took this advice to heart. Photographs in newspaper articles and portrait pictures of forensic experts, such as Figure 1, illustrate that they were clad in sober, middle-class clothes. The first photograph displays Sydney Smith (quoted above), wearing a dark-coloured, three-piece suit of heavy fabric. Pictures of expert witnesses attending the court confirm that in practice experts increasingly chose not to dress distinctively in the period 1920–1960. Figure 2, for example, is from 1920 and depicts Home Office analyst

¹⁴⁸ Sydney Smith, Forensic Medicine: A Textbook for Students and Practitioners (London: J.A. Churchill, 1925), 5

^{149 &#}x27;The Doctor in the Law Courts', *The British Medical Journal*, 22 March 1930, 550.

¹⁵⁰ Douglas J.A. Kerr, Forensic Medicine: A Textbook for Students and a Guide for the Practitioner (London: A&C Black LTD, 1935), 29.

¹⁵¹ See for example: 'Dramatic Scenes at Gloucester Assizes', Gloucestershire Chronicle, 8 November 1924, 13.

John Webster on the left and chemist William Willcox on the right as they arrive at or leave the court. The picture illustrates a change in performance: Webster is still dressed more conservatively in the clothes of the medical trade, wearing a morning suit and top hat. But Willcox has adopted a middle-class look, wearing a lounge suit and bowler hat. This latter trend would set the tone for expert performances during the rest of the century. This is illustrated for example by Figure 3, which shows Dr Keith Simpson arriving at the court in a three-piece lounge suit. In general, photos indicate that expert witnesses started to deviate from the distinctive enclothed practices of their professions and adopted a sober middle-class look from the 1920s onwards.

Forensic experts' courtroom sartorial presentations were remarkable. In the first half of the twentieth century, it was uncommon for both scientists and doctors to dress like this. As fashion historian Catherine Horwood has argued, doctors were prone to dress more formally than most middle-class men, adorning themselves – depending on the occasion – in morning suits (recognisable by the long, black jacket without tails and striped trousers), evening wear or academic dress. ¹⁵² In contrast, scientists and lab assistants enjoyed more freedom than most middle-class men and dressed more casually, for example wearing 'an open-necked shirt, flannels, no socks and sandals'. ¹⁵³ Despite these customs, forensic experts dressed according to middle-class fashion; doctors dressed down and scientists dressed up when they wore the sober lounge suit in the courtroom.

In general, it was not self-evident that witnesses chose to wear an undistinctive look in the courtroom. By doing so, forensic experts differed from English police officers who could wear their uniform to court to display their professional authority in the witness box. ¹⁵⁴ It also set them apart from their Spanish colleagues who emphasised their authority in the courtroom by dressing distinctively, for instance wearing a mortar-board and a symbolic medal. ¹⁵⁵

¹⁵² Horwood, *Keeping Up Appearances*, 47; And see the dress codes and description of dress in: 'The Harvey Tercentenary: Celebration by the Royal College of Physicians of London', *The Lancet*, 24 March 1928, 621–622; 'Scotland: Medical Women's International Association', *The Lancet*, 27 July 1937, 212–213; For Keith Simpson's description of his teacher's clothes in 1923 see: Keith Simpson, *Forty Years of Murder: An Autobiography* (London: Panther, 1978), 23.

¹⁵³ Horwood, *Keeping Up Appearances*, 45.

¹⁵⁴ For information on the impact the police uniform could have on the jury, see: London, National Archives, J 82/1371, Mr Justice Ashworth, Summing Up, 30 January 1969, 17.

¹⁵⁵ According to this ideal that pictured forensic physicians as a stable element of Francoist courts, in 1947 and 1949 forensic physicians were allowed the use of a corporative medal, a lawyer's cap (*birrete*), they were granted to report in court located spatially as prosecutors and lawyers, instead of as witnesses, and they were legally considered as authorities while in service: BOE, 199, 18 July 1947, 'Ley de 17 de julio de 1947 orgánica del Cuerpo Nacional de Médicos Forenses', 4018; BOE, 1, 1 January 1949, 'Orden de 9 de diciembre de 1948 por la que se aprueban las normas descriptivas a que deberán ajustarse en su forma y características la Medalla y Placa que usarán los Médicos forenses', 10; Ricardo Royo-Vilanova Morales, Blas Aznar and Bonifacio Piga, *Lecciones de Medicina Legal* (Madrid: Benzal, 1952), 25.

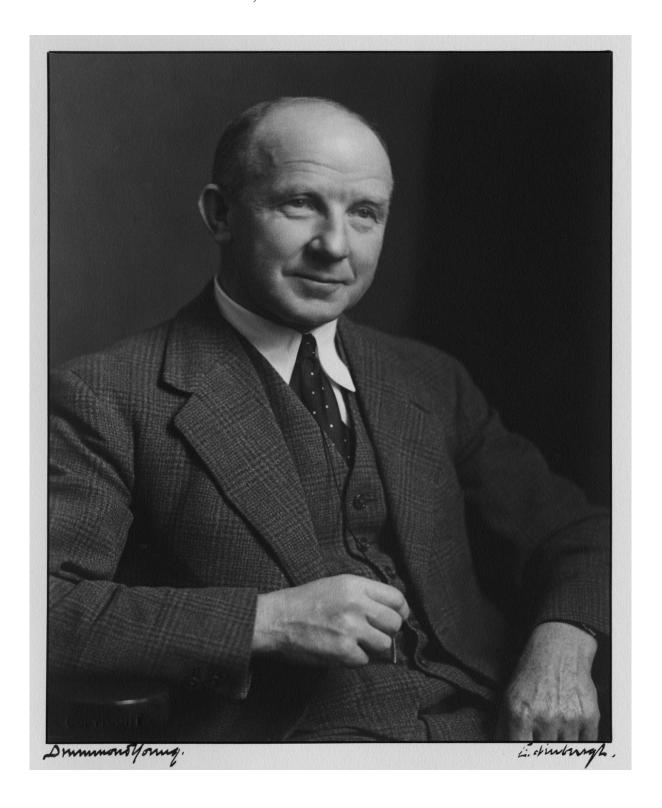


Figure 1 Portrait picture of Sir Sydney Alfred Smith (1883–1969), Regius Professor of Forensic Medicine at Edinburgh University from 1928 to 1953. (Photograph by W. & E. Drummond Young, The University of Edinburgh, UA CA1/1 h, 'Sir Sydney Alfred Smith (1883–1969) – Our History', accessed 14 February 2022, http://ourhistory.is.ed.ac.uk/index. php/Sir_Sydney_Alfred_Smith_(1883–1969))



Figure 2 Home Office analyst John Webster (left) and chemist William Willcox (right) as they arrive at or leave the court, 1920. (ANL/ Shutterstock, accessed 16 December 2021, www.shutterstock.com/nl/editorial/john-webster-l-and-dr-wh-willcox-toxicologists-who-examined-the-body-of-mabel-greenwood-4735558a)

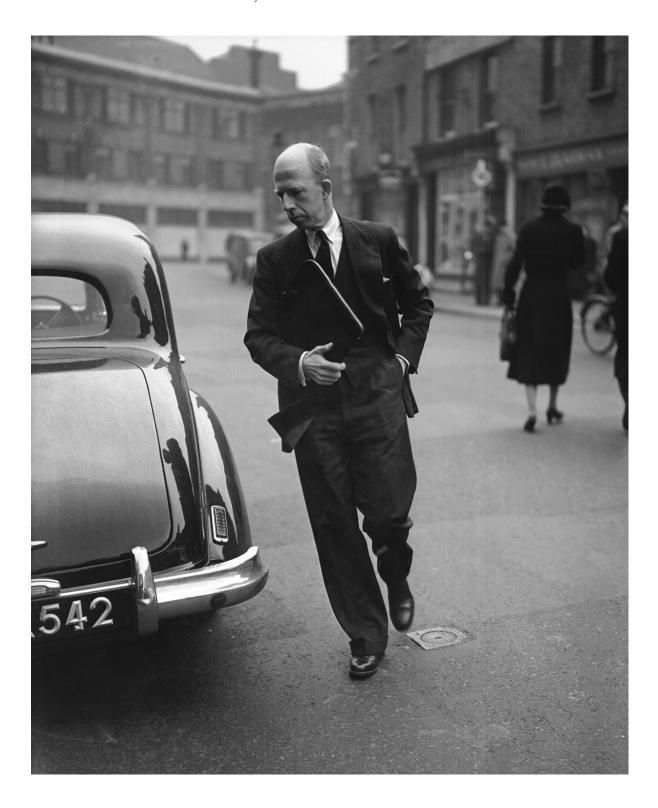


Figure 3 Pathologist Keith Simpson arriving at Westminster Coroner Court to give evidence at the inquest of the Ritz Hotel murder and suicide, 13 March 1953. (Trinity Mirror / Mirrorpix/ Alamy Stock Photo, accessed 14 February 2022, www.alamy.com/stock-photo-dr-keith-simpson-the-home-office-pathologist-arriving-atwestminster-83443376.html)

Newspaper articles and a popular non-fiction book commented on the experts' indistinguishable look, indicating that it was noteworthy or surprising to journalists. In her autobiography published in 1953, Molly Lefebure, the secretary of pathologist Keith Simpson, noted that the famous expert witness Sir Bernard Spilsbury in 1940

looked, more than anything else in the world, like a prosperous gentleman farmer. Very tall – though stooping slightly in his later years – powerful, with broad shoulders and a very ruddy, open, earnest face, you would have said he was an expert on dairy herds, or sugar-beet crops, or agricultural fertilizers, but you would not have suspected that he was Sir Bernard Spilsbury. ¹⁵⁶

In a similar vein, *the Dundee Evening Telegraph* claimed in 1938 that a fingerprinting expert 'looks for all the world the successful businessman'. ¹⁵⁷ And in 1939 the magazine *John Bull* told its readers that they might mistake poison expert Dr Lynch 'for a lawyer or perhaps an accountant. You would need very unusual penetration to discover in that quiet person one of the greatest investigators of our day.' ¹⁵⁸ The article was accompanied by a picture in which Dr Lynch is unremarkable as he looks like an average Englishman in a three-piece lounge suit and Homburg hat. ¹⁵⁹

The fact that forensic experts dressed themselves according to the sober, middle-class fashion trend of the time was not insignificant but a noteworthy occurrence. More to the point, as I shall argue below, it was a performance of judicial impartiality.

The modern courtroom

In the modern courtroom, the sober middle-class look countered the suggestion of partiality that the adversarial legal system had created by moving experts from the jury box to the witness box. It minimised the distance between the jurors and expert witnesses that was implemented in the eighteenth century. That is because the jury, at this time, consisted predominantly of middle-class men. Legal scholar Andrew Watson explains that while it is true that 'after 1919

¹⁵⁶ Molly Lefebure, *Evidence for the Crown: Experiences of a Pathologist's Secretary* (London, Melbourne, Toronto: Lippincott, 1955), 10.

¹⁵⁷ "FINGERPRINT EXPERT WAS 'IDEAL WITNESS' 'Darkie of the Yard' Retiring"', *Dundee Evening Telegraph*, 12 November 1938.

^{158 &#}x27;The Amazing Dr. Lynch', John Bull, 29 July 1939, 34.

¹⁵⁹ Kuchta described this look as iconic for British men: Kuchta, *The Three-Piece Suit and Modern Masculinity*, 178.

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both men and women could serve as jurors ... the number of females was limited by the need to meet the property qualification'. ¹⁶⁰ Moreover, in practice, the jury predominantly consisted of middle-class men due to the ability of the lawyers to challenge specific juror members without having to give a reason for their removal. ¹⁶¹ Because expert witnesses conformed to the bourgeois fashion of the time, wearing sober lounge suits and bowler, Homburg or trilby hats, a familiarity between themselves and the members of the jury was established.

The importance of relating to the jury to win their trust is confirmed by research in legal studies. Watson, for example, has shown that in England barristers altered their performances and adopted a less formal and more 'conversational style' of advocacy when the democratisation of the jury set in with the passing of the Juries Act 1974. He notes that lawyers wanted to appeal to the more diverse group of jurors but at the same time were 'anxious to avoid appearing patronizing to jurors or of underestimating their intelligence'. Legal scholar William McMahon has made a similar claim concerning the way American lawyers dressed. He argues that an attorney's use of clothing could have an impact on the outcome of a case because of the performative nature of their jobs. He explains that the clothes or 'costumes' they wear have an impact on their audience, the jurors, to whom they want to relate by not dressing as if they are different or better than them, but as if they were one of them.

While McMahon's observations related to a different context, his general point helps to explain the fashion choices of expert witnesses in England during the 1920s to 1960s. Like these lawyers, expert witnesses were performing for an audience that would respond to their appearance. By putting on the common suit forensic experts masked personal or social differences amongst themselves and between themselves and the jury. This is illustrated by Figures 4 and 5, depicting respectively the jury members and the expert witnesses involved in the infamous Ruxton murder case.

¹⁶⁰ Andrew Watson, Speaking in Court: Developments in Court Advocacy from the Seventeenth to the Twenty-First Century (New York: Palgrave Macmillan, 2019), 209.

¹⁶¹ Watson, Speaking in Court, 217.

¹⁶² Ibid., 210.

¹⁶³ William McMahon, 'Declining Professionalism in Court: A Comparative Look at the English Barrister', *Georgetown Journal of Legal Ethics* 19:845 (2006), 845-858, 849.



Figure 4 The jurors in the Dr Ruxton murder trial as they return to court to return their verdict of guilty, 1935. (Photo by Mirrorpix/Mirrorpix via Getty Images, accessed 14 February 2022, www.gettyimages.nl/detail/nieuwsfoto%27s/dr-ruxton-murder-case-members-of-the-jury-at-he-trial- who-nieuwsfotos/591974956)



Figure 5 Team of expert witnesses who worked on the Ruxton case. (ANL/Shutterstock, accessed 14 February 2022, www.shutterstock.com/ editorial/image-editorial/forensic-experts-working-on-the-ravine-murders- lr-prof-js-brash-prof-sydney-smith-prof-john-glaister-dr-wg-millar-and-dr- cl-godfrey-box-651-2407121527-ajpg-5727859a)

Figure 4 shows that jurors were dressed in overcoats and lounge suits and wore bowler and trilby hats, with the exception of only one jury member wearing a cap. Figure 5 displays the expert witnesses, dressed similarly in overcoats, bowler and trilby hats. Thus, by adhering to the dominant middle-class fashion, forensic experts bridged the gap between themselves and the jury and suggested that they were not so different from them; i.e. they had not become theatrical showmen or 'hired guns' but like the jury were still impartial, 'humble servants' to the court.

The white lab coat

The choice of expert witnesses to wear indistinctive middle-class clothes is remarkable if we take into account that at this time a specific sartorial symbol for science came into being: the white lab coat. This garment became popular in the nineteenth and early twentieth century; not just in science, but also in the field of medicine, where physicians and surgeons started to exchange their gentleman's frockcoat for white lab coats. ¹⁶⁴ According to fashion historians Susan Hardy and Anthony Corones this make-over signified a change in 'professional identity replete with new forms of credibility and new forms of trust'. ¹⁶⁵ More specifically, it points to a significant development within medicine as it symbolised 'scientificisation': the growing impact of bacteriology and a new emphasis placed on hygiene within the field. ¹⁶⁶

Following this new trend, forensic experts started to wear special work clothes when they carried out examinations. Scientists, and increasingly doctors, would wear a white lab coat, and pathologists clad themselves in a post-mortem gown, rubber apron and rubber gloves (Figure 6). According to pathologist Keith Simpson, this was a positive development. He exclaimed in 1947:

I have entered a mortuary unexpectedly, to find a doctor fully dressed, bowler hat on head, umbrella over arm, leaning against a wall smoking a pipe and making jotted notes in a book while the mortuary assistant pulled out and cut up organs for a Coroner's autopsy. Such scandalous days are fast receding into the dark Middle Ages of forensic pathology.¹⁶⁷

¹⁶⁴ Hardey and Corones, 'Dressed to Heal'.

¹⁶⁵ Ibid., 44.

¹⁶⁶ Ibid.; Mark Hochberg, 'The Doctor's White Coat: An Historical Perspective', *AMA Journal of Ethics* 9:4 (2007), 310–14.

¹⁶⁷ Simpson, Forensic Medicine, 203.

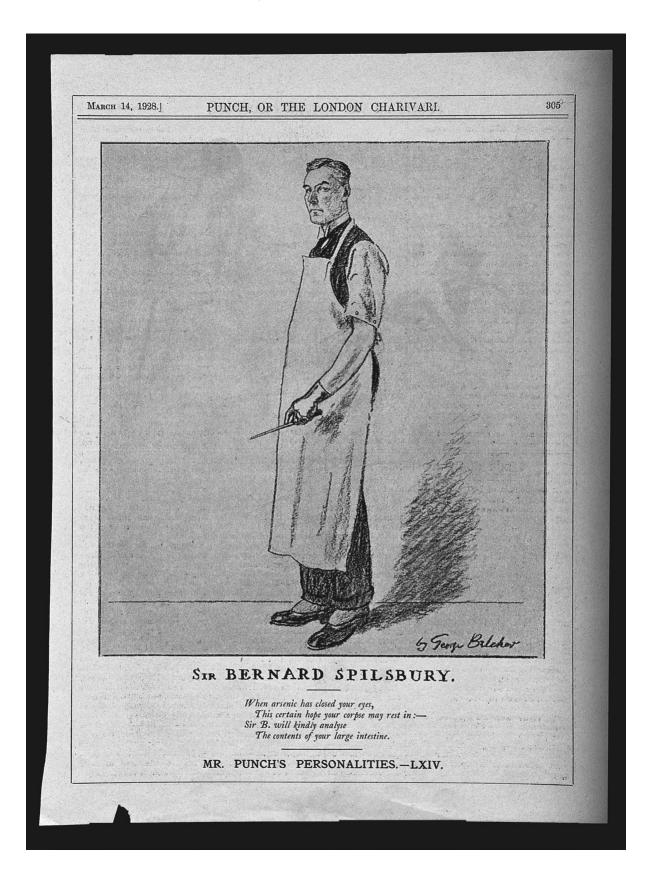


Figure 6 Bernard Spilsbury in post-mortem garment. (Wellcome Images/Wikimedia, CC BY-SA 4.0: Library reference: ICV No 11802, Photo number: V0011537, accessed 14 October 2022, https://commons.wikimedia.org/wiki/File:Sir_Bernard_ Spilsbury, a famous pathologist. Re production of Wellcome V0011537.jpg

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Whether Simpson's account of this encounter is truthful or simply a rhetorical strategy does not matter, the point of the anecdote is clear. The way the pathologist is dressed is scandalous and old-fashioned to Simpson because it exemplifies his passive attitude; adorned in the male uniform of the time he is unable to get his hands dirty and apply his manual skills. Whereas in the courtroom this outfit would have been appropriate and suggested impartiality, in the examination space the same look depicted a 'backward' and 'outdated' practice. In the investigative space, the modern expert was characterised by his skills and ability to engage with his object of study, as symbolised by his special work garb.

It seems that this new performance of expertise was context-bound, as it continued to be limited to the space of laboratory and morgue, at least until the 1960s. In the courtroom, experts did not use their white lab coats or working outfits to perform the ideal of trained judgment and specialised skills. Nor were they prone to use this new symbol of science in the media. An exception is Sir Bernard Spilsbury, who did have his pictures taken dressed in a white lab coat or post-mortem garb (Figure 6 and 7).

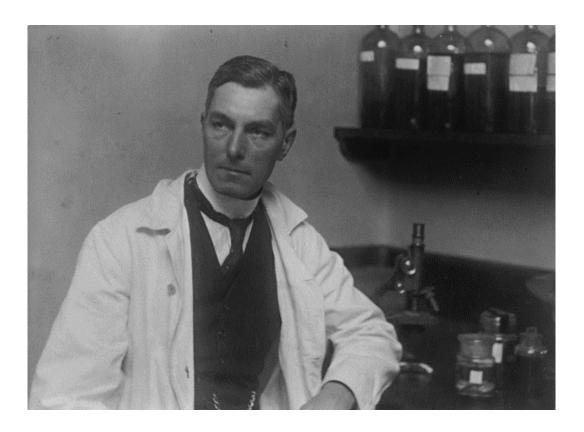


Figure 7 Photograph of Sir Bernard Spilsbury posing in the laboratory wearing a white lab coat, 1920s. (Photograph by Edward Cahen, National Portrait Gallery, London, accessed 16 December 2021, www. npg.org.uk/collections/search/use-this-image/?mkey=mw189943)

However, seeing that Spilsbury was a unique figure in the history of forensic medicine who enjoyed celebrity status, his public performances do not represent a general trend in the performance of forensic expertise. I only found one other example of a public performance displaying forensic experts dressed in lab coats: a 1946 newsreel called Science Fights Crime. This Pathé clip responded to the post-war social fear of a 'crime wave'. In this promotional film, forensic scientists are depicted in white lab coats doing tests. In other visual material of the time, experts are not portrayed as such but appear plain-clothed. Images issued by experts themselves, for example, do not show them wearing lab coats or other symbols of science. Nor do newspapers use pictures of experts dressed in examination garb. Usually, these experts are shown either sitting in a neutral setting or rushing to or from a crime scene or courtroom. In all these pictures they are wearing a simple lounge suit.

This changed around 1960 when forensic experts who used to conform to this sober self-representation started to present themselves in lab coats and in the context of the laboratory in popular media outlets, such as on the cover of their autobiographies. Figure 8 shows the photograph pathologist Sydney Smith used on the cover of his autobiography published in 1959; in it he is posing as a scientist wearing a white lab coat and holding a test tube. John Glaister Jr appeared in a similar manner on the cover of his autobiography in 1964: in the laboratory wearing a white coat. ¹⁶⁹ As did specialist in spectrography Hamish Walls on the book jacket of his memoirs in 1972. ¹⁷⁰ Keith Simpson never swapped his middle-class suit for a lab coat but he did follow the trend of posing with instruments of the trade, such as a skull, a knife and flask in a picture taken in 1978 (see Figure 9). In general, the period after the 1960s is characterised by a shift in popular media representations of forensic experts. In forensic books written for a lay audience, as well as in films and television programmes, experts were depicted as anonymous scientists, immediately recognisable by their white coats and handling of instruments, such as microscopes, beakers, or test tubes. ¹⁷¹

Examples of this include the book *The Modern Sherlock Holmes* intended to inform laypeople about forensic science and the true-crime book *Great Cases of Scotland Yard*.¹⁷² During the second half of the twentieth century, it seems that performances of forensic

¹⁶⁸ Science Fights Crime (1946), 2014, accessed 5 June 2023, www.youtube.com/watch?v= 2MAjELT0WEc&t=238s.

¹⁶⁹ John Glaister, Final Diagnosis (London, Sydney, Toronto and New York: Hutchinson & Co., 1964).

¹⁷⁰ H. J. Walls, Expert Witness: My Thirty Years in Forensic Science, (London: Random House UK, 1972).

¹⁷¹ See for example: Christopher Menaul, 'Price to Pay', *Prime Suspect*, season 1, episode 1, 7 April 1991, accessed 5 January 2023, https://www.youtube.com/watch?v=xnEPNmL8VGo&ab_channel=alanw62

¹⁷² Judy Williams, *The Modern Sherlock Holmes: An Introduction to Forensic Science Today* (Glasgow: Eagle Colourbooks, 1991); Reader's Digest Association, *Great Cases of Scotland Yard* (Pleasantville, NY: Reader's Digest Association, 1978).



Figure 8 Photograph of Sydney Smith in white lab coat posing as a scientist, used on the cover of his autobiography Mostly Murder. (accessed through Royal College of Physicians of Edinburgh)

expertise were more lab-based, and relied on images of technologies and specific institutions to assert authority or trust.

Before the 1960s, however, this look was not part of a public performance of forensic expertise. Public appearances were instead based on the performance of a bourgeois persona as expert witnesses appeared in the courtroom and media in their dark-coloured lounge suits. To understand why experts continued to rely on this middle-class look for public performances, I turn to the history of British intellectual, medical, and scientific culture.

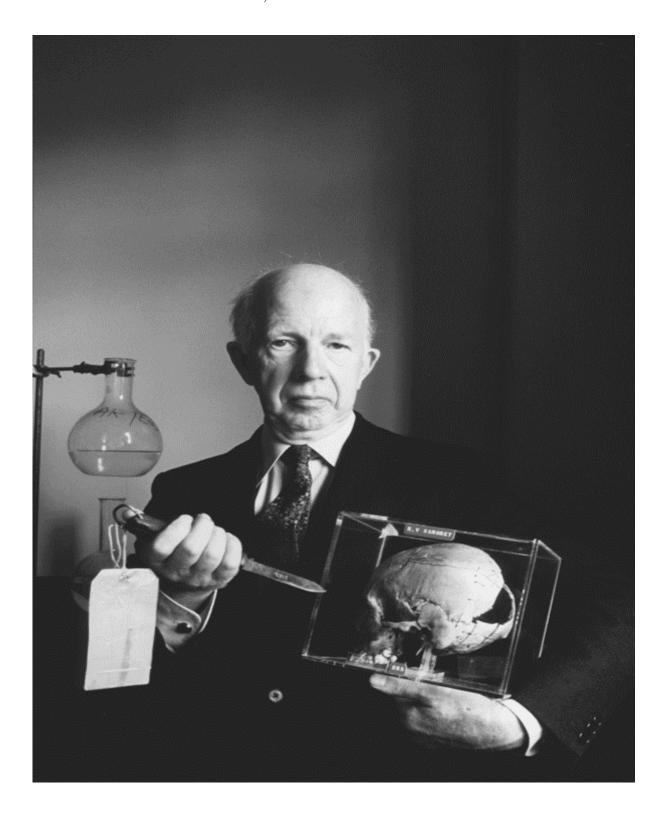


Figure 9 (Cedric) Keith Simpson posing with murder weapon, skull and flask in 1978. (Photograph by Judith Aronson, 1978, National Portrait Gallery, London, accessed 19 August 2022, www.npg.org.uk/collections/search/portrait/mw62365/Cedric-Keith-Simpson?LinkID= mp61813&role=sit&rNo=6)

Impartiality and middle-class modesty

The reliance on the gentleman-look should be understood in the light of the long history of class struggles in the medical and scientific community. Already since the seventeenth century, medical men had wanted to secure social status by displaying themselves as gentlemen. They did so because they aimed to counter the popular comparison between surgeons and manual labourers, especially butchers. To shake off the association of their work with 'crude' manual labour, surgeons chose to present themselves as members of the upper class, depicted hosting dinner parties, or conforming to the image of the man of letters, the philosopher, who was considered a gentleman, surrounded by books and sitting at his desk. The philosopher is experts prior to 1960, they were seldom depicted in their working space or with the instruments of their trade.

In their performance, physicians and surgeons needed to find a balance between 'dressing up' and not appearing flamboyant. It was important for them not to appear pompous because of the long history of competition between qualified and unqualified doctors in Britain. 'Quacks' were never outlawed in Britain, and therefore registered practitioners looked for ways to visibly distance themselves from these 'charlatans'. ¹⁷⁶ In the nineteenth century, 'the quacks, or unqualified practitioners, continued to rely on eighteenth-century flamboyance, extravagance, exoticism and a bit of showmanship as the time-honoured way to attract patients'. ¹⁷⁷ Qualified practitioners attempted to contrast this flamboyance by adopting a sober and simple gentlemanly appearance. At the end of the nineteenth century, 'there was a return, as in so many respects, to the moral aesthetics of Tudor and Stuart times', in the sense that doctors 'were invariably depicted as soberly respectable, clad in greys and blacks'. ¹⁷⁸ This performance of sobriety continued to impact the sartorial display of doctors in the twentieth century, as the fear of quacks continued to exist. ¹⁷⁹ This anxiety influenced expert witnesses

¹⁷³ Christopher Lawrence, 'Medical Minds, Surgical Bodies: Corporeality and the Doctors', in Christopher Lawrence and Steven Shapin, eds., *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago and London: University of Chicago Press, 1998) 156-201; Keren Rosa Hammerschlag, 'The Gentleman Artist-Surgeon in Late Victorian Group Portraiture', *Visual Culture in Britain* 14:2 (2013), 154–78; Hardey and Corones, 'Dressed to Heal'.

¹⁷⁴ Hammerschlag, 'The Gentleman Artist-Surgeon in Late Victorian Group Portraiture'.

¹⁷⁵ Lawrence, 'Medical Minds, Surgical Bodies', 118; Hammerschlag, 'The Gentleman Artist-Surgeon in Late Victorian Group Portraiture', 158; Ludmilla J. Jordanova, *Defining Features: Scientific and Medical Portraits*, 1660-2000 (London: Reaktion, 2000), 163.

¹⁷⁶ Anne Digby, *The Evolution of British General Practice: 1850-1948* (Oxford and New York: Oxford University Press, 1999), 38; Roy Porter, *Bodies Politic: Disease, Death and Doctors in Britain, 1650–1900* (London: The University of Chicago Press, 2014), 255.

¹⁷⁷ Hardey and Corones, 'Dressed to Heal'.

¹⁷⁸ Porter, *Bodies Politic*, 260.

¹⁷⁹ See examples in: Rebecca Crites, 'Husbands' Violence against Wives in England and Wales, 1914-1939: A Review of Contemporary Understandings of and Responses to Men's Marital Violence' (PhD Thesis, University

especially, since their reputations could be hurt by the comparison with quacks, due to the performative nature of their courtroom appearances and the fact that they received fees to appear in the witness box. The sober suit-wearing of the expert witnesses must therefore be understood in the medical sartorial tradition of warding off suggestions of quackery or 'bought' evidence.

Forensic experts did not exclusively have backgrounds in medicine; scientists, and especially chemists, were also increasingly asked to contribute to criminal investigations. They too had a complex history of class. Especially in the seventeenth and eighteenth centuries, the amateur gentleman-scientist was an idealised knowledge-maker because his moral code of behaviour and financial independence was considered to ensure impartiality. ¹⁸⁰ A similar ideal existed in the popular imagination of the detective, who was represented as a financially independent gentleman-detective who solved crimes as a hobby, to prove intellectual superiority or out of public service. 181 However, in the nineteenth century 'new men of science', skilled artisans or tradesmen, started to emerge on the stage. They were becoming more influential because they developed the scientific technologies that aided the modernisation project of the manufacturing and industrialised classes. However, these scientists were in an ambiguous position; as contributors to the industrial society they obtained a position of influence but because of their bourgeois background the elite, especially the judiciary, did not trust them upon their word, as they would trust their gentlemanly counterparts. 182 In the words of Carol Jones, 'in England, there was a prevailing cultural snobbery which determined that men of letters could look down upon men of science'. 183 This distrust also stemmed from the professionalisation of science. According to Tal Golan:

[t]he scientific gentleman was supposed to labor for the love of knowledge, not for money, and his heart was supposed to be in his researches, oriented toward communal interests rather than toward individual self-interest. No matter how useful the professionals were, if their object in life was to obtain money, they were morally tainted. And

of Warwick, 2016), 180; Jane Custance Baker, 'Fear and Clothing: Dress in English Detective Fiction Between the First and Second World Wars' (PhD thesis, University of London, 2019), 118; See also contemporary remarks in: L.W. Harrison, 'Some Disadvantages of Medical Evidence on Venereal Diseases, to the Public Health and to the Administration of Justice', *Transactions Medico-Legal Society* 26:154 (1932-1931), 154–179, 155. ¹⁸⁰ Jones, *Expert Witnesses*, 95.

Haia Shpayer-Makov, *The Ascent of the Detective: Police Sleuths in Victorian and Edwardian England* (Oxford: Oxford University Press, 2011), 248.

¹⁸² Jordanova, *Defining Features*, 74; Jones, *Expert Witnesses*, 59; Golan, *Laws of Men and Laws of Nature*, 51. ¹⁸³ Jones, *Expert Witnesses*, 72.

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among these professionals, none was more repugnant than the so-called scientific expert who had made his living from his appearances in court, tailoring his opinions to the wants of his clients.¹⁸⁴

To sum up, scientists, and expert witnesses especially, were initially disadvantaged by the professionalisation of the trade.

The historiography is ambivalent as to how the situation developed. Some historians of science have pointed out that the professionalisation of science changed the culture of trust and authority in science: around the turn of the century, gentlemanly codes of behaviour changed towards the modern ideology of professionalism, institutionalisation and technological advancement. This line of thought complements the argument of Burney and Pemberton that in the early twentieth century a modern forensic regime developed that was characterised by the institutionalisation and professionalisation of forensic services.

However, other scholars have argued that a degree of continuity existed because these new men of science adopted and appropriated the gentlemanly ideal. They explain that with the emergence of 'new men of science' the gentlemanly ideal did not disappear but changed. While historians do not agree on the exact moment of this shift, the literature on the British middle class shows that at some point during the nineteenth or early twentieth century the conception of the gentleman altered. It no longer referred to someone's noble birth but became 'a repository of cultural value to which anyone could aspire'. 186 Based on this reconceptualisation of the gentleman, new men of science turned the tables on the aristocracy. They argued that they were not less reliable because they were professionals but rather more so. Unlike members of the upper class, they argued, they were not driven by impulse or extravagant lifestyles. 187 Moreover, they emphasised that in bourgeois society, legitimate knowledge was warranted by objectivity, not by any feudal claims to privileged, personal authority. 188 From this perspective, they fashioned a new scientific persona, that of the bourgeois gentleman-scientist, who was humble, disciplined and impartial, and who served society by contributing to its technological and industrious development. 189 Presenting themselves as sober middle-class professionals, these scientists sought to win the trust of the

¹⁸⁴ Golan, Laws of Men and Laws of Nature, 125.

¹⁸⁵ Ibid., 123.

¹⁸⁶ Andrew Miles and Mike Savage, 'The Strange Survival Story of the English Gentleman, 1945–2010', *Cultural and Social History* 9:4 (2012), 595-612, 598.

¹⁸⁷ Kuchta, The Three-Piece Suit and Modern Masculinity, 142.

¹⁸⁸ Jones, Expert Witnesses, 65.

¹⁸⁹ Heather Ellis, Masculinity and Science in Britain, 1831–1918 (London: Palgrave Macmillan, 2017).

public by enacting a sense of impartiality that went hand in hand with a display of disciplined devotion and civil service. The impact of this updated understanding of who a scientist ought to be is illustrated by the course taken by scientists appearing as expert witnesses in court: it was 'the sober, middle-class scientist' who was believed to earn the trust of the lay jury and expert witnesses modelled their performance on this image.

This increased importance of the bourgeois scientist persona, as distinguished from the upper-class gentleman scholar, helps explain why the middle-class look was successful in the courtroom and the media. The middle-class lounge suit enacted a sense of sobriety that contrasted with connotations of arrogance, vanity or extravagance. This was important to forensic experts who were warned 'not to appear conceited or vain, [but] to look simple while being wise' when entering the witness box. ¹⁹⁰ Arrogance was a vice that would 'irritate the court and damn the witness'. ¹⁹¹ The secretary of pathologist Keith Simpson, Molly Lefebure, emphasised Sir Bernard Spilsbury's modesty and love for science to counter the common perception of him as an arrogant and flamboyant man. She writes,

He was reserved, modest and courteous in manner, very serious, very intent on his work. Indeed, he appeared to exist for nothing but his work. And above everything was his complete integrity [...] Despite these adulations Sir Bernard was a deeply modest man; a quiet, withheld man, withheld not in pride but in natural reticence. 192

The modest, simple, bourgeois look became important for the performance of forensic expertise at a time when forensic culture revolved around the fear of partiality. Humility connoted integrity, a love for science and civil service. It was a middle-class virtue that enacted a sense of duty and service to society, which was of pivotal importance in the British culture of trust in science. As STS scholar Sheila Jasanoff has argued, in Great Britain the public's trust in experts depended less on professional standing (as it did in the United States) or institutional affiliation (as it did in Germany) and more on 'the embodied virtue of its individual members' of research councils and their 'demonstrated record of service to society'. ¹⁹³ Therefore, in the British context, it did not make sense for experts to rely on enclothed markers

¹⁹⁰ 'The Doctor in the Law Courts', 550.

¹⁹¹ Wells, 'The Expert Witness', 190.

¹⁹² Lefebure, Evidence for the Crown, 10–11.

¹⁹³ Sheila Jasanoff, *Designs on Nature: Democracy in Europe and the United States* (Princeton: Princeton University Press, 2005) 187, 262, 266, 268.

of professionalism or institutional affiliation. Instead, expert witnesses enclothed themselves familiarly, in an outfit that denoted middle-class virtuousness and professionalism. In the medical tradition and according to the new ideals in science, their outfits illustrated that they eschewed personal gain and served justice, not themselves. ¹⁹⁴

Conclusion

The sober suit worn by forensic experts in the courtroom was an important actor in the enactment of impartiality in the modern British jury system. The middle-class lounge suit conjured up a sense of familiarity between the experts and the jury, consisting predominantly of middle-class men. It demonstrated that these experts, like the jurors, were neutral servants of the court. The relation between the sober suit and impartiality derived from a history of class that shaped the experiences of both physicians and new men of science. In the medical context, a sober suit enabled physicians and surgeons to distinguish themselves from both quacks, who were characterised by their flamboyance, and manual labourers. In the scientific world, the simple professional look signified the development of a new bourgeois scientific persona whose impartiality was safeguarded by his sobriety and sense of duty and service to society.

The literature on forensic science and medicine in the UK suggests that a modern forensic regime developed around the 1930s. Ian Burney and Neil Pemberton have argued that this modern regime developed with the establishment of the metropolitan police laboratory, team-based investigative practices, and the new protocols for the collection of trace-based evidence. In line with this finding, the analysis of experts' dress practices has illustrated that in the mid-twentieth century forensic pathologists started to value hands-on skills and the collection of evidence in the mortuary. However, my analysis also shows that in different forensic spaces – the courtroom and news media – other expert performances were in place. In the public domain specifically, experts continued to rely on the performance of a bourgeois scientist persona to win trust and credibility. It was only around the 1960s that they started to rely on self-representations in white lab coats, symbolising the team-based, anonymised, technology-driven research practices and institutional affiliations.

The occurrence of this change in forensic culture reflected a general shift in British medical and scientific life. Historian Steven Shapin argues that in the 1960s and 1970s 'heroically self-denying bodies and especially virtuous persons are being replaced as guarantees of truth in our culture, and in their stead we now have notions of "expertise" and of

¹⁹⁴ Jordanova, *Defining Features*, 95.

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the "rigorous policing" exerted on members by the institutions in which expertise lives'. ¹⁹⁵ In this line of thought, it was no longer the person of the expert who ensured impartiality but the forensic institutes, their protocols and training programmes that endorsed objectivity and won the trust of the British population.

¹⁹⁵ Steven Shapin, Never Pure: Historical Studies of Science as if it Was Produced by People with Bodies, Situated in Time, Space, Culture, and Society, and Struggling for Credibility and Authority (Baltimore, Maryland: Johns Hopkins University Press, 2010), 257.

2

'A Raging Interior Behind the Mask of Calm':

Emotion Management, Gender and the Practice of Detachment in Forensic Life-Writing in Britain, 1920-1980

'It has taken me all this time to admit that I was very deeply affected by the massacre. I did not then acknowledge to myself shock or sadness, not in any way. My colleagues, alpha males or aspiring to be, were my role models, and they would never have shown or expressed such a thing, nor allowed themselves to think it. No, in order to do this work, I had to remember the professional integrity of the forensic pathologist Professor Keith Simpson that had inspired me in my teens to pursue my training. Was shock or horror something he ever wrote about? No it was not.'

- Richard Shepherd, *Unnatural Causes* (London, 2019) 19.

Introduction

The quotation above is from the autobiography of forensic pathologist Richard Shepherd (born 1952). In his memoir, *Unnatural Causes*, he describes how he suppressed his emotional reactions in encounters with violent deaths and massacres during his career. And how a lifetime of 'bearing first-hand witness to (...) man's inhumanity to man' led him to develop Post Traumatic Stress Disorder. ¹⁹⁶ In his memoirs he explains that the environment in which he worked did not offer him the opportunity to acknowledge that he was emotionally affected by his profession. His writing illustrates that emotional detachment was and continues to be a core epistemic virtue in forensic pathology. Shepherd paints a picture of the second half of the twentieth century as a period in which emotions were repressed or absent to warrant professional integrity. He attributes this to forensic medicine being a male-dominated field influenced by the macho culture of the police. In his life-writing, he portrays himself as a pioneer who breaks with the taboo on emotions in forensic pathology by putting his own experiences in contrast with those of his role-model and predecessor in forensic pathology,

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¹⁹⁶ Richard Shepherd, *Unnatural Causes: The Life and Many Deaths of Britain's Top Forensic Pathologist* (London, 2019), 299. See also: Andrew P. Levin et al., 'Secondary Traumatic Stress, Burnout, Compassion Satisfaction, and Perceived Organizational Trauma Readiness in Forensic Science Professionals', *Journal of Forensic Sciences* 66:5 (2021), 1758–1769; Stacy A. Drake and Candace Burton, 'Trauma-Informed Approaches to Medicolegal Death Investigation: A Forensic Nursing Perspective', *Journal of Forensic Nursing* 18:2 (2022), 85–90.

Professor Keith Simpson (1907-1985), who he claims did not discuss the impact of his work on his emotional well-being in his 1978 autobiography.

While indeed forensic professionals have started to discuss their emotions more explicitly, reflectively, and frequently over the last three decades, I argue that male forensic experts working between 1920-1980 did already describe their emotion practices in their lifewriting. ¹⁹⁷ In this chapter, I analyse their display of emotions and ask how emotional performances contributed to their fashioning of an expert persona. I show that rather than hide their emotions completely from their readership, experts chose to display their professional emotion management practices in their published life-writings. To show that they embodied the core epistemic virtue of detachment, they did not simply turn off their emotions but actively controlled them. I contend that by displaying their emotional labour in their life-writings, forensic experts fashioned detached, objective scholarly personae while simultaneously contesting the image of them as callous. I identify four emotion management strategies they used: masking emotions, casting silences, separating private and professional life, and focusing on scientific excitement. I argue that these strategies were embedded in social-cultural scripts of the stiff-upper-lip, male heterosexuality, the family man, and the bourgeois gentleman scientist.

Shepherd's claim that emotions were repressed in twentieth-century forensic culture echoes broader narratives on emotions in Britain in general, and modern medicine and science in particular. It mirrors the general idea that, in modern times, and especially during and after the world wars, British men characteristically put on a stiff-upper-lip. This referred to their ability to 'put on a display of bravery and to hide one's true feelings in times of trial and suffering'. ¹⁹⁸ It also relates to the more specific historical stereotype of medical practitioners as emotionally detached and callous people. Surgeons, for example, have been imagined as hardened or dispassionate men who were unaffected by the screams of their patients as they amputated a limb before the development of anaesthetics. ¹⁹⁹ And medical scientists too have a

¹⁹⁷ See for example: Geoffrey Garrett and Andrew Nott, *Cause of Death: Memoirs of a Home Office Pathologist* (London: Constable & Robinson Ltd, 2001); Shepherd, *Unnatural Causes*; Patricia Wiltshire, *Traces: The Memoir of a Forensic Scientist and Criminal Investigator* (London: The Plaza, 2019); Derek Tremain and Pauline Tremain, *How to Solve a Murder: True Stories From a Life in Forensic Medicine* (Dublin: HarperCollins, 2021). ¹⁹⁸ Thomas Dixon, *Weeping Britannia: Portrait of a Nation in Tears* (Oxford, New York: Oxford University Press, 2015), 202.

¹⁹⁹ Lynda Payne, With Words and Knives: Learning Medical Dispassion in Early Modern England (Aldershot: Ashgate, 2007).

history of being imagined as callous, cruel, cold, and even mad in popular fiction and news media.²⁰⁰

However, these two emotional stereotypes of a stoic British culture and detachment in medicine and science have recently come under scrutiny in cultural histories of emotion, masculinity, medicine, and science. Over the last few decades, historians have shown that despite the presence of stoic and detached ideals, British men in general, and British medical practitioners and medical scientists more specifically, still were attentive to their feelings. As I shall outline below, the historiography on British emotional culture shows that putting on a stiff-upper-lip went hand in hand with a culture of introspection and management of emotions. And histories of medicine and science complicate the argument that medical and medical scientific practice was characterised by an unfeeling attitude by historicising the complex emotional practices in which surgeons, nurses, and medical practitioners were involved. ²⁰¹ To sum up, historians of emotions today argue that emotions were controlled rather than absent or repressed. I contribute to this line of argument by showing that British forensic experts who adhered to the ideal of detachment did their best not to present themselves as being devoid of feeling but as careful managers of their emotions.

Most historians in the field of emotions have recently shifted the focus from emotional norms – such as keeping a stiff-upper-lip or being detached – to the emotions that people managed. They attempt to peek behind the curtain of the stiff-upper-lip and analyse how specific emotions, such as fear, grief, or sympathy, were experienced and practised.²⁰² Less attention, however, is given to the way people practised detachment from their emotions. That is the focus of this chapter. I analyse how forensic experts controlled their emotions and fashioned a public scientific persona through this practice. By shifting the focus from the stiff-upper-lip as an ideal to a practice, I argue that there was an important difference between actively practising emotional detachment and being without feelings. This study of emotion management in forensic culture adds to the history of emotions in Britain as it gives insight into how a stiff-upper-lip was done. By doing so, it complicates the view that British emotional

²⁰⁰ Rob Boddice, *The Science of Sympathy: Morality, Evolution, and Victorian Civilization* (Urbana, Chicago, and Springfield: University of Illinois Press, 2016) 32-52.

²⁰¹ Boddice, *The Science of Sympathy*; Michael Brown, *Emotions and Surgery in Britain*, 1793–1912 (Cambridge: Cambridge University Press, 2022); Agnes Arnold-Forster, 'Racing Pulses: Gender, Professionalism and Health Care in Medical Romance Fiction', *History Workshop Journal* 91:1 (2021), 157–181; Sarah Chaney, 'Before Compassion: Sympathy, Tact and the History of the Ideal Nurse', *Medical Humanities* 47:4 (2021), 475–484.

²⁰² Lucy Noakes, 'Gender, Grief, and Bereavement in Second World War Britain', *Journal of War & Culture Studies* 8:1 (2015), 72–85; Joanna Bourke, *Fear: A Cultural History* (Emeryville: Shoemaker Hoard, 2006); Chaney, 'Before Compassion'; Martin Francis, *The Flyer: British Culture and the Royal Air Force 1939-1945* (Oxford: Oxford University Press, 2009); Boddice, *The Science of Sympathy*; Brown, *Emotions and Surgery*.

practices were characterised by introspection as it shows that forensic experts shared their emotional labour strategies but did not engage in self-reflection on all emotional aspects of their work. Introspection had its limits, as the experts were selective in the kind of emotion practices they shared with their readers. Moreover, in contrast to a trend in British society towards greater emotional self-expression after the late 1950s, the autobiographies, written between 1955 and 1978, show that in the field of forensic science and medicine, experts continued to rely on the tradition of emotional management rather than self-expression.

By studying the emotional practices of forensic experts, I complicate the historiography of forensic medicine and science in twentieth-century Britain. This history contends that from the 1930s onwards, a rational and objective forensic regime developed that depended on protocols, institutionalisation, technologies, and moved away from a forensic regime that was founded on trust in a celebrity expert persona. My analysis of emotion practices shows that the modern forensic culture of the period 1920-1980 also importantly relied on experts' embodied performances of their scholarly selves, which were embedded in contemporary gender, class, sexuality, and professional norms, and not only in bureaucratic and technical developments.

I apply Mineke Bosch's definition of scholarly persona as an 'embodied performance of scholarly or scientific identity that makes use of cultural and scientific repertoires of conduct to convince professional peers and the wider audience of the scholar's or scientist's reliability and credibility.'203 Bosch argues that to understand which scientific personae gained trust and authority historians should study both the epistemic virtues and the socio-cultural values, related to gender, class, race etc. on which they were built. As I explain in more detail below, I use Monique Scheer's conceptualisation of emotions as (bodily) practices to show that forensic experts embodied habituated behaviour that was embedded in gender, sexuality, national, and professional patterns.

Methodology: emotions as practices in advice literature and life writing

Theoretically, I draw on the work of Monique Scheer who approaches emotions as practices and Arlie Hochschild who uses the concept of emotional labour. Scheer uses Bourdieu's concept of habitus to argue that emotions are forms of learned behaviour, embedded in patterns of the communities (class, gender, profession, ethnicity, religion, etc.) to which a person

²⁰³ Mineke Bosch, 'Scholarly Personae and Twentieth-Century Historians: Explorations of a Concept', *BMGN* - *Low Countries Historical Review* 131:4 (2016), 33-54, 35.

belongs, that people have incorporated. Emotions seem natural, however, because emotional behaviour becomes automatic for people as they repeat and embody it.²⁰⁴ Important in Scheer's conceptualisation of emotions is that they are bodily practices, in the sense that 'the imparting of the desired emotional response involves imparting the requisite bodily disposition'.²⁰⁵ The use of this habitus-inspired concept of emotions as practices works particularly well for studying emotions of British forensic experts. That is because Bourdieu applied his concept of habitus to his study of a bourgeois group that valued 'self-control'. As I argue in chapter 1, forensic experts in the period 1920-1960 enacted impartiality by embodying a bourgeois persona in their public performances, inter alia by wearing a dark-coloured lounge suit. As other historians have argued, this suit denoted self-control and the holding back of personal feelings.²⁰⁶ As I will argue in this chapter, the practice of self-control was also an important marker of forensic expert's emotional practices.

I contend that for forensic experts controlling their emotions was a form of emotional labour. This concept, first introduced by sociologist Arlie Hochschild, is used to refer to labour that 'requires one to induce or suppress feeling to sustain the outward countenance that produces the proper state of mind in others.' Hochschild explains that emotional labour not only requires people to display the appropriate emotions but also to manage their emotions on the level of experience and conjure up the feeling that the situation requires of them. This is important for example for employees who 'face a real chance of experiencing pain or loss of their own'. Sociological studies show that this concerns medical and judicial occupations that require employees to engage in emotional labour. I argue that this also applies to the work of forensic experts.

While the emotional labour of forensic experts has not been studied yet, the research of Joanna Bourke does show that forensic experts occupy a profession with a real chance of

²⁰⁴ Monique Scheer, 'Are Emotions a Kind of Practice (and Is That What Makes Them Have a History)? A Bourdieuian Approach to Understanding Emotion', *History and Theory* 51:2 (2012), 193–220, 202.

²⁰⁵ Scheer, 'Are Emotions a Kind of Practice', 216.

²⁰⁶ Martin Francis, 'The Labour Party: Modernisation and the Politics of Restraint', in: Becky Conekin, Frank Mort, and Chris Waters, eds., *Moments of Modernity: Reconstructing Britain 1945-1964* (London, New York: Rivers Oram Press, 1999), 152–70, 164; Ruth Rubinstein, *Dress Codes: Meanings and Messages in American Culture* (Boulder: Routledge, 1995), 57-58.

²⁰⁷ Arlie Russell Hochschild, *The Managed Heart: Commercialization of Human Feeling* (Los Angeles and London: University of California Press, 2012), 20.

²⁰⁸ Hochschild, *The Managed Heart*, x.

²⁰⁹ Stina Bergman Blix and Åsa Wettergren, *Professional Emotions in Court: A Sociological Perspective* (London: Routledge, 2018); Marci D. Cottingham, Austin H. Johnson, and Rebecca J. Erickson, "I Can Never Be Too Comfortable": Race, Gender, and Emotion at the Hospital Bedside', *Qualitative Health Research* 28:1 (2018), 145–158.

experiencing pain.²¹⁰ Her study of rape examinations shows that police surgeons were emotionally affected by their encounters with victims. She applies phenomenological theory to explain that 'by witnessing and examining the appropriated and wounded body of a victim of sexual violence, the police physician also "hurts".'²¹¹ She suggests that police surgeons adopt coping mechanisms, especially a cool professional attitude to cope with this kind of wounding. She emphasises the need for historians of forensic medicine 'to interrogate more fundamental processes associated with bodily interactions, emotion and language'.²¹² This chapter aims to answer this call. Bourke's own research primarily explains the role of emotions on forensic examinations from a theoretical standpoint. I contribute to this work with the present empirical study of twentieth-century source material that offers insight into the emotions that forensic experts in the broadest sense – not only rape examiners – experienced, which situations triggered them, and the coping mechanisms they used to manage them. I ask: did they detach themselves from all their emotions, or specific ones? And if so, how did they accomplish this?

I study forensic scientists and doctors' advice literature and life-writings to analyse how they practised emotional detachment. In advice columns in scientific and medical journals that appeared between 1920-1980, forensic experts educated their peers on how to behave emotionally when they appeared in the courtroom. The authors often reflected on their own emotional journey, illustrating how they came to embody a new emotional practice once they had become more experienced. These texts therefore offer insight into the learned emotional practices of expert witnesses.

As these texts limit their advice to emotional practices in the courtroom and do not reflect on emotional practices in examination spaces, I extend my view to forensic experts' life-writing, i.e., records of their experiences and reflections on their interior lives.²¹³ I focus predominantly on five autobiographies written between 1955 and 1978 by forensic experts. These autobiographies were selected because they offer both detailed accounts of day-to-day

²¹⁰ Historians of crime have focused mostly on the emotions of defendants, perpetrators, and lawyers. Daniel J. R. Grey, "Agonised Weeping": Representing Femininity, Emotion and Infanticide in Edwardian Newspapers', *Media History* 21:4 (2015), 468–80; Katie Barclay, *Men on Trial: Performing Emotion, Embodiment, and Identity in Ireland, 1800-45* (Manchester: Manchester University Press, 2019). Mark Seymour, 'Emotional Arenas: From Provincial Circus to National Courtroom in Late Nineteenth-Century Italy', *Rethinking History* 16:2 (2012), 177–197

²¹¹ Joanna Bourke, 'Police Surgeons and Victims of Rape: Cultures of Harm and Care', *Social History of Medicine* 31:4 (2018), 711-731, 730; See also: Joanna Bourke, 'Forensic Sense: Sexual Violence, Medical Professionals and the Senses', in Rob Boddice and Bettina Hitzer, eds., *Feeling Dis-Ease in Modern History: Experiencing Medicine and Illness* (London: Bloomsbury Collections, 2022), 157–73.

²¹² Joanna Bourke, 'Police Surgeons and Victims of Rape', 713.

²¹³ Jeremy D. Popkin, 'History, Historians, and Autobiography Revisited', *A/b: Auto/Biography Studies* 32:3 (2017), 693-698, 695; Ricia Anne Chansky, 'General Introduction', in Ricia Anne Chansky and Emily Hipchen, eds., *The Routledge Auto/Biography Studies Reader* (London, New York: Routledge, 2016), xx-xxii, xxi.

forensic examination practices and personal reflections on them. This sets them apart from other forensic memoirs that are designed as factual summaries of high-profile criminal cases that fascinate the author. ²¹⁴ These published life-writings offer a rich source regarding the way experts performed their identity. Since the post-structuralist turn, autobiographies and other forms of life-writing are no longer considered true accounts of events but rather 'act[s] of identity formation in the face of a particular audience and in relation to a specific context.' ²¹⁵ Moreover, historians of emotion have illustrated that historical actors shape their sense of self in their life-writing in emotional terms, both for their readership and for themselves as writing itself was a reflective practice. ²¹⁶ This signalled that the autobiography was both a public and a semi-intimate space.

The selected autobiographies were written by influential figures in the field of forensic medicine and science: Sydney Smith, John Glaister Jr., Keith Simpson, Hamish Walls, and Molly Lefebure. Sydney Smith (1883-1969) was born in New Zealand to English parents and studied medicine in Edinburgh in the early twentieth century. Before he was appointed as professor of forensic medicine at the University of Edinburgh in 1928, he had an international career as a medical officer of health in New Zealand and principal medical-legal expert of the Egyptian government service. From 1931 until 1953 he served as the dean of the Faculty of Medicine, and from 1954 to 1957, he was the Rector of the University of Edinburgh. John Glaister Jr. (1892-1971) was born in Scotland and followed his father in medical-legal practice. He was a pathologist, serologist, and expert on hairs and fibres. Between 1928 and 1931 he was chair of Forensic Medicine at the University of Cairo, Egypt. After that, he became a professor of Forensic Medicine at the University of Glasgow until 1962. Keith Simpson (1907-1985), born in the south of England, was a forensic pathologist. He became senior staff teacher in the pathology department of Guy's Hospital in 1932 and medico-legal adviser to the Surrey Constabulary in 1937. In 1962 he was appointed as the first professor of forensic

²¹⁴ Such as: Charles Ainsowrth Mitchel, *The Expert Witness* (Cambridge: Heffer's, 1923); Francis E. Camps, *Camps on Crime* (Newton Abbot: David and Charles, 1973).

²¹⁵ Mineke Bosch, 'Persona and the Performance of Identity: Parallel Developments in the Biographical Historiography of Science and Gender, and the Related Uses of Self Narrative', *L'Homme: Zeitschrift Für Feministische Geschichtswissenschaft* 24: 2 (2013), 11–22, 20–21; Alison Adam, *A History of Forensic Science: British Beginnings in the Twentieth Century* (Abingdon, Oxon, New York: Routledge, 2015), 169.

²¹⁶ Lucy Noakes, 'Communities of Feeling: Fear, Death, and Grief in the Writing of British Servicemen in the Second World War', in Claire Langhamer, Lucy Noakes, and Claudia Siebrecht, eds., *Total War: An Emotional History*, ed. (Oxford: Oxford University Press, 2020), 116–136, 117, 118 and 121.

²¹⁷ Francis E. Camps, 'Sir Sydney Alfred Smith', in *Oxford Dictionary of National Biography* (Oxford, 2004), 321-322.

University of Glasgow, 'Biography of John Glaister Jnr' (28th Sep 2010) https://www.universitystory.gla.ac.uk/biography/?id=WH2068&type=P (accessed 12 August 2021).

medicine at the University of London.²¹⁹ Hamish Walls (1907-1988) was a forensic scientist who specialised in spectroscopy.²²⁰ In 1936, he joined the Metropolitan Police Laboratory in London as a physical chemist. He became its director from 1964-1968 and the president of the British Academy of Forensic Sciences in 1965.²²¹ Molly Lefebure (1919-2013), born in London, was the first English forensic secretary and worked for Keith Simpson between 1940 and 1945. She had been working as a journalist and took the job because she was fascinated by crime. She ended her career in the mortuary to get married and raise her family, but after some years she pursued her career as a writer.²²²

Excepting Lefebure's memoirs, the autobiographies of forensic experts were likely cowritten by ghost-writers.²²³ It is impossible to determine how much these writers influenced the experts. However, even if the ghost-writers might have impacted the *language* used to describe emotional labour, it is unlikely that the experts allowed the ghost-writers a lot of creative freedom when it came to describing their emotional *practices*, especially considering that emotional detachment was an important epistemic virtue in forensic medicine and science.

I chose to include the memoirs of Lefebure because, in line with historians of British masculinity, I contend that male and female experiences were interrelated and make sense in relation to one another.²²⁴ Therefore, even though Lefebure was not a forensic expert, her story about her role as a woman in the forensic research team offers insight into the impact gender had on the emotion practices of forensic experts. Before I delve into this analysis, I will first sketch the emotional contexts in which they operated.

Historiography: stoicism, masculinity, and detachment

The historiography on British emotional culture shows that during the interwar years, stoicism had 'become one of the predominant means by which Britishness was represented, shared, and understood'. War had left its imprint on British emotional culture and during the imperialist campaigns and the world wars, rigid emotional control or keeping a stiff-upper-lip in public

²¹⁹ Keith Simpson, Forty Years of Murder: An Autobiography (London: Panther, 1978).

²²⁰ H. J. Walls, *Expert Witness: My Thirty Years in Forensic Science* (London: Random House UK, 1972); Adam, *A History of Forensic Science*, 39–40.

²²¹ 'Obituary: Dr Henry James Walls', Medicine, Science and Law 3:29 (1989), 270.

Molly Lefebure, Evidence for the Crown: Experiences of a Pathologist's Secretary (London, Melbourne, Toronto, 1955).

²²³ This was at least the case for the autobiographies of Glaister and Smith. See: Adam, *History of Forensic Science*, 170; Duvall, 'Forensic Medicine in Scotland'.

²²⁴ Francis, *The Flyer*, 5; John Tosh, 'What Should Historians Do with Masculinity? Reflections on Nineteenth-Century Britain', *History Workshop Journal* 38 (1994), 179–202.

²²⁵ Noakes, 'Communities of Feeling', 121.

increasingly became a British attribute. ²²⁶ According to historian Thomas Dixon, the age of the stiff-upper-lip ran 'roughly from the death of Charles Dickens in 1870 to the death of Winston Churchill in 1965, and [was] at its zenith during the First and Second World Wars. ²²⁷ During the imperial period and the world wars, men were characterised by their stoicism, in contrast to earlier models of masculinity that were based on religious and literary sensibilities. It was a nationalistic and gendered image: in contrast to 'savages', the Irish, the French, women, and children, 'Englishmen rarely cried.' Though women were generally considered more emotional than men, during the world wars women on the home front were called upon to restrain their emotional display as well. ²²⁹

Over the last few years, historians have shown the complexity of this culture of stoicism by shifting the focus from this emotional norm to people's emotional experiences and practices. Historians of war have argued that the meaning of the stiff-upper-lip changed during the twentieth century, as warfare and new insights in psychology resulting from research on war experiences altered people's understanding of fear. No longer was it believed that men could stoically repress fear by character and strenuous activity. ²³⁰ Instead, fear became seen as a widely shared emotion that needed to be managed. ²³¹ Historian Michael Roper, for example, argues that while the stoic ideal was a dominant social code during the First World War, postwar personal memoirs of veterans show that the middle-class ideal of self-control and manliness became questioned and supplemented by an identity of 'masculinity' that encouraged self-reflection on emotional conduct. ²³²

The argument that a culture of putting on a stiff-upper-lip went hand in hand with introspection of emotions is also supported by historians who have studied British society after the Second World War. They show that in general, citizens were increasingly psychologised and 'between the 1930s and 1960s (...) psychoanalysis actually attained a significant social role in the specific historical making of a desired, functioning, "healthy" democratic individual self.' A transition to peace and political and social stability was believed to rest on the ability

²²⁶ Hera Cook, 'From Controlling Emotion to Expressing Feelings in Mid-Twentieth-Century England', *Journal of Social History* 47:3 (2014), 627–646.

²²⁷ Dixon, Weeping Britannia, 4.

²²⁸ Ibid., 197-200.

²²⁹ Ibid., 244; Noakes, 'Gender, Grief, and Bereavement', 72–85.

²³⁰ Francis, *The Flyer*, 126–127.

²³¹ Ibid.; Noakes, 'Communities of Feeling'; Langhamer, Noakes, and Siebrecht, 'Introduction', 18.

²³² Michael Roper, 'Between Manliness and Masculinity: The "War Generation" and the Psychology of Fear in Britain, 1914–1950", *Journal of British Studies* 44: 2 (2005), 343–362.

²³³ Michal Shapira, War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain (New York: Cambridge University Press, 2013), 7 and 11; see also: Claire Langhamer, "The Live

of individuals to manage their own and their family members' emotions.²³⁴ Moreover, studies of men who worked in the public space, such as civil servants, ministers and managers, show that while they tried to appear detached and free from personal sentiment in their public role – in other words, put on a stiff-upper-lip –, they struggled internally to accomplish it.²³⁵ In short, most historians agree that living in a stiff-upper-lipped emotional culture did not mean that people were devoid of emotions, but that they had to become emotionally literate to control what happened 'inside'. This changed in the late 1950s and 1960s, when a greater tolerance of the expression of feelings developed under the influence of psychoanalysis, the British tabloid press, pop-music, second-wave feminism, and consumer culture.²³⁶

It is interesting to note that several historians of masculinity and emotions have argued that in the public space, men detached themselves from their emotions in the scientific manner of the disembodied expert, while historians of science now argue that scientists were embodied and emotional actors.²³⁷ The ideal of the disembodied and emotionally detached scientists stems from the nineteenth-century scientific virtue of objectivity. Daston and Galison, in their study on objectivity, link the emergence of mechanical objectivity to the development of an actively willed passive and disinterested scientific self. They explain that faith in 'passive' knowledge development through the practice of self-restraint on the part of the researcher and by the use of instruments.²³⁸ Historians of science have shown that this ideal led scientists to 'switch emotional gears' while at work, either by disregarding the impact of their inner and private life on their scientific endeavours and by engaging in scientific practices, such as keeping notebooks, designed to 'eliminate "subjective" influences', or by operating in their own moral economy with their own emotional sensibilities. ²³⁹ The latter view is held by

Dynamic Whole of Feeling and Behavior": Capital Punishment and the Politics of Emotion, 1945–1957', *Journal of British Studies* 51:2 (2012), 416-441, 430.

²³⁴ Claire Langhamer, 'Feelings, Women and Work in the Long 1950s', *Women's History Review* 26:1 (2017), 77-92; Francis, 'Tears, Tantrums, and Bared Teeth', 360–361; Claire Langhamer, "'Astray in a Dark Forest"? The Emotional Politics of Reconstruction Britain', in Claire Langhamer, Lucy Noakes, and Claudia Siebrecht, eds., *Total War: An Emotional History*, ed. (Oxford: Oxford University Press, 2020), 137-157, 142.

²³⁵ Francis, 'Tears, Tantrums, and Bared Teeth'; Michael Roper, 'Masculinity and the Biographical Meanings of Management Theory: Lyndall Urwick and the Making of Scientific Management in Inter-war Britain', *Gender, Work and Organization* 8:2 (2001), 182–204.

²³⁶ Cook, 'From Controlling Emotion to Expressing Feelings'; Lucy Delap, 'Feminism, Masculinities and Emotional Politics in Late Twentieth Century Britain', *Cultural and Social History* 15:4 (2018), 571–593. Frank Mort, 'Social and Symbolic Fathers and Sons in Postwar Britain', *Journal of British Studies* 38:3 (1999), 353–84; Francis, 'Tears, Tantrums, and Bared Teeth'.

²³⁷ Roper, 'Masculinity and the Biographical Meanings of Management Theory', 190; Mort, 'Social and Symbolic Fathers and Sons', 368.

²³⁸ Lorraine Daston and Peter Galison, *Objectivity* (New Jersey: The MIT Press, 2010), 21 and 121.

²³⁹ Nicholas Russell, 'Towards a History of Biology in the Twentieth Century: Directed Autobiographies as Historical Sources', *The British Journal for the History of Science* 21:1 (1988), 77–89; Paul White, 'Darwin's

historian Rob Boddice who explains that late nineteenth-century scientists could objectively engage in the act of vivisection, for example, because they considered it not as cruel but as an act of sympathy because it contributed to the alleviation of a great social suffering. ²⁴⁰ However, some historians point out that the virtue of objectivity embodied as the repression of emotions was not the only script available to scholarly personae in Europe, as the two were not always considered to be mutually exclusive. ²⁴¹

A similar historiographical debate, though often not explicitly linked to the previous ones, runs through the social histories of medicine. Historians have focused on the question of whether doctors, surgeons and medical scientists were detached or not, and if so in which period they distanced themselves from their feelings. Whereas progressivist histories of surgery argue that surgeons who practised before pain relief was invented were emotionless practitioners who had hardened themselves to work in the face of the pain and anxiety of their patients, historians of social medicine and emotion argue that this was a powerful stereotype of surgeons who in practice were 'men of feeling' who valued sensibility, sentiment and sympathy. ²⁴² According to some, it was the scientific approach to medicine, with its focus on objective diagnosis that gained importance in the late nineteenth century, which required doctors to detach themselves from the emotional involvement with their patients in the twentieth century. ²⁴³ Objective diagnosis demanded scientists to repress their passions, as 'men's feelings or emotions [were believed to] corrupt their sense of truth. ²⁴⁴ As medical personae started to fashion an identity around a scientific and anatomy-based approach to medicine the opportunities for medical men to display their sadness, fears, and uncertainties

Emotions: The Scientific Self and the Sentiment of Objectivity', *Isis* 100 (2009), 811–826, 825; Boddice, *The Science of Sympathy*, 58.

²⁴⁰ Ibid.

²⁴¹ Herman Paul, 'The Whole Man: A Masculine Persona in German Historical Studies', in Kirsti Niskanen and Michael J. Barany, eds., *Gender, Embodiment and the History of the Scholarly Persona: Incarnations and Contestations* (Cham: Palgrave Macmillan, 2021), 261-286.

²⁴² For progressive history on surgery see: Payne, *With Words and Knives*. For social histories on medicine see: Christopher Lawrence, 'Medical Minds, Surgical Bodies: Corporeality and the Doctors', in Christopher Lawrence and Steven Shapin, eds., *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago, London: University of Chicago Press, 1998) 156-201; Brown, *Emotions and Surgery*.

²⁴³ Jodi Halpern, *From Detached Concern to Empathy: Humanizing Medical Practice* (Oxford: Oxford University Press, 2001), 17, 20; Joanna Bourke, 'Pain, Sympathy and the Medical Encounter Between the Mid Eighteenth and the Mid Twentieth Centuries', *Historical Research: The Bulletin of the Institute of Historical Research* 85:229 (2012), 446–447; Samuel J. M. M. Alberti, *Morbid Curiosities: Medical Museums in Nineteenth-Century Britain* (Oxford, New York: Oxford University Press, 2011), 108.

²⁴⁴ Paul, 'The Whole Man', 269; Léjon Saarloos, 'The Scholarly Self under Threat: Language of Vice in British Scholarship (1870 – 1910)' (PhD thesis, Universiteit Leiden, 2021), 45.

were significantly limited.²⁴⁵ Historian Michael Brown argues that in British surgery this meant that

during the course of the later nineteenth century, the emotional identity of the British surgeon shifted from that of the man of feeling, fighting to save his individual patient from an unseen and largely unknowable enemy, to that of a heroic miracle worker whose achievements were emblematic of the triumphs of techno scientific modernity.²⁴⁶

Brown shows that the scientific surgeon presented himself as a rational man, who detached himself from emotional interactions with his patients. This persona was highly gendered, as women were considered too emotional to be able to practice objectivity, and middle-class femininity was deemed incompatible with the emotion practices of the dissection room. Instead, women were linked to domesticity and the private sphere where emotions should be contained.²⁴⁷ However, this view is also contested by historians who argue that even though the stereotypical image of the hard, detached surgeon was utilised, it was also re-fashioned and criticised within medical ranks, medical fiction, and in popular press.²⁴⁸

The historiography of emotion culture in Britain and the role of emotions in scientific and medical practices raises the question how forensic experts, who operated in the space of the scientific laboratory, had a medical education, and lived in a society characterised by a culture of the stiff-upper-lip, managed their emotions between 1920 and 1980. This period is characterised by historians of forensic medicine and science as a time in which an objective forensic regime developed. But did this mean that experts detached themselves from their emotions? And if so, how? They wrote their life-writing, in a period that is typified by historians of emotions in Britain as a time in which the emotional culture shifted from one of emotional control to emotional expression. How did forensic experts relate to these emotional scripts? Did they express their feelings? Or did they engage in self-reflection to understand and control them? I argue that forensic experts sought to embody the ideals of stoicism and

²⁴⁵ Brown, Emotions and Surgery in Britain, 17–20; Alberti, Morbid Curiosities, 446–47; Halpern, From Detached Concern to Empathy, 17.

²⁴⁶ Brown, *Emotions and Surgery*, 257.

²⁴⁷ Heini Hakosalo, 'Cut Out for Medicine: Anatomical Studies and Medical Personae in Fin-de-Siècle Finland', in Kirsti Niskanen and Michael J. Barany, eds., *Gender, Embodiment, and the History of the Scholarly Persona: Incarnations and Contestations* (Cham: Palgrave Macmillan, 2021) 149-180; Paul, 'The Whole Man'.

²⁴⁸ Agnes Arnold-Forster, 'Racing Pulses: Gender, Professionalism and Health Care in Medical Romance Fiction', *History Workshop Journal* 91:1 (2021), 157–81; Graham Matthews, 'Clinical Empathy and the Ethics of 'Detached Concern' in Mid-Twentieth-Century British Literature', *Literature and Medicine* 38:1 (2020), 113–140.

detachment but simultaneously wanted to debunk the stereotypical image of them as callous scientists. They achieved this by publicly displaying their emotion management practices; by sharing how they *did* detachment, they appeared both as objective researchers and feeling men.

The virtue of detachment

In autobiographies published between 1959, the publication date of the first British forensic autobiography written by Sydney Smith, and 1978, when Keith Simpson published his memoirs, emotions were rarely discussed explicitly. When they were, the authors emphasised the value of detachment. For example, in 1973 forensic pathologist Francis Camps wrote that the 'fundamental philosophy of investigation' had not changed since 1935 and could be 'summed up in three phrases: hard work, attention to detail, and lack of emotional involvement.' Glaister, in his 1964 autobiography, concurred that the work required 'an impersonal approach to duty.' 250

At first sight, the autobiographies confirm the suggestion in the historiography of clinical medicine and surgery that mid-twentieth century medical practitioners *were* 'detached' from their emotions. Forensic pathologist Sydney Smith suggested that he could practice detachment simply by choosing the right medical specialisation. In his 1959 autobiography, he wrote that he was not able to detach himself from emotions when he was in general practice. He reflected that 'I am afraid that I worried too much about patients, and felt aggrieved when they did not respond to treatment'.²⁵¹ In contrast, when describing his subsequent career in forensic medicine in the rest of the book, he does so without much reference to emotions. Similarly, forensic pathologist Keith Simpson described, in 1978, that he did not feel 'emotional disturbance when [he] performed post-mortems' but 'felt ... more disturbed at ... [a] tragic sight in a living creature than by a dead body.'²⁵²

Nevertheless, a close reading of their memoirs illustrates that these experts were not simply detached but *practised* detachment, i.e. *did* detachment by applying different emotion management techniques. There were several occasions in which their work with the deceased conjured up emotions such as sadness, horror, or anxiety. Experts managed these feelings by masking them, casting silences, focusing on positive emotions the job induced, and separating private and professional life.

²⁴⁹ Francis E. Camps, *Camps on Crime* (Newton Abbot, 1973), 13.

²⁵⁰ Glaister, Final Diagnosis, 84.

²⁵¹ Sydney Smith, *Mostly Murder* (Guildford: George G. Harrapp &Co ltd., 1959), 27.

²⁵² Simpson, Forty Years of Murder, 163.

Masking bodily and facial expressions in court

Detachment was enacted on the level of public bodily display by most forensic experts. This meant that while they admitted that they experienced a specific emotion they masked its facial or bodily expression. Hochschild calls this surface acting, which she defines as cases 'when we deceive others about how we really feel, but we do not deceive ourselves.' Experts admitted to using this type of emotion management on several occasions, but advice literature written by forensic experts in medical and scientific journals shows that they predominantly applied this technique in the courtroom; a space to which they assigned many emotions. There they embodied the middle-class virtue of self-restraint that had come to shape British emotional culture during the interwar years.

Contrary to how experts wrote about their emotions in general, they chose to describe their courtroom experiences in explicit emotional terms throughout the whole research period. As historians of crime have argued, the courtroom was an emotional space for defendants, victims, and witnesses of crime; both because it conjured up interior emotions and because their emotional performances were judged.²⁵⁴ I argue that this also applied to expert witnesses. In forensic journals and handbooks, experts wrote about their anxiety about cross-examination, anger towards the lawyers who questioned their capabilities and fear of being humiliated. For example, at the annual diner of the medico-legal society, Dr R.A. Young seized the opportunity to address the lawyers in the room about 'that awful form of vivisection called cross-examination', which had caused him to pass 'many a sleepless night.'²⁵⁵ Other medical and scientific experts described their experiences with a similar sentiment by referring to their 'natural and rooted aversion' for the law courts, 'fear of being treated with discourtesy', and the 'gruelling and potentially humiliating experience' of serving as an expert witness. ²⁵⁶ One doctor described the experience of being called as an expert witness in highly emotional terms in *The Lancet* in 1943:

Few occasions upset the medical man's day so effectively as having to appear as an expert witness in the County Court. There is an atmosphere of hushed

²⁵³ Hochschild, Managed Heart, 36.

²⁵⁴ Victoria Bates, "'Under Cross-Examination She Fainted": Sexual Crime and Swooning in the Victorian Courtroom', *Journal of Victorian Culture* 21:4 (2016), 456–70; Grey, "Agonised Weeping"; Barclay, *Men on Trial*; Seymour, 'Emotional Arenas'.

²⁵⁵ 'Annual Dinner', Transactions of the Medico-Legal Society 39 (1931-1930), 39-55, 42.

²⁵⁶ 'Joint Discussion Between the Medico-Legal Society and the West London Medico-Chirurgical Society', *Transactions of the Medico-Legal Society* 102 (1930), 102-126, 103; Jonathan Sinclair Carey, 'Called as an Expert Witness', *British Medical Journal* 293:6562 (1986), 1658-1659, 1658.

expectancy as he pushes open the resisting swing-door of the courtroom. All eyes are upon him, to his embarrassment, as the door closes abruptly behind, almost precipitating him down the few steps towards the wooden "Seats for Witnesses." (...) Seated, the doctor has time to pull his wits together in anticipation of the ordeal in the witness-box. Three black-gowned figures, for all the world like crows, flap through the swing-door, (...). A fourth enters with nonchalant air: apparently a personage of some importance, a barrister wearing a frizzed tie-wig, conscious of his own dignity, though his hands are deep in his breeches' pockets. (...) A medical witness feels that he is no sooner in the box than he is out of it; he loses all sense of time; he is thankful to be "released" by the judge, then to hurry out of the rather oppressive air of the court-room into the airy traffic of the street. What he has said, he cannot remember: but he likes to recall his paucity of words and cautious replies; how he contented himself by answering yes or no, only qualifying his reply if asked to explain, not being too eager to reduce a technical answer into popular terms in case he might tie himself in a knot!²⁵⁷

To this author, the courtroom was a place that upset and embarrassed him. He described his emotional practices in experiential and bodily terms; he loses sense of time, finds the air oppressive, becomes forgetful and experiences relief when it is over. He contrasted his own uncomfortable feeling of having 'all eyes on him' and being startled by the closing of the doors behind him with the way the lawyers inhabit the room. They move smoothly, seem nonchalant and are conscious of their own dignity. It illustrates that expert witnesses felt 'out of place' in the courtroom.

I contend that this feeling of displacement was the reason why forensic experts were particularly attentive to their emotions and their bodily manifestations when it concerned courtroom experiences. As phenomenologist Sara Ahmed remarks; 'bodies stand out when they are out of place.' Forensic experts seemed to be more explicit and frequent in describing their embodied emotions when they were conjured up by the alienating space of the courtroom than they were in reflecting on emotions that were experienced in scientific or medical spaces

²⁵⁷ 'In England Now: A Running Commentary by Peripatetic Correspondents', *The Lancet*, 27 February 1943, 280.

²⁵⁸ Sara Ahmed, 'A Phenomenology of Whiteness', *Feminist Theory* 8:2 (2007), 149-168, 159; See also: Sara Ahmed, *Queer Phenomenology: Orientations, Objects, Others* (Durham: Duke University Press, 2006).

such as the mortuary, laboratory, or crime scene. Indeed, in forensic journals or textbooks, authors rarely described their experiences in emotional terms. They could assign their emotions to the separate space of the courtroom, however, because their experience of feelings in this place did not interfere with their practice of *scientific* detachment; the emotions they experienced had nothing to do with the case but with stage-fright. Moreover, by pointing to lawyers as the cause of their emotional experiences, doctors contrasted the professional persona of the 'discourteous', 'clever', and 'nonchalant' lawyer, with that of the 'simple and honest' doctor.²⁵⁹

Yet, while experts admitted to these emotions in scientific literature where they only addressed their peers, they warned each other never to let these emotions show in the public space of the courtroom where they would encounter legal actors and members of the public. 'Keep your temper' seemed to have been the most issued piece of advice for expert witnesses. On the topic of cross-examination, the *British Medical Journal* advised their readers that the expert witness 'must accept the ordeal and on no account allow himself to show irritation, even in the smallest degree.' Detachment, practised as self-possession and emotional reticence, was considered an important virtue in the witness box. Simpson, for example, warned his readers that 'the habit of answering "I did" or "it was not" instead of "yes" and "no" is stilted and tends to give the impression of testiness.' ²⁶¹ This was to be avoided. An expert witness had to embody the bourgeois virtue of self-control and retain his emotions.

It is important to note that this advice was influenced by gender norms. Forensic scientist Ann Priston of the Metropolitan Police Forensic Science Laboratory wrote a guide to the English legal system for forensic scientists in 1985, in which she noted that a recent survey in the USA found that while both male and female experts were expected to look intelligent, calm, confident, professional, and serious, a woman expert witness, 'unlike her male counterpart, ... is allowed to be a little nervous.' This remark illustrates that the stereotypical image of women as more emotional than men and the bourgeois masculine ideal of self-restraint impacted the performance of expertise. As I will show in chapter 3, the expectation that female experts had less control over their emotions could damage their authority, as some legal actors believed that women as experts were more emotionally involved and therefore less objective forensic knowledge-makers.

²⁵⁹ 'Annual Dinner', 42.

²⁶⁰ 'The Duties of the Medical Witness IV', British Medical Journal 3823 (14 April 1934), 692.

²⁶¹ Keith Simpson, Forensic Medicine (London, 1947), 212.

²⁶² Ann Priston, 'A Forensic Scientist's Guide to the English Legal System, Part 3: Evidence', *Forensic Science Society* 6:25 (1985), 415-424, at 420.

While the need to contain emotions in court was a widely discussed topic in forensic journals and handbooks, in their autobiographies forensic experts rarely described experiences of this commonly experienced courtroom anxiety or anger. Instead, when addressing a lay audience, experts presented themselves as being above such emotions. Simpson even claimed that he 'always enjoyed the drama of an Assize trial: a duel with the lawyers, the tensing of intellects in a cross-examination on the medical and scientific aspects of the case, with opposing counsel coached by one of one's colleagues (...) to probe the weakness and strength of one's case.' And Hamish Walls, director of the Metropolitan Police Laboratory, described in his memoirs, published in 1972, that a successful expert witness was someone who could manage his emotions and see through the attempts of the counsel to question the value of his evidence. As STS scholar Alison Adam has noted, Walls represented himself as the 'master of the art of "witnessboxmanship" in his autobiography. Walls emphasised his mastery by including in his book an example of what not to do. He recalled when another expert

witness made the fatal mistake of letting it be seen that he was thrown off balance by being unable to answer the question (...) he ought of course to have met the question with an astonished stare and replied calmly: "I haven't the slightest idea. I don't try to remember such figures, which I look up when I need them." ²⁶⁵

For a seasoned expert witness such as Walls, it was self-evident that he should read the body language of the lawyer, mask his emotions of uncertainty or being uncomfortable, and purposely display a restrained calm. However, for other scientists and doctors, who were not habituated to court appearances, this was more difficult. By contrasting this example with other anecdotes that displayed his own ability not to be thrown off guard during cross-examination, Walls portrayed himself as an experienced expert witness who embodied this emotional practice.

This was a common performative strategy experts used to display their own level of experience and authority. For example, an author of the *British Medical Journal* who wrote an advice column on courtroom performances stated in 1934 that 'the doctor who is not used to the witness-box will probably be so frightened that as soon as his name is called he will forget

²⁶³ Simpson, Forensic Medicine, 15.

²⁶⁴ Adam, History of Forensic Science, 42.

²⁶⁵ Walls, Expert Witness, 189.

any advice he may have memorised.'²⁶⁶ In a similar vein, in 1988 Professor David Gee, President of the British Association of Forensic Medicine, in an article on courtroom training, claimed that '[w]hen we first go to court, unless we are very insensitive, or drunk, we are terrified. I know I was.'²⁶⁷ Through these remarks, the authors did more than merely share their past emotional experiences: by assigning courtroom stage fright to lack of training and experience they legitimised their position as advisors. These advisors suggested that through practice they had become able to detach themselves and suggested that they could teach their readers to do the same. As Gee put it: '[p]ractice enabled me, apparently, to look calm and confident in the box, so that lawyers would think I was totally in control and knew what I was talking about.'²⁶⁸ To use Scheer's concept, these experts displayed that emotional restraint had become their emotional habitus.

Authors assigned their emotions to a space outside their realm of influence, the courtroom. In this way, forensic experts fashioned an expert persona that was restrained, calm, self-possessed and simple, in contrast to the sly lawyer who badgered them in the witness box. Forensic experts did their best to appear in command of their emotions in their public performances as expert witnesses in court and they advised their less experienced colleagues to do the same. This type of advice literature that aimed to educate expert witnesses in the retention of public expressions of emotions fits in a broader British emotional culture in which 'a body of advice literature, popular psychology, and voluntary organisations acted to energetically police the public expression of emotion, equating an emotional reticence with both mental and psychical health, and with social acceptability and good citizenship.'269 By showing their skill in masking emotions, experts conformed to the British, bourgeois ideal of public stiff-upper-lip and displayed that attaining this ideal required them to engage in emotional labour. In doing so, they emphasised that masking emotions was not self-evident but a marker of experience; it was something that had to become part of an expert witness' habitus. The next section will show that experts, in addition to explicitly sharing how they physically masked their emotions by controlling their bodies, i.e., facial expressions and voice, also displayed emotion management in their life-writing by casting silences on emotional circumstances.

²⁶⁶ 'The Duties of the Medical Witness III', British Medical Journal 3821 (1934), 601.

²⁶⁷ David Gee, 'Training the Expert Witness', Medicine, Science and the Law 28:2 (1988), 93-97, 96.

²⁶⁸ Ibid.

²⁶⁹ Noakes, 'Communities of Feeling', 121; On advice literature and emotion management see also: Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006); Francis, 'Tears, Tantrums, and Bared Teeth', 361.

Silences

Next to courtroom appearances, another circumstance that induced emotions in forensic experts was also outside the scope of their day-to-day practices: war. In forensic autobiographies, authors used the practice of casting silences to describe their emotional war experiences. Historians of emotion have illustrated the value of looking for silences in texts to identify emotions that are not named by the writer.²⁷⁰ Silences refer to occasions when authors wrote that they encountered an emotionally demanding situation but were either unable to put their experiences into words or did so concisely. Such emotional silences occurred because of social conventions relating to the genre of the source, norms concerning expression, and because writing in itself can be a processing strategy in which the author might be unable to face or share emotional memories.

Historians of emotion have argued that the world wars made a significant imprint on the emotional culture of Britain, as it demanded both military men and civilians to discipline their emotions to continue to battle and to see it through.²⁷¹ The impact of war on the emotional practices of forensic experts was explicitly acknowledged in forensic autobiographies. Hamish Walls referred to it to explain the behaviour of his boss, scientist L.C. Nickolls:

He was rather perceptive and even tender-hearted, but concealed this quite ferociously under a carapace of feigned toughness and disengagement. I think that much was explained when one knew that he had found himself in the trenches in France during the 1914-18 war as a sensitive lad of seventeen, and had served and survived there until the war ended.²⁷²

According to Walls, the war had taught Nickolls to conceal his 'true' sensibilities by acting tough and disengaged. The war had made an impact on emotional practices in Britain, and forensic experts were not exempt from this. Other autobiographies in which the authors describe their own war experiences illustrate that the war encouraged forensic experts to distance themselves from their emotions by casting silences.

Forensic pathologist John Glaister Jr. used emotional silence when he described his time in the Royal Army Medical Corps. During the First World War, Glaister was stationed in Egypt as a medical orderly. He made it explicit that this was a very emotional experience by

²⁷⁰ Piroska Nagy, 'History of Emotions', in Marek Tamm and Peter Burke, eds., *Debating New Approaches to History* (London; New York: Bloomsbury, 2019), 189-216, at 199; Michael Roper, 'Slipping Out of View: Subjectivity and Emotion in Gender History', *History Workshop Journal* 59:1 (2005), 57-72, at 65.

²⁷¹ Francis, *The Flyer*; Langhamer, Noakes, and Siebrecht, 'Introduction'; Noakes, 'Communities of Feeling'; Noakes, 'Gender, Grief, and Bereavement in Second World War Britain'.

²⁷² Walls, Expert Witness, 17.

recounting that he 'experienced to the full the tragedy and suffering that is the aftermath of battle.'273 Yet, how he experienced this exactly remains unclear. He continued his chapter on the war by describing the medical and hygienic situation of the wounded, but he did not give more details on his emotional reactions. When he did refer to the emotional impact of the work, he distanced himself from the emotion he described. For example, when he wrote about the arrival of a convoy of a large group of wounded Turkish prisoners, he switched from a first-person narrative style to a general statement. He remembered that 'each animal had a heavy mesh net or hammock of rope slung on either side of its back, and inside each hammock was slung a wounded man – a miserable, distressing cargo, enough to make even the most hardened medical orderly wince at the sight.'274 By making a general statement about the reaction of 'the most hardened medical orderly', he silenced his own specific experience and left his reader with the suggestion that it must have been even harder on him as a newly qualified medical practitioner. The use of such distancing language was typical of war memoires. According to historian Lucy Noakes, this was 'the emotional style that men developed in order to try to compose a stable selfhood amongst the disorder of combat (...)'.275

Glaister's use of silence is also apparent when he explained why he decided not to stay in the army after the war ended. He wrote that 'a nasty incident' occurred,

of which I can still say little more than that I had seen a man die needlessly and that, with two other officers, I had immediately been sent off on 'additional leave'.... The affair left a dirty taste in my mouth, and I knew I could never feel the same about a service career.²⁷⁶

This statement is filled with emotions. He described the situation as 'nasty' and used embodied language to describe it; it left a dirty taste in his mouth. He failed to name the exact emotions he felt but did state that the incident changed his feelings. According to historian Michael Roper such silences in letters written during the war indicate moments where historical actors felt that codes of patriotism or manliness failed them.²⁷⁷ The hegemonic discourses of medical detachment, stoic masculinity, and the British stiff-upper-lip did not provide Glaister with the

²⁷³ Glaister, Final Diagnosis, 33.

²⁷⁴ Ibid., 33.

²⁷⁵ Noakes, 'Communities of Feeling', 133.

²⁷⁶ Ibid., 37.

²⁷⁷ Roper, 'Slipping Out of View', 65.

language to describe his emotions. As other historians have illustrated, this was the case for most men who – in contrast to female military personnel – were held to stern public emotional standards that prevented them from talking about fears in emotional terms and instead led them to utter 'nervous strain through physical symptoms'.²⁷⁸ In addition, historian Martin Francis reminds us that it is also important to consider 'that it was not just public codes of masculine emotional restraint which contributed to the (...) reluctance to put their feelings of fear and loss into words. They might well have been concerned that, once they gave verbal expression to those feelings, it would no longer be possible to keep them under control.'²⁷⁹

A similar management of war emotions by becoming silent was practised by Smith. In his autobiography, he described the riots of the Nationalist Movement that broke out in Egypt during and after the First World War and the impact they had on the work in the mortuary. He remembered how

[d]ozens of bodies of persons killed by gunshot or otherwise lay piled on the floor, sometimes two or three deep. I had to examine large numbers of Egyptians who had been shot by the authorities, and also from time to time the body of someone of my friends who had been assassinated. As I did not want to strain the loyalty of my staff too far, I did most of the work myself.²⁸⁰

In this passage, he acknowledged that he expected that the emotions of mortuary staff would be affected in this tense political situation and mentions that he carried out this work himself. However, he did not describe how this made him feel. The only thing he noted about this experience was that amongst the deceased was 'Professor Robson, who also lectured at the Law School, [who] was shot in the back and killed while he was walking home a few days afterwards, and I had the melancholy duty of examining his body.'281 It is one of the very few occasions in his book where he explicitly mentioned an emotion he felt, melancholy. This illustrates that the war made a significant impact on emotional practices: it allowed this expert to break with his performance of detachment. But even in this extraordinary situation, Smith used few words and did not reflect on his emotion but was silent on his inner experiences, thus shielding them from public view. By pointing out that it was his 'duty' to perform this autopsy,

²⁷⁸ Francis, *The Flyer*, 120.

²⁷⁹ Ibid., 120.

²⁸⁰ Smith, Mostly Murder, 86.

²⁸¹ Ibid., 88.

Smith related to the familiar war ideal of the stiff-upper-lip, which demanded of Brits that their 'own emotions, whether terror, grief, desire, or despair, [we]re of secondary concern, should be kept out of sight, and should be overcome by devotion to others.'282

Like his colleagues, Simpson practised silence when he described his war experiences. This becomes apparent from a comparison between his account of the war and that of his secretary Lefebure. Lefebure describes how Simpson (C.K.S.) practised detachment when he had to perform autopsies on a large number of people who died in the bombing of London on February 24th, 1944, including two children. She remembered that

[e]veryone working in the mortuary had now assumed the stiff, impassive, chill expressions that the English assume when they are in a crisis and seething with emotion. MacKay didn't talk any more, he just barked instructions, and C.K.S. dictated to me in a frozen, beautifully detached style, as though he were reciting Shakespeare in ice. In short, everyone was broken-hearted and furious.²⁸³

In this story, Lefebure presented Simpson as embodying the war ideal of the stiff-upper-lipped English man. Moreover, she portrays him as professional but humane by separating his ability to speak with emotional detachment from his 'true' inner feelings of being broken-hearted and furious.

By arguing that she could make this distinction and unmask Simpson's performance, Lefebure presented herself as close to her employer. This is most clearly displayed when she wrote about another incident and argued that in this circumstance she 'knew him well enough to sense a raging interior behind the mask of calm.' ²⁸⁴ With these remarks, Lefebure attributed herself with the female professional quality to emotionally relate to the man she worked for. This fitted with ideas about female employees. In the mid and second half of the twentieth century female professionals often engaged in the sort of 'emotion work that affirm[ed], enhance[d], and celebrate[d] the well-being and status of others'. ²⁸⁵ The belief that women possessed innate emotional qualities ensured that female employees were expected to perform emotional labour; secretaries, for example, needed to care for the emotions of their bosses. ²⁸⁶

²⁸² Dixon, Weeping Britannia, 244.

²⁸³ Lefebure, Evidence for the Crown, 127.

²⁸⁴ Ibid., 153.

²⁸⁵ Hochschild, *The Managed Heart*, 112.

²⁸⁶ Langhamer, 'Feelings, Women and Work', 86–87.

However, Lefebure's claims of insight into Simpson's emotional experience do more than affirm a gendered ideal for secretaries. At the start of her memoirs, Lefebure identified herself as a crime journalist who reluctantly took the job as forensic secretary to learn about crime and to discover what went on in the mortuaries. By writing about her ability to read Simpson's masked emotions, she also presented herself as a trustworthy journalist who had an insider's perspective on forensic expertise.

Her analysis of Simpson's inner experience and outer display of emotions contrast with his own account of the autopsy of the child victims. He did not write about this particular autopsy and only described his war experiences in general terms. He argued that the war did not disturb his work much, 'it was just that bit more hectic and disturbed.'287 In line with the time's 'military, masculine, emotional economy that especially valued the nonchalance, good humour, and selflessness', ²⁸⁸ Simpson described these 'disturbances' as exciting anecdotes. For example, he remembered that during the bombings he once 'took cover with "Miss Molly", my attractive first secretary, on the marble floor of a mortuary at Leyton underneath a heavy-calibre slab on which the dead body lay.'289 Simpson did not write about any anxiety, sadness or anger the war might have conjured up, but instead directed the attention of his reader, and perhaps himself, towards his 'attractive' secretary, Lefebure. This sexualisation of female co-workers was not a unique occurrence. As Arnold-Forster argues in her research on surgeons in 1950s-1980s Britain, women in clinical settings were considered 'useful helpmeets or sexualized objects of desire rather than respected coprofessionals.'290 As I illustrate below, this rooting of expert performances in heterosexual masculinity was a commonly used tool to manage emotions in the forensic realm.

War situations provided experts with emotional circumstances but the British ideal of the stiff-upper-lip made it difficult for them to put them into words. Instead, they mentioned them briefly and responded to them with silence. In this way, they presented themselves as affected but still conforming to the ideal of emotional control and displayed a sense of duty. This finding is in line with the general argument in histories of war in Britain that British men controlled their emotions in the face of war and refrained from openly expressing grief, fear, or anxiety. It contrasts, however, with Roper's and Francis' findings that veterans in post-war memoirs wrote about the management of fear and emotional self-exploration. Unlike the

²⁸⁷ Lefebure, Evidence for the Crown, 34.

²⁸⁸ Noakes, 'Communities of Feeling', 122–23.

 ²⁸⁹ Simpson, Forty Years of Murder, 1978, 34.
 ²⁹⁰ Agnes Arnold-Forster, 'The Social and Emotional World of Twentieth-Century Anglo-American Surgery: The James IV Association of Surgeons', Bulletin of the History of Medicine 96:1 (2022), 71-101, 91.

veterans they studied, these forensic experts did not reflect on the emotional suffering that stoic ideals had inflicted on them during the war.²⁹¹ Instead, they diverted their own and their reader's attention to the positive emotions their jobs induced in them.

Focus on positive emotions

When experts described their day-to-day work in the investigation spaces of the mortuary, laboratory and crime science, they were more comfortable discussing positive emotions like happiness, fun, and excitement than they were writing about negative emotions such as anxiety, horror, sadness, and anger. These pathologists and scientists emphasised that the focus on the lighter side of their job was important. It was a way to cope with, what they called, the 'dark side of humanity' which they encountered daily. In other words, it was a way to detach themselves from the negative emotions the work conjured up. The positive emotions they gave their attention to were forensic humour – which mainly drew on heterosexual masculinity – and scientific excitement – which related to the ideal of the gentleman scientist.

Black humour

Throughout the whole researched period, humour was used as an emotional management tool by most forensic experts. This conforms to coping mechanisms used in anatomy-based medicine in general. Pranks and gallows humour were an important aspect of dissecting room narratives, as historian Heini Hakosalo has noted in her study on fin-de-siècle Finnish medical personae. She argues that it was a form of 'emotional management (...) [that] was an essential part of dissecting room life and allowed the students to learn emotional repertoires that were consonant with the dominant medical persona.'292 Such a focus on jokes and fun was also present in (self-) representations of British forensic experts in the period 1955-1978. Walls, for example, jokes in his memoirs that in the darkroom of their laboratory there 'was always someone who let off the most malodorous farts.'293

Simpson explicitly explained the value of 'a sense of humour in the most dismal surroundings.' In a television interview in 1983, he exclaimed 'there is a lot of fun in the mortuary. If I were to take all of these cases seriously, I would have died myself long ago of

²⁹¹ Roper, 'Between Manliness and Masculinity', 353.

²⁹² Hakosalo, 'Cut Out for Medicine', 163.

²⁹³ Walls, Expert Witness, 19.

²⁹⁴ Simpson, Forty Years of Murder, 380.

sadness.'295 Humour was an emotion management technique for him. By talking about forensic humour Simpson was able to express an emotional experience, sadness, while simultaneously displaying his ability to practice detachment. In his autobiography, he emphasised that mortuary humour was always 'compassionate, not ... callous.'296 Simpson ensured his readers it was the kind of humour the deceased could have appreciated, as in the case when he dissected a man who had been an actor and the mortuary attendant remarked 'if he is acting now, he's bloody good!'297 By discussing forensic fun, Simpson presented himself both as practising detachment from the negative emotions related to the job and as compassionate.

This was picked up in the media. A reviewer of his autobiography wrote in 1978 'He is, however, protected against the most stomach-turning sights by a robust sense of humour'. ²⁹⁸ Likewise, an interviewer of *the Daily Herald* noted in 1955 that his secretary, Miss Lefebure, in her autobiography 'describes all her experiences with that jolly, slightly macabre, sense of humour.' ²⁹⁹ Similarly, a journalist described Francis Camps in 1971 as 'a big, jovial pipe-smoker with an enormous sense of fun.' ³⁰⁰ And in a BBC radio interview in 1985, forensic pathologist Bernard Knight replied to the question of whether a sense of humour was important 'It has to be. (...) Some people say callous, but I think it is flippant, it is a reaction against a strange job. You can do that without being cruel.' ³⁰¹

Not all the jokes made by forensic experts were of this compassionate sort, however. Smith and Walls also included jokes in their autobiographies that did not testify to respect for the deceased. Their jokes performed heterosexual masculinity. Smith, for example, tells his readers that once he was involved in a murder case in which a prostitute was cut in half with her upper and lower body distributed over two sacks that were dumped in the ocean. Smith remembered that 'identification was confirmed by a police officer who was apparently another of her clients. This led to some macabre ribaldry, and it was a current joke that he had made the identification from the first sack' [containing the lower half of her body]. ³⁰² Walls also made a joke at the expense of a female victim in his autobiography. It concerned a murder case

²⁹⁵ 'Crime Pathologist Interview, Keith Simpson, Talking Personally, 1983', ThamesTV, accessed 16 August 2021, https://www.youtube.com/watch?v=ZzIac Tkdb8.

²⁹⁶ Simpson, Forty Years of Murder, 11.

²⁹⁷ Ibid

²⁹⁸ Nick Cole, 'The Man with Murder in Mind', Leicester Daily Mercury, 27 October 1978, 26.

²⁹⁹ 'The Curious Career of Miss Lefebure', *Daily Herald*, 12 February 1955, 3.

³⁰⁰ John Cottrel, The Strange World of Dr. Camps: Professor of Murder, January 1971, RLHPP/CAM/1/1/3/7, Barts Health Archives.

³⁰¹ Where Death Delights, Interview with Bernard Knight, BBC radio 4, 10, 17 & 24 April 1985, 1401, Wellcome Collection.

³⁰² Smith, Mostly Murder, 80

in which a jealous lover had shot a man who was kissing the woman he was in love with through the head, killing him whilst kissing. He wrote that he 'was, I confess, curious to see her; what did this girl look like who could so inflame men's passions that they would kill for her? I rather expected to some wild gypsy beauty: all I got was the confirmation of the proverb that beauty is in the eye of the beholder.' 303

Such 'jokes' and evaluations of female victims and perpetrators of crime were fairly common in autobiographies. Simpson not only noted the attractiveness of his secretaries but also of several victims. This performance of heterosexual masculinity fitted self-fashioning practices of scholarly personae in other scientific contexts. According to Bosch, who studied scholarly personae of Dutch historians, 'in the twentieth century, the "Freudian regime" with its emphasis on actively practised heterosexuality as a sign of (mental) health became another repertoire for indicating credibility.' ³⁰⁴ A similar argument is made by historian Kristi Niskanen who argues that the scholarly personae of the Swedish philosopher Einar Tegen in the 1920s embraced the identity of a 'sexually active man'. ³⁰⁵ Their research indicates that scholarly and scientific personae started to incorporate sexually active heterosexual masculinity in the twentieth century.

In addition, these references to heterosexual masculinity can be understood to have functioned as an 'antidote' for emotional display in the autobiographies, as in Britain emotional display continued to be associated with effeminacy and homosexuality until late in the twentieth century.³⁰⁶ In the 1950s the tabloid press had reported extensively on court cases of men who committed "indecency with males", which heightened fear about the increased visibility of homosexuals.³⁰⁷ Homosexuals, according to one influential discourse, were recognizable by their lack of personal restraint and 'inverted', effeminate behaviour. It was believed to 'transgre[ss] a conception of British (or more accurately, white Anglo-Saxon) national identity that was rooted in self-restraint.'³⁰⁸ In a context in which emotional self-expression was associated with sexual deviance, forensic experts displayed heterosexual

³⁰³ Walls, Expert Witness, 78.

³⁰⁴ Smith, *Mostly Murder*, 80; Walls, *Expert Witness*, 78; Bosch, 'Scholarly Personae', 48.

³⁰⁵ Kirsti Niskanen, 'The Scholarly Persona Embodied: Seclusion, Love, Academic Battles, and the International Exchanges in the Shaping of a Philosophy Career', in Kirsti Niskanen and Michael J. Barany, eds., *Gender, Embodiment, and the History of the Scholarly Persona: Incarnations and Contestations* (Cham: Palgrave Macmillan, 2021), 326.

³⁰⁶ Dixon, Weeping Britannia, 212 and 260.

³⁰⁷ Chris Waters, 'Disorders of the Mind, Disorders of the Body Social: Peter Wildeblood and Making the Modern Homosexual', in Becky Conekin, Frank Mort, and Chris Waters, eds., *Moments of Modernity: Reconstructing Britain 1945-1964* (London; New York: Rivers Oram Press, 1999), 134–151; Mort, 'Social and Symbolic Fathers and Sons in Postwar Britain', 371.

³⁰⁸ Francis, 'Tears, Tantrums, and Bared Teeth', 258.

masculinity to avoid any association between their emotional practices and homosexuality.

Scientific excitement of gentlemen scientists

In addition to cracking jokes, forensic experts emphasised their excitement for the job. It is typical for the modern period that scientific enthusiasm was one of the few emotions that were accepted and appreciated in the scientific realm. As historian Sarah-Maria Schober argues, during the eighteenth century, negative emotions 'became overshadowed by scientific enthusiasm.'309 Excitement about technological developments and satisfaction about the outcome of an experiment were valued emotions in British forensic medicine and science. In a recommendation letter for Glaister for the position of Regius Professor of Forensic Medicine, one of his colleagues considered enthusiasm a praiseworthy virtue when he wrote that 'Dr. Glaister is full of enthusiasm, and has, in addition, the power of stimulating others to work.'310 Keith Simpson showed his excitement in his autobiography when he explained to his readers why he chose a career as a forensic pathologist: 'There is an air of challenge and intellectual test so unlike "just another day at the office". He claimed to 'have never lost the thrill of the sudden call to crime, of dropping everything, leaving a dinner party, even getting up at dead of night, to drive to some new case.'311 Simpson argued that 'this thrill' was a sensation that drove him throughout his career, protecting him from 'boredom' or even feeling 'tired'. Likewise, for the former Head of the Scientific Metropolitan Police Laboratories, Walls, the excitement for his profession was rooted in a modern belief in scientific progress. He recounted in 1972 that 'it is because science advances in that way that it can be so exciting to its practitioners. Will the experiment support the theoretical brain-child, or won't it?'312

A love for science was an important epistemic virtue in fin-de-siècle Britain, as it kept scientists committed to the scientific cause and on the path to truth, as historian Léjon Saarloos argues.³¹³ In twentieth-century forensic culture, displaying such a commitment to truth remained important as expert witnesses held a precarious position. As I explain in chapter 1, their impartiality was questioned based on the argument that he could make 'his living from his appearances in court, tailoring his opinions to the wants of his clients.'³¹⁴ By presenting

³⁰⁹ Sarah-Maria Schober, 'Muck, Mummies and Medicine: Disgust in Early Modern Science', *Emotions: History, Culture, Society* 4 (2020), 43-65, 63.

³¹⁰ W.G. Aitchison Robertson, Application by John Glaister, 27 August 1927, 14-15, DC403/2/1/3, The University of Glasgow Archive.

³¹¹ Simpson, Forty Years of Murder, 17–18 and 26.

³¹² Walls, Expert Witness, 178.

³¹³ Saarloos, 'The Scholarly Self', 62.

³¹⁴ Tal Golan, Laws of Men and Laws of Nature: The History of Scientific Expert Testimony in England and America (Cambridge; London: Harvard University Press, 2004), 125.

themselves as driven by an inner 'thrill' or excitement, forensic experts were able to appear as 'scientific gentlemen' who laboured 'for the love of knowledge not for money.'315

A woman's fascination with corpses

Lefebure also referred to excitement and fascination to explain what drove her to a career as a forensic secretary, but for her a display of these emotions had a different function than for her male colleagues; it was not to counter suggestions of partiality but to criticise gender stereotypes. She wrote that she received strong criticism on her career choice by colleagues, boyfriends, and acquaintances who thought she occupied an unladylike job. She recalls a suitor with whom she cancelled a date because she wanted to work a case who

burst into furious yowls, said some very nasty things about necrophilia, and ended abruptly and rather hysterically, exclaiming, "There must be something WRONG with you... to prefer a corpse ... I's so unnatural... you wait, when next I come home on leave I will SHOW you!"³¹⁶

Such resistance and fear of a woman working with corpses had its roots in the late nineteenth century when the entrance of women in the medical school was criticised by the idea that dissection could not mix with middle-class womanhood. The critique was that 'an anatomical education would brutalize and harden women, de-gendering them and making them unattractive in the eyes of men.' In addition, women were considered unsuitable for jobs that required a rational approach, as the presumed heightened emotionality and sympathy of women were said to 'handicap' them in such medico-scientific endeavours. 18

In the late nineteenth century, pioneering women doctors countered this argument by 'highlighting their thirst for (...) anatomical knowledge', according to Hakosalo.³¹⁹ Lefebure did the same. When she encountered a pathologist who exclaimed as she walked into the postmortem room, 'my dear young lady, I don't like to see you in this sort of place, no, I don't like it at all. I'm of the old school, and I find it most unsuitable', she replied: 'I find it all very interesting, ... I should miss it if I had to give it up for other work. And why shouldn't I work

³¹⁵ Ibid.

³¹⁶ Lefebure, Evidence for the Crown, 44.

³¹⁷ Hakosalo, 'Cut Out for Medicine', 164.

³¹⁸ Boddice, *The Science of Sympathy*, 46; Langhamer, 'Feelings, Women and Work', 88.

³¹⁹ Ibid., 165.

here?' ³²⁰ It was unusual for a woman to occupy this job at the time, in fact, Lefebure claimed to have been the first woman to enter Guy's mortuary. She wrote that when she first entered, Dr Simpson 'was garbed in a white p.m. (post-mortem) gown, a rubber apron, rubber gloves and white rubber galoshes and was armed with a very large knife, which he brandished genially at me as he bade me good-morning. (...) [The mortuary keeper] has told me since that he was waiting for me to scream, or faint, or throw a fit, but I didn't.' She explained that, in fact, 'I had been aching to see inside a mortuary, and watch a post-mortem, for a long time, so that I was only too delighted to have at last achieved my ambition, and was much too pleased and excited to think about fainting.' ³²¹ Lefebure emphasised her fascination with forensic matters and corpses to counter long-existing stereotypes of women as too delicate for dissection that have been uttered to keep women out of medical practice since the late nineteenth century. Forensic fascination and excitement were emotions Lefebure described to present herself as battling gender prejudice.

Lefebure's memoirs illustrate the difficulty women faced in the forensic culture of twentieth-century Britain, in trying to maintain a balance between this debunking of stereotypical images of women as too delicate for forensic work and still presenting themselves as feminine. Lefebure explained that interest in and disgust for forensics was a gendered performance. She described that when she was alone with them, her male friends were 'appalled by the idea of my work' whereas her 'girl friends, on the other hand, all envied me my job, and were constantly pressing me for gruesome details'. However, when they were together, the reactions were reversed. The men would clamour to hear about gruesome details 'in true he-man style (...) while the women, much to my interest, stage an equally determined volte-face'. By 'unmasking' this gendered act as performative, Lefebure countered the suggestion that her fascination with dissection made her 'atypical' or 'unfeminine'. Nevertheless, the power of this gendered performance is illustrated by the persistence of such stereotypes in the following decades. For example, a policewoman addressing a group of police surgeons in 1972 felt that she had to emphasise that she had never fainted when she assisted at post-mortems. ³²²

Still, Lefebure also used this 'feminine' script to present herself. Even though she emphasised she was not afraid but fascinated by the corpses in the mortuary, she also mentioned

³²⁰ Lefebure, Evidence for the Crown, 92

³²¹ Ibid., 7-9.

³²² Lefebure, *Evidence for the Crown*, 42; L.J. Leach, 'The Policewoman and the Police Surgeon', *The Police Surgeon*, March 1972, 51.

that during blackouts, she became afraid to be alone in the top floor office with the remains of a victim. To her readers, she admitted that when the lights went out, she descended the stairs 'in a wild dash for light and company. However, as nobody saw me behaving in this illogical and foolishly feminine fashion it didn't matter.'323 She underlined that she masked this 'illogical' and 'feminine' fear to enact professionalism. She wrote that 'I didn't like to tell him [Simpson] I was afraid of being alone in the twilight with the (...) [remains of the murder victim]; it sounded so silly, especially from the cool and collected Miss Lefebure. '324 Lefebure presented herself both as a cool professional who tried to manage her emotions in the workplace and a feminine writer who admitted to having acted emotionally, something she considered 'illogical' and 'foolish', but could not help. Such a seemingly contradictory self-fashioning practice fits the public performances of professional women in the mid-twentieth century. As Mineke Bosch has argued, public women 'had to be "masculine" in their political and other public activities, while at the same time take care not to lose the mysterious and unstable (and unreliable) quality of "femininity". 325 This is confirmed by an article on her in the Kensington Post in 1958, in which the journalist wrote that 'even now, she says with a twinkle, people don't think a woman can have a "genuine interest in dead bodies," and regard her as a sort of vampire bat. But (...) I found her charmingly girlish, though certainly unconventional (she collects perfume, fans - and snakes.) she was wearing a bloodred skirt and black striped sweater.'326

Forensic experts conveyed that they had feelings while actively practising detachment by shifting their own attention away from the negative towards the positive emotions related to their jobs. Through these public expressions of positive emotions, they did not only enact detachment but also fashioned expert personae that were compassionate, heterosexual, and impartial. Importantly, their personae were masculine. Lefebure's memoirs illustrate that while men were expected to be capable of detachment in the mortuary it was considered unnatural for women to do the same. This indicates that even though forensic experts were sometimes explicit about the need to *practice* detachment they did believe that to some degree the ability to do so was rooted in 'natural' differences between men's and women's ability to manage their emotions.

³²³ Lefebure, *Evidence for the Crown*, 92. 324 Ibid., 92.

³²⁵ Lefebure, *Evidence for the Crown*, 92; Mineke Bosch, 'Gender and the Personal in Political Biography: Observations from a Dutch Perspective', *Journal of Women's History* 21:4 (2009), 13–37, 23.

^{326 &#}x27;New Light on Two Kensington Killers', Kensington Post, Friday 10 October 1958, 4.

Separating private and professional life?

In their life-writings, most experts separated their professional and private lives. Some did so by limiting any remarks about their personal lives, such as Smith, and others by explicitly making a distinction, such as Glaister. As historians of science have shown, both tactics were typical of professional emotion management and scientific life-writing in the late nineteenth and second half of the twentieth century in Britain.³²⁷ As Bosch remarks, 'professionals such as scientists, as part of a dominant liberal tradition, and I would like to add, as the result of a co-construction of masculinity and (public) professionalism, until recently were very reluctant in "exhibiting" the personal and the private sides of their public lives (...). '328 However, containing emotions in the private realm became a complex management technique, as in practice the private and the professional realm were interconnected. For example, when experts encountered loved ones in the mortuary.

Theoretically speaking, it is too simplistic to distinguish between public and private scholarly personae. As historian Herman Paul explains, the attitudes, character traits, and abilities that make a scholarly persona are 'deeply ingrained in the self' and 'can never be detached from their possessor'. Indeed, scholarly personae take their habits with them in everyday life. Therefore, Bosch asks historians not to assume a distinction between the private and professional person or the 'real' and the constructed persona but instead analyse how social categories are in- and excluded from the professional, public performance. 330

Studies about the private-professional realms of British scientists show that the domestic sphere and the space of the laboratory were blurred even after the professionalisation of science set in in the second half of the twentieth century.³³¹ That was because some scientists, such as Charles Darwin, continued to work from their homes and used their own children as study-objects, but also because there continued to be a practical, material and discursive proximity between the laboratory and the home. According to historians Paul White and Robert Boddice, this blurring required nineteenth-century scientists to switch emotional gears when transitioning from their private roles as fathers or pet owners to scientists who engaged in vivisection, researched vaccination and eugenics, or studied children's emotions.³³²

³²⁷ Russell, 'Towards a History of Biology in the Twentieth Century'; White, 'Darwin's Emotions'.

³²⁸ Bosch, 'Gender and the Personal', 27.

³²⁹ Herman Paul, 'What Is a Scholarly Persona? Ten Theses on Virtues, Skills, and Desires', *History and Theory* 53:3 (2014), 348–371, 356.

³³⁰ Mineke Bosch, 'De Menselijke Maat in de Wetenschap: De Geleerden (Auto)Biografie Als Bron voor de Wetenschaps- en Universiteitsgeschiedenis', *BMGN - Low Countries Historical Review* 23 (2015); Bosch, 'Gender and the Personal'.

³³¹ White, 'Darwin's Emotions', 811–826; Boddice, *The Science of Sympathy*, 81.

³³² White, 'Darwin's Emotions', 811–826; Boddice, The Science of Sympathy, 58.

The historiography of British emotions goes a step further and not only nuances the distinction between the private and public spheres but also contests the idea that there existed a strict separation between domestic and professional emotional realms. Historians built on John Tosh's argument that during the long nineteenth century, domesticity was central to bourgeois masculinity that was constructed in an entrepreneurial and urbanised life in which home and work became separated spheres.333 Whereas historians assumed that this ideal was interrupted first by imperial expansion and later by the First World War, historians of warfare today argue that military and domestic masculinities were interrelated, for example, because the hegemonic masculinity for servicemen was built on domestic emotional ties, such as fatherhood.³³⁴ Moreover, historians of British emotions who studied the relationship between work and private life during peace-time also question how strictly these spheres were separated. They show that work and its required emotional management impacted family life.335 They argue that when women entered the workforce in large numbers after the Second World War, the distinction between the private and public sphere became blurred even more, mainly because women were assigned the role of emotion labourers, thus 'migrati[ng] private emotion work into the public domain'. 336 The previous section already showed the impact of this gendered division of emotion practices on Lefebure's role in the forensic team. This section zooms in further on the question of how experts managed the spilling over of the personal into the professional realm.

In late-twentieth-century popular imagery, forensic pathologists were sometimes typified as completely devoid of feeling because of their detachment and interest in death.³³⁷ This is well illustrated by a passage in Walls' autobiography, in which he claimed that while he, as a forensic scientist, acquired a certain familiarity with mortal remains, it was the pathologist who 'becomes completely immunised against any emotional reaction to his material.' According to Walls this even extended into their personal lives. He recounted that

³³³ John Tosh, 'Masculinities in an Industrializing Society: Britain, 1800–1914', *Journal of British Studies* 44 (2005), 330–342.

³³⁴ Francis, *The Flyer*; Roper, 'Between Manliness and Masculinity'; Noakes, 'Communities of Feeling', 119–120.

³³⁵ Roper, 'Masculinity and the Biographical Meanings of Management Theory'; Langhamer, 'Feelings, Women and Work'; Mort, 'Social and Symbolic Fathers and Sons in Postwar Britain'.

³³⁶ Langhamer, 'Feelings, Women and Work'; For information on the emotional labour on women in the WAAF see: Francis, *The Flyer*; For the impact of working-life on family emotions sees: Mort, 'Social and Symbolic Fathers and Sons in Postwar Britain'.

³³⁷ Kenneth Saunders, *The Medical Detectives: A Study of Forensic Pathologists* (London, 2001), 76–77.

there is a story, possibly apocryphal but in character, about a well-known pathologist in the north (now dead) who in the middle of a post-mortem recognised the body he was dissecting and exclaimed, "My God! It's my brother-in-law!" – but continued and finished the post-mortem.³³⁸

Through this character sketch Walls presented himself as less callous than the pathologists he worked with. He draws on long-existing stereotypes of the anatomist, pathologist and medical scientist as being devoid of emotions, brutal, cruel, and cold. This fear had been prevalent in the public debate during the late nineteenth century, when campaigners against vivisection uttered the belief that scientists' engagement in this 'cruel' practice would render them devoid of tender sensibilities such as sympathy and eventually would lead to permanent emotional damage, making them callous.³³⁹

The life-writings of forensic pathologists actively contradict his story. Smith, Glaister and Simpson all described that the passing of someone familiar did affect them and was different from death as they saw it on a day-to-day basis. These cases illustrate that the pathologists challenged the stereotypical image of the forensic pathologist as *being* devoid of feeling and presented themselves as actively *practising* detachment.

Smith, who practised the least emotional life-writing of all the experts in this period, was explicit that the death of colleagues affected him. Above, I already described the silence Smith summons surrounding the death of Professor Robinson. Another example of a death of someone close to him was the passing of his former teacher and 'very good friend' Harvey Littlejohn. He described his death as 'a great shock'. In these situations, the private and professional had blurred; affectionate relations had developed in the workspace and hence Smith made the exception of expressing emotions he experienced in his professional capacity.

The development of affectionate relationships on the medical work floor was not an exception but was typical for the organisation of British medicine in the mid-twentieth century. According to Arnold-Forster, the medical 'firm' was very much a social organisation, built on friendship that offered 'joy, warmth, and connection' as an antidote to the 'mental and moral strain' of the job.³⁴¹ The autobiographies of forensic pathologists suggest that such a family-like community was also the basis of forensic medicine in the mid-twentieth century. Simpson,

³³⁸ Walls, Expert Witness, 111.

³³⁹ Boddice, *The Science of Sympathy*, 53–93.

³⁴⁰ Smith, *Mostly Murder*, 147.

³⁴¹ Arnold-Forster, 'Social and Emotional World'.

for example, referred to Smith as his 'alter pater' – who in contrast to his own emotionally unavailable father had been there for him. ³⁴² By referring to affectionate bonds between colleagues and casting them in familial terms, experts enacted a scientific persona that evoked trust in the twentieth century, that of the male companion and family man. As I outlined above, this was a familiar trope in other types of British life-writing. ³⁴³ Moreover, according to Bosch, in scholarly performances, this family persona enacted reliability in an era of institution building that required scientists to display not only intellectual but also leadership capacities. ³⁴⁴ In forensic life-writing, this was accomplished by presenting the forensic mortuary and laboratory as places where family-like relations were forged.

At the same time, forensic experts tried to separate their professional from their domestic family life to enact detachment. Glaister wrote that early in his career, during the 1910s, he started 'training my mind to accept that all medical work, whether pathological or operative, was a realm of work, a place for the use of those skills I could acquire, a place, too, for understanding – but still a place which must be dissociated from my personal life and emotions.' This is reflected in his autobiography in which he switches from a more detached emotional style to a more explicit emotional one when he discussed family affairs. For example, he refers to the birth of his daughters as 'two of the happiest personal experiences' and talks in an affectionate tone about his wife. In this way, Glaister presented himself as embodying a British bourgeois masculine ideal that was built on the notion of companionate marriage and affective fatherhood in mid-twentieth century Britain. Start Professional Professional Research Professional Professional Research Professional Rese

To keep these spheres separated, Glaister explicitly avoided the bodies of family members or friends in the mortuary. He explained that this would be too emotionally demanding because

³⁴² Simpson, Forty Years of Murder, 32–33 and 100.

³⁴³ Noakes, 'Communities of Feeling'; Roper, 'Masculinity and the Biographical Meanings of Management Theory'; Roper, 'Between Manliness and Masculinity'; Francis, *The Flyer*, 95, 159; Michael Roper, 'Yesterday's Model: Product Fetishism and the British Company Man, 1945–85', in John Tosh and Michael Roper, eds., *Manful Assertions* (London: Routledge, 1991) 132–168.

³⁴⁴ Bosch, 'Scholarly Personae', 47.

³⁴⁵ Glaister, Final Diagnosis, 24.

³⁴⁶ Glaister, 38, 40, 58-60.

³⁴⁷ Mort, 'Social and Symbolic Fathers and Sons in Postwar Britain', 362; A. James Hammerton, 'Pooterism or Partnership? Marriage and Masculine Identity in the Lower Middle Class, 1870-1920', *Journal of British Studies* 38:3 (1999), 291-321, 308, 310–13; Simon Szreter and Kate Fisher, *Sex Before the Sexual Revolution: Intimate Life in England 1918-1963* (Cambridge, New York: Cambridge University Press, 2010), 34–38; Francis, *The Flyer*, 105.

[w]hen one has not known a person in life, the work is carried out as a routine. But when the subject is someone whom one has talked to, met, or known as a friend or acquaintance then such a task can become an ordeal. In these circumstances, I have always preferred a colleague to take over so that the work could be carried out with the necessary scientific detachment.³⁴⁸

Glaister makes a clear distinction between his daily emotion work, which had become a routine, part of his emotional habitus, on the one hand, and, encountering someone familiar to him, which would be an emotional ordeal, on the other hand. He writes that while the duty of the pathologist was to search for the truth with 'scientific detachment', 'he must never lose sight of the fact that the body before him is that of a human being.' It was important to him that the relatives who came to identify the body 'should feel this attitude of courtesy and understanding of their emotions.' Detachment to him meant not allowing emotions, which belonged to the private sphere, to enter the mortuary while being considerate of the emotions of others. By separating professional and private emotions, Glaister fashioned an expert persona that was detached and compassionate at the same time. He revealed that 'if he may at times appear callous, then, in the vast majority of cases, this is to a great extent merely a façade. Behind it he remains a man of medicine, with all that this implies.' 350

Simpson's autobiography showed that it could be challenging to draw a line between the professional and private realms. Like Glaister, he argued that he did not feel 'emotional disturbance when [he] performed post-mortems', but that there were exceptions related to his personal life.³⁵¹ In line with the bourgeois masculine ideal of affectionate fatherhood, he wrote that he did feel sad when he encountered children and young mothers because they reminded him of his own loved ones. For example, he admitted that he felt sad when he encountered children who were victims of traffic or household incidents because 'there but for chance fate were my own children or grandchildren.' ³⁵² In addition, he also acknowledged that

I have felt saddened, too, by the deaths of young mothers leaving families to mourn a hopeless love. I myself lost two wives from incurable illness

³⁴⁸ Ibid., 84.

³⁴⁹ Ibid., 84.

³⁵⁰ Ibid., 84.

³⁵¹ Simpson, Forty Years of Murder, 1978, 163.

³⁵² Ibid., 380–381.

during my working life, and am still saddened by the memories of empty, lonely days and nights.'353

By sharing these emotions, Simpson was able to fashion a professional persona that was detached but not unfeeling. By reserving his emotions for victims who reminded him of his family, Simpson performed a new script for the scientific personae of the family man.³⁵⁴ That did not go unnoticed by British newspapers. In a review of his book, *the Leicester Daily Mercury* characterised him as 'a deeply sensitive man' who 'still gets upset at the sight of a child's mangled body'.³⁵⁵

He was careful not to present himself as overly emotional, however. First, by discriminating between victims that did and did not induce emotions in him. He argued that, in contrast, he did not feel disturbed by the examination of death of infirm people nor 'when I have seen strangled girls who had deliberately taken the occupational risks of prostitution, drunken sots who toppled downstairs to their death, or the adolescent victims of the lure of drug addiction.' In these latter cases 'I have often said without the slightest emotional disturbance, "Better out of this world – really. Never a chance of being a happy and useful citizen." Simpson's lack of emotional involvement in these cases stemmed from his own moral standards and social identity. As historians of forensic medicine and science illustrate, white, male, middle-class forensic experts were influenced by gender, class and racial prejudice in their knowledge-making practices. Simpson was no exception to this. In the passage above, he distanced himself emotionally by Othering people, such as prostitutes and people struggling with addictions, whom he did not consider to have the potential to be useful citizens. By doing so he opposed himself to them, highlighting his own moral virtue and usefulness as a medical, bourgeois 'citizen'.

Second, he did not discuss his personal life and emotions in detail, which was a remarkable accomplishment considering that he married one of his secretaries, Jean Scott-Dunn. He wrote little about their romance, nor did he reflect in depth on the deaths of his wives. He only mentioned these life events briefly without pondering his inner feelings. Third, while

³⁵³ Ibid., 381.

³⁵⁴ Bosch, 'Scholarly Personae', 47–49.

³⁵⁵ Cole, 'The Man with Murder in Mind', 26.

³⁵⁶ Simpson, Forty Years of Murder, 1978, 381.

³⁵⁷ Victoria Bates, *Sexual Forensics in Victorian and Edwardian England: Age, Crime and Consent in the Courts* (Basingstoke: Palgrave Macmillan, 2016); Ivan Crozier and Gethin Rees, 'Making a Space for Medical Expertise: Medical Knowledge of Sexual Assault and the Construction of Boundaries between Forensic Medicine and the Law in Late Nineteenth-Century England', *Law, Culture and the Humanities* 8:2 (2012), 285–304.

Simpson shared with his readers that his personal grief induced emotions in him when he encountered specific victims, he stressed that 'such feelings have never – literally never, even with battered babies – crept into my evidence at court.'358 In an interview on national television in 1983 Simpson added that 'I am quite careful when I am going to court not to feel incensed and angry and give evidence which is a bit loaded against a person being charged with the death of a child.'359 Simpson admitted that private emotions were sometimes conjured up by his job; nevertheless, he believed that he could keep them at bay while giving evidence.

Forensic experts tried to draw lines between their professional and private lives to enact detachment. They did so by limiting expressions of emotional experiences to situations in which they encountered or were reminded of the death of a loved one. In this way, they tried to link emotions that entered the professional space back to the private realm. This separation was difficult to maintain as colleagues could occupy familial roles, loved ones could end up on the mortuary slab, and victims could remind experts of their own wives and children. The boundaries between the private and the professional realm were not firmly established in British culture in the mid- and late-twentieth century. Forensic experts profited from the flexibility of these boundaries; they included references to private emotions to counter stereotypical images of callous forensic pathologists and instead presented themselves as detached yet feeling men. They also enacted the newly established scientific persona of the family man in their references to affectionate relations in the workplace and emotions related to their domestic family lives. Blurring the professional and private realms enabled forensic experts to conform to the British and medical ideal of confining emotions to the private space while simultaneously defying it by integrating personal emotions into their public, professional performance.

Conclusion

The life-writing of forensic experts illustrates how the British bourgeois masculine ideal of the stiff-upper-lip shaped scholarly performances. When emotions found their way into the forensic realm, experts looked for ways to manage them. As forensic pathologists and scientists were confronted with sad stories and shocking sights, they tried to practice detachment and keep negative emotions such as anger, disgust, or sadness, out of the workspace and the

³⁵⁸ Simpson, Forty Years of Murder, 1978, 381.

³⁵⁹ 'Crime Pathologist Interview', Keith Simpson, Talking Personally, 1983, ThamesTV, accessed 16 August 2021, https://www.youtube.com/watch?v=ZzIac Tkdb8.

knowledge-making process. They did this by masking them, not talking about them, and reforming or suppressing them by focusing on positive emotions, emphasising their masculinity to contrast the 'effeminacy' of emotions, and confining emotional expressions to the private realm. But if they were so anxious to keep emotions out of the professional sphere, why mention these tactics at all? This analysis of life-writing has shown that forensic experts were careful not to present themselves as *being* emotionless; they sought to counter the stereotypical image of themselves as callous by searching for acceptable ways to show they had feelings and compassion and actively *practiced* detachment. Forensic experts attempted to bring together the enactment of detachment and display of emotions by assigning emotions to spaces outside their direct research environment, such as the courtroom or their domestic lives. In this way, my analysis confirms the argument in the historiography of British emotions that a culture of stoicism went hand in hand with the practice of emotional self-control.

However, my findings also complicate the history of British emotions and masculinity. The historiography of British emotions suggests that after the late 1950s, a more expressive emotional culture developed. In contrast, the life-writing of forensic experts published between 1955 and 1978 continued to embed emotional practices in a culture of self-control. Moreover, even though forensic experts displayed their emotional labour strategies, they did not share their introspection into all emotional aspects of their work. Instead, when they discussed negative emotions, they often related to situations or spaces outside the scientific realm, namely the courtroom, war, and the home. Scientific practices and places were, in contrast, associated mainly with positive emotions, such as excitement and fun. This finding aligns with the argument in histories of science and medicine that practitioners in the twentieth century detached themselves from their emotions. However, I also question this claim by showing that adhering to the virtue of detachment did not mean these scientists and medical men were devoid of feelings, as they actively practiced to embody it.

This analysis of the emotional detachment practices of forensic experts contradicts Shepherd's claim, which opened this chapter, that during the twentieth century there were no opportunities to discuss emotions in forensic medicine and science. Shepherd's image fits well with the existing historiography that characterises the development of a modern British forensic regime after the 1930s based on processes that depersonalised forensic practice, such as institutionalisation, protocols, technologies, and specialisation. This chapter complicates this narrative, however, by illustrating that the development of an objective and impartial forensic culture also depended on public embodied performances of experts of flesh and blood. They tried enacting trust and authority, not only through the impersonal application of techniques

but also by fashioning an expert persona that inhabited the epistemic ideals of objectivity and impartiality through familiar social-cultural practices.

3

Detached from Sympathy, Unconscious of Trauma

The Impact of the Forensic Virtues of Impartiality and Detachment on Rape Examinations in Britain, 1924-1978³⁶⁰

Introduction

In contemporary handbooks of forensic medicine, authors emphasise the long-term psychological impact rape can have on victim-survivors.³⁶¹ The authors stress that forensic examiners should pay attention to the emotions of the complainant and comport themselves in a 'sympathetic but professional' manner.³⁶² In the 2020 edition of *Clinical Forensic Medicine*, it says that

[t]hroughout all the stages of the clinical forensic assessment, the forensic practitioner must avoid partisanship while remaining sensitive to the immense psychological and physical trauma that a complainant may have incurred. The continuing care of the complainant is essentially an ongoing process throughout and beyond the primary clinical forensic assessment.³⁶³

Care for victim-survivors and sensitivity to the psychological trauma they might have sustained are primary tasks of the examiner.³⁶⁴ Contemporary forensic clinicians should assume a sympathetic attitude while avoiding partisanship.

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³⁶⁰ This chapter has been published as: Pauline Dirven, 'Detached from Sympathy, Unconscious of Trauma: The impact of the Forensic Virtues of Impartiality and Detachment on Rape Examinations in Britain 1924-1978', *Social History of Medicine* (advanced access 12 March 2024) 1-22.

³⁶¹ I will use the term victim-survivor when addressing contemporary debates to acknowledge the debate on the terminology but I will use the term victim when referring to historical cases as not to employ the concept anachronistically. For more information on this issue see: Joanna Bourke, *Disgrace: Global Reflections on Sexual Violence* (Pittsburgh: Reaktion Books, 2022), 18–20.

³⁶² Josephine Burnell Howitt and Deborah Rogers, 'Adult Sexual Offences and Related Matters', in: W. D. S. McLay and Association of Police Surgeons, eds., *Clinical Forensic Medicine* (London: Greenwich Medical Media, 1996), 193-218, 201.

³⁶³ Maria Nittis, 'Sexual Assault Examination: A Physician's Guide', in: Margaret M. Stark, eds., *Clinical Forensic Medicine: A Physician's Guide* (Cham: Springer International Publishing, 2020), 63-142, 65.

³⁶⁴ Or at least, that is the ideal. As Joanna Bourke argues, in the twenty-first century 'complaints about the medical treatment of rape victims continue to be heard' and 'major grievances about medical examinations are routine'. Joanna Bourke, 'Police Surgeons and Victims of Rape: Cultures of Harm and Care', *Social History of Medicine* 31:4 (2018), 711-731, 729.

This is a significant change in perspective. Until 1978, when Burges argued that police surgeons should adopt a sympathetic attitude towards rape victims in the handbook *The New Police Surgeon*, authors of British forensic handbooks cautioned their readers that the expression of sympathy towards rape victims would connote partiality. They considered the British legal virtue of impartiality, to which they had to adhere as expert witnesses, to be incompatible with sensitivity. As I will explain below, this idea caused considerable harm to rape victims. Forensic experts' primary focus was on the collection of evidence and physical injuries to corroborate the allegation, and not on providing psychological care. They denounced a sympathetic attitude in favour of a detached, sceptical and sometimes even hostile approach and in principle questioned the story of rape complainants because they subscribed to the rape myth of 'women lie about being raped'.

Until the publication of *The New Police Surgeon* in 1978, there was no attention to psychological trauma of rape victims in mainstream forensic literature. This is noteworthy, considering that psychiatrists and psychoanalysts had already started to discuss the impact of heightened emotional states, especially fear, on the nervous system in the 1870s.³⁶⁵ This attention to psychological trauma as a result of an emotional experience increased in Britain in the aftermath of the world wars. The First World War attracted attention to shellshock and the emotional consequences of the war on soldiers and the Second World War sparked interest in the mental health of citizens, especially children under air raids.³⁶⁶ However, as historians of sexual violence argue, these insights into the impact fear could have on mental health were not applied to rape in the early and mid-twentieth century.³⁶⁷ Historian Joanna Bourke argues that 'medical and psychiatric personnel generally ignored the psychological responses of rape victims until the 1960s – and, even then, it was rare until the 1970s'.³⁶⁸

In similar vein, I found that forensic handbooks did not address the long-term psychological impact of rape nor wrote about the need for practitioners to adopt a sympathetic approach. In contrast to the historiography of rape examinations, however, this chapter proposes to look beyond psychiatric and forensic literature on rape and study medical practices related to rape in other medico-legal cases, such as abortion, and outside the forensic realm.

³⁶⁵ Joanna Bourke, 'Sexual Violence, Bodily Pain, and Trauma: A History', *Theory, Culture & Society* 29:3 (2012), 25-51, 26-28.

³⁶⁶ Michal Shapira, War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain (New York: Cambridge University Press, 2013), 21.

³⁶⁷ Adrian Bingham et al., 'Historical Child Sexual Abuse in England and Wales: The Role of Historians', *History of Education*, 45:4 (2016), 411–429; Bourke, 'Sexual Violence, Bodily Pain, and Trauma'; Louise A. Jackson, *Child Sexual Abuse Victorian England* (London: Routledge, 2000), 135-138.

³⁶⁸ Bourke, 'Sexual Violence, Bodily Pain, and Trauma', 28.

This approach illustrates that knowledge on long-term mental consequences of rape was articulated in the period 1924-1978. I analyse two case studies to illustrate this: the advice of the Medical Women Federation (MWF) to the Home Office on medical examinations in sexual crime cases that started in 1924 and the 1938 trial of the gynaecologist Dr Bourne. Both are rich sources on the topic of psychological trauma in rape victim-survivors, but have received limited attention in the historiography. The trial of Dr Bourne, who was tried for performing an illegal abortion on a rape victim, demonstrates that the idea that rape could have long-term psychological consequences already surfaced in the courtroom and medical journals in the late 1930s. And letters written to and by the MWF in the periods 1924-26 and 1942-43 illustrate that women doctors were concerned with rape victims' injuries 'of the mind' decades before

This raises the question why mainstream forensic advice literature on sexual violence in the early and mid-twentieth century did not address the issue of mental harm or advise a sympathetic attitude. I argue, first, that part of the explanation lies in gendered ideas that influenced medico-legal appointment procedures and denied doctors from the MWF the opportunity to impact examination practices. And second that this discrepancy can be explained by expert witnesses' concern about being critiqued for emotional involvement in a case. The cases of the MWF and Dr Bourne illustrate that medical practitioners associated a physician's attention to the mental well-being of sexual assault victims with feelings of pity for, or, at least, a display of sympathy towards the victim. And forensic experts feared that such a display of sympathy would be incompatible with their attempts to embody the epistemic virtue of impartiality.

To embody judicial impartiality, forensic experts instead advised one another to apply the modern medical virtue of emotional detachment. This implied taking out of the equation the emotions of both the complainant and the expert. In British forensic culture, such a detached approach was particularly strong as it was strengthened by the British emotional landscape of

³⁶⁹ Other historians have already pointed out that the (short-term) psychological and emotional impact of rape was already discussed in court cases and forms of life-writing. See: Victoria Bates, 'Forensic Medicine And Female Victimhood In Victorian And Edwardian England', *Past & Present*, 245:1 (2019), 117–151; Willemijn Ruberg, 'Trauma, Body, and Mind: Forensic Medicine in Nineteenth-Century Dutch Rape Cases', *Journal of the History of Sexuality* 22:1 (2013), 85–104; Lucy Delap, "Disgusting Details Which Are Best Forgotten": Disclosures of Child Sexual Abuse in Twentieth-Century Britain', *Journal of British Studies* 57:1 (2018), 79–107.

³⁷⁰ Louise A. Jackson, 'Women Professionals and the Regulation of Everyday Violence in Interwar Britain', in: Shani D'Cruze, eds., *Everyday Violence in Britain, 1850-1950: Gender and Class* (Essex: Pearson Education Limited, 2000) 119-135. The Bourne case has received attention by historians but is primarily studied for its impact on abortion law. See for example: Barbara Brooks and Paul Roth, 'Rex v. Bourne and the Medicalization of Abortion', in: Michael Clark and Catherine Crawford, *Legal Medicine in History* (Cambridge: Cambridge University Press, 1994) 314-343.

the 'stiff upper lip' and ideals of controlled masculinity, in the male-dominated field of forensic medicine. Before I outline this argument, I first explain how my attention to the modern medical virtue of emotional detachment adds to the existing literature on the unsympathetic attitude of medical staff in rape examinations.

Hostility in rape examinations

Historians studying medical examinations of rape cases offer several explanations as to why forensic doctors were unsympathetic towards rape victim-survivors. Most point to shortcomings in the institutional organisation of forensic medical services in the British criminal justice system and the impact of rape myths.

First, historians of forensic culture have demonstrated that during most of the twentieth century Britain lacked a formal system for the employment and education of forensic experts.³⁷¹ Anyone with a medical degree could examine a rape victim-survivor without needing a special qualification in forensic matters in general, or sexual violence specifically. In practice, this meant that the police chose to consult their police surgeons or ask for the help of local general practitioners. Since many of the doctors lacked proper training, the examinations could be painful, vital evidence could be lost and victims did not receive proper psychological care because the practitioners were unfamiliar with the traumatic effects of rape.³⁷² Moreover, as Joanna Bourke explains, police surgeons became 'enmeshed in police culture [and] ... aligned themselves more with the law than with medicine.'³⁷³ Police surgeons only saw the victims once and therefore did not consider them as patients but prioritised the collection of evidence over treatment, especially over the treatment of psychological wounds.³⁷⁴

Second, historians of sexual violence and forensic medicine argue that contemporary gender prejudices and rape myths, especially the myth that 'women lie about being raped', influenced forensic examiners. They emphasise that in the courtroom and the office of the medical examiner, gendered behaviour was as much on trial as the actual crime.³⁷⁵ The

³⁷¹ Katherine D. Watson, *Medicine and Justice: Medico-Legal Practice in England and Wales, 1700-1914* (Abingdon: New York, 2019), 19; Ian Burney and Neil Pemberton, *Murder and the Making of English CSI*, (Baltimore, Maryland: Johns Hopkins University Press, 2016), 41.

³⁷² Jennifer Temkin, 'Medical Evidence in Rape Cases: A Continuing Problem for Criminal Justice', *The Modern Law Review* 61:6 (1998), 821–848; Bourke, 'Police Surgeons and Victims of Rape'.

³⁷³ Bourke, 'Police Surgeons and Victims of Rape', 718.

³⁷⁴ Ibid., 718.

³⁷⁵ Victoria Bates, *Sexual Forensics in Victorian and Edwardian England: Age, Crime and Consent in the Courts* (Bashingstoke: Palgrave Macmillan, 2016); Victoria Bates, "'Under Cross-Examination She Fainted": Sexual Crime and Swooning in the Victorian Courtroom', *Journal of Victorian Culture* 21:4 (2016), 456–470; Joanna

complaints of women who did not conform to ideals about femininity, such as women who had willingly engaged in sex before marriage, were likely to be ignored. Since many doctors accepted the myth that most women lie about rape, they adopted a sceptical attitude towards complaints and saw it as their job to try and unmask these women. According to forensic pathologist, Keith Mant

numerous false allegations of rape are made annually to the police by women who have become frightened by what they have possibly willingly allowed to take place, by women who are pregnant and hope that the police may find the father, by women hoping to gain notoriety from their accusations, and by women who have found themselves in a difficult position as a result of their actions.³⁷⁶

Joanna Bourke offers a third explanation of why forensic doctors lacked sympathy for rape victims. She argues that police surgeons were emotionally affected by their encounters with rape victims. According to her, 'by witnessing and examining the appropriated and wounded body of a victim of sexual violence, the police physician also "hurts".'377 To cope with this kind of wounding, she suggests that police surgeons adopted coping mechanisms, especially a cool professional attitude.

In this chapter, I explore in more detail the context in which forensic experts adopted such a detached or 'cool' attitude. I show that acting in a detached manner was not merely a coping strategy police surgeons employed but also a performance of forensic expertise that was deeply embedded in the intersection of the medical, legal, social and gendered culture in which they operated. To be more specific, forensic physicians adhered to the modern medical virtue of detachment – strengthened by gender norms and the British stiff-upper-lip – as it complemented the judicial virtue of impartiality.

Social histories of medicine show that the development of a more scientific, team-based and specialised form of medicine in the early twentieth century changed physicians' ideas on

Bourke, Rape: A History From 1860 To The Present (London: Virago, 2007); Ivan Crozier and Gethin Rees, 'Making a Space for Medical Expertise: Medical Knowledge of Sexual Assault and the Construction of Boundaries between Forensic Medicine and the Law in Late Nineteenth-century England', Law, Culture & the Humanities 8:2 (2012), 285-304; Jennifer Temkin, Jacqueline M. Gray, and Jastine Barrett, 'Different Functions of Rape Myth Use in Court: Findings From a Trial Observation Study', Feminist Criminology 13:2 (2018), 205-226; Shani D'Cruze, 'Sexual Violence since 1750', in Sarah Toulalan and Kate Fisher, eds., The Routledge History of Sex and the Body: 1500 to the Present (London: Routledge, 2013), 444-459.

³⁷⁶ Keith Mant, Forensic Medicine: Observation and Interpretation (London: Lloyd-Luke, 1960), 230.

³⁷⁷ Bourke, 'Police Surgeons and Victims of Rape', 730.

whether and how they should display sympathy for their patients. Many medical practitioners opted to adopt 'detached concern', which meant that they sought to abolish emotional reactions from their relations with patients. Others criticised this shift away from an empathic approach and advocated a professional display of empathy, which allowed doctors to 'feel into the pains' of their patients while still distancing themselves from the patient's problems.³⁷⁸ To understand why the detached, and even unsympathetic, approach had the upper hand in rape examinations this chapter considers how medical ideals coincided with judicial virtues.

Forensic expert witnesses operated at the crossroads of medical and legal cultures. During the early and mid-twentieth century, forensic services in Britain were slow to formalise and institutionalise. Forensic physicians were actively attempting to carve out a position for themselves as trustworthy and valuable knowledge-makers in the criminal investigation process. To accomplish this in an adversarial justice system, they strove to perform the epistemic ideal of impartiality, not only in the courtroom but also in the examination space. This striving to embody the judicial virtue of impartiality let forensic doctors devalue the medical ideal of sympathy as they feared attention to emotion connoted bias. Instead, they opted for the virtue of detachment. This approach caused them to neglect the psychological needs of victims or consider their mental anguish – if they acknowledged it at all – only as a piece of evidence and not as a matter that required empathy or care. This is remarkable, considering that knowledge of the long-term psychological consequences of sexual crime and the necessity of a sympathetic approach was already advocated in interwar Britain, as the next two cases will illustrate.

'To implant in the mind seeds of terror'

The 1938 case of Dr Aleck Bourne has received little attention in the forensic historiography, and then mostly for its impact on abortion law. However, if we shift the perspective from the outcome of the case to the in-depth discussion among the expert witnesses during the trial, it shows that some gynaecologists and psychiatrists already discussed the psychological consequences of rape in the interwar period.

³⁷⁸ Graham Matthews, 'Clinical Empathy and the Ethics of "Detached Concern" in Mid-Twentieth-Century British Literature', *Literature and Medicine* 38:1 (2020), 113–140; Joanna Bourke, 'Pain, Sympathy and the Medical Encounter between the Mid Eighteenth and the Mid Twentieth Centuries', *Historical Research: The Bulletin of the Institute of Historical Research* 85:229 (2012), 430–452; Samuel J. M. M. Alberti, *Morbid Curiosities: Medical Museums in Nineteenth-Century Britain* (Oxford, New York: Oxford University Press, 2011), 108; Michael Brown, *Emotions and Surgery in Britain*, 1793–1912 (Cambridge: Cambridge University Press, 2022), 17–20; Jodi Halpern, *From Detached Concern to Empathy: Humanizing Medical Practice* (Oxford: Oxford University Press, 2001), 17 & 20.

³⁷⁹ Burney and Pemberton, Murder and the Making of English CSI, 2016.

On 18 and 19 July 1938, Bourne stood trial for performing an unlawful abortion under the Offences Against the Person Act of 1861. He had performed an abortion on a fourteen-year-old girl who had become pregnant as the result of rape by three soldiers on 27 April 1938. In his reflections on the case, Bourne claims that he wanted this case to come to trial so that the court would be forced to consider the question of whether the danger to mental health was sufficient reason to produce a legal abortion. At the time, it was accepted that an abortion would be legal when performed by a medical practitioner to save the mother's life but Bourne's defence was that, even though the mother's life was not in direct danger, the abortion had been lawful because her health was in danger. In the *British Medical Journal*, Bourne wrote that he wanted to imprint on the law that mental health was just as important, or even more important, than physical health. He clarified that, in addition to her youth, the deciding factor for terminating the pregnancy was 'the fact that she, a virgin, had been raped'. Sec

The rape had not yet been proven in court when Bourne carried out the operation on 14 June; it was not until 28 and 29 June that the soldiers were convicted of rape in the Central Criminal Court. In this case, as in so many other rape cases, the character of the girl was questioned throughout the rape trial. During the last days of the trial, the defence attorney emphasised that she had worn lipstick and powder and that she could have known that one of the soldiers, at least, wanted to kiss her. ³⁸³ The judge, in his summing up, also remarked to the jury that they might think that the girl looked older than her age and that 'a good many girls are quite prepared for a flirtation'. ³⁸⁴ In contrast to the use of these rape myths that undermined the girl's statement that the act had not been consensual, Bourne did not seem to be in doubt that she had been raped and was suffering from the consequences when he saw her on 14 June. As I will argue below, this was in stark contrast with the sceptical approach that was advocated in handbooks on forensic medicine.

Bourne based his assessment of the girl's mental health on her story. When he saw her a month after the attack, he concluded she was still suffering from the consequences. Bourne had carefully observed the girl's emotions in the hospital. According to the ward sister, the girl had been unusually cheerful, but Bourne believed that this was a 'façade of courage erected as a defence against her feelings'. He carefully watched her demeanour when he took swabs to

³⁸⁰ Aleck Bourne, *A Doctor's Creed: The Memoirs of a Gynaecologist* (Hertfordshire: The Garden City Press Limited, 1962), 99; Aleck Bourne, 'Abortion and the Law: Correspondence', *British Medical Journal*, 30 July 1938, 254.

³⁸¹ Bourne, 'Abortion and the Law', 254.

^{382 &#}x27;Charge of Producing Abortion: Mr Bourne Acquitted', British Medical Journal, 29 July 1938, 199-200, 200.

³⁸³ 'Trooper Thomas Guilty of Serious Offence', *Shields Daily News*, 28 June 1938, 1.

³⁸⁴ Ibid., 1.

test for infection and V.D. and 'instead of her bearing the trifling discomfort with fortitude, she had broken down and cried. That had confirmed his decision and later in the day he had operated'. According to Bourne, this rape already had a long-term impact on the mental health of the girl.

Moreover, Bourne believed that the rape could have even more long-lasting psychological consequences for the girl if she would carry the pregnancy to term. Bourne argued that this 'would have been a source of nervous, psychoneurotic, and other troubles' because 'the circumstances of her conception were ... such as to implant in the mind seeds of terror'. ³⁸⁶ He reasoned that mental symptoms would arise because the girl had conceived the child in – what he assumed had been – a state of terror. His decision for a medical intervention was thus based on the knowledge that her nerves would be affected by the experience of rape and the resulting pregnancy.

Bourne portrayed himself as an advocate for mental health in child rape victims during his trial and in his media performance afterwards when he was acquitted. His defence had hinged on the idea that emotional well-being, mental health and rape were integrally connected. Several of Bourne's colleagues had supported his decision at the time of the operation and during the trial expert witnesses agreed that terminating the pregnancy was the right decision because the girl's 'mental condition would be such that she might be in grievous danger, and that her nervous system stood a good chance, or might stand a good chance, of being shattered'.³⁸⁷

Historians have shown that in Britain in the early twentieth century, psychologists, psychiatrists and psychiatric social workers already paid attention to child psychology and psychoanalytical ideas concerning trauma and childhood behaviour. Bourne's trial shows that they also applied psychoanalytical ideas to cases of sexual assault. One expert witness, psychiatrist John Rawlings Rees, compared the mental results of the rape in combination with the pregnancy with the 'shell-shock' soldiers developed during the First World War. He professed that he was close to certain that the girl would suffer a mental breakdown. He had two patients in his care who had become pregnant in similar circumstances and had carried their babies to term, and they 'suffered from varying neurotic difficulties which had crippled

³⁸⁵ 'Charge of Producing Abortion', 200.

³⁸⁶ Ibid., 200.

³⁸⁷ Ibid., 199.

³⁸⁸ Bonnie Evans, *The Metamorphosis of Autism: A History of Child Development in Britain* (Manchester: Manchester University Press, 2017); Juliana Broad, 'Working in Cases: British Psychiatric Social Workers and a History of Psychoanalysis from the Middle, C.1930-60', *History of the Human Sciences* 34: 3/4 (2021), 169–194.

them; neither had made a successful marriage, both were terrified at all matters connected with sex, and were anxious and unstable in every way'. 389 He even had one patient who had developed schizophrenia. 390 When asked whether it was possible to distinguish if these symptoms were the result of the rape or the pregnancy, Rees explained that the mental symptoms were grave when this unique situation – a pregnancy resulting from rape – presented itself. His most important conclusion was that, in general, for victims of sexual offences 'the dramatic episode was not so important as the continued strain and the general emotional atmosphere'. 391 Because Rees testified in favour of performing the abortion, he emphasised the specific mental impact of pregnancy resulting from rape rather than reflecting substantially on the long-term psychological effects of the rape event alone. Still, when asked about the possibility of differentiating between the impact of the rape and the resulting pregnancy, he admitted that the data he had collected about cases of rape, where conception did not take place, showed that 'symptoms might certainly appear in such cases'. 392 Already in the 1930s, he argued that both a pregnancy resulting from rape and rape in which conception did not take place had long-term psychological consequences.

This example shows that decades before the 1970s, there were medical practitioners who believed that sexual offences caused long-lasting mental suffering in child victims of rape and that they referred to it in a psychological discourse, of shell shock, schizophrenia and neurosis. Bourne and the expert witnesses were not the only ones who considered the long-term psychological effects of rape on children.

The MWF on sympathy and psychological trauma

Psychological trauma and long-lasting emotional consequences of rape were topics of discussion for some, predominantly female, general practitioners, police surgeons and psychotherapists. This is clear from two files containing correspondence from the Medical Women's Federation (MWF) held at the Wellcome collection.

The first file is a set of letters written between 1924 and 1926. In 1924, the Home Office (HO) set up a committee to 'enquire into sexual offences against young children', but neglected to include women doctors on the committee. The MWF wrote to the secretary of the HO expressing their regret that no women doctors were appointed and urging them to reconsider

³⁸⁹ Ibid., 202.

³⁹⁰ Ibid., 202.

³⁹¹ Ibid., 202.

³⁹² Ibid., 203.

this decision. That did not happen, but the committee did contact the MWF and asked its members for suggestions to strengthen or improve the existing law on or procedure for assaults on young persons. The MWF collected evidence and made various recommendations, especially regarding the employment of sympathetic female police surgeons. Although the committee indeed put forward the recommendation that 'where a medical examination of a girl is necessary it should, whenever possible, be carried out by a woman doctor', not much changed. ³⁹³

Therefore the MWF pursued this issue further in 1938 and 1942. In 1938, they drew up a resolution in which they 'urge[d] that every Chief Constable or Watch Committee should appoint one or more medical women' for the purpose of examining 'women and children involved in cases of indecent or criminal assault'.³⁹⁴ They believed that their sympathetic approach could lessen the emotional strain on these victims. In 1942, they sought support for this resolution from the National Federation of Business and Professional Women's Clubs of Great Britain and Ireland before they brought it to the attention of the HO again. The second file contains their correspondence.

The correspondence between members of the MWF and the National Federation, which has not yet been analysed in depth by historians of sexual violence, illustrates that already in the 1920s and 1940s, this community discussed the impact rape and forensic examinations had on the mental health of victims of sexual crime. The historiography of rape trauma suggests that psychiatric texts did not consider the development of emotional disorders after sexual assault before the 1970s, and on the rare occasions that they did, focused solely on the emergence of frigidity. ³⁹⁵ Historians studying medical practices, instead of textbooks, have illustrated that even though long-term mental consequences were often absent from medicolegal practices, physicians and lay persons did discuss the shorter-term emotional impact of rape, referring to signs they observed hours or days after the attack. ³⁹⁶ The correspondence of the MWF shows that in the 1920s and 1940s these women doctors already recorded a variety of mental consequences of sexual violence years after the attack.

³⁹³ Sexual Offences Against Young Persons, *The Medical Officer*, Home Office Committee to Enquire into Sexual Offences against Young Persons, 8 March 1925, SA/MWF/D.7, Medical Women's Federation, Wellcome Collection, London. (Henceforth Home Office Committee Sexual Offences).

³⁹⁴ Violet Kelynack, Letter to Home Office by Medical Women Federation, June 1938, SA/MWF/D.18, Women Police Surgeons, Wellcome Collection, London (Henceforth Women Police Surgeons).

³⁹⁵ Bourke, 'Sexual Violence, Bodily Pain, and Trauma', 40.

³⁹⁶ Ruberg, 'Trauma, Body, and Mind, 102-103; Bates, Sexual Forensics, 134.

For example, Dr Evie Evans, who ran a v.d. clinic in Cardiff, wrote in 1925 that in her practice she had encountered a few cases of women and children who had been assaulted and suffered from it well after the event. She referred to

a young woman patient of mine whose outlook in regard to the question of accepting a certain man in marriage was very much poisoned by the recollection of a friend of her father who had taken her on his knee as a little girl and had sexual contact with her. Her mind had certainly been injured though her body was not. ³⁹⁷

This 'injury of her mind' impacted her life years after the abuse had occurred. A similar case was reported in 1942 by Dr Elspeth Macleod, of the Institute of Child Psychology, who referred to the case of Mrs B who had 'a terrifying sex experience at the age of four years' and suffered from the 'frightening fantasies' surrounding the event for thirty years. ³⁹⁸ She explained that this gave the victim emotional distress and nervousness to the extent that she had a 'fear for going out alone', longed 'to lie in bed and do nothing', and was close to a 'complete mental breakdown'. ³⁹⁹ A similar view on the long-term emotional impact of rape was uttered by the first female police surgeon to be appointed in Britain in 1927, Nesta Wells. She published her ideas in the *British Medical Journal* in 1961, where she stated that

there are many rather sensitive, often intelligent girls who never seem able to see things again in quite the same way. Their attitude to boys and men will never be quite natural, unreasonable fears of many kinds may develop, and their whole emotional life may be thrown out of balance. The sooner these girls get psychiatric help the better.⁴⁰⁰

At different times in the period 1924-1961, various women physicians highlighted that sexual violence had long-term mental consequences, especially when children were concerned.

It is important to note that, even though the 1942 circular of the MWF referred to cases involving both women and children, most female doctors limited their attention to child

³⁹⁷ Dr Erie Evans, 8 March 1925, Home Office Committee Sexual Offences.

³⁹⁸ Notes are not dated but the other letters and documents suggest that they were written in 1942.

³⁹⁹ Dr Elspeth Macleod, note dated, Women Police Surgeons.

⁴⁰⁰ Nesta Wells and Basil Henriques, 'Sexual Assaults on Children', *The British Medical Journal*, 16 December 1961, 1629-1633, 1633.

victims. In the medical profession in general, female professionals had, since the interwar years, shifted their attention from adult women to children. While some doctors stressed that both women and children should have the right to be seen by a woman police surgeon, others did not consider the case of adult victims, and the secretary of the York Diocesan Association for Moral Welfare even claimed that in her experience 'girls over 16 prefer to be examined by a man but it is real anxiety to girls under 16 to be examined by a man.'

The MWF's focus on children aligned with the research interests of British psychoanalysts who, during the 1920s and 1930s, had a major 'interest in child psychoanalysis'. 403 During the Second World War, these professionals focused on the mental health of children during aerial bombardment. 404 Lastly, the sole attention to children's mental well-being might also be influenced by Freudian understanding of trauma. Indeed, Freudian understandings of psychological disfunction in adulthood 'were heavily biased towards aetiologies of trauma located either within infancy and early childhood or within the unconscious. 405 However, the correspondence does not explicitly refer to Freud's legacy.

According to Dr Macleod, the use of a sympathetic woman doctor could help reduce the mental distress of the rape victim. In their attempts to establish a position for women in forensic investigations, several doctors from the MWF suggested that the virtue of sympathy was related to the gender of the police surgeon. Historian Louise Jackson has illustrated that women police officers and police doctors during the interwar years argued that work with women and children was 'more appropriate for women than for men by virtue of their sex.' Her research shows that in the police force, various professional women attempted to carve out a position for themselves by emphasising that women possessed 'natural sympathy and understanding' and 'that they were more likely to get an accurate account of events because of their ability to gain the trust of women and children'. In general medical practice, women doctors were known for their empathetic relationships with their patients. In 1942, women doctors writing to the MWF added to these arguments that their gender was less likely to cause mental distress and trauma to the victim. In 1942, Dr Mabel Lindsey argued 'if a man doctor is called to see the child, no matter how nice or sympathetic he may be in making his

⁴⁰¹ Jackson, 'Women Professionals', 127.

⁴⁰² Barbara Reeve, 14 August 1942, Women Police Surgeons.

⁴⁰³ Shapira, War Inside, 9.

⁴⁰⁴ Ibid., 21.

⁴⁰⁵ Bourke, 'Sexual Violence, Bodily Pain, and Trauma', 36.

⁴⁰⁶ Jackson, Women Professionals, 120.

⁴⁰⁷ Ibid., 124–25.

⁴⁰⁸ Anne Digby, *The Evolution of British General Practice: 1850-1948* (Oxford: Oxford University Press, 1999), 185.

examination it may well seem to the child a mere repetition of a terrifying experience received from some other man, as the examination involves looking and feeling the private parts.'409 These medical women pointed to the presence of psychological strain in rape cases to justify the role they wanted to play in forensic examinations.

Not all doctors writing to the MWF were convinced that the services of a sympathetic woman doctor would be enough to protect the mental health of victims. 410 They emphasised that to prevent 'neurosis' all victims of sexual crimes should receive skilled psychological care. MacLeod explained that 'the emotional results of any abnormal sex experience may be so grave that the child may develop symptoms of maladjustment of such a character that his or her life is ruined, by ill-health, neurotic attitude, or anti-social behaviour.' The necessity for psychotherapy was also mentioned in a 1942 letter by Miss Beattie from the Edinburgh Women's Business Club who said that by only requesting that women police surgeons be appointed 'our president [Dr Chaplyn] does not think you are going far enough and would have a Psycho-Therapist consulted too, but we decided last night to go forward one step at a time.'411 The Federation agreed to the latter and in their letter to the Secretary of State for Home Affairs, they did not mention the need for specialised psychological care but only mentioned the 'psychological' importance of making sympathetic women police surgeons available to victims of sexual crimes. 412 The emphasis that these different women doctors placed on psychological care illustrates their awareness of the long-term mental impact sexual violence had on children.

In sum, the letters of the Medical Women's Federation and the case of Dr Bourne show that, in the first half of the twentieth century, there were medical practitioners who considered the long-lasting mental impact of rape and pleaded for a sympathetic approach towards victims to reduce their mental strain. The next section will illustrate that these ideas were not included in mainstream forensic teachings and practices.

Emotions in mainstream forensic literature and practice

In the period 1924-1978, forensic handbooks and lectures by forensic experts did not mention the MWF's advice to the HO nor the views expressed in the Bourne case. But they did refer to emotions related to rape cases, especially the emotion of fear. In this section, I argue that

⁴⁰⁹ Mabel Lindsey, 31 August 1942, Women Police Surgeons.

⁴¹⁰ Note, there were also some women doctors who responded to these circulars who used a less compassionate, even distrusting, discourse when discussing these matters. See for example: Dr Lettia Fairfield, 9 March 1925, Home Office Committee Sexual Offences.

⁴¹¹ Miss Beattie, 20 August 1942, Women Police Surgeons.

⁴¹² Janet M. Campbell, 5 October 1942, Women Police Surgeons.

forensic physicians' motivation to look for signs of fear did not come from a medical concern for the complainant's well-being but from their attempt to find evidence that fitted the legal interpretation of rape. For them, fear was a piece of evidence.

Before the Sexual Offences (Amendment) Act of 1976, rape was defined in the Offences Against the Person Act of 1861 as unlawful "carnal knowledge" of a woman by force and against her will of a male of 14 years or older. Force was primarily interpreted as physical violence and the woman was expected to 'struggle to her uttermost ... in an attempt to prevent the commission of the act' to show that it was 'against her will'. He Because of this, medical evidence hinged first and foremost on physical injuries that suggested that the woman had resisted. It was not always necessary that the complainant had sustained injuries to prove rape because 'the force used [could also have been] moral and not physical—e.g., threats, fear, horror, syncope' and if a woman would 'yield through fear or duress it [was] still [considered] rape'. Most manuals on forensic medicine emphasised that an experience of fright could explain the absence of physical injuries.

For example, professor of forensic medicine, John Glaister Jr remarked in his 1942 handbook, that 'there are, unquestionably, girls who become panic-stricken when an attack of this kind is made upon them, and are rendered incapable of offering serious resistance.' In forensic literature the crime of rape was associated with an emotional response; terror, which the authors believed could have a physical manifestation: paralysis. In 1926, professor of forensic medicine Sydney Smith explained that

[i]nability to resist from terror or from an overpowering feeling of helplessness, as well as horror at her situation, may lead a woman to succumb to the force of a ravisher without offering that degree of resistance which is generally expected of a woman so situated. ... One has only to consider how in a sudden emergency any one of us may be temporarily paralyzed, to understand the effect on a woman suddenly accosted by a man whose intentions are obvious.⁴¹⁷

⁴¹³ Douglas J. A. Kerr, *Forensic Medicine: A Textbook for Students and a Guide for the Practitioner* (London: A&C Black LTD, 1935), 163.

⁴¹⁴ W. G. Aitchison Robertson, *Aids to Forensic Medicine and Toxicology* (London: Baillière, Tindall and Cox, 1922) 56–57.

⁴¹⁵ John Glaister, Medical Jurisprudence and Toxicology (Edinburgh: E. S. Livingstone, 1942), 354.

⁴¹⁶ Dixon Mann, Forensic Medicine, 79.

⁴¹⁷ Sydney Smith, Forensic Medicine: A Textbook for Students and Practitioners (London: J. & A. Churchill, 1925), 221.

Here, Smith tried to convince his – primarily male – readers of the possibility that women could be paralysed by fear by letting them reason from their own bodily experiences in frightening situations.

Because the law only required adult women and girls who looked as if they were sixteen or older to prove intercourse had been 'against their will', most handbooks discussed fear only in cases of adult and teenage victims. Moreover, as most forensic doctors assumed that rape of children would normally produce visible injuries even when no additional manual force was used, they did not typically look for other evidence of rape than physical signs in these cases. The absence of references to the emotions and psychological impact of rape in cases where children were concerned, underlines that the authors of the handbooks considered fear as a piece of evidence and not as a matter that required psychological care.

The argument that terror could render a woman or a girl paralysed put forensic doctors, whose job it was to look for physical signs of rape, in a difficult position. What were they to comment on if no injuries were visible? Authors of handbooks explained that in these instances, the doctor should look for proof that the complainant had felt fear.⁴¹⁹

Despite the importance that the authors placed on signs of fear, neither Glaister nor Smith nor any of their colleagues explained how physicians should interpret the mental state of a complainant. In the early and mid-twentieth century, it was uncommon for authors of the handbooks to mention the long-lasting psychological effects of rape or to include references to psychological theories. These authors had a background in medicine rather than psychiatry or psychology, and even though the British medical establishment had started to value the knowledge of psychology and psychoanalysis in the 1920s and 1930s, the majority of practitioners did not accept the Freudian approach that focused on sex and emotions.⁴²⁰

The authors of the handbooks did not express any concern about the mental health of the victims in the aftermath of the crime. They approached the emotional impact of rape as a short-term manifestation of fear during the attack. That these authors were interested in a fleeting emotional state is underscored by their claim that it was difficult to assess the emotional

⁴¹⁸ Frederick J. McCann, 'Some Cases of Medico-Legal Interest in the Practice of Gynecology', *Transactions of the Medico-Legal Society* 83 (1926-1927), 83–102; Sydney Smith, W.G.H. Cook, and C.P. Stewart, *Taylor's Principles and Practice of Medical Jurisprudence* (London: J. & A. Churchill, 1948) 83.

⁴¹⁹ 'Forensic Medicine Lecture Notes', October 1932, Papers of John Brash De Vere Weir, GB 248 DC 206/7/12 and DC 206/7/13, Glasgow University Archive.

⁴²⁰ Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006), 175, 182, 195.

experience of the victim because days sometimes had passed between the rape and the medical examination. 421

Some physicians maintained that they could find evidence of whether a victim had experienced fear on the body. For example, C. F. Patterson, an expert witness in a violent carnal knowledge trial in 1931, underpinned his observation of anxiety and stress in the complainant by pointing to her rapid pulse. And Keith Mant argued in 1960 that 'examinations in cases of [rape through fear and paralysis] frequently reveal much more severe injuries to the genital region than one would expect from sexual intercourse by consent. These were exceptions though, as the authors of forensic texts rarely linked emotions to bodily signs.

More often, forensic experts stepped outside the medical realm to assess whether a complainant had experienced fear. They usually applied lay methods for determining the emotional effects of rape on different kinds of women, especially assessing the moral character of the victim to decide whether it was probable that she had felt fear. Forensic experts warned their readers that anxiety and 'physical paralysis through fright' were often feigned by women and girls 'to save their character'. Keith Simpson argued in his 1947 handbook that 'no difficulty is experienced in singling out the chaste from the wanton, or the shy and bewildered from the brazen and affectedly hurt.' Throughout the period of 1920-1960, the handbooks instructed their readers that when the victim was 'young and inexperienced, physically frail or nervous, she is the more likely to have been taken by surprise and overcome than when experienced in such matters, strong and able to give as good as she gets.' Only a select group of victims, predominantly virgins and middle- or upper-class women, were believed to have experienced fear. The experts did not rely on research when they put forward these ideas but instead reasoned from dominant lay norms on gender, sexuality and class to argue that 'delicately built' virgins were capable of genuine physical paralysis because of their ignorance

⁴²¹ Frederic Smith, London Hospital Lectures on Forensic Medicine and Toxicology (London: H. K. Lewis & Co. LTD., 1929); Kerr, Forensic Medicine, 165; Caryl Thomas, A Synopsis of Forensic Medicine and Toxicology (London: J. Wright, 1933), 80–83; Simpson, Forensic Medicine, 184; Smith, Cook, and Stewart, Taylor's Principles, 78; Glaister, Medical Jurisprudence and Toxicology, 354; Francis E. Camps, 'The Medico-Legal Expert', Medicine, Science and the Law (1968), 1, 11-14; S.H. Burges, 'Sexual Offences', in S. H. Burges and J. E. Hilton, eds., The New Police Surgeon; A Practical Guide to Clinical Forensic Medicine, (London: Hutchinson Benham Limited, 1978), 230. An exception is Keith Mant who briefly mentions changes in behaviour in girls aged between 11 and 13: Mant, Forensic Medicine, 237.

⁴²² Central Criminal Court: Depositions: Charge of Violent Carnal Knowledge, 10 February 1931, Crim 1/542, National Archives Kew (NA), London.

⁴²³ Mant, Forensic Medicine, 232–33.

⁴²⁴ Ibid., 244; Mann, Forensic Medicine, 79.

⁴²⁵ Simpson, Forensic Medicine, 184.

⁴²⁶ Ibid., 183.

⁴²⁷ Mann, Forensic Medicine, 82; Kerr, Forensic Medicine, 164.

in sexual matters. They expected girls who had had sexual intercourse before and 'country girls' who were 'familiar with animal life' to be aware of the perpetrator's intention and to resist. 428

These statements reveal that the authors assumed that women would become paralysed by fear because of their ignorance of sex and not because the experience of rape itself was a source of horror or mental distress. By putting forward this idea, forensic experts reinforced the rape myth that only virgins were genuine rape victims.

The link that the authors of forensic handbooks drew between morality and emotions led them to suggest that emotions played a role in rape cases only on rare occasions. All handbooks highlighted that false accusations of rape were frequent and that it was the duty of the medical practitioner to 'unmask' lying women. This encouraged forensic doctors to adopt a sceptical attitude instead of a sympathetic approach when they approached a complainant.

It is difficult to determine to what extent this advice from the handbooks on the role of emotion in rape cases played an important part in forensic practice. Because of privacy regulations, there are only a few trial transcripts and depositions of rape cases open for review at the National Archives. These include cases tried at the Court of Criminal Appeal and the Central Criminal Courts for criminal cases in London, Middlesex and parts of Essex, Kent and Surrey. Four of the thirty-three transcripts and depositions of trials that are open for review and contain medical testimonies suggest that, at least occasionally, the advice to note down shortterm emotional responses of rape victims was put into practice. But in none of these files did medical witnesses refer to long-term psychological disorders. Trial transcripts from 1928, 1931, 1959 and 1960 illustrate that expert witnesses mentioned, for example, that the complainant 'suffered from shock', appeared 'anxious and distressed', 'was in a distressed condition', was 'perfectly rational but somewhat agitated' or had a 'condition ... consistent with assault having taken place'. 429 These statements were brief and no conclusion was attached to them, but this was also the case with most other statements concerning the physical condition of the complainants. This suggests that, before the 1970s, in the majority of cases under review, medical witnesses did not mention emotions, though some forensic physicians considered short-term emotions in rape cases and referred to them as evidence in court.

⁴²⁸ A. Stuart, book of lecture notes forensic medicine, lecture 16, 1921, EUA CA2/7/3, Edinburgh University CRC archive.

⁴²⁹ Central Criminal Court: Depositions: Charge of Rape, 11 December 1928 CRIM 1/451, NA; Central Criminal Court: Depositions: Charge of Violent Carnal Knowledge, 10 February 1931, CRIM 1/542, NA; Central Criminal Court: Depositions: Charge of Rape, 6 January 1959, CRIM 1/3106, NA; Assizes: Western Circuit: Criminal Depositions and Case Papers: Rape, 9 May 1960, ASSI 26/210, NA.

In the period of 1922-1978, mainstream forensic experts did discuss the emotional experiences of rape victims but did not consider them as long-term psychological consequences of rape that required care. Instead, for the authors of the handbooks, the emotion of fear was a piece of evidence. Their main aim was to determine whether the woman in question would have been likely to have experienced it. To do so, they favoured a sceptical attitude over a sympathetic approach. Moreover, in their assessment, they did not rely on knowledge from the psy-sciences but predominantly on moral ideas concerning sexuality. This raises the question of why knowledge of long-term psychological trauma and the necessity of sympathetic care were absent from mainstream forensic literature. The last sections of this article turn to this question.

Gender and expert appointment practices

Differences in the medical professions influenced whether doctors considered the psychological impact of rape. The doctors who emphasised the long-term mental effects of rape were medical practitioners who encountered victims of sexual violence sometime after the crime had been committed. The doctors of the MWF were psychiatrists, psychotherapists, doctors with a v.d. clinic, GPs and gynaecologists. Sometimes they only encountered these victims because these women explicitly sought out their help. These doctors, unlike the forensic physicians who only saw the victim when she made a complaint, were in a position to see the long-term impact of rape. They encountered the women in their caring capacity, whereas their colleagues saw them in the context of the police's request to find evidence. Because the medical procedures connected to criminal investigation were primarily focused on evidence-gathering and not on caregiving practices, therapists were not asked to see victims and did not play a significant role in rape examinations.

In addition to this, the gendered appointment practices of the police obstructed the integration of the doctors from the MWF into forensic procedures. Female physicians, already in short supply during the first half of the twentieth century, were often overlooked by the chief constables of the local police stations who had the right to decide who would examine victims of sexual violence. These men often preferred to appoint their police surgeon or a doctor already familiar to them, while dismissing female doctors. A telling example is a case from 1925, when the police station in Plymouth actively prevented a woman doctor from examining a rape victim. It concerned a sixteen-year-old girl who was five to six months pregnant and admitted to a Salvation Army Home. The police contacted the matron of the home because they wanted the girl examined. The matron asked whether the girl would be examined by a

woman doctor and 'after some hesitation was informed by the police "no". The matron refused to let the girl go and argued that the woman doctor who visited the home, Dr Ramsay, should examine her. The police answered that they wanted to spare Dr Ramsay the trouble of going to the assizes. Yet, when Dr Ramsay said she was prepared to appear in court, the police refused her services and threatened that they would come and collect the girl from the Home. To prevent this, the matron sent the girl back to her parents and told them not to have her examined by a male doctor. However, the police contacted the mother and warned her that if she wanted the child to be examined by another doctor, she would have to pay the expenses. Eventually, the stepfather yielded and had her examined by a prison doctor, as the police wished. Dr Ramsay brought this case to the attention of the MWF and the Ministry of Health. Yet, from the documentation, it seems unlikely that the matter was ever pursued. Responding to her letter, Janet M. Campbell wrote that she went to see Sir Blackwell of the HO about the case and that he was going to ask the police for a report on it. However, she finishes her letter with 'but I don't think, between ourselves, that you will get much satisfaction from the H.O.'430

The situation did not improve much over the next decades. Though Nesta Wells was appointed as 'woman police surgeon' in Manchester in 1927, for years she remained the only one in the country while other police districts refused to see the value of employing a woman doctor. All In Doncaster, in 1938, the health committee had asked a woman doctor, Betty Walker, to undertake the examinations in cases of sexual assault. Yet, in practice, police refused her the title of woman police surgeon and rarely referred cases to her because the chief medical officer, responsible for public health, 'felt that if [her] name was officially associated with the police, this might deter patients from attending my clinics, particularly the V.D. Clinic. Another example came from Bradford in 1942, where the chief constable argued that there was no need for a woman doctor, as he recently employed twenty-one policewomen who did not require the service of a medical woman. Even though it was pointed out to him that the woman doctor would care for young victims of sex crimes, he did not see the difference between the needs of his personnel and women and children who experienced sexual violence. The fact that the matter of employing women police surgeons emerged again in the 1980s illustrates the difficulty these women had in claiming their position in the forensic

⁴³⁰ Janet M. Campbell, Letter Titled Personal, 23 June 1925, Home Office Committee Sexual Offences.

^{431 &#}x27;Woman Police Doctor', Vote, 5, 1927, 3; Jackson, 'Women Professionals', 119.

⁴³² Betty Walker, Women Police Surgeons.

⁴³³ D. Pearson, Women Police Surgeons.

landscape. 434

In sum, the doctors who voiced concern for the mental health of rape victims were not involved in, or even actively shunned from the medico-legal procedures by the police. Still, their absence in forensic practices only partly explains why knowledge on long-term psychological consequences of rape and the value of a sympathetic approach were absent from the handbooks. To understand this, the next sections turn to the epistemic virtues that shaped British forensic culture.

Sympathy versus impartiality

The MWF advocated that rape victims should be approached sympathetically because of the mental strain they experienced. Nevertheless, during most of the twentieth century, sympathy was not considered a forensic virtue. Though some experts considered the display of sympathy a useful tool for extracting knowledge from victims, many feared that expressing true feelings of sympathy and paying attention to the emotional experience of the victims would prevent them from upholding some of the key virtues in forensic science and medicine: impartiality and emotional detachment.

Dr Bourne's case shows that many physicians considered a doctor's attention to trauma to be inextricably bound up with a sympathetic, and hence partial, approach. According to newspaper articles and journal reports on the case, the prosecution, police officers, and some medical practitioners criticised Bourne for letting his feelings interfere with his practice. But Bourne and his defence lawyer explicitly denied that he had merely acted out of 'pity' or sympathy. Instead, Bourne tried to present himself as a brave pioneer who had willingly given himself up for arrest and brought forward a 'test case' in order 'to establish in the eyes of the law that mental health was just as important as physical health'. However, even when he was acquitted, some of his colleagues argued that his attention to mental health could not be distinguished from his subjective feelings of sympathy for the victim. In a letter to the editor of the *British Medical Journal*, one general practitioner complained that 'Mr. Bourne acted ab initio on purely sentimental, moral, and sympathetic grounds.' And another colleague remarked that 'it can hardly be in doubt that ... the obstetrician is sometimes influenced by

⁴³⁴ Appointment of women police surgeons for examining victims of rape and sexual assault, 1983 Jan 1 - 1987 Dec 31, HO 287/4027, NA.

⁴³⁵ 'Girl's Chance of Lifelong Mental Injury', *Leicester Evening Mail*, 18 July 1938; 'Surgeon Found 'Not Guilty'', *The Times*, 20 July 1938; Bourne, *A Doctor's Creed*, 99.

⁴³⁶ Bourne, 'Abortion and the Law', 254.

⁴³⁷ Charles Franklyn, 'Correspondence', *British Medical Journal*, 1938, 2, 373.

humanitarian considerations in performing abortion on such ravished children.'438 Attention to psychological well-being was closely connected to the doctor's sentiment and sympathy.

The struggle of expert witnesses to present themselves as impartial knowledge-makers made them adopt an unsympathetic attitude towards victims. In the modern British legal arena, expert witnesses were called into court by either the prosecution or defence party. This meant that either one of these parties employed the expert and that during the trial, the expert appeared for them in the courtroom and was cross-examined by the opposing party. In this adversarial system, experts were vulnerable to accusations of partiality. The advice literature on forensic medicine and science illustrates that forensic experts were insecure about their position in the British legal system and stressed their need to embody the legal virtue of impartiality to counter suggestions of bias. 439 Court advice columns warned expert witnesses that 'bias and sympathy on the doctor's part may easily lead to an impulsive and rash opinion.'440

Authors of forensic handbooks presented themselves as particularly capable of avoiding this pitfall to legitimise their expert role. The 1948 edition of *Taylor's Principles* – a leading handbook on medical jurisprudence – pointed out that the crime which 'is so rightly detested' required 'great circumspection' on behalf of the medical examiner because 'when a girl over sixteen or a woman is in question, juries are very inclined to take the view that there cannot be smoke without fire.' It became the duty of the medical examiner 'to exculpate an unjustly accused man' and remain untouched by these lay feelings of sympathy. Various authors of forensic textbooks and articles noted that this was how the forensic expert distinguished himself from a family doctor. A divisional police surgeon for the Merseyside Police explained that 'in the doctor's surgery, the doctor tends to accept most of what his patient tells him as the truth. In the police station, no such assumption can be made and allegations of assault can be made maliciously by people of the most innocent appearance.' It was a mark of forensic expertise to be able to switch off this 'natural feeling' of sympathy and instead adopt a critical attitude towards the victim.

⁴³⁸ James Young, 'Correspondence', *British Medical Journal*, 1938, 2, 373.

⁴³⁹ 'The Expert Witness', *The Lancet*, 1923, 202, 991; 'Medicine and the Law: Judicial Views of Medical Evidence', *The Lancet*, 1941, 237, 425; 'The Duties of the Medical Witness III', *British Medical Journal*, Medico-Legal, 1934, 1, 600–601; H.A. Burridge, *An Introduction to Forensic Medicine for Medical Students and Practitioners* (London: H.K. Lewis & Co, 1924) 23; Simpson, *Forensic Medicine*, 211.

^{440 &#}x27;Doctor in the Box', The Lancet, 274, 1959, 838.

⁴⁴¹ Smith, Cook, and Stewart, *Taylor's Principles*, 94.

⁴⁴² Ibid., 94.

⁴⁴³ M. Clarke, 'Examination of the Living', in *The New Police Surgeon: A Practical Guide to Clinical Forensic Medicine*, ed. S.H. Burges and J.E. Hilton (London: Hutchinson Benham Limited, 1978), 118.

This dismissive attitude towards the virtue of sympathy would have complicated the attempt of women doctors to carve out a position for themselves in the forensic landscape. In the early and mid-twentieth century, medical women, in their quest for emancipation, had pointed to their 'natural' feminine qualities of care and sympathy to legitimise their presence in the medical profession. He association between women and sympathy would not have aided the MWF's plea for employing more women police surgeons. It was a trait more associated with nurses than doctors. Moreover, many police officers believed that the role of a sympathetic woman could also be played by a policewoman or social worker, making it unnecessary to employ female doctors. This changed after the 1970s, when feminist activism called for equality in the workplace and public criticism of the unsympathetic attitude of police surgeons arose. As larger numbers of women made their way into the mainstream police force and forensic services, the discussion of whether rape victims should be examined by women police surgeons flared up again. However, this time, the argument that 'a sympathetic male doctor is just as good' was used to counter their claim.

After 1978, handbooks increasingly pointed to the importance of approaching a rape victim with sympathy and paying attention to her mental health. It seems that sympathy had become a mainstream forensic virtue. Still, while on paper many police surgeons emphasised the importance of a sympathetic approach, in practice, forensic physicians kept struggling to combine a sympathetic approach with an impartial attitude. In the courtroom, experts would continue to 'be accused of lacking neutrality and working for the prosecution.' In fact, one doctor working in the 1990s 'recalled how she had been accused by the defence of having "emotionally bonded to the victim" because she had treated her with sympathy.'

A sympathetic approach clashed with the attempts of expert witnesses to embody the virtue of impartiality. An epistemic virtue better suited for the enactment of impartiality was detachment.

Detachment in twentieth-century British forensic culture

British forensic experts attached much importance to detachment because it was embedded in the modern medical and British emotional practice of the early and mid-twentieth century.

⁴⁴⁴ Digby, *The Evolution of British General Practice*, 174; Jackson, 'Women Professionals', 120 and 122.

⁴⁴⁵ Sarah Chaney, 'Before Compassion: Sympathy, Tact and the History of the Ideal Nurse', *Medical Humanities* 47:4 (2021), 475–484.

⁴⁴⁶ 'Male or Female? Sex Assault Examiners', *The Police Surgeon Supplement* 15 (1983), 30-31.

⁴⁴⁷ Temkin, 'Medical Evidence', 840.

⁴⁴⁸ Ibid.

Around the eighteenth century, growing importance was placed on anatomy and pathology in medicine: to understand the body, it was opened up, dissected, and individual organs were studied. 449 Pathologists adopted a stoical perspective on the bodies they dissected to execute this kind of work and came to see them primarily as objects of study. 450 This approach was not contained within the walls of the mortuary but came to influence modern medical practice in the late nineteenth and early twentieth century. 451 In this dominant 'anatomy-lab culture', physicians came to see their patients less as subjects with emotional needs and more as objects of study which had to be approached in a detached manner. 452 While this practice was criticised publicly, British forensic practice, where the pathologist was one of the most influential figures, proved fruitful soil for this medical culture. 453

The handbooks that advised forensic physicians on rape examinations were written by eminent forensic experts, often men, who enjoyed a popular status in Britain as medical and scientific investigators – such as Sydney Smith, John Glaister Jr and Keith Simpson. These were trained pathologists, who predominantly worked with dead bodies. They wrote about medico-legal matters from this point of view. As I showed in chapter 2, the autobiographies written by these experts testify that detachment was one of the core forensic virtues they sought to embody in the mid-twentieth century. Almost all experts who wrote memoirs stressed that the job did not affect them on an emotional level because they were particularly good at distancing themselves from the bodies they encountered.

Despite their specialisation, these pathologists influenced rape examination practices. That is because, until the last decades of the twentieth century, the handbooks and the lectures of these experts were the primary sources of information on all medico-legal matters, including rape. In early and mid-twentieth-century Britain, rape victims were examined by a registered medical practitioner consulted by the police. This professional did not have to be a specialist but was often a police surgeon or general practitioner. These physicians relied on the, often non-mandatory, lectures on forensic medicine they had attended during their studies and on the handbooks written by pathologists who considered themselves all-round experts. In this light,

⁴⁴⁹ Willemijn Ruberg, *History of the Body* (London: Palgrave Macmillan/Red Globe Press, 2020) 15-16.

⁴⁵⁰ Alberti, Morbid Curiosities, 102.

⁴⁵¹ Michael Brown, *Emotions and Surgery in Britain, 1793–1912* (Cambridge: Cambridge University Press, 2022), 17–20.

⁴⁵² Kelly Underman, *Feeling Medicine: How the Pelvic Exam Shapes Medical Training* (New York: New York University Press, 2020). Sarah-Maria Schober, 'Muck, Mummies and Medicine: Disgust in Early Modern Science', *Emotions: History, Culture, Society* 4 (2020), 43–65; Barbara Duden, *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (Cambridge: Harvard University Press, 1998).

⁴⁵³ Agnes Arnold-Forster, "Racing Pulses: Gender, Professionalism and Health Care in Medical Romance Fiction", *History Workshop Journal*, 91:1 (2021), 157-181.

it seems accurate that one rape victim described that during the medical examination, it was 'as if I was on the slab in the morgue'. 454

So while detachment was shaped through pathologists' interactions with corpses, this virtue also influenced rape examinations. This is illustrated, for example, in the correspondence about the resignation of the Police Surgeon of Aberdeen, Dr Alexander Brown. On 17 February 1931, Dr Brown wrote to the British Medical Association to explain why he was abandoning his post. One of his main reasons for leaving the job was the mental impact examining rape victims had on him. He explained that when he was appointed he was made to believe that he would be primarily conducting 'malingering cases' but in reality, he mainly worked at night and those 'night calls [we]re usually criminal attacks on young girls, sometimes mere infants and are of the most revolting nature.' ⁴⁵⁵ He ended his letter by emphasising two times that 'the figures given are merely an index of the amount of work done. They convey nothing of the responsibility involved or of the disgusting nature of much of the work.' ⁴⁵⁶ The British Medical Association discussed the matter and the medical secretary wrote that he would look into most of the grievances Dr Brown outlined but added:

I should not myself be inclined to place as much stress as Dr Brown does on what he calls the "disgusting nature" of some of the cases he has to attend to. Surely that could be said by every doctor with regard to quite a fair proportion of his work, and as every medical student is taught in hospital to regard the repugnant things which come his way as being part of the day's duty, I should be inclined to deal with that aspect only en passant.⁴⁵⁷

In this rare event that a doctor addressed the particular emotional strain of forensic examinations, this experience was downplayed by the Medical Association by pointing to the need of every doctor to conform himself to the emotional virtue of detachment.

Because of the hold of the virtue of detachment over forensic experts, there are few traces of the emotions of examiners in the archives. Still, other medical practitioners also expressed affect in rape examinations. For example, in 1938, an enthusiastic divisional surgeon, Dr Grosky, had offered to provide lectures for police officers on medico-legal subjects

⁴⁵⁴ Bourke, 'Forensic Sense', 164.

⁴⁵⁵ Alexander Brown, Resignation Letter, 17 February 1931, MP408, Police surgeons correspondence, Wellcome Collection. (Hereafter Police surgeons correspondence)

⁴⁵⁷ Dr M. Connon, Police surgeons correspondence.

but this proposal was considered inappropriate by one of his colleagues, Dr Jones. Jones stressed 'the very real dangers of young constables knowing too much on these repulsive medical subjects.' And in 1942, superintendent Book was paraphrased to have said that 'the men doctors dislike "carnal knowledge" cases'. Even pathologist Dr Keith Simpson admitted to having an emotional reaction to the rape victim of the 'A6 Murder' a case from 1961 in which a man first shot the driver of a car and afterwards raped and shot the driver's girlfriend who, unlike her boyfriend, survived the shooting. He writes that when he examined her 'I felt (as I often did) more disturbed at this tragic sight in a living creature than by a dead body.' This was an unusual remark for him, as he presented himself as a forensic pathologist who was rarely emotionally affected by his work and whose emotions never influenced his knowledge-making process. According to psychiatrist Edward Glover, medical men had difficulty being objective in sexual offences cases. In a lecture to the Medico-Legal Society on 24 May 1945, he stated that 'we might as well begin with the frank admission that few, if any, of us can approach the problem of sexual disorder with that complete emotional detachment that is the pre-requisite of successful research.'

These small glimpses into the emotional life of medical examiners involved with rape victims illustrate that even though experts were not keen to admit emotional involvement, rape cases struck a nerve. Those admissions are scarce and the scarcity of such reflections on the emotional experiences of forensic examiners in rape cases points less to the absence of emotions and more to how unusual it was for experts to acknowledge and express them. Still, their presence does not mean that a sympathetic medical practice was in place. For this to develop, emotions do not only have to be present but also acknowledged. And as the reply to Dr Brown's resignation letter and Glover's critique of his colleagues show, the culture of detachment required doctors to turn their attention away from the emotions they felt and witnessed in sexual crimes.

The practice of distancing oneself from emotions would have been particularly strong in British forensic culture. As I outline in chapter 2, in early and mid-twentieth-century Britain, control over emotions and displaying a stiff-upper-lip was considered very important,

⁴⁵⁸ 'The dangers of advanced lectures by divisional surgeons on medico-legal subjects', 28 July 1938, MEPO 2/2668, NA.

⁴⁵⁹ M. Moore, Women Police Surgeons.

⁴⁶⁰ Simpson, Forty Years of Murder, 163.

⁴⁶¹ Emphasis added. Edward Glover, *The Social and Legal Aspects of Sexual Abnormality*, (London: Institute for the Scientific Treatment of Delinquency, 1947). Originally delivered as a lecture to the medico-legal society on 24 May 1945. GUA FM/6/2/21-22, Glasgow University Archive.

⁴⁶² Underman, Feeling Medicine, 2.

especially for men. 463 And this emotional detachment was practiced by forensic experts in their public performances. Because of the prominent role that this virtue of emotional detachment played in British forensic culture there was little room for sympathy or attention to the emotional experiences of rape victims that required care in the mainstream forensic literature that was dominated by male pathologists.

Conclusion

In the period of 1924-1978, the emotions of rape victims were an important theme in British forensic culture. Outside mainstream forensic literature, medical practitioners emphasised the long-term psychological impact that the experience of rape could have on victims, especially children. The cases of the MWF and Dr Bourne illustrate that knowledge of long-term mental suffering circulated inside the forensic context decades before the 1970s. Some of these physicians, predominately women doctors, argued that a sympathetic approach on behalf of the examiner could lighten the mental strain of the victim.

Yet, these views were not expressed in mainstream forensic literature. Here, the emotional experiences of rape victims were not considered as a mental health issue but as pieces of evidence. Specifically, forensic physicians looked for signs of fear which could have driven the victim into a state of physical paralysis, hence explaining the absence of injuries medical practitioners expected to find in a rape victim. In their assessment of the mental condition of the victim, forensic experts did not rely on psychological theories on the victim's responses to rape. Nor did they normally advocate a sympathetic and caring approach to lessen the victim's emotional burden. Instead, they advocated a critical, even stoical attitude, to assess the 'credibility' of the girl or woman. This detached approach towards the emotions of rape victims remained mainstream in forensic medicine until the 1970s.

I brought together police practice, epistemic virtues, and emotional experiences of professionals to broaden the understanding of why this was the case. Applied to the history of rape examinations this shows that historians benefit from considering how knowledge practices were shaped by gender prejudices and epistemic virtues.

⁴⁶³ Thomas Dixon, *Weeping Britannia: Portrait of a Nation in Tears* (Oxford: New York: Oxford University Press, 2015); Hera Cook, 'From Controlling Emotion to Expressing Feelings in Mid-Twentieth-Century England', *Journal of Social History* 47:3 (2014). 627–46; Lucy Noakes, 'Gender, Grief, and Bereavement in Second World War Britain', *Journal of War & Culture Studies*, 2015, 1, 123-145; Daniel J. R. Grey, "'Agonised Weeping": Representing Femininity, Emotion and Infanticide in Edwardian Newspapers', *Media History* 21:4 (2015), 468-480, 471; Lucy Delap, 'Feminism, Masculinities and Emotional Politics in Late Twentieth Century Britain', *Cultural and Social History* 15:4 (2018), 571–93.

The medical women who advocated a sympathetic approach with attention to psychological trauma in victims were less influential in the forensic realm than their male counterparts, as the police often refused to assign cases to them. The virtue of sympathy and practices of care they propagated were associated with femininity and not taken up in the male-dominated field of forensics.

Moreover, forensic doctors associated their job with knowledge-making rather than caring practices. Expert witnesses feared that a sympathetic approach was incompatible with the judicial virtue of impartiality, which they had to embody to be taken seriously in court. Impartiality matched better with the virtue of detachment which formed a key characteristic of modern medical culture and resonated with the British and masculine ideal of the stiff-upper-lip. Detached from their patients' emotions and their own, forensic experts approached rape victims and their emotions as objects of study and not as emotional patients whose psychological problems they had to tend to. It required forensic practitioners' introspection and reflection upon a public outcry for sympathy to change this perspective later in the twentieth century.

4

Dead Bodies as Fragments of Persons, Silent Witnesses, and Control Tests:

The Impact of Epistemic Virtues on Enactments of Embodied Personhood in the Ruxton Case of 1935⁴⁶⁴

Introduction

On 29 September 1935, a woman crossing a bridge in the Scottish town of Moffat discovered a human arm in the gully below. Soon, more body parts were found in the ravine. The discovery was used by contemporary journalists and writers to draw in readers to ask the whodunit? and howtosolveit? questions that were typical for British twentieth-century crime fiction. In this chapter, in contrast, my focus is on the body parts themselves rather than on the perpetrator. I ask to whom the body parts belonged and whether the personhood of the human material was enacted in forensic practices. I look specifically at how the body parts were enacted in the context of interactions between forensic experts - pathologists, anatomists, dentists, and scientists – and human remains. When were they reduced to objects of study and when were they enacted as fragments belonging to a person? The central argument of this chapter is that in forensic examinations bodies were enacted in multiple and contradictory ways depending on the practice in which they were shaped. I show that in the same case, and through the actions of the same experts, body parts became silent witnesses, fragments of persons, experiments, and samples. Moreover, I contend that the epistemic virtues of impartiality, detachment, mechanical objectivity and trained judgement shaped forensic experts' examination practices in murder investigations, but they did not necessarily lead to the objectification of a body or body part. Distinguishing between different kinds of objectivity, I show that trained judgment offered a framework that allowed experts more opportunities to engage with the personhood of a dead body than mechanical objectivity did. However, my analysis also illustrates that it is too simplistic to argue that the application of the latter always led to the objectification of the dead body as its application also aided the identification of victims.

The complexity of the relation between forensic experts and human material is illustrated by how Professor John Glaister Jr.'s writes about his first encounters with the body

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⁴⁶⁴ An adapted version of chapter 4 has been published in a Dutch lay magazine on the history of science: Pauline Dirven, 'Vertrouwen in Vingerafdrukken, Schedelfoto's en Bloedvlekken', *Wonderkamer: Magazine voor Wetenschapsgeschiedenis* 3 (2021) 46-51.

parts found in Moffat. In his autobiography, he tells his readers about his initial lack of interest in the bodies. He writes that he had had a particularly busy week and was happy to spend his weekend outside Glasgow with his wife and daughters. While he was still in bed, resting, his wife came in with a newspaper in her hand and told him that there were pieces of bodies found in a stream near Moffat. Glaister writes that he responded "I'm not interested" (...) [and] yawned to emphasize the point'. According to him, by the time he drove back to Glasgow '[t]he Moffat business, if in my mind at all, constituted only a vague curiosity'. 465 I believe this performance of disinterest was not a haphazard remark. On the contrary, it seems to be a theme that features often in his public performance of forensic expertise. In another section of his book, he writes that, during another holiday, he also responded with disinterest to the discovery of a human body. While walking on the beach, his dog discovered a dead infant which he tried to hide from his wife: 'I was tired, I was on holiday, I almost dreaded getting involved in any more work. (...) There would be other people strolling along that beach with dogs of equally inquisitive natures – quietly, I began to use one shoe to push some sand back over the little body.'466 Glaister's display of disinterest to these bodies during his holidays could have been linked to the epistemic virtue of disinterest that had increased in importance during the nineteenth century. It stemmed from the idea that to enact mechanical objectivity the scientist needed to be detached to passively record data from nature. 467 As I explain in Chapter 2, the epistemic virtue of detachment was important in early and mid-twentieth century British forensic culture. And Glaister's display of disinterest in forensic matters during his holidays, can be interpreted as the application of his strategy for practicing emotional detachment: keeping his private and working life separate. At first sight, then, it seems to follow logically that forensic experts approached human material as mere objects and not persons because they practised the epistemic virtue of detachment. In this example, it appears that Glaister's attempt to perform objectivity made him callous towards the bodies of murder victims.

In practice, however, the situation was often more complicated. Only one day after his holiday, Glaister had been called to Moffat to examine these human remains. He describes how after this first physical encounter he 'arranged for two large, coffin-like boxes to be made by a local joiner (...) [to] move the remains to their new, temporary resting places.' This caring approach towards the body parts as human remains that ought to be laid to rest, seems to

⁴⁶⁵ John Glaister, *Final Diagnosis* (London, Sydney, Toronto, and New York: Hutchinson & Co., 1964), 100. ⁴⁶⁶ Ibid.. 56.

⁴⁶⁷ Theodore Porter, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton: Princeton University Press, 2001), 4.

⁴⁶⁸ Glaister, Final Diagnosis, 101.

contrast with Glaister's initial performance of indifference and detachment. They illustrate his belief that to do this work he needed to 'combine respect for the dignity of the dead with an impersonal approach to duty.'469 These diverse attitudes towards human remains – as a nuisance that could potentially ruin a holiday and as a piece of a person that deserves a resting place – raise questions about what relationship Glaister and other forensic experts had with the bodies they encountered in forensic examinations. More specifically, it leaves me to wonder to what extent they were influenced by detachment, impartiality, and objectivity, the epistemic virtues I identified as being at the core of British forensic culture in the early and mid-twentieth century in the previous chapters.

In this chapter, I argue that the shift in his attitude towards the human remains in Moffat that Glaister exhibited was characteristic of the relation forensic experts had towards bodies in forensic examination practices. I use the Moffat case, which later became known as the Ruxton case, when Dr Buck Ruxton was convicted of the murders of his wife and nursemaid, to illustrate that the personhood of human remains appears and disappears in contact between practitioners and dead bodies in different practices applied in the same case. I take up Annemarie Mol's concept of the body multiple and apply a praxiographical approach to dead bodies, with a special attention to the presence of personhood in the different enactments of deceased human tissue. I argue that human remains could be enacted in multiple ways in the different practices that experts applied in a forensic murder investigation and that some practices bestow, while others strip personhood from the body. 470 These enactments were embedded in a modernising forensic culture where old and new technologies were applied sideby-side and the epistemic virtues of detachment, mechanical objectivity, trained judgement, and impartiality were alternated. I show that these epistemic virtues helped to shape the forensic practices but did not play a clear and decisive role in the bestowing of personhood on a body or stripping it from it. As I argue in chapter 2, forensic experts did not equal detachment with callousness, and their approach towards the personhood of human remains displays this. Trained judgement did offer experts a framework which stimulated them to work with the social identity of the body more than mechanical objectivity did. But the presence of the former did not always lead to the bestowing of personhood on a dead body, nor did the influence of the latter always deny experts the opportunity to bestow personhood on it.

⁴⁶⁹ Ibid., 84

⁴⁷⁰ Annemarie Mol, *The Body Multiple: Ontology in Medical Practice* (Durham: Duke University Press, 2003).

With this analysis I hope to contribute to the contemporary debate on the objectification of human remains in medical, scientific, and forensic practices. Since the turn of the twentyfirst century, questions revolving around the ethics of the retention, display and usage of human material have been put on the public agenda. 471 A central issue in the public and academic debate is to what extent the personhood of the bodies is preserved when human tissue gets new meaning in the context of the scientific museum. Debates over the presence of human material in anthropological museums developed during the 1980s and 1990s in the USA, Canada, and Australia as a response to repatriation claims from indigenous groups to human remains that were kept in these institutions. In the UK, this ethical debate gained importance ten years later. 472 One of the central critiques was directed at the colonial power relations that had enabled Western scientists to widely collect this human material since the late European Enlightenment.⁴⁷³ In this scientific endeavour, human remains were stripped of their personhood and acquired the status of scientific objects, 'as specimens to be studied, stripped of individuality and life history, to serve the purpose of essentialist "race" theories.'474 From 1999 onwards, after the organ retention scandals at Alder Hey Hospital and the popularity of the Body Worlds exhibition, after it was introduced in London in 2002, questions were also asked about the ethics of exhibiting human remains in medical museums.⁴⁷⁵ In these institutions, some historians have argued, human remains were stripped from their personhood, fragmented into pieces and displayed as pathological and anatomical specimens that showed what the diseased and 'normal' body looked like to medical students. ⁴⁷⁶ The people to whom the bodies had belonged were often not commemorated in the exhibition practice but rather

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⁴⁷¹ Heather Bonney, Jelena Bekvalac, and Carina Phillips, 'Human Remains in Museum Collections in the United Kingdom', in Kirsty Squires, David Errickson, and Nicholas Márquez-Grant, eds., *Ethical Approaches to Human Remains: A Global Challenge in Bioarcheology and Forensic Anthropology* (Cham: Springer, 2020), 211–238. ⁴⁷² Tiffany Jenkins, 'Dead Bodies: The Changing Treatment of Human Remains in British Museum Collections and the Challenge to the Traditional Model of the Museum', *Mortality* 13: 2 (2008), 105–18.

⁴⁷³ Jonatan Kurzwelly and Malin S. Wilckens, 'Calcified Identities: Persisting Essentialism in Academic Collections of Human Remains', *Anthropological Theory* 23:1 (2023), 100-122, 102. See also: Sadiah Qureshi, 'Displaying Sara Baartman, the "Hottentot Venus", *History of Science* 42: 2 (2004), 233–257; Elizabeth Hallam, *Anatomy Museum: Death and the Body Displayed* (London: Reaktion Books, 2016), 20.

⁴⁷⁴ Kurzwelly and Wilckens, 'Calcified Identities', 108.

A75 Roberta Ballestriero, 'The Science and Ethics Concerning the Legacy of Human Remains and Historical Collections: The Gordon Museum of Pathology in London', *Scientiae in the History of Medicine* 4 (2021), 135–149, 135-136.

⁴⁷⁶ Y. Michael Barilan, 'The Story of the Body and the Story of the Person: Towards an Ethics of Representing Human Bodies and Body-Parts', *Medicine, Health Care, and Philosophy* 8:2 (2005), 193–205; Samuel J. M. M. Alberti, *Morbid Curiosities: Medical Museums in Nineteenth-Century Britain* (Oxford, New York: Oxford University Press, 2011); David Gareth Jones, 'The Ethical Awakening of Human Anatomy: Reassessing the Past and Envisioning a More Ethical Future', in Kirsty Squires, David Errickson, and Nicholas Márquez-Grant, eds., *Ethical Appraoches to Human Remains: A Global Challenge in Bioarchaeology and Forensic Antropology* (Cham: Springer, 2020), 73-94.

their bodies were exhibited to show the dissection and pathological skills of the persons who had appropriated them.⁴⁷⁷ In the words of Samuel Alberti, 'for many morbid specimens, the association with the original patient was obliterated by that of the collector'.⁴⁷⁸

Historians of anatomy argue that in anatomical practice more generally, and not only in the practice of exhibition, bodies became study and research objects rather than persons. 479 They emphasise that power relations were at play here; the bodies that medical students, anatomists and pathologists used to develop their medical skills had predominantly belonged to criminals and the poor who had not consented to the collection, usage and exhibition of their remains by medical practitioners. 480 When these people ended up on the anatomy table, they were anonymised, not only in the sense that their names were unknown to the anatomist but also because in the practice of dissection medical students focused on 'the story of the body', i.e. on how the 'normal' body functioned and what the diseased tissue looked like and not on the 'story of the person' to whom the body belonged. 481 The practical process of dissection further stripped bodies from their personhood, as it fragmented the body without hope to reunite it, as human material was lost in the practice – i.e. fluids and 'used up' or decomposed tissue – and, in nineteenth-century Britain, the pieces that were left of the different subjects in the post-mortem room were mixed and randomly divided over the coffins in which they were buried. 482

Historian Tinne Claes has nuanced this argument by explaining that the bodily integrity of a corpse was safe-guarded more in autopsies which began to replace the practice of dissection during the late nineteenth century. However, the work of forensic historian Sandra Menenteau illustrates that this did not apply to forensic autopsies. At least not in nineteenth-century France, where forensic examinations were more prone to stripping a body from

⁴⁷⁷ Alberti, *Morbid Curiosities*; Sophie Goggins, Tacye Phillipson, and Samuel Alberti, 'Prosthetic Limbs on Display: From Maker to User', *Science Museum Group* 8 (2017); Lynn M. Morgan, "Properly Disposed of': A History of Embryo Disposal and the Changing Claims on Fetal Remains', *Medical Anthropology* 21:3/4 (2002), 247-274, 255; Hallam, *Anatomy Museum*, 10–11.

⁴⁷⁸ Alberti, Morbid Curiosities, 98.

⁴⁷⁹ Elizabeth T. Hurren, *Hidden Histories of the Dead: Disputed Bodies in Modern British Medical Research* (Cambridge: Cambridge University Press, 2021); Helen MacDonald, 'A Body Buried Is a Body Wasted: The Spoils of Human Dissection', in Sarah Ferber and Sally Wilde, eds., *The Body Divided* (Abingdon, New York: Routledge, 2016), 21–37.

⁴⁸⁰ Ruth Richardson, *Death, Dissection, and the Destitute* (Chicago: University of Chicago Press, 2001); Jones, 'The Ethical Awakening of Human Anatomy', 72; Margaret Brazier, 'Honouring the Dead: Commodifying the Corpse', in *Law and Healing*, *A History of a Stormy Marriage* (Manchester: Manchester University Press, 2023); Michael Brown, *Emotions and Surgery in Britain*, 1793–1912 (Cambridge: Cambridge University Press, 2022), 202-203.

⁴⁸¹ Barilan, 'The Story of the Body and the Story of the Person'; Alberti, *Morbid Curiosities*; Jones, 'The Ethical Awakening', 81; Brown, *Emotions and Surgery*, 202–203.

⁴⁸² MacDonald, 'A Body Buried Is a Body Wasted', 29; Elizabeth Hurren, *Dying for Victorian Medicine: English Anatomy and its Trade in the Dead Poor, C. 1834 - 1929* (London: Palgrave Macmillan, 2011), 67.

⁴⁸³ Tinne Claes, Corpses in Belgian Anatomy, 1860–1914: Nobody's Dead (Cham: Palgrave Macmillan, 2019).

personhood than regular autopsies as there were no restrictions on how physicians could handle the corpse when the goal was to find a murderer. She argues that 'the corpse lost the status of someone's mortal remains and became a "body of evidence". 484

In contrast, sociologists and anthropologists studying late twentieth-century and contemporary forensic exhumation practices argue that forensic experts bestowed personhood back on anonymised human remains through identification practices. These scholars study the forensic examinations in the aftermath of mass violence, such as genocide and terrorist attacks, and mass accidents that leave many unknown and unrecognizable bodies in their wake. Sociologist Clair Moon argues that forensic identification is a practice that "reunites" the dead body with the identity of the person in life (...) [,] restores personhood after death'. Forensic practices of recovering human remains and identifying them are considered acts that 'bestow (...) personhood to remains'. 486

Bringing together these two strands of literature raises the question of how forensic pathologists, who solved criminal cases, such as murder, treated human remains in early and mid-twentieth-century Britain. Did they bestow personhood on or remove it from the remains they encountered? As forensic medicine and science are disciplines in their own right, it is too simple to apply the findings for nineteenth and early twentieth-century anatomy practices to forensic examination practices. Moreover, today's critical assessment of how people's bodies have been used by science and medicine in the past must be applied with caution. It is true that these histories give valuable insights into how power relations shaped knowledge-making practices and help the development of new ethical standards in our contemporary society. However, this narrative runs the risk of considering the past as a moment in time against which we can contrast our contemporary ethical progress, leaving out the more complex relationship forensic pathologists and scientists had with the deceased they examined and simplifying the way contemporary forensic practices engage with the personhood of remains.⁴⁸⁷

⁴⁸⁴ Sandra Menenteau, 'Stigmata of the Autopsy: Operative Liberties and Protocol in Forensic Examination of the Dead Body in Nineteenth-Century France', *Intertexts* 15:1 (2011), 20-38, 35.

⁴⁸⁵ Clair Moon, 'What Remains? Human Rights After Death', in Kirsty Squires, David Errickson, and Nicholas Márquez-Grant, eds., *Ethical Approaches to Human Remains: A Global Challenge in Bioarchaeology and Forensic Anthropology*, (Cham: Springer, 2020) 39-58, 52.

⁴⁸⁶ Victor Toom, 'Whose Body Is It? Technolegal Materialization of Victims' Bodies and Remains after the World Trade Center Terrorist Attacks', *Science, Technology, & Human Values* 4:41 (2016), 686-708, 696; See also: María Fernanda Olarte-Sierra, 'In Times of Threat or Uncertainty, Care for the Death: Humanitarian and Judicial Forensic Peace-Making in the Colombian (Post) Conflict Context' (paper presented at the Forensic Culture conference at Utrecht University, 2021); Jackie Leach Scully, 'Naming the Dead: DNA-Based Identification of Historical Remains as an Act of Care', *New Genetics and Society* 33:3 (2014), 313–232.

⁴⁸⁷ For example, see how this narrative is used in 'Ethics of Policing', *David Wilson's Crime Files* (BBC, 1 August 2023).

In this chapter, I argue that in forensic encounters between expert and body, bodies were enacted in multiple ways in 1935; as silent witnesses, persons, experiments, samples and proof of their expertise. I explain that the different practices forensic experts used were embedded within the forensic culture in which they operated. The epistemic virtues that shaped this culture – such as objectivity, impartiality, detachment, and trained judgement – helped shape the investigation practices but did not completely determine them. The next sections turn to these theoretical concepts.

Practices and Relational Personhood

My argument derives from the theoretical framework I employ: Mol's praxiography. Mol takes practices and not constructions as the starting point of her analysis. She argues that bodies are multiple, i.e. 'come into being – and disappear – with the practices in which they are manipulated'. Anthropologists and science and technology scholars have applied this praxiographical approach to contemporary forensic investigations and shown that the way a body materialises has to do with the practice in which it is enacted. However, the idea of the body multiple has received less attention within historical studies on forensic examinations of dead bodies.

Within the history of anatomy, some historians have paid attention to practices. Historian Tinne Claes emphasises the importance of distinguishing between the practice of dissection and autopsy practices within anatomical education between the 1890s-1900s in Belgian medicine. She explains that whereas the practice of dissection fragmented the body into extremities, autopsy left the body's integrity intact as it only opened the torso by an incision to examine the major organs and spared the head and hands. According to her, the latter practices only temporarily objectified the body as it allowed space for personhood to be bestowed back upon the body after anatomical practice by the grieving relatives who could not see the marks it left. In a similar vein, historian Elizabeth Hallam argues that cadavers are depersonalised in the dissection room, where British medical students encounter them as anatomical bodies, but are remembered as persons when their names are later spoken in the

⁴⁸⁸ Mol, *The Body Multiple*, 5.

⁴⁸⁹ Toom, 'Whose Body Is It?'; Amade M'charek, 'Beyond Fact or Fiction: On the Materiality of Race in Practice', *Cultural Anthropology* 28:3 (2013), 420-442, 427–431.

⁴⁹⁰ Willemijn Ruberg does show the multiple enactments of hysteria on living bodies in forensic psychiatry. Willemijn Ruberg, 'Hysteria as a Shape-Shifting Forensic Psychiatric Diagnosis in the Netherlands ca. 1885-1960', *Gender and History* 35:2 (2022), 565-581.

⁴⁹¹ Claes, Corpses in Belgian Anatomy.

memorial service for body donors. 492 Their studies show that anatomists became sensitive to the status of personhood the remains held for the surviving family. However, both works assume that these professionals themselves primarily engaged with the remains as objects in post-mortem practices and left the bestowing of personhood to memorial practices outside the mortuary.

In Hallam's later work, this distinction is still present, though she also puts forward the idea that in anatomical and museum practices, human bodies could become something else than mere objects. Applying that 'this objectifying stance can still slip into a more empathetic mode, generating an interplay in the perception of the specimen as both dead physical matter and as once part of a living person. Applying that human remains, like objects and subjects, are not fixed end-products but are constantly re-made in material practices. Important in this process is that the lives of material objects are entwined with those of the persons who produce and interact with them. Apply In this line of thought, this chapter zooms in on the different forensic practices to show that the body could be enacted in multiple ways — as an object, person, and something in between — in the different post-mortem examination practices that were employed — sometimes by the same expert — in a case.

The idea that human remains were objectified during autopsies derives, at least partly, from the conceptualisation of 'personhood' scholars have used. Studies of the ethics of the history of anatomy take up a modern, Western concept of personhood in which 'the concepts "person", "self", "body" and "human being" became almost isomorphic'. According to archaeologists, from a modern perspective, the body is central to the project of individuality. It derives from the idea that a person is an individual, in the literal sense of the word; someone we conceive of as total, unitary, and whole and whose body should not be divided. It assumes that this individual is autonomous and distinct from the rest of the world and other persons. This explains why scholars consider practices that fragment the body and mix remains of different bodies as acts that strip remains of personhood.

⁴⁹² Elizabeth Hallam, 'Anatomical Bodies and Materials of Memory', in: Belinda Brooks-Gordon et. al., eds., *Death Rites and Rights*, (Oxford: Hart Publishing, 2007), 287.

⁴⁹³ Hallam, *Anatomy Museum*, 31.

⁴⁹⁴ Ibid. 12.

⁴⁹⁵ Ibid., 16.

⁴⁹⁶ Chris Fowler, *The Archaeology of Personhood: An Anthropological Approach* (London: Routledge, 2004), 9. ⁴⁹⁷ Marianne Moen and Matthew J. Walsh, 'Under the Skin: Norwegian Bog Skeletons and Perceptions of Personhood, Value, and Sacrifice', *European Journal of Archaeology* 25:4 (2022), 495; Fowler, *The Archaeology of Personhood*, 1.

⁴⁹⁸ Fowler, *The Archaeology of Personhood*, 4; Moen and Walsh, 'Under the Skin', 484.

Taking a relational understanding of personhood sheds a different light on some of these practices. Recently, anthropologists and archaeologists who study the personhood of human remains have adopted a relational understanding of personhood, building, inter alia, on the work of anthropologist Marcel Mauss to point out that personhood only takes on meaning in relationships with other individuals, groups, objects and the dead. ⁴⁹⁹ They argue that the frames of reference of personhood change through time and space, and include different types of identities such as profession, class, kinship, gender, religion, hobbies etc. 500 In this chapter, I apply the concept of relational personhood in line with the work of Nurit Bird-David and Tal Israeli, who researched the personhood of patients in a permanent vegetative state. They do not consider personhood to be something pregiven but something that appears and disappears in contact between patients and hospital personal. They explain that 'personhood appears and disappears contingently on actual situations of sharing; it is not universalised to any particular class of beings but, rather, is extended to actual specific beings for the duration of the socialisation with them in their relations with hospital personnel.'501 I align this relational understanding of personhood with a praxiographical approach to forensic examinations to argue that the personhood of human remains appears and disappears in contact between practitioners and bodies in different practices.

In addition to showing the multiplicity of bodily enactments, in this chapter I aim to come to an understanding of why experts employed various practices through which they could consider a body as a person in one moment and treat it as an object in another. To do so, I contextualise the practices within the forensic and epistemic culture in which they were developed. In this perspective, the Ruxton case forms an interesting case study: it was a murder case that marked the transition from one forensic culture to another. Because the experts, in this case, operated between two worlds, the case illustrates the impact of different epistemic virtues on bodily enactments.

⁴⁹⁹ Marcel Maus, in *A Category of the Human Mind: The Notion of Person; the Notion of Self*, trans. W.D Halls (Cambridge: Cambridge University Press, 1985), 1–25.

⁵⁰⁰ John McClelland and Jessica I Cerezo-Román, 'Personhood and Re-Embodiment in Osteological Practice', in Howard Williams and Melanie Giles, eds., *Archaeologists and the Dead: Mortuary Archaeology in Contemporary Society* (Oxford: Oxford University Press, 2016), 39–67; Fowler, *The Archaeology of Personhood*; Moen and Walsh, 'Under the Skin'.

⁵⁰¹ Nurit Bird-David and Tal Israeli, 'A Moment Dead, a Moment Alive: How a Situational Personhood Emerges in the Vegetative State in an Israeli Hospital Unit', *American Anthropologist* 112:1 (2010), 54–65, 57.

The transition to a modern forensic culture through the Ruxton case

In the contemporary press, the Moffat case became known as the 'Ravine Mystery' or 'Ravine Murders'. Journalists asked to whom these body parts belonged and how they got scattered around the river. It was up to the forensic experts, like Glaister, to answer these questions. They were able to establish that the body parts belonged to two women. And after this was known, the police could connect the discovery to a missing persons case. In Lancaster, over 100 miles from Moffat, Isabelle Ruxton and her nursemaid Mary Rogerson had been reported missing. They had not been seen alive since 14 September by anyone but Dr Buck Ruxton, Isabelle's husband, who claimed that both had left on the morning of 15 September and had not sent word ever since. After a night of questioning, the police arrested Dr Ruxton for the murder of Mary Rogerson. He was later also charged with the murder of his wife. In the Assize court, the Crown convinced the jury of Ruxton's guilt, and he was sentenced to death on 12 May 1936. The evidence of the Crown rested for large parts on medical and scientific findings provided by six expert witnesses from the universities in Glasgow and Edinburgh, who had the task of proving the identity of the bodies.

Practices that bestowed personhood onto bodies or stripped them from it were embedded in a specific forensic culture. In media performances, Glaister presented the case as an epitome of modern forensic research, because it required teamwork, the application of 'new forensic approaches', and the knitting together of trace-based evidence. In his autobiography, Glaister wrote that this case 'was a triumph of willing teamwork, an instance of circumstantial evidence accumulating to a point where no possible doubt remained'. His team had collected evidence from the crime scene – the house of the Ruxtons –, the river banks where the bodies had been found, and from the bodies of the victims. While the individual research results could not prove that Ruxton had murdered the women, everything taken together could. Glaister writes that 'probabilities, possibilities, and facts all woven together formed the circumstantial evidence which was the basis of the Crown case (...)'. This representation of the case was also echoed in the news media, as articles appearing at the end of the trial emphasised Judge Singleton's 'striking tribute to scientists' for their impartial

⁵⁰² 'Science and Crime Detection: Co-Operation with Police', *The Manchester Guardian*, 18 May 1936; John Glaister and James Couper Brash, *Medico-Legal Aspects of the Ruxton Case* (Edinburgh: E&S Livingstone, 1937), V

⁵⁰³ Glaister, Final Diagnosis, 96.

⁵⁰⁴ Ibid., 113.

attitude and the experts' sober, methodological piecing together of seemingly unrelated evidence. 505

Glaister's performance of modern forensic expertise fitted the spirit of the age. At the time of the Ruxton case, forensic culture in Britain underwent a process of modernisation. ⁵⁰⁶ From the 1930s onwards, forensic services became professionalised, institutionalised, teambased and trace-orientated. ⁵⁰⁷ Forensic pathologists became team players who collaborated closely with the police and gathered trace-evidence. ⁵⁰⁸ Burney and Pemberton argue that this culture replaced the late nineteenth and early twentieth-century regime of the celebrity pathologists in which an all-round expert conducted body-oriented research and gained authority not by institutional affiliations, but by individual reputation.

Such a shift was part of a larger trend in science in general, where trust in individual persons was supplanted by trust in technologies and numbers.⁵⁰⁹ In the nineteenth century, various scientific disciplines came to rely more on what Daston and Galison call 'mechanical objectivity', methods characterised by faith in instruments, numbers and explicit rules for the processing of data, to restrain scientists and repress their subjective intervention.⁵¹⁰ Science came to rely on 'the impersonal application of rule by method', or detachment.⁵¹¹ As I have addressed in chapter 2, historians of medicine have argued that this scientific understanding of objectivity came to influence medical practitioners in the late nineteenth and early twentieth centuries who took up a detached approach to medicine.⁵¹² Applied to the history of anatomy, historians such as Claes argue that autopsies became scientific endeavours guided by the epistemic virtue of 'mechanical objectivity', which required pathologists to 'examine the entire body, and hence perform a complete, methodic autopsy'.⁵¹³ According to some social

⁵⁰⁵ 'Evidence Can Leave No Doubt in Anyone's Minds: The Judge Striking Tribute to Scientists', *The Manchester Guardian*, 14 March 1936, 16; 'Science and Crime', *The Manchester Guardian*, 13 March 1937, 14.

⁵⁰⁶ Ian Burney and Neil Pemberton, *Murder and the Making of English CSI* (Baltimore, Maryland: Johns Hopkins University Press, 2016); Alison Adam, *A History of Forensic Science: British Beginnings in the Twentieth Century* (Abingdon, New York: Routledge, 2015); Katherine D. Watson, *Medicine and Justice: Medico-Legal Practice in England and Wales, 1700-1914* (Abingdon, New York: Routledge, 2019).

⁵⁰⁷ Burney and Pemberton, *Murder and the Making of English CSI*; Ian Burney and Neil Pemberton, 'Bruised Witness: Bernard Spilsbury and the Performance of Early Twentieth-Century English Forensic Pathology', *Medical History* 55:1 (2011), 41–60.

⁵⁰⁸ Burney and Pemberton, Murder and the Making of English CSI, 135.

⁵⁰⁹ Tal Golan, Laws of Men and Laws of Nature: The History of Scientific Expert Testimony in England and America (Cambridge, Massachusetts: Harvard University Press, 2004); Porter, Trust in Numbers; Ian Burney, Bodies of Evidence: Medicine and the Politics of the English Inquest, 1830-1926 (Baltimore, Maryland: Johns Hopkins University Press, 2000).

⁵¹⁰ Lorraine Daston and Peter Galison, *Objectivity* (New Jersey: The MIT Press, 2010), 21 and 121.

⁵¹¹ Jones, Expert Witnesses, 65.

⁵¹² Brown, Emotions and Surgery; Alberti, Morbid Curiosities, 446–47; Halpern, From Detached Concern to Empathy, 17.

⁵¹³ Claes, Corpses in Belgian Anatomy, 186.

historians, because scientific progress through an impersonal approach became the main purpose of dissection, the bodies of patients could be reduced to objects of study.⁵¹⁴ However, as I argue in chapter 2, taking such a detached approach in forensic medicine and science was not always easy and it required forensic pathologists to actively manage their emotions.

Moreover, the situation was more complicated, as the historiography suggests that within medicine mechanical objectivity could be disfavoured over the virtue of 'personal judgement' or interpretation. There are various and contradictory explanations as to why this was the case. Daston and Galison argue that in the early twentieth century, mechanical objectivity was supplemented with a new conceptualisation of objectivity, called 'trained judgement'. This referred to the scientist's ability to apply his skills and actively interpret and engage with the object of study. 515 Various historians of medicine, however, argue that medical practitioners had already relied on professional judgment and interpretation to gain trust and conduct their research since the late eighteenth century and continued to favour this over quantification and instrumentation, at least until the 1940s. 516 According to these scholars, medicine as a discipline conceptualised objectivity and knowledge-making differently than the scientific atlas-makers Daston and Galiston described. With regard to forensic medicine and science, historians have pointed out the importance of differentiating between disciplines. They argue that trained judgement was used by forensic doctors in the Netherlands who emphasised the probability of their findings while, in contrast, the leading forensic scientist of the country used mechanical objectivity to emphasise their positivist certainty acquired through chemistry experiments. 517 This research raises the questions about first, the role trained judgement and mechanical objectivity played in the practices of forensic experts operating within British forensic culture in general, and in the Ruxton case specifically, and, second, about the extent to which the application of trained judgment and mechanical objectivity impacted how a deceased body was enacted, as a person or an object.

The Ruxton case was shaped by the transition from an older to a modern forensic culture. The case was thus influenced by co-existing epistemic virtues with the experts performing both trained judgement and mechanical objectivity. Moreover, they supplemented nineteenth-century identification methods with modern technologies that both derived from

⁵¹⁴ Ibid., 6.

⁵¹⁵ Daston and Galison, Objectivity.

⁵¹⁶ Porter, *Trust in Numbers*, 202–9; Anna Lindemann, 'Scientific Objectivity and Subjectivity in Eighteenth Century Pharmacology', *Perspectives on Science* 27:6 (2019), 787–809.

⁵¹⁷ Willemijn Ruberg and Nathanje Dijkstra, 'De Forensische Wetenschap in Nederland (1800–1930): Een Terreinverkenning', *Studium: Tijdschrift Voor Wetenschaps- En Universiteitsgeschiedenis* 3:9 (2016), 121–43.

different understandings of personhood. This impacted experts' relations with the bodies. The performance of a modern, team-based, probabilistic, impartial, and trace-oriented approach did not simply lead to the objectification of the bodies of the deceased but allowed room for experts to engage in practices that could both bestow personhood on and take it away from the bodies they worked with.

Silent witnesses and silent teachers in anatomical practices

The Ruxton case illustrates the complex relationship between anatomical practices and personhood. Whereas the murderer, Dr Ruxton, used the knowledge he acquired during his dissection courses to conceal the identity of his victims and to cover up his crime, the anatomist on the case, Professor Brash, and the forensic pathologists Professor Glaister and Dr Millar, used their knowledge of dissection to help identify both the murderer and the victims. The experts first had to find out to how many bodies the parts belonged by fitting them together. To do so, they marked the remains as either belonging to 'body no. 1' or 'body no. 2'. In this practice, the experts did not treat the bodies of the victims as objects but they had not identified them as specific subjects yet either. Instead, they became enacted as something in between; silent witnesses who could tell the experts something about their murderer. The experts had acquired the ability to listen to these silent witnesses and piece them together during their dissection courses, in which other bodies had functioned as their 'silent teachers'. The anatomical knowledge they had acquired during these lessons- which historians have often characterised by the stripping of the personhood of anatomical bodies – developed into trained judgement, which enabled them to listen to the story the remains could tell and reconstruct their human shapes.

The dissection skills of Glaister and his colleague Dr Millar alerted them to the fact that the person who had killed these women had a medical background. Their own medical knowledge allowed them to see that these remains displayed the anatomical skills of a colleague. They saw that 'the main separation had been carried out through joints, there was little damage at the sites of disarticulation and no trace whatsoever of the use of saw'. Moreover, the murderer had mutilated the bodies not only to remove clear distinguishable features but also to disguise the cause of death and conceal the victim's sex. The latter the perpetrator had done with an apparent medical knowledge, as they had not only removed the victim's breasts but also the larynx while, according to Glaister, 'it is relatively unknown

⁵¹⁸ Glaister, *Final Diagnosis*, 104.

outside the medical world that the size of the larynx is a very distinct sex character'. ⁵¹⁹ Glaister writes in his autobiography that from this he concluded that 'whoever had dismembered the bodies had possessed both medical and anatomical knowledge'. ⁵²⁰ They thus read the bodies as proof of the anatomical skill of a fellow medical practitioner.

In this case, that did not mean the body parts were approached as objects. In this examination, they were enacted as 'silent witnesses' who could lead the experts to their murderer. The concept of silent witnesses gained importance in British forensic culture in the first decades of the twentieth century, when Hans Gross' criminalistics were integrated. His approach to crime scene investigation revolved around the collection of material trace evidence, such as fingerprints, blood spatters and hairs. These 'silent witnesses' were now considered more reliable and objective than ordinary eyewitnesses, who could be mistaken or lying. According to Burney and Pemberton, this trace-based approach replaced a more bodycentred approach in forensic investigation. In the Ruxton case, however, both the traces on the crime scene – as I shall argue below – and the body parts of the victims were approached as silent witnesses. The enactment of the bodies as silent witnesses was a relational practice; it was only through their specialised medical skills that the experts could recognise and interpret what these witnesses had to say.

Because the bodies had been dismembered by 'clean disarticulation' and had left no rough traces of a saw on the skeleton, it was a challenge to fit the pieces together. This made the identification of the victims more difficult. Therefore, Glaister 'decided the services of a highly experienced anatomist were needed'. Emphasising the importance of teamwork, Glaister entrusted the reconstruction of the seventy separate body parts to Professor Brash.

Brash's experience with dissection had taught him how a general human body was put together and this enabled him to sort out and reunite the fragmented body parts in this specific case. His procedure can be summarised as follows. He started his reconstruction by matching the portions that contained parts of the skeleton, namely, the two heads, two portions of the trunk, and fifteen segments of limbs. ⁵²³ As a basis for the reconstruction, he took the two heads. He then tried to fit both heads with the trunk. When he matched the trunk with the head they had labeled 'head no. 2', he found 'there was a general appearance of anatomical harmony

⁵¹⁹ Ibid., 104.

⁵²⁰ Ibid., 104.

⁵²¹ Willemijn Ruberg, 'Introduction', in Willemijn Ruberg et al., eds., *Forensic Cultures in Modern Europe* (Manchester: Manchester University Press, 2023), 8–9; Adam, *A History of Forensic Science*, 70 and 72. ⁵²² Glaister, *Final Diagnosis*, 103.

⁵²³ Glaister and Brash, Medico-Legal Aspects of the Ruxton Case, 35.

between them, a harmony that became more pronounced and more suggestive to the trained eye when the bones had been cleaned and their individual characteristics displayed'. 524 He later continued 'the general fitting together of the fifth and sixth vertebrae was entirely consistent with their having belonged to the same neck'. 525 Trying to fit the different skeleton segments together like this, Brash rejointed the body parts until all of them were assigned to 'body no. 1' or 'body no. 2'. After that, he continued to try and reunite them with the soft tissues. To do so, the soft parts 'that contained muscle were dissected to some extent and assigned as far as possible to the regions of the body to which they belonged by the recognition of muscles and other features'. 526 Brash thus first further fragmented the bodies to reconstruct them as a whole again. Brash's knowledge of anatomy and his dissection skills allowed him to show 'without doubt that the segments divided into two consistent sets, leaving no possibility that a third body might be involved'. 527 Moreover, he could now estimate the build and age of the bodies and determine that they had belonged to two women. 528

The practices of anatomy, which medical historians have argued stripped anatomical bodies of their personhood – i.e. a focus on the general workings of the body, fragmentation of bodies, and mixing of parts belonging to different bodies – had trained Brash to distinguish between and unite the body parts in front of him. His knowledge of the anatomy of 'the general body' allowed him to see the uniqueness of the body parts in front of him, for example by recognising that two vertebrae belonged to the 'same neck'. And he used his experience of fragmenting bodies to see the 'anatomical harmony' of these remains and reunite the parts that had belonged together. A picture in the book *Medico-Legal Aspects of the Ruxton Case* shows the pieces laid out in anatomical position, forming again the shape of two bodies, albeit some parts were absent as they were never recovered. ⁵²⁹ The act of fitting the pieces back together gave shape to the persons to whom the bodies had belonged in life. As osteologists John McCelland and Jessica Cerezo-Román argue about contemporary practices, 'when the remains are reassembled in anatomical position, there is more of a tendency to regard the human remains as a person and not as an object.' Separating, sorting and bringing together body parts, thus were the first steps in bestowing personhood back on the human remains.

⁵²⁴ Ibid., 43.

⁵²⁵ Ibid., 47.

⁵²⁶ Ibid., 36.

⁵²⁷ Glaister, Final Diagnosis, 105.

⁵²⁸ Before this, Glaister and Millar had thought the remains belonged to a man and a woman. While it is beyond the scope of the article, this raises the question for future research how sex was enacted in forensic practices.

⁵²⁹ Glaister and Brash, Medico-Legal Aspects of the Ruxton Case, 61.

⁵³⁰ McClelland and Cerezo-Román, 'Personhood and Re-Embodiment in Osteological Practice', 46.

Brash thus reconstructed the bodies of the women from his knowledge of dissection, his 'trained eye', as he called it. According to historian Elizabeth Hallam, today medical students enact the bodies used for anatomy practice as 'silent teachers'. 531 She views this approach in a long durée history of habituated anatomical training that required and still requires students to engage in sensory learning. From the 1860s onwards, she notes, the medical school of Aberdeen emphasised the value of visual and manual interaction with a cadaver in addition to 'word-knowledge' obtained from books. Students were encouraged to get to know the anatomical body in front of them, not the person to whom it belonged but the body as a 'silent teacher', which helped them memorise and incorporate 'how parts of the body are put together and how these components work.'532 Similarly, I argue that Brash had incorporated knowledge of how human bodies were put together from his encounter with anatomical bodies. From the source material, it is impossible to deduce whether Brash experienced these anatomical bodies as 'silent teachers' but from the forensic practices it becomes clear that the anatomical bodies he encountered in the past were in his memory and guided his reconstruction of human remains in front of him. These silent teachers of anatomy helped him to listen to the silent witnesses of modern forensic science. Considered within the context of epistemic virtues, the silent teachers had given him the training through which he could interpret and judge the unique case in front of him.

A composite picture of personhood in identification practices

Various identification methods were used to identify the bodies. The Ruxton case was investigated at a time when a new forensic culture began to develop, and the techniques used by the involved experts show that they operated on the brink of a new age, employing well-known methods for establishing personhood and combining them with modern ones. In these practices, personhood could be enacted through a relation between body and object, between the body and people who had been familiar with it in life, and in the unique characteristics of the body itself.

First, they used clothing for identification. Police sergeant Robert Sloan testified that the body parts, when found, had been wrapped in newspapers and pieces of clothing. ⁵³³ Amongst the latter was a blouse, which was identified as belonging to Mary Rogerson by her

⁵³¹ Hallam, 'Anatomical Bodies and Materials of Memory', 290.

⁵³² Ibid., 286-87.

⁵³³ R.H. Blundell and G. Haswell Wilson, eds., *Trial of Buck Ruxton*, Notable British Trials (London, Sydney, Melbourne, Wellington, Auckland, Calcutta, Bombay, Madras: Butterworth & Co, 1937), 116.

stepmother who had bought it for her and sewn a patch on under one arm.⁵³⁴ This connected the body parts to the person of Mary Rogerson. Identification of bodies through clothing had been a well-established methodology in forensic medicine during the nineteenth century, as clothing was an important marker of individual identity, especially at a time when people sewed and mended their own clothes.⁵³⁵ Until today, identification through clothing continues to be an important identification practice that is especially valuable for family members of the deceased.⁵³⁶ Clothes carry a sense of personhood with them, especially for loved ones. Despite this, identification through clothes came to be considered less reliable by forensic scientists and legal actors ever since garments became mass-produced and standardised in the first half of the twentieth century.⁵³⁷

The defence counsel in the Ruxton case questioned the second technique used by the experts for exactly this reason. This concerned the fitting of casts of the feet, modelled after the feet that were found, into the shoes of Mary Rogerson and Isabella Ruxton. While Brash demonstrated in court that the casts fitted the shoes, under cross-examination he had to admit that the shoes were 'stock sizes'. In his summing-up, the judge mentioned that therefore this evidence might have caused the jury to 'hesitate' if it stood alone. But in this case, it gained value in combination with the other identification methods that were used. ⁵³⁸

Fears concerning the anonymity of the masses in modern society had led scientists and state officials to look for biological identification methods, inter alia fingerprinting. The technology of fingerprinting developed in the 1880s, to identify and hence survey and control 'dangerous' bodies of suspect criminals. However, it also became used for the identification of unknown dead. As historian Simon Cole notes, fingerprinting became one of the most trusted identification technologies by judges, juries, experts, and the public, who all believed that there

⁵³⁴ Glaister and Brash, Medico-Legal Aspects of the Ruxton Case, 173.

⁵³⁵ Alison Matthews David, 'Forensic Fashion' at Forensic Cultures in Europe Seminar (Online, hosted by Utrecht University, 27 May 2021).

bathologist Geoffrey Garret for example mentions the role clothing played in the identification of Pauline Reade, one of the Moore murder victims. And Richard Shepherd mentions how he used clothing as one identifiable feature in the Hungerford train disaster. Geoffrey Garrett and Andrew Nott, Cause of Death: Memoirs of a Home Office Pathologist (London: Constable & Robinson Ltd, 2001); Richard Shepherd, Unnatural Causes: The Life and Many Deaths of Britain's Top Forensic Pathologist (London: Penguin Random House, 2019).

⁵³⁷ Smith, London Hospital Lectures, 72. On mass production of clothing see: Katerina Honeyman, 'Following Suit: Men, Masculinity and Gendered Practices in the Clothing Trade in Leeds, England, 1890–1940', Gender and History 14:3 (2002), 428-429; Frank Mort, Cultures of Consumption (London and New York: Routledge, 1996), 137.

⁵³⁸ Blundell and Haswell Wilson, *Trial of Buck Ruxton*, 348.

were no two prints alike.⁵³⁹ That was also true in the Ruxton case, where the prosecutor emphasised the 'infallibility of the finger-print system' and the experts noted in their published report that it was 'an established procedure'. 540 According to Cole, the trust in this technology was linked to the rhetoric used by advocates of fingerprinting, who framed it as a form of 'mechanical objectivity'. 541 Fingerprinting was presented as a modern technique that relied on the 'objective' method of 'point counting', where the expert matched 'corresponding ridge characteristics between the latent and inked prints.'542 While this required experts to form an opinion, 'fingerprint examiners were phrasing their identifications as matters of fact'. 543 Fingerprint expert Bertie James Hammond from the Glasgow police force matched fingerprints found on articles in the Ruxton's house with the fingerprints obtained from the left hand of body no. 1. The fact that the prints were found throughout the whole house, even the cellar, and appeared on plates, a decanter, and a cocoa tin, indicated, according to the prosecutor, that the prints 'must necessarily be those of someone concerned in the domestic running of that house (...). By matching the prints with the hand, Hammond seemingly 'objectively' enacted Mary Rogerson's personhood as a series of corresponding ridges on the fingertips. Her personhood was equated with a biological identity. As Cole argues, 'fingerprinting has embedded firmly within our culture the notion that personhood is biological. The idea that our individuality is vouched for by our biological uniqueness (...)'. 544 In this case the fingerprints came to mark Mary Rogerson's identity post-mortem.

Still, in this case the hand identification process was more complicated. In addition to the fingerprinting evidence, Sydney Smith gave his opinion on the state of the hands and fingernails. They were scratched and showed no evidence of manicuring. He stated that 'they belong[ed] to a person who has been in the habit of doing manual labour'. This suggested that these could have been the hands of Mary Rogerson, who worked for the Ruxtons as a nursemaid. Alongside the mechanical objectivity of the fingerprinting technique that enacted Mary Rogerson's identity as a biological unique feature, Smith thus used his trained judgement to enact the hands as evidence of the working life of the person who had used them in life. Not just the biological individuality of fingerprints, but also the traces of social life on the hands

⁵³⁹ Simon A. Cole, *Suspect Identities: A History of Fingerprinting and Criminal Identification* (Cambridge: Harvard University Press, 2001), 4.

⁵⁴⁰ Blundell and Haswell Wilson, *Trial of Buck Ruxton*, 294; Glaister and Brash, *Medico-Legal Aspects of the Ruxton Case*, 127.

⁵⁴¹ Cole, Suspect Identities, 165.

⁵⁴² Ibid., 166.

⁵⁴³ Ibid., 202.

⁵⁴⁴ Ibid., 5.

⁵⁴⁵ Blundell and Haswell Wilson, *Trial of Buck Ruxton*, 194.

were considered important markers of her identity. Historians of anatomy have already emphasised that hands were important aspects of identity before fingerprints were valued. They show that during autopsies the hands, in addition to the face, were often spared as they were considered markers of identity and physical traits grieving relatives would want to remember. And that contemporary mortuary staff see beyond the anatomical body as a teaching aid, when they view 'material traces of a person and their previous life' on their hands. 47

The relation between fingerprints and personhood has been forged in many forensic cases since 1935. Autobiographies of forensic experts and handbooks on forensic science suggest that fingerprints were not only considered an unquestionable and unique identifier of individuals but also that hands increasingly attained emotional value as a source of personhood over the last few decades. Whereas autobiographies from the twentieth and early twenty-first century, such as Lefebure's of 1955, Smith's of 1959 and Garrett's of 2001, casually mention the retention of hands that were used to identify victims, this practice was increasingly criticised during the twenty-first century. The importance attached to hands as markers of personhood was marked by the public outcry that arose in 2000, when families of the victims of a capsised party boat, the Marchioness, learned that the hands of their loved ones had been removed from the bodies to enable their prints to be taken and were never restored to them. This resulted in new guidelines for forensic pathologists and anthropologists, who are taught today that the 'unauthorised removal of hands for fingerprinting (...) has been deemed unethical and should be avoided at all costs. The interval of the property of the property

Other biological identification technologies that were developed in the nineteenth century relied on photographs, bodily measurements, and the shape of the skull. While the experts in this case could not use Bertillon's anthropometric system to identify the bodies, as the women were no criminals with records on their identifiable features, the premise of the biological approach, that individuality was to be located in the shape of the body, was used by them. A fourth method that was used was comparing the mutilation of the bodies with the distinctive bodily features of the missing women. This showed that 'each body had been

⁵⁴⁶ Claes, Corpses in Belgian Anatomy, 174 and 254; Menenteau, 'Stigmata of the Autopsy', 24.

 ⁵⁴⁷ Hallam, Anatomy Museum, 59.
 548 Lefebure, Evidence for the Crown, 98; Smith, Mostly Murder, 51; Geoffrey Garrett and Nott, Cause of Death.
 549 'Marchioness Hands Removal Queried', BBC News, 6 December 2000, http://news.bbc.co.uk/2/hi/uk news/1057963.stm; Shepherd, Unnatural Causes.

⁵⁵⁰ Nicholas Márquez-Grant, et. al., 'Ethical Concerns in Forensic Anthropology', in Kirsty Squires, David Errickson, and Nicholas Márquez-Grant, eds., *Ethical Approaches to Human Remains: A Global Challenge in Bioarcheology and Forensic Anthropology* (Cham: Springer, 2020), 347-366, 352.

mutilated at places where there had been physical particularities' that matched bodily characteristics of the missing women, such as a septic bunion on Mrs Ruxton's big toe and 'an area of skin where we knew Mary Rogerson had had a disfiguring birthmark'. ⁵⁵¹ For the information about the physical characteristics of the women, the experts relied on information from people who had known the women's bodies in life, such as their doctors, a hairdresser, and the parents. In this practice, the experts relied on interhuman or inter-bodily relationships through which personhood was established in life to reconstruct the identity of the remains.

A fifth method that investigated unique bodily features indicating individuality was a comparative study of the teeth of the heads with the dental records of the missing women by two dental experts. This proved challenging as some teeth had been extracted from the heads after death. As I describe in the next section, the dental experts tried to solve this by developing an experiment to distinguish between the teeth that were extracted before and after death. While for both women it was not possible to obtain a complete dental history, the examination showed that every item of dental history that was available did correspond with what was found in the jaws. ⁵⁵²

Dental identification became an important tool for forensic experts during the twentieth century. In 1942, Keith Simpson used it as a method to identify a murder victim. In his autobiography, he describes how the teeth offered him 'as much dental information as a portrait'. 553 He remembers how they enacted a sense of personhood between the dentist of the deceased woman and the skull of the victim. According to him, at first glance, the dentist 'burst out excitedly "that's my patient" (...) "That's Mrs Dobkin! Those are my fillings!" 554 According to Molly Lefebure, Simpson's secretary, who published her autobiography twenty-three years earlier, the dentist said 'This is Mrs Dobkin's upper jaw. That is the jaw I attended and those are my fillings. 555 Whatever the exact words of the dentist, this case illustrates that odontology was an identification method in which the personhood of the body was enacted in the relation between the dentist and the patient's teeth. The dentist recognised the teeth as belonging to a specific person. In addition, this case shows that simultaneously the identification process hinges on the dentist's recognition of his own work and skill; he recognises not only the teeth of his patient – her biological uniqueness – but also his own fillings. The identification of victims by comparing dental records with the teeth of the body

⁵⁵¹ Glaister, Final Diagnosis, 110.

⁵⁵² Glaister and Brash, Medico-Legal Aspects of the Ruxton Case, 126.

⁵⁵³ Keith Simpson, Forty Years of Murder: An Autobiography (London: Panther, 1978), 60.

⁵⁵⁴ Ibid., 62

⁵⁵⁵ Lefebure, Evidence for the Crown, 57.

under examination would increase in importance from the 1960s onwards, as under the National Health Service more people had their dental characteristics recorded. However, while at first it was considered an innovative technology, it was later framed as unreliable evidence. 557

The sixth technique the experts used was a superimposition of photographs of the skulls of the heads on portrait pictures of the missing women. The salient features of the skulls and portraits were traced on tracing paper and laid on top of one another. Because this type of evidence was new and because some detail was lost in blowing up the pictures of Mary Rogerson, which were small amateur snapshots, the experts were careful in the conclusions they drew from it. According to Brash, it showed that 'Skull No. 1 could not possibly be the skull of Mrs Ruxton and (2) that Skull No. 2 could not possibly be the skull of Mary Rogerson'. Apart from this negative conclusion he was willing to say that he had the opinion that 'Skull No. 1 might be the skull of Mary Rogerson, and Skull No. 2 the skull of Mrs Ruxton'. 558 According to Glaister, 'in each case we could not say that the skulls were positively those of the dead women. But the probability had been established'. ⁵⁵⁹ The language of the experts emphasised that they could not positively identify the skulls with absolute certainty. This was in contrast with the matter-of-fact style they used when they spoke of the mechanical objectivity of the fingerprinting technique. As I explain in the following section, that is because this technology required the experts to practice the epistemic virtue of trained judgement. This had an impact on the way the evidence was received in court. In his summing-up, the judge emphasised that this technology could only indicate what 'may be': that based on this evidence, Brash could only say that 'an amazing lot of details' corresponded but no more than that. Therefore, the judge emphasised that the 'other evidence [is] (...), to my mind at least, (...) much stronger evidence than those photographs can provide and much less liable to error (...)'.⁵⁶⁰

Despite this language of probability, the usage of portrait pictures in the courtroom was an act that gave back the victims' remains their faces. That is because the commemoration of a person had become linked to their face and portrait. As I noted above, faces, together with

⁵⁵⁶ R.W. Fearnhead, 'Facilities for Forensic Odontology', *Medicine, Science and the Law* 1: 3 (1961), 273–77; D.L. Edwards, Letter titled 'Forensic Odontology', 11 July 1986, RLHMC/A/24/18, Forensic Medicine, Barths Health Archive.

⁵⁵⁷ Alison Adam, 'The Biggar Murder: "A Triumph for Forensic Odontology", in *Crime and the Construction of Forensic Objectivity* (Cham: Palgrave Macmillan, 2020) 69-98.

⁵⁵⁸ Glaister and Brash, Medico-Legal Aspects of the Ruxton Case, 161.

⁵⁵⁹ Glaister, Final Diagnosis, 113.

⁵⁶⁰ Blundell and Haswell Wilson, *Trial of Buck Ruxton*, 348.

hands, were the body parts that primarily embodied personhood. Moreover, as death culture individualised during the nineteenth century and the technology of photography developed, portraiture became an important tool to keep the memory of the person alive. ⁵⁶¹ In Victorian death culture, displaying the portrait of the deceased taken during life or post-mortem became a memorial practice that would continue into the twentieth century. ⁵⁶² In the Ruxton case, the identification practice of superimposed photographs therefore allowed the experts to provide the jury and the public with tools familiar to them to bestow personhood on the remains, while, at the same time, they could perform probability, enact trained judgement and present themselves as experts who used a modern technology. It seems that this technology spoke to the public's imagination as, even though its innovation had little scientific impact, the use of these pictures became iconic for the Ruxton case during the twentieth century and continue to be until today. ⁵⁶³

The personhood of the victims could be enacted through the interplay of technologies and different fragments of the bodies. By bringing these different pieces together and combining them with trace evidence discovered at Ruxton's house – such as fingerprints – the experts created a composite picture of the persons to whom the remains belonged. This finding complicates the idea – utilised by scholars of the ethics of the history of anatomy – that a modern, Western understanding of personhood derives from the idea that an individual is a person who is autonomous and distinct from the rest of the world and other persons, who cannot be divided but is whole and whose body cannot not be fragmented. See Based on this understanding of the modern body, historians of anatomy have argued that the fragmentation of the human body during dissection practices 'cut away' all 'identifiable dignity'. They explain that the body of the person whose body was dissected could not be reunited and buried after dissection, as human material decomposed and the fragmented body parts of the different subjects were randomly divided over the coffins in which they were buried.

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⁵⁶¹ Claes, Corpses in Belgian Anatomy, 34.

⁵⁶² Audrey Linkman, 'Taken from Life: Post-Mortem Portraiture in Britain 1860–1910', *History of Photography* 30:4 (2006), 309–347.

⁵⁶³ It did not become an influential identification method. To my knowledge it was only applied once more in the Dobkin case of 1942. See for example, see various popular representations of the case: Wilson, Ronald, 'A Family Affair', *The Expert*, season 4, episode 5, 22 October 1976, accessed 6 January 2023, https://www.youtube.com/watch?v=YnMUtqM6YM.Literature, 31:28; And the cover of: Tom Wood, *Ruxton: The First Modern Murder* (Glasgow: Ringwood Publishing, 2019); The pictures were recently displayed in the exhibition 'The Moffat Ravine Murders – the birth of modern forensics' hosted by the Moffat Museum', 1 April -28 October 2023. Private conversation with Janet Tildesley, who created the exhibition, on 31 October 2023.

⁵⁶⁴ Moen and Walsh, 'Under the Skin'.

⁵⁶⁵ Hurren, Dying for Victorian Medicine, 30.

⁵⁶⁶ MacDonald, 'A Body Buried Is a Body Wasted', 29.

might seem as if the Ruxton case confirms the view that personhood rests in the wholeness of the individual's body. Anatomical practices did in fact serve to disentangle the bodies of the victims and piece them into two separated wholes again. However, my analysis of the different identification techniques complicates this notion.

First, because it shows that the conceptualisation of personhood as relational – which is used by archaeologists and anthropologists – describes the enactments in this case more accurately. The identification methods show that personhood, even a bodily understanding of personhood, resided first in the relation between the victims and others who had known their bodies, such as their parents, hairdressers, doctors, and dentists. In modern Britain, personhood was also relational.

Second, identity was established in examination practices of different bodily fragments – clothes, feet, hands, fingerprints, a birthmark, a bunion, and heads – that all could enact an aspect of the victim's personhood. Experts employed methods that were embedded in a rhetoric of mechanical objectivity, such as fingerprinting and dental records, and methods that required trained judgement, such as assessing the state of the hands and interpreting the superimposed photos. In the former methods, personhood was equated with biological uniqueness, whereas the latter techniques considered the traces of social identity left on the body. In identification practices, the human remains were enacted to embody personhood in multiple ways, to use Mol's praxiographical concept. But, to follow Mol's reasoning, fragmentation was not apparent, as the different pieces of evidence were coordinated, compared, and brought together so that a composite picture of the embodied persons of the victims appeared. Doing so was the hallmark of modern forensic culture; it required a trace-based approach and teamwork between experts and experts and police.

Human bodies as experiments and control tests

Forensic experts not only pieced together different well-established and modern examination methods to convince the court that all the circumstantial evidence proved that the victims were Mary Rogerson and Isabella Ruxton, but they also carried out control tests to validate the new techniques they used. To do so, they conducted experiments on the bodies of other people. The way experts handled these other bodies shows the complexity of their relation to deceased bodies; the same expert, working the same case, could bestow personhood upon one body while simultaneously stripping the body of someone else from it. In control tests and experiments the bodies of anonymised people were stripped from their personhood and enacted as control tests that aided the experts in creating trust in their expertise and technologies in their efforts to

bestow the personhood back upon the murder victims. This illustrates that they did not enact personhood in every encounter with a corpse.

Experimental control tests were developed in the eighteenth century to study the potential for reproducibility of an effect witnessed by scientists and pharmacists and gained importance halfway through the nineteenth century. The report of a singular event by a scholar was increasingly considered less reliable than the ability to reproduce the event at other sites. In the words of historian Anna Lindeman, '[t]he objective observation is independent of the individual observer, and thus reproducible and therefore repeatable and verifiable.' This enhanced the idea of the 'lawlikeness of nature' and vested trust in the reproduction of methods used by scientists. According to Theodore Porter, in this mechanised understanding of expertise, the fundament for knowledge production became the application of specific techniques and the quantification of results. This Lindeman, however, questions this assumption and argues that during the late eighteenth and nineteenth century, medical pharmaceutical experiments did not rely on quantification procedures but on interpretations of relevant evidence.

For the conducting of experiments on human remains few regulations existed. Menenteau argues that in nineteenth-century France forensic physicians were granted and took great liberties in their examinations that harmed the integrity of the body because solving the crime was their most important task and they wanted to avoid being 'accused of conducting an incomplete autopsy.' Likewise, in Britain a lack of legal regulations concerning the retention of human material gave forensic pathologists a lot of freedom to preserve and conduct research on dead bodies in their investigations. This freedom not only extended to their examination of the victim's body but also to experiments with other human material during most of the twentieth century. Experiments on human material were conducted on bodies that were retained by medical practitioners who considered the tissue as their property. Experts had access to

⁵⁶⁷ Porter, *Trust in Numbers*, 15; Lindemann, 'Scientific Objectivity'; Heather Ellis, *Masculinity and Science in Britain*, 1831–1918 (London: Palgrave Macmillan, 2017) 10, 50, 124, 136 and 188.

⁵⁶⁸ Lindemann, 'Scientific Objectivity', 790.

⁵⁶⁹ Porter, Trust in Numbers, 15.

⁵⁷⁰ Ibid., 7.

⁵⁷¹ Lindemann, 'Scientific Objectivity', 798–99.

⁵⁷² Menenteau, 'Stigmata of the Autopsy', 35.

⁵⁷³ Richardson, *Death, Dissection, and the Destitute*, 260; Hallam, 'Anatomical Bodies and Materials of Memory', 282; Hurren, *Hidden Histories of the Dead*, 7, 53 and 61; Janet Philp, 'Bodies and Bureaucracy: The Demise of the Body Snatchers in 19th Century Britain', *The Anatomical Record* 305:4 (2021), 835; United Kingdom, Statutory Instrument, *Human Tissue Act* 1961, C. 54, rules 1 and 2, https://www.legislation.gov.uk/ukpga/Eliz2/9-10/54/enacted; United Kingdom, Statutory Instrument, *The Coroners Rules of* 1984, No. 552, Part III, rule 9 and 12, https://www.legislation.gov.uk/uksi/1984/552/article/9/made.

bodies from the anatomy department and human tissue they had retained themselves from criminal cases they had investigated in the past.

In the Ruxton case, the experts carried out several tests on the bodies of anonymous persons to display the reproducibility of their employed methods. In one test, Brash experimented on the head of an 84-year-old woman. In this way, he wanted to justify his opinion on the superimposed photographs that 'the correspondence of features of the skulls to features in the respective portraits of the two women "is as close as I would expect to obtain if given the skull and portraits of a known person to deal with in the same manner". 574 He followed 'exactly the same procedure' to determine how closely the results of a new superimposed photograph of a known subject would match the results of the superimposed pictures of Mrs Ruxton. To test this, he used the head of what he called an 'anatomical subject' to make a photographic comparison of the head and the skull of the same head. He photographed the head in the same positions as the photographs of Mrs Ruxton. After this, he writes, 'the skull was prepared by removing most of the soft parts, some of the muscles being left to support the lower jaw' and photographed in the same positions. About the results, he writes that they 'appeared to be reasonably accurate, and no detailed comments are necessary here.' He did not express his results in numbers, measurements, or statistics. Instead of analysing them in detail, he encouraged his readers to compare for themselves the superimposed outlines of the anatomical subject with those of Mrs Ruxton. He printed photographs of the head and skull alongside the text. In this way, he performed and encouraged his reader to practice objectivity as 'trained judgement', i.e., to actively interpret and grasp the relationships between the objects of study.

In performing the epistemic virtue of trained judgement, Brash used the head of the 84-year-old woman in his own performance of expertise. In the practice of establishing identity, the superimposed pictures of the victims had given them their faces back and had served to reinstate their personhood. As the results of this new technology were only probabilistic, this experiment functioned to strengthen the evidence of their personhood. However, in carrying out this experiment the personhood of the anonymous 'anatomical subject' deteriorated; her head was enacted as an anatomical subject, or silent teacher, that aided the identification of someone else and displayed Brash's interpretative skills. In the performance of the personhood of the victims and the persona of the expert, the personhood of this woman disappeared to a large extent, though not completely. The reader is informed of her sex and age and is

⁵⁷⁴ Glaister and Brash, Medico-Legal Aspects of the Ruxton Case, 259.

encouraged to familiarise themselves with her face, but primarily to judge the validity of the technology, not to retrieve information on her social identity. The 84-year-old woman was enacted not as a person nor as an object but as a silent teacher.

In another experiment that helped shape the dental evidence, bodies were simply referred to as human subjects from the post-mortem room. Dental experts Dr A.C.W. Hutchinson and his assistant, Mr A. Johnstone Brown, carried them out to determine which teeth would have been extracted before and which after death as part of the mutilation process. To establish this, they tested how the gums reacted to the extraction of teeth post-mortem. They did so by first extracting the teeth of living sheep they shot immediately afterwards, dead sheep and later of dead 'human subjects'. They write that 'teeth [from human subjects] were extracted in the post-mortem room six hours and upwards after death, but in no case was there any bleeding into the sockets (...) and there was no contraction of the gum margin over the sockets'. The experiments on the sheep also showed that when the teeth were extracted one hour after death there was no bleeding in the sockets and no formation of blood cloths.

By carrying out these control tests, they displayed an eagerness to make a general claim about the way the gums of the deceased reacted. In contrast to Brash, these dental experts carried out these tests to practice a positivist approach to science; rather than emphasising their interpretative skills, they apparently looked for a general law of nature, that deceased gums reacted differently to the extraction of teeth than living gums.⁵⁷⁶ Despite this aim, they did not express their results in statistics but they did mention the reproducibility of their experiment by stating that they repeated all five experiments 'with the same results'.⁵⁷⁷

With these tests, they were able to reconstruct the state of the teeth of the victims and compare them with the dental records of Mrs Ruxton and Mary Rogerson. It was another practice that enacted biological uniqueness as a tool to compose the personhood of the bodies. Simultaneously, in this positivist practice, the personhood of the bodies on which Hutchinson and Johnstone Brown experimented disappeared; their readers were not given any information on the deceased persons, nor did they learn anything about their bodies beyond the way they responded to their experiments. In this performance of positivist objectivity, the bodies of the

⁵⁷⁵ Glaister and Brash, Medico-Legal Aspects of the Ruxton Case, 260.

⁵⁷⁶ They made no mention of how many human subjects they had used, nor did they express their results statistically. Adam similarly found that in the Biggar Murder of 1967 dental experts conducted a wider study but did not express their results statistically. Future research could study whether this is part of a larger trends. Adam, 'The Biggar Murder'.

⁵⁷⁷ Glaister and Brash, *Medico-Legal Aspects of the Ruxton Case*, 260.

persons on whom they experimented were stripped from their personhood entirely and enacted as control tests.

In addition to conducting experiments on human bodies, the experts in this case also used samples from bodies to perform control tests. This allowed Glaister to form an informed opinion on the trace evidence, and to perform trained judgement. Glaister was cross-examined on the age of blood found on the stair pads in the Ruxtons' house. The defence asked Glaister whether there existed a test to determine the age of blood. He admitted that there was not but that he had taken 'the liberty of putting up controls within my laboratory on a dense pad of gauze such as is used for operation, one taken from a case during operation, and one taken from a post-mortem examination.' He compared this with samples he had in his laboratory of 'controls of old bloods on various fabrics, woods, and leathers, dated and kept for various periods over years', and found that their age had increased the fixation. Neither Glaister nor the lawyers paid attention to the origins of the blood; the persons to whom it had once belonged were not of importance for this test. The victims in this case were present in the background; the tests would prove the blood was recent and could thus belong to murder victims in the home who could be Isabella Ruxton and Mary Rogerson.

Foregrounded by this discussion of the test was the expert persona of Glaister which was characterised by honesty and impartiality. The defence lawyer asked him whether there was no 'secure test' to determine the age of blood that would allow Glaister to make a positive statement. Glaister answered, 'There is no secure test, but if I were asked this in a civil case and not one of this gravity, I would give the opinion I have just expressed that I do not find anything in the fixation of those stains to force me to the opinion that they were very old.' 579 Comparing the fixation of the blood in this case with blood he collected in the operating theatre, post-mortem examination and retained from older cases, Glaister determined the age of the blood. By emphasising that he would not form a strong opinion in this grave case but would express it with more certainty in a civil case, Glaister presented himself as a knowledgeable but not dogmatic man, one who shared the results of his tests with caution. In this way he contrasted himself with his predecessor Sir Bernard Spilsbury, the celebrity pathologist who was criticised by his colleagues for his dogmatic attitude, 580 and instead fashioned a persona for himself that was honest and impartial. This was noted by the judge, the Lord Chief Justice,

⁵⁷⁸ Blundell and Haswell Wilson, *Trial of Buck Ruxton*, 171–72.

⁵⁷⁹ Ibid., 171-172.

⁵⁸⁰ Sydney Smith, *Mostly Murder* (Guildford: George G. Harrapp &Co ltd., reprinted by White Lion Publishers, 1959), 154; Louis Blom-Cooper, 'Case of the Angry Expert', *The Observer*, 16 October 1966, Press Cuttings, RLMPP 1141, Barths Health Archive.

Lord Hewart, who remarked at the end of the trial that 'Professor Glaister (...) is a man who is not only master of his profession, but who is scrupulously fair, and most anxious that his opinion, however strongly he may hold it, shall not be put unduly against the person on his trial.'581 This case suggests that the trust in Glaister's control tests and use of probabilistic language, the technology he used, was extended to his persona that was viewed as impartial. This raises the question of how sharp the contrast was that Porter sees between trust in persons and trust in numbers and that Burney and Pemberton establish between trust in individual forensic pathologists on the one hand and research teams and trace evidence on the other hand. Trust in technologies and methods was intertwined with the reliability of the expert who had applied them and demonstrated them in court.

In the Ruxton case, experts set up control tests to strengthen trust in the modern identification methods they had used to bestow personhood back upon the remains found in Moffat. By reinforcing the reliability of the technologies, they strengthened their enactments of the embodied personhood of Isabella Ruxton and Mary Rogerson. To do so, however, they used the bodies of other people whose personhood became overshadowed by their enactment as experiments. Though this tendency was particularly strong in the application of positivist tests, the application of the epistemic virtues of trained judgement also led to the eclipsing of the body's personhood. In the experiments, the bodies of the anatomical subjects related to the bodies of others: of the people whose personhood was enacted through the outcomes of these experiments and of the experts who shaped their personae in these experimental practices.

Experiments on Remains in Context

Little has been written yet on the topic of how dead bodies were enacted in forensic experiments and tests. Neither the historiography on medical and scientific experiments nor histories on forensic medicine and science discuss this matter. To place my findings on the Ruxton case in a broader context, this section points to other examples of the usage of human material in forensic experiments and analyses the role that personhood played in these enactments. This is a first sketch, based primarily on accounts of experiments I encountered in autobiographies. The following analysis is therefore not meant as an in-depth overview of this history but as a starting point for future research on this subject.

⁵⁸¹ Blundell and Haswell Wilson, *Trial of Buck Ruxton*, 343.

⁵⁸² Porter, Trust in Numbers, 90.

Autobiographies of forensic experts show that the use of human material in forensic experiments was not unique to the Ruxton case. They also indicate that the personhood of the remains that were used in experiments was not foregrounded by experts. Rather, they enacted the bodies as test subjects or samples. The examples indicate that this was true for bodies from diverse origins.

Glaister himself writes about various other experiments in his autobiography. He is especially expressive about the ones he conducted during his appointment as Chair of Forensic Medicine at the University of Cairo, from 1928 until 1931. This included binding a detonator in the hand of an unclaimed body and firing it to test what kind of wounding pattern an explosion would cause and thrusting a knife between the bones of a skeleton to check the angle at which a blade could be forced between the spinal columns. He also carried out tests on mummified tissue samples to study the workings of the precipitin test – which distinguishes human from animal blood – on aged tissue. He writes, 'I must be frank, the experiments we conducted included some which would not always have been possible in Britain.' To some extent, it seemed he used the colony as a testing ground to establish the impact of different weapons on the human body, stripping Egyptian bodies of their personhood. 584

Still, experiments on human remains were also conducted on English and Scottish bodies. Sydney Smith describes in his autobiography how he, together with Harvey Littlejohn and Glaister, experimented in 1926 with shooting an amputated leg to establish at what distance powder residue would no longer be visible around the wound. State did state that the leg was 'amputated from an injured man', but neither he nor Smith mentioned anything about the person to whom it had belonged. This was not significant for their test; they were not focused on the personhood of the body part, but the way its flesh responded to it being shot at. This was not an isolated incident. It seems shooting at human flesh was a valued experiment, as writers

⁵⁸³ Ibid., 68.

⁵⁸⁴ Jeffrey Jentzen, 'Death and Empire. Medicolegal Investigations and Practice across the British Empire', in: Burney and Hamlin, *Global Forensic Cultures* (Baltimore, Maryland: Johns Hopkins University Press, 2019) 149-173; Mitra Sharafi, 'The Imperial Serologist and Punitive Self-Harm. Bloodstains and Legal Pluralism in British India', in: Burney and Hamlin, *Global Forensic Cultures*, 60-85; Binyamin Blum, 'From Bedouin Trackers to Doberman Pinschers. The Rise of Dog Tracking as Forensic Evidence in Palestine', in: Burney and Hamlin, *Global Forensic Cultures*, 205-234. Adam, *A History of Forensic Science*, 67-72, 159-161. Heather Wolffram emphasises that the circulation of knowledge did not simply follow a straight line from the colony to the metropole but was also shared between different colonies. Heather Wolffram, 'Forensic Knowledge and

Forensic Networks in Britain's Empire: The Case of Sydney Smith', in Ian Burney and Christopher Hamlin, eds., *Global Forensic Cultures* (Baltimore, Maryland: Johns Hopkins University Press, 2019) 305–324.

⁵⁸⁵ Smith, Mostly Murder, 142.

⁵⁸⁶ Glaister, Final Diagnosis, 47–48.

of textbooks on forensic medicine advised their readers to conduct gun firing experiments.⁵⁸⁷ Authors explained that their own experiments had informed them there was no exact rule as to how all automatic pistols or shotguns behaved and therefore, instead of relying on the experiments of others, experts should carry out their own experiments to interpret with their trained judgement the impact that the unique weapon and ammunition in question had on human flesh. This was typical for the epistemic culture of forensic medicine and science in the twentieth century. As historian Simon Cole argues, because forensic research dealt with unique situations and instruments from life and not with reproducible engineered laboratory tests, it was nearly impossible for forensic experts to make 'universal' or general' claims.⁵⁸⁸

Remarkably, whereas forensic pathologists and scientists from the early and midtwentieth century showed awareness of this and emphasised the importance of using the actual murder weapon in their experiments, because it was unique, they did not comment on the uniqueness of human bodies with which they experimented. They did note that the deceased flesh they tested upon could respond very differently from alive tissue but made no comments about differences between kinds of human bodies. Instead, they used a 'general' conceptualisation of the human body. After the organ retention scandals around the turn of the century, new ideas about what researchers should do with human bodies were formalised—through the issuing of the Human Tissue Act of 2004 (for England, Wales and Northern Ireland) and the Human Tissue (Scotland) Act of 2006—and forensic autobiographies increasingly contain stories about the use of animal bodies instead of human bodies for experimentation. In these instances, experts commented on the similarities and differences between the animal in question—such as a sheep or pig—and 'the' human body. However, when human remains were used bodies were enacted as interchangeable samples and specimens for control tests.

⁵⁸⁷ Frederic Smith, *London Hospital Lectures*, 217; Sydney Smith and John Glaister, *Recent Advances in Forensic Medicine* (London: J&A Churchill 1931), 17; Douglas J.A. Kerr, *Forensic Medicine: A Textbook for Students and a Guide for the Practitioner* (London: A&C Black LTD, 1935), 116.

⁵⁸⁸ Simon A. Cole, 'Forensic Culture as Epistemic Culture: The Sociology of Forensic Science', *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, Special Issue: Forensic Cultures 44:1 (1 March 2013), 36–46, 39.

⁵⁸⁹ H. J. Walls, *Expert Witness: My Thirty Years in Forensic Science* (London: Random House UK, 1972), 154. The first time I saw a comment on this was in the 2019 autobiography of Patricia Wiltshire when she commented on the use of donor bodies in body farms that came predominantly from elderly white men. Wiltshire, *Traces*.

⁵⁹⁰ Hallam, *Anatomy Museum*, 36. It is beyond the scope of this thesis, but this raises the question for future research on how the new emotional culture surrounding deceased bodies has influenced animal rights in medical and scientific experimentation.

⁵⁹¹ Wiltshire, *Traces*; Tremain and Tremain, *How to Solve a Murder*.

Bodies and body parts could be enacted not as persons but as general technical entities. This was true for the bodies of foetuses that were preserved by hospitals and retained by forensic experts themselves. Sp2 As was the case in a study by Smith where he tried to establish whether maceration was generally present in foetal bodies that had died in the womb. In his test, the bodies of the foetuses gained value in establishing quantitative knowledge about the maceration of the deceased bodies. According to some historians, this was characteristic of the perspective that was held by doctors and parents in the late nineteenth and early twentieth century that foetuses were not considered individuals yet. Instead of persons, these remains were impersonal and unemotional 'technical entities' that medical practitioners could collect to build their bodies of knowledge and demonstrate their expertise.

However, I found that similarly, bodies of adults who would have been considered a person in life, could be enacted as technical entities or specimens in an experiment. For example, Keith Simpson describes that in 1949 questions arising from the so called 'acid bath' murder led Dr Turfitt, who worked for the Metropolitan Police Laboratory, to test how long it took for a rat, two amputated human feet and a fresh leg-bone of a sheep to dissolve in sulfuric acid. 596 From the four experiments (two experiments with human material in total) they made general conclusions about the way sulfuric acid interacted with 'the body'. Here too, human material was stripped from its personhood – we learn nothing about the origins of the feet – and enacted as an experiment that informed the experts on the general way human material responded to acid. That held also true in an experiment devised by forensic scientist Hamish Walls. He, together with a forensic pathologist, carried out tests with running a swordstick through 'a dead body' to gain information about the difference in appearance of stab and shot wounds for a murder case in 1962.⁵⁹⁷ He tells his reader nothing about how he came in possession of the body or whom it had belonged to. Similarly, we learn little about the 'five cadavers' used in Derek Tremain's 'control test' in the late twentieth century, which he set up to study whether algae could be present in the bodies of people who had lived in close vicinity of water. He tells his readers that for this test, he 'chop[ped] up the human organs' and 'boil[ed] the organic material in nitric acid (...) to render the tissue down to such an advanced state of

⁵⁹² Smith, Mostly Murder, 200.

⁵⁹³ Ibid., 200.

⁵⁹⁴ Morgan, 'Properly Disposed Of', 256; Claes, *Corpses in Belgian Anatomy, 1860–1914*, 255; MacDonald, 'A Body Buried Is a Body Wasted'.

⁵⁹⁵ Morgan, 'Properly Disposed Of', 255.

⁵⁹⁶ Simpson, *Forty Years of Murder*, 202; H.S. Holden and Keith Simpson, 'The Acid-Bath Murder(s): Rex v. John George Haigh', *The Police Journal* 23:3 (1950), 190–202, 199.

⁵⁹⁷ Walls, Expert Witness, 154.

destruction that it is no longer visible to the naked eye.'598 In his test, the bodies of anonymous cadavers were first and foremost enacted as material for control tests; fragmented and destroyed they gained meaning as a collective that established 'objectively' a general rule about the presence of algae in human organs.

These examples show that in forensic examinations it was not uncommon for forensic scientists and pathologists to carry out experiments on human bodies. The bodies that featured in the experiments were stripped from their personhood and became samples or control tests. This helped to validate technologies, develop laws of nature, or establish a cause of death. The bodies were actors in practices of forensic experts aimed at objectivity, both conceptualised as a positivist, mechanical reproduction and as a comparative experiment that required trained judgement. There seems to have been little difference in the impact of either the virtue of trained judgement or mechanical objectivity to the role personhood played in these enactments. Both in experiments where experts interpreted and compared the impact of a specific murder weapon on human flesh – such as the shooting, explosion, and swordstick tests – and in tests where experts wanted to establish how human material responded to a circumstance in general – such as the maceration of dead foetuses or impact of acid on human material – the social identity of the bodies that were used disappeared. In this way the bodies served the victim in the case at hand, to establish how they died, these bodies were stripped from personhood.

It is not simply the case that the bodies that were used in these experiments came from people that were considered less valuable or less of a person than the bodies of the victims in the case. As the examples show, the bodies and bodily tissue of former victims were restored so that they could feature in experiments at a later date. Little is known about retention of human material in the context of forensic medicine and science. These examples, together with information from the typescript of specimen and the specimen book of forensic medicine of the Pathological Museum of London Hospital Medical College, indicate that much is to be learned about the preservation practices of human bodies in forensic practices, both for research and teaching purposes. ⁵⁹⁹ This might be a challenge as the contemporary emotions surrounding the subject and lack of proper documentation in the past can make it difficult for historians to discover what happened to the remains of specific victims. As such, there continues to be a

⁵⁹⁸ Tremain and Tremain, *How to Solve a Murder*.

⁵⁹⁹ Typescript Catalogue of Specimens: Forensic medicine, Records of the Pathological Museum 1980-2000, RLHMC/PM/1/74, Barts Health NHS Trust Archives; Specimen Book 1967-1979, Records of the Department of Forensic Medicine, Records of the London Hospital Medical College and its Dental School, MC/FM/3/1, Barts Health NHS Trust Archives.

lack of clarity, for example, about the afterlife of the remains of Isabella Ruxton and Mary Rogerson. ⁶⁰⁰

Conclusion

The Ruxton case shows the complex and multiple ways in which the embodied personhood of human remains was enacted in forensic practices. Dead bodies could be enacted as fragments of individual persons, silent witnesses of a crime, silent teachers of anatomy or control tests. By applying Mol's praxiography and a relational understanding of personhood, it becomes clear that in the same case, the same team of experts could interact with dead bodies in these different and seemingly contradictory ways.

By zooming in on the role of personhood in these enactments, this chapter illustrates that in modern forensic practices personhood could be fragmented and relational. Individual body parts – feet, hands, fingerprints, a birthmark, a bunion, and heads – could all enact an aspect of the victim's personhood. Personhood did not necessarily or only reside in the body, but different body parts could shape it. It seems that certain parts, especially the head and hands, were more valued as markers of identity than others. Still, the value that was attached to a piece of human remains was also determined by the relation the part had with another person; the teeth had significance for the victim's dentist, the hair was familiar to the hairdresser and the blouse that clothed the body carried meaning for the victim's stepmother. In their examinations, forensic experts relied on the bodily relations between living persons and the bodies of the deceased.

This chapter hopes to contribute to the current debate on the treatment of human material in medical museums and anatomical practice, by emphasising the complex relations forensic pathologists and scientists had with dead bodies. In line with histories of dissection

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Glaister writes in his autobiography that they 'were cremated at quiet, private ceremonies'. Glaister, *Final Diagnosis*, 119. However, the late crime historian Shani D'Cruze, writes in her article on the Ruxton case that the remains of Isabella Ruxton were returned to the Lancaster coroner in a box, addressed to the Edinburgh University Professor John Glaister. Shani D'Cruze, 'Intimacy, Professionalism and Domestic Homicide in Interwar Britain: The Case of Buck Ruxton', *Women's History Review* 16:5 (2007), 701-722, 713. D'Cruze is unclear in her use of footnotes, so I am uncertain where she found this. She is not the only one to suggest this, however. Former policeman Tom Wood also writes in his book on the Ruxton case that the head of Mary Rogerson and the skull and other bones of Isabella Ruxton were retained by Edinburgh University School of Anatomy. Wood, *Ruxton*, chapter 19, no page numbers. Unfortunately, he also does not disclose where he bases his knowledge on. Nor did he in the email contact I had with him. Edinburgh University has also not specified what happened to the remains in our email contact at the time of submitting this thesis. From a volunteer at the Moffat museum, Janet Tildesley, who recently composed an exposition on the Ruxton case, I heard that she found the plaster cast of one of the victims' heads in the local police station. It was in a box in the cellar. She told me that the police thought there should be other plaster casts of the body parts, but due to the lack of a proper archival system they were unaware of their whereabouts.

and pathology I found that, for forensic experts, dead bodies could be samples or specimen that provided them with information on the way a general human body responded to specific circumstances. However, in addition to these enactments dead bodies also took the shape of silent teachers of anatomy, silent witnesses of the crime, and fragments of persons. In forensic examination practices, dead bodies were not only reduced to objects.

I have asked what impact epistemic virtues had on these different enactments of embodied personhood. The secondary literature on medicine and science suggests that the application of mechanical objectivity led to an impersonal approach in anatomy and hence reduced dead bodies into objects of study. In chapter 3, I have illustrated that when a detached, impersonal approach was applied to living victims, forensic experts could indeed enact the bodies of rape victims as bodies of evidence and not as persons that required care. This chapter asked whether the application of a positivist, mechanical objectivity had a different effect than the application of trained judgement on the way experts interacted with deceased bodies.

My analysis shows that trained judgment did offer a framework that allowed experts – especially the anatomist in this case – more opportunities to engage with the personhood of a dead body as a social identity than mechanical objectivity did. Interpreting which body parts belonged together and whether they matched with the bodies of the envisaged victims required the experts to familiarise themselves with the unique bodily features of the remains in front of them, for example, to study their faces or hands. This helped them reconstruct to which persons the body parts belonged during life. To develop meaningful knowledge about this, the experts relied on the knowledge and skills they had acquired while working with the bodies of 'anatomical subjects'. According to some historians of medicine, in anatomical practices the personhood of the dissected bodies disappeared. I found that in forensic practices, even though the social identities of these bodies were ignored, they were not completely objectified but instead enacted as silent teachers, who aided the expert in his interpretation.

When mechanical objectivity guided the expert's examination practices, the social identity of the body did disappear out of view. The bodies of retained anatomical subjects that featured in control tests were enacted as technical entities and quantifiable samples. However, it is too simplistic to argue that the application of a positivist practice always led to the objectification of the dead body. My interpretation of the Ruxton case illustrates that the application of technologies that were embedded in mechanical objectivity – specifically the fingerprinting technique and the identification through dental records – did aid the identification of victims. That is because these practices used a different understanding of what

personhood entailed; they enacted it not as a social identity that left traces on the body, but as biological uniqueness imprinted on the body.

Experts could bestow personhood on one body but simultaneously enact the remains of someone else as control contests to accomplish this aim. Little is known about the bodies of the people that were used in forensic experiments. My preliminary analysis of tests indicates that they belonged to people who had limbs amputated, body parts that were preserved by hospitals but also remains that were retained by forensic experts themselves. While we know about the origins and treatment of bodies used in anatomical practices and remains that were retained and displayed in anthropological and medical museums, future research will need to uncover how the history of forensic retention practices relates to these stories. It is too simplistic to assume scientists and medical practitioners only considered them as mere research objects, stripped from personhood. My case study shows that different epistemic virtues as well as different enactments of embodied personhood could co-exist in the investigation of a single murder case.

Conclusion

'I was the caring parent focusing on his children. And simultaneously the forensic expert desperate to get in the car and see what was happening in the biggest case of his professional life so far.'

- Richard Shepherd, *Unnatural Causes* (London, 2019) 11.

The quotation above comes from the autobiography, *Unnatural Causes*, by forensic pathologist Richard Shepherd, born 1952. It captures the inability to neatly contain the forensic expert in the space of the mortuary, crime scene or courtroom. In addition to being scientists or medical practitioners, forensic experts were also people with bodies that were inscribed with norms of gender, class, sexuality, and other categories of social difference. In this thesis, I argue that forensic expert personae were fashioned when social-cultural norms and epistemic virtues interacted. Specifically, I show that in the period from 1920-1980, British forensic experts embodied the forensic virtues of impartiality, detachment, and objectivity through the fashioning of a masculine, bourgeois, heterosexual, stiff-upper-lipped persona. This persona gained shape in bodily practices, such as dressing and emotion management, and it influenced the examinations of victims, both dead and alive.

These findings contribute to the existing historiography on British forensic regimes. Historians of forensic science and medicine argue that from the 1930s onwards, a modern British forensic regime developed, in which the focus was on material trace evidence and specialised teamwork. Burney and Pemberton differentiate this modern regime from the previous one, which they typified the 'celebrity-pathologist regime', exemplified by the figure of Sir Bernard Spilsbury.

My focus on epistemic virtues and expert personae in the period 1920-1980 expands and complicates this argument. It shows that even after the death of Spilsbury in 1947, forensic experts still continued to fashion public personae. While this has been acknowledged in passing in histories of forensic science and medicine in Britain, these public performances have not been considered as typical for the modern forensic regime as Spilsbury's self-presentations that characterised the previous one. In contrast, I argue that if we take them as a starting point to analyse British forensic culture, it becomes clear that expert personae – albeit in a different shape – continued to shape forensic culture after the modernisation processes set in. Rather than typifying one historical regime as characterised by a celebrity persona and the successive one by the rise of depersonalised forces, I make a case for the analysis of how public performances of forensic expertise changed through time. I argue that in the period 1920-1980

performances of forensic expertise were characterised by the display of detachment, impartiality, mechanical objectivity, and trained judgement, through a restraint, sober, bourgeois masculine persona. No other historical study has analysed what these forensic personae looked like or, in other words, how they were embodied. Doing so allows me to demonstrate that in addition to using modern developments, such as technologies and institutions, forensic experts still relied on socio-cultural norms to embody credible and reliable expert personae. Moreover, I show the significance of these bodily displays by analysing how they impacted their examination practices.

Forensic expert personae in bodily performances

The first two chapters showed that expert personae were fashioned through bodily display, i.e., dressing up and down and managing of experts' emotions. This focus on embodied performances enriches the existing historiography on modern forensic regimes by showing that the persona of the expert continued to play an important public role in shaping forensic science and medicine as reliable sources of knowledge even during a time when institutionalised, protocol-led, team-based, and technology-driven research developed. On a meta-level, both chapters contribute to studies on embodied scholarly personae by showing how hegemonic norms of middle-class, heterosexual masculinity were engrained in epistemic virtues. This adds to existing studies that primarily focus on the way marginalised groups – such as women, ethnic minorities, and the working class – were excluded from scholarly positions and the medical profession but do not lay bare how hegemonic values worked to include dominant groups.

Chapter one showed that forensic scientists and pathologists performed as expert personae in British courtrooms by dressing themselves in simple dark-coloured lounge suits. Whereas they wore white-lab coats and post-mortem gowns during the examinations, it was not until the 1960s that they started wearing white lab coats in public performances to connote a form of objectivity that was enacted in hands-on, team-based, technology-driven research practices and through the institutionalisation of scientific services. In contrast, in the period from 1920-1960, in public and court performances, experts resorted to the simple professional look of the middle-class lounge suit. I argue that by doing so, they embodied the judicial virtue of impartiality. That is because their dress enacted a sense of familiarity in the jury, which often consisted of middle-class men, and built on class-based mechanisms of building trust developed in medical and scientific culture that had come into being in the nineteenth century. Specifically, the sober suit allowed forensic physicians to distinguish themselves from flamboyant quacks and enabled forensic scientists to inhabit the newly established bourgeois

scientist persona whose impartiality was safeguarded by his sobriety and sense of duty and service to society. This finding contributes to the existing historiography on British forensic regimes by showing that while a modern forensic regime started to develop in the interwar years and impacted performances of expertise in examination spaces, in public performances – in the courtroom and media – forensic experts continued to rely on masculine and bourgeois norms that had developed in the nineteenth century to gain the trust of their audience.

Chapter two adds to this finding by showing that forensic pathologists and scientists also built their expert personae on their display of emotional labour. Forensic experts valued emotional detachment as an epistemic virtue. To embody it, they did not simply turn off their emotions but actively managed their emotions. I contend that by displaying their emotional labour forensic experts fashioned detached, impartial scholarly personae while simultaneously contesting the image of them as callous. I identified four emotion management strategies they used: masking emotions, casting silences, separating private and professional lives, and focusing on positive emotions. I argue that these strategies were embedded in the social-cultural scripts of the British stiff-upper-lip and emotional control, male heterosexuality, the family man, and the bourgeois gentleman scientist.

This chapter shows that bringing the field of the history of emotions together with histories of scholarly personae can expand our understanding of how impartiality and objectivity were practised, specifically in modern British forensic culture, but also more generally in modern science. The historiography on British forensic science and medicine suggests that during the mid-twentieth century, a more rational and objective forensic regime developed which was safeguarded by protocols, institutions, and technologies. My analysis critically questions this narrative and contends that in forensic medicine and science, the enactments of objectivity and impartiality heavily depended on experts' emotional practices and management of their selves. I show that these acts were embedded in contemporary emotional cultures, and not only in bureaucratic and technical developments.

This chapter also contributes to the historiography on British emotional culture and masculinity. In line with this literature, I found that the case of emotion practices of forensic experts shows the ambiguity of British stoicism: to adhere to the norm of not publicly displaying emotions they did not become devoid of feelings but practiced emotional self-control. Whereas historians of British emotions have primarily focused on the kind of emotions people managed, this chapter adds to this approach an analysis of how experts managed them. It shows that detachment was not an attribute people had but something they did. This change in perspective brings to the fore that experts used misogynist jokes in emotionally demanding

circumstances to strengthen their heterosexual masculinity to avoid any association between their emotional practices and homosexuality. Moreover, it shows that emotions were confined to spaces and circumstances – the courtroom, the war, the home – outside the scientific realm. Predominantly, the finding that experts related emotions to the courtroom complicates the argument in the historiography on British emotional culture that in professional and public spaces men attempted to be free from personal sentiment. It raises the question whether this was typical for forensic scientists or that men strove to put on a stiff upper lip in their own professional space, but experienced more freedom to express their emotions when they inhabited a public realm in which they were not employed. Furthermore, my finding that forensic experts' life-writing, published between 1955 and 1978, continued to display a culture of self-control, contrasts with the argument in the historiography on British emotions that after the late 1950s, a more expressive emotional culture developed. As I shall point out below, in forensic life writing such an expressive emotional culture only developed over the last two decades. This raises the question of why forensic experts deviated from this development. In the closing remarks of this conclusion, I suggest that it is related to the intertwining of emotion management and the practice of objectivity. Future research should explore this further.

Placing the findings of the first chapters in an international context illustrates that the importance attached to the virtue of impartiality and to the closely related virtues of objectivity and detachment by British forensic experts was not necessarily shared by their colleagues abroad. In the British adversarial justice system, forensic experts were hired by either the defence or prosecution party and asked to appear in court on their behalf. This system made experts vulnerable to the criticism that they were partial witnesses, and during the twentieth century they tried to counter this critique by embodying the virtue of impartiality.

In other European countries with different legal and political systems accusations of partiality did not exist or did not form the expert's prime concern. Historian Svein Atle Skålevåg argues that twentieth-century Norwegian forensic culture was characterised by consensus. In the Norwegian justice system experts were not hired by opposing parties as they were in Britain but were appointed by the courts, worked in pairs, and had their work controlled by a Commission of Forensic Medicine. Because of this system the work of forensic experts was homogenised, and experts performed in a way that made it appear as if they were speaking with one voice. For them performing impartiality would therefore not be one of their prime concerns. This was also the case in Francoist Spain, where forensic experts were appointed by the court. Historian Sara Serrano Martínez has argued that in this system forensic experts were expected to 'show their adherence to the regime (...) and act in coherence with its ideology

and religion'. Under the influence of intimidation and ideological purges, these experts were 'encouraged to collaborate with the regime, which could be interpreted as an order to help in the prosecution of criminals.' In contrast to the British experts who wanted to embody impartiality, these experts working in a dictatorship were forced to show allegiance to one party. Future research should inquire whether the focus on impartiality as a core epistemic virtue of forensic culture was present in other judicial systems in democratic societies, such as the American system, or was typical of British forensic culture.

Forensic virtues and their impact on examination practices

Building on the finding that impartiality, detachment, and objectivity were epistemic virtues that formed the building blocks of modern forensic personae, chapters three and four examine how the embodiment of these virtues influenced forensic examination practices. By doing so, they bring together the core concepts in Ruberg's definition of forensic culture – epistemic virtues, ideologies, advances in technology, professionalisation of forensic expertise, institutionalisation, legal system, and examination practices. Whereas the first two chapters show that epistemic virtues were engrained in ideologies concerning gender, class, and sexuality, the following two chapters demonstrate that in examination practices they interacted with technologies, the adversarial legal system, research methods, institutional organisation (on the level of expert appointment) and protocols.

Chapter three argued that the value attached to the virtue of emotional detachment, to safeguard impartiality, led to the exclusion of female physicians in rape examinations and the disregarding of the psychological care rape victims required. My analysis of forensic physicians' lack of acknowledgement of psychological harm experienced by rape victims illustrates the power that a scholarly persona had in practice. The previous chapters showed that the ideal forensic expert was an impartial, emotionally detached, middle-class, heterosexual man. This chapter shows that the foundational idea that impartiality was accomplished through detachment led doctors and police officers to suggest that showing sympathy to a victim could be interpreted as a sign of partiality. To avoid this, they distanced themselves from their own and the victim's emotions and consequently neglected to consider the mental and emotional care these women and children required. Female physicians, in contrast, considered the importance of this care and alerted the Home Office committee for

⁶⁰¹ Sara Serrano Martínez, 'The Infanticide Article under Franco, 1937–1963: "Leniency", Judicial Discretion and Forensic Knowledge' (Utrecht, Universiteit Utrecht, 2023) 246.

sexual offences about the mental and emotional consequences of rape. However, they were barred from involvement in criminal investigations by police officers with the power to appoint rape examiners. That was because they were guided by the stereotypical gendered idea that women were less capable of controlling their emotions than men, which led them to believe that female physicians would be partial expert witnesses.

This chapter contributes to the historiography on rape examinations and the historiography on scholarly personae and epistemic virtues. Whereas histories of forensic medicine and rape have shown the impact of gender norms projected by experts on victims, this thesis shifts the focus to the gender, class, and sexual norms of the experts themselves. By showing how these categories impacted who was recognised as an expert and who was excluded from contributing to knowledge in mainstream forensic culture, I hope to broaden the understanding of how culture shapes forensic examination practices. Moreover, by including felt emotions and examination practices in this study on scholarly personae, this chapter shows the felt impact that cultural constructs on expertise had in practice, both on experts and their subjects of study.

The impact of the virtues impartiality and detachment on rape examinations should be researched in more detail by means of comparative international studies. Historian Lara Bergers shows that in the Netherlands between 1930-1960, 'medical testimony played a negligible role in sexual crimes investigations'. Medical reports were often not part of a case file, and if they were they were seldom mentioned in court. Instead, the police relied on witness testimonies and, in contrast to British practice, placed much trust in the testimony of victims of sexual crimes. Moreover, she found that physicians and police officers were conscious of the possible severe and long-term psychological consequences of sexual violence and that it shaped the practices of the vice police to some extent. This raises the questions of whether the role medical practitioners played in the criminal justice system influenced the development of a culture of distrust of sexual assault victims.

Chapter four shifts the attention from living victims to the deceased. I argue that the epistemic virtues of objectivity, impartiality and trained judgement shaped forensic experts' examination practices in murder investigations as well, but that these did not necessarily lead to the objectification of a body or body part. This chapter critically engages with the secondary literature on medical museums and dissection that argues that the virtues of objectivity and

⁶⁰² Bergers, 'A Culture of Testimony', 56.

⁶⁰³ Lara Bergers, (PhD thesis, Universiteit Utrecht, forthcoming).

emotional detachment led to the objectification of human remains. By applying Mol's praxiography and a relational understanding of personhood, I show that in the same case, the same team of experts could interact with dead bodies in different and seemingly contradictory ways; both as objects and as persons. In line with histories of dissection and pathology, I found that forensic experts could enact dead bodies as samples or specimens that provided them with information on the way a general human body responded to specific circumstances. However, in addition, these interactions also shaped dead bodies as silent teachers of anatomy, silent witnesses of the crime, and fragments of persons. In forensic examination practices, dead bodies were enacted in different ways. My analysis shows that the role of objectivity in the enactment of a body was not straightforward but a complex, complicated affair. Distinguishing between different kinds of objectivity, I show that trained judgment offered a framework that allowed experts more opportunities to engage with the personhood of a dead body as a social identity than mechanical objectivity did. However, my analysis also illustrates that it is too simplistic to argue that the application of the latter always led to the objectification of the dead body as its application also aided the identification of victims.

This chapter complicates the historiography of the British modern forensic regime. First, because it shows that trust in a technology could be extended to trust in the persona who had applied it. This questions the contrast that Burney and Pemberton locate between a regime based on trust in individual forensic pathologists on the one hand and a regime based on trust in institutions, protocols, research teams and technologies on the other hand. Second, the chapter also nuances the distinction between a body-centred forensic regime and a trace-based regime, as it illustrates that in a case that was considered as one of the first modern forensic investigations both the traces at the crime scene and the victims' body parts were considered as silent witnesses. Third, the analysis of forensic experiments on bodies shows that even though forensic research was institutionalised and regulated more, for example by the issuing of protocols, in practice such procedures were open and left forensic experts with a lot of freedom to individually decide how they treated human remains.

Taken together, chapters 3 and 4 form a comparison of how experts' relations with victims' bodies developed in different contexts. In both cases, experts adhered to the virtues of impartiality, objectivity, and emotional detachment, but they engaged differently with the bodies of rape victims than the bodies of murder victims. This shows that the application of epistemic virtues had no straightforward outcome.

One explanation for this difference is that in solving the crime of rape or murder experts pursued different, contradictory goals. Because of the rape myths of 'women lie about being

raped' and 'only virgins are genuine rape victims', the goal of a rape examination was first to establish whether a rape had happened and if so whether the accused had committed it. As there was often an accused pointed out by the victim, the perpetrator's identity was in most cases not the main focus of the investigation. Moreover, because of the nature of the crime, the victim's identity would always be known to the examiners. The focus of these examinations was therefore less on the personhood of the victim and more on their sexual morality and injuries as pieces of evidence. In a murder case, by contrast, establishing the murderer's and victim's identities were the most important goals. In these investigations, the question of whether a crime was committed was not essential, except in cases where it was unclear if death could be the result of a suicide or accident. Because of these differences, in rape cases the expert's main pursuit was the unmasking of lying victims whereas in murder cases they pursued the identity of the victim and perpetrator.

A second explanation for the different ways in which experts approached victims' bodies is the emotional impact that bodily interactions between expert and victim had on the examiner. As Joanna Bourke has argued, pain is communicated between people through bodily connections. She writes 'through witnessing pain, onlookers can feel it.'604 My empirical research confirms that this applied to forensic experts who witnessed rape victims' pain. In chapters 2 and 3, I argue that experts found the sight of living victims and distressed patients more emotionally demanding than that of deceased victims. Future research should focus on the question to what extent the difference can be attributed to the sexual nature of the crime or the fact that these victims were alive by, first, comparing the emotion management of experts in rape cases with their emotional responses to examinations of living victims in non-sexual crimes, such as grievous bodily harm and assault, and, second, by comparing emotional responses of experts in murder cases to rape-murder cases, and of rape-murder cases with responses in sexual offences. Such comparative studies will help us get a better sense of the role epistemic virtues played in relation to different laws, protocols, and types of victims.

New Directions

Bringing together scholarly personae theory and practice theory

On a meta-level, these chapters contribute to the fields of histories on scholarly personae and studies on knowledge practices. They go beyond an outline of how epistemic virtues were

⁶⁰⁴ Joanna Bourke, 'Police Surgeons and Victims of Rape: Cultures of Harm and Care', *Social History of Medicine* 31:4 (2018), 730.

embodied and displayed and investigate how embodied expert performances impacted examination practices. This is different from histories of scholarly personae that tend to map which virtues were valued in specific scholarly disciplines and analyse what practices were used to enact epistemic and socio-cultural values, as these pay less attention to the question of how these ideal images influenced research and examination practices. It is also broader than most STS-inspired histories of knowledge practices, as these, in contrast, tend to focus primarily on local practices without linking them to power structures.

On this metalevel, chapters 3 and 4 function as a critical investigation of the opportunities and limitations of bringing together epistemic virtue theory with a practiceoriented approach to knowledge creation. My analysis in chapter 4 illustrates that one expert, in the same investigation, could use seemingly contradictory virtues and engage in diverse enactments of the relation between the knowledge-maker and the subject/object of study. This means that the performance of a scholarly persona was a messy business in practice. Scholars studying scholarly personae of historians acknowledge that historians in the past could use a mixture of contradictory repertoires when they fashioned their personae because of the diverse (moral, epistemic, aesthetic, political) 'goods' they pursued. Moreover, this impacted the relations they maintained with their object of study.⁶⁰⁵ However, they do not study how this played out in research practices. This is what chapter 4 does; it analyses how, in one specific case, diverse epistemic virtues were applied in practice and shaped the relations forensic experts maintained with the bodies they examined. In line with historians of scholarly personae, I argue that the virtues could be contradictory and shaped by the pursuit of diverse goals. Specifically, I contend that experts could bestow personhood back on a body part of a murder victim in their pursuit of justice, while simultaneously reducing a body part of another person - perhaps a victim from a closed case - to a control test in their pursuit of legitimising the identification technology they applied in the case. In this way, I maintain that the epistemic virtues framework can aid our understanding of why experts applied diverse practices and developed seemingly contradictory relations to their objects of study.

Considered more broadly, this focus on the role epistemic virtues play in knowledge practices can offer a framework for histories of the ethics of scientific research, in particular studies on medical museums. It offers an alternative to progressivist narratives that view the

⁶⁰⁵ Herman Paul, 'What Is a Scholarly Persona? Ten Theses on Virtues, Skills, and Desires', *History and Theory* 53:3 (2014), 362–263; Julia Dahlberg, 'Gifts of Nature? Inborn Personal Qualities and Their Relation to Personae', in Kirsti Niskanen and Michael J. Barany, eds., *Gender, Embodiment, and the History of the Scholarly Persona: Incarnations and Contestations* (Cham: Palgrave Macmillan, 2021) 181–214, 184.

past as a moment against which we can measure our contemporary ethical and moral achievements and instead shows the complex and contradictory relations scholars had with the subjects they studied. More specifically, this perspective can enrich the debate in social histories of medicine on emotional detachment in clinical medical practice. It directs the attention away from the question of whether medical practitioners were detached or not and towards the question of which 'goods' (moral, epistemic, economical, etc.) practitioners pursued in their practices and how these multiple goals impacted their emotion management practices. Such an approach can broaden our understanding of how and in which circumstances a body becomes objectified and in which scientific practices it can be bestowed with personhood. These insights could aid contemporary ethical committees in assessing past research and collection practices and in setting up contemporary guidelines for scientific research on human and animal bodies.

As I show in this thesis, the application of a set of virtues does not always have the same impact on how the knowledge object/subject was perceived and approached. It is too simplistic to argue that the application of objectivity, impartiality and detachment led to the objectification of the body of a victim of crime, as becomes apparent from the different findings in chapters three and four. Detachment in rape cases made experts treat rape victims more as objects of evidence than persons with emotions and reduced their identity to gender and class stereotypes. In murder cases, in contrast, experts considered the bodies of the victims in a more complex manner, as bodies of evidence, silent witnesses, test objects, and persons. Even though epistemic virtues shaped investigations, the material reality of the crime scene and the victim's body also impacted on what examination practices were applied and how experts related to it. For example, the material traces of manual labour on the hands of Mary Rogerson made the person behind the body visible to the pathologists and anatomists who engaged with her remains. Therefore, I wish to emphasise that historians who apply the scholarly persona theory ought to be careful not to focus solely on the researcher as the only one who shaped knowledgepractices and the object of study. Indeed, chapter 4 shows that in the Ruxton case the material reality of the body, relationships between victims' bodies and people who knew them during their lifetime, and conceptualisations of personhood, impacted knowledge-making practices as much as the mindset of the experts, and the technologies they had at their disposal. I conclude that epistemic virtues were influential actors in the enactments of victim's bodies and examination practices but should not be considered as something that determined their outcome. Cultural ideals shaped forensic investigations, but forensic practices were also more complex and messier than experts imagined in their ideal images. Therefore, comparative research on how scientists belonging to the same scholarly culture and ascribing to the same epistemic virtues enacted human material in their tests, can broaden our understanding of the role that these ideals played in practice.

Global forensic culture

This thesis argues that forensic culture was shaped in a British context, where social-cultural values, such as the stiff-upper-lip, helped shape expert personae. In passing, I have mentioned that this ideal was constructed in contrast to colonial Others and the French, whom the British considered to be more emotional. However, an in-depth analysis of how imperial and transnational relations impacted the way forensic culture was embodied by expert personae remains to be conducted. The edited volume of Burney and Hamlin shows the value of applying the global turn to the history of forensic medicine and science, as it brings to the fore how travelling knowledge between periphery and metropole, but also between periphery and periphery, influenced the development of institutions, technologies, protocols, and expertise. As Heather Wolffram explains forensic expertise was brought in operation through the 'multidirectional forensic networks within the British Empire'. 606 In addition, histories of the body that have taken a global perspective also illustrate that taking a transnational approach broadens our understanding of embodiment, as it shows the wide diversity of how people have experienced their bodies. 607 Bringing these insights together raises the question of how embodied performances of forensic expertise were shaped in the context of the British Empire and international collaboration between experts.

In this thesis I have not taken a colonial perspective, as it was outside the scope of my study. However, I have discussed that some forensic experts, inter alia Sydney Smith and John Glaister Jr. worked in Egypt during their careers and that this influenced their performances; for example, by writing about the use of human material from Egyptian citizens in their experiments. Future research should study more in-depth, first, how work in the colonies helped to shape their expert personae, both by considering how they incorporated their time abroad in their life writing and by comparing whether their public performances in colonised countries differed from their bodily display in the British metropole. This will broaden the field

⁶⁰⁶ Heather Wolffram, 'Forensic Knowledge and Forensic Networks in Britain's Empire: The Case of Sydney Smith', in Ian Burney and Christopher Hamlin, eds., *Global Forensic Cultures: Making Fact and Justice in the Modern Era* (Baltimore, Maryland: Johns Hopkins University Press, 2019), 305-324, 307.

⁶⁰⁷ Tony Ballantyne and Antoinette Burton, *Bodies in Contact: Rethinking Colonial Encounters in World History*, (Durham: Duke University Press, 2005). Tony Ballantyne and Antoinette Burton, *Moving Subjects: Gender, Mobility, and Intimacy in an Age of Global Empire*, (Urbana: University of Illinois Press, 2009).

of forensic medicine and science in particular but can also add to the growing literature on global histories of the body.

Second, research on transnational expert performances can ask whether international collaboration and experience of forensic experts became a marker of a modern forensic regime. I noticed that several experts mention in their autobiographies that they spent time abroad, not only by taking on a position in a colonised country but also by assisting in forensic examinations in other nations or consulting foreign experts. 608 It is noteworthy, for example, that Simpson profiles himself as an internationally-oriented researcher, by condemning his predecessor, Spilsbury, for his lack of international collaboration.⁶⁰⁹ Moreover, archival material illustrates that British experts were involved in setting up forensic facilities in other countries, acting as advisers, and began to participate in international conferences. 610 These findings complicate the idea that a demarcated British forensic culture existed and raise the question of how the internationalisation of forensic knowledge production and the globalisation of popular culture - inter alia crime fiction and true crime series - influenced embodied performances of expertise. Future studies could research this by analysing how forensic virtues crossed borders. For example, by studying international collaborations and minutes from international conferences to trace whether experts from different national backgrounds ascribed to the same epistemic virtues and how they embodied those. Such comparative research can illustrate the impact of different cultural norms on gender, class, religion, etc. This not only broadens the field of the history of forensic science and medicine in particular but also opens up new avenues for histories of epistemic virtues and scholarly personae to study how transnational scientific communities were. Moreover, as recent research on forensic newspapers illustrates that international crime reports became popular during the twentieth century, studies of transnational forensic culture could also take news media as a starting point to see whether journalists saw similarities or contrasts between the performances of British and international experts. 611

Third, future research on global embodied performances of forensic expertise can enrich not only our understanding of expert performances but also of the relation between

⁶⁰⁸ Sydney Smith, *Mostly Murder* (Guildford: George G. Harrapp &Co ltd., 1959), 152–137; John Glaister, *Final Diagnosis* (London, Sydney, Toronto and New York: Hutchinson & Co., 1964), 57–76, 112; H. J. Walls, *Expert Witness: My Thirty Years in Forensic Science* (London: Random House UK, 1972), 165–74; Keith Simpson, *Forty Years of Murder: An Autobiography* (London: Panther, 1978), 54, 280.

⁶¹⁰ Forensic Medicine, 1976-1986, RLHMC/A/24/18 and Papers of Professor Francis Edward Camps, 1930s-1970s, RLHPP/CAM/2/1/2/8; RLMPP/CAM/2/1/2/13; RLHPP/CAM/1/3/5, Barths Health Archive.

⁶¹¹ Clare Wilkinson, 'Drama in the Dailies: Violence and Gender in Dutch Newspapers, 1880 to 1930' (PhD thesis, Universiteit Leiden, 2020), 130 and 181.

experts' bodies and the bodies of victims of crime. As I point out in chapter 4, historians of forensic science and medicine have started to debate the extent to which the colony was used as a testing ground for technologies and examination methods used in the metropole. ⁶¹² My short analysis of the role human bodies played in forensic experiments showed that in autobiographies there was little difference in how authors presented their handling of human material in Egypt and Britain. However, more in-depth analysis of experiments on human bodies is needed to ascertain whose bodies were used by forensic experts. The relevance of such research is made apparent, for example, by Glaister's remark in his autobiography that due to a lax administrative policy, he obtained permission to use photographic material he created during his time in Egypt, inter alia of victims of sexual offences, in any way he liked, even in a public space of entertainment. While he did not use his material in this way, the forensic handbook of his colleague Sydney Smith indicates that pictures of Egyptians specifically their breasts, vaginas and anuses – were used for the education of British forensic students on sexual offences. 613 The origins of these pictures need to be traced for us to be certain about the circumstances in which they were taken but it appears that these were of Egyptian victims of sexual assault taken by, or in the presence of, Smith. These findings raise the question of whether the regulations concerning the representation and photographic reproduction of violated bodies were different in the periphery and the metropole. Were the bodies of white, British people more protected than the bodies of natives from colonised countries? And was there any difference between the bodies of the English, Scottish, Welsh and Irish? In short, whose bodies were used by forensic experts for educational purposes? Such questions add to the growing body of literature on colonial research practices.

New developments in the late 20th and 21st centuries

Another avenue for future research in histories of gender and science in general, and the history of British forensic culture in particular, is a study on the directions of embodied performances of forensic expertise in the late twentieth and early twenty-first centuries. Perceived from the concept of embodied performances of forensic expertise, I recommend an exploration of the ways contemporary forensic scientists and doctors present themselves in public and embed their persona in changing cultural norms, for example regarding gender. Burney and Pemberton

⁶¹² Wolffram, 'Forensic Knowledge and Forensic Networks'; Alison Adam, *A History of Forensic Science: British Beginnings in the Twentieth Century* (Abingdon, Oxon; New York, 2015), 68-72 and 159-161.

⁶¹³ Sydney Smith, Forensic Medicine: A Textbook for Students and Practitioners (London: J.A. Churchill, 1925) 227, 234-236.

write that Keith Simpson, with the publication of his memoir in 1978 and the airing of a BBC television documentary about his work, was perhaps the last English pathologist with celebrity status. 614 They maintain that the celebrity forensic regime belonged to Spilsbury and consider that any remnants of it, on which Simpson built his persona, disappeared in the late twentieth century. However, I would suggest that a new celebrity has recently entered the stage of forensic culture: Dr Richard Shepherd. He qualifies as a celebrity pathologist if we consider his work with the media which includes appearances in true crime series, two autobiographies, and popular theatre tours. 615 Moreover, I would point out that other forensic scientists and pathologists have continued to write their autobiographies and received media attention for it, in the form of newspaper articles and television interviews. 616 So here, too, the argument of this thesis applies that it is not fruitful to think of one British forensic regime as characterised by the presence of a celebrity forensic pathologist and instead consider how embodied public performances of forensic experts changed through time.

To get a clear sense of the characteristics that were typical of the modern forensic culture, which I demarcated from the 1920s until 1980, future research should study the changes that British forensic culture underwent in the years after Simpson published his autobiography in 1978. Based on my research I offer some suggestions of changes I believe might have occurred after 1980 and future research can explore in more depth.

I synthesise that after the 1980s a new forensic expert persona developed which embodied the virtues of care and honesty about emotional and mental well-being. As I note in chapter 2, contemporary autobiographies differ from older ones because the authors describe their own emotions in more detail. In his autobiography Shepherd, for example, writes about his struggle with PTSD as a result of his work and other colleagues in the field address the question of how their work has affected their mental health and family life. They openly discuss the cases that affected them and the kind of victims that triggered their emotions. In addition, I saw that they wrote more elaborately about the personhood of some victims and their responsibility towards them than their predecessors did. I offer several avenues worth exploring that could explain these differences: changing gender norms, diminished trust in science, media

⁶¹⁴ Ian Burney and Neil Pemberton, *Murder and the Making of English CSI* (Baltimore, Maryland: Johns Hopkins University Press, 2016), 146.

^{615 &#}x27;Dr Richard Shepherd – Forensic Pathologist', accessed 19 January 2024, https://drrichardshepherd.com/.
616 Patricia Wiltshire, *Traces: The Memoir of a Forensic Scientist and Criminal Investigator* (London: The Plaza, 2019); Derek Tremain and Pauline Tremain, *How to Solve a Murder: True Stories from a Life in Forensic Medicine* (Dublin: HarperCollins, 2021); Professor Angela Gallop, *When the Dogs Don't Bark: A Forensic Scientist's Search for the Truth* (London: Hodder & Stoughton, 2019).

scandals of forensic medicine, the development of a feeling medical practice, and increased specialisation.

First, in the 1970s and 1980s, the link between masculinity and lack of emotional expressiveness came under scrutiny. Inspired by the feminist movement, pop music, the tabloid press, and American psychiatry, conventional masculinity based on the ideal of the stiff-upperlip was critically questioned and men's emotional expressiveness gradually increased. 617 The 'new men' of the 1980s were being encouraged to get more in touch with their emotions and adopt a caring approach to fatherhood. 618 This shift seems to be mirrored in autobiographies where male forensic experts mention their caring role as fathers and discuss their emotions in more length and detail than their predecessors did. Shepherd does this, for example, inter alia in the quote with which I started this conclusion. Future research on gender and the history of science could explore this in more detail and ask what the impact of changing masculine ideals was on performances of forensic, medical, and scientific persona. And specifically, how this more emotionally expressive masculinity interacted with scientific virtues of objectivity and impartiality and medical norms of care and detachment.

Second, the 1980s and 1990s were characterised by a more critical outlook on forensic science and medicine by journalists and the general public. The emergence of critical television programmes and newspaper exposure of mistakes in the scientific evidence in major cases, such as *R. v. Preece* (1981), made the position of expert witnesses more vulnerable. In *R. v. Preece* criticism centred on the person of Dr Clift who was presented as a 'liar', who lacked objectivity and purposely silenced certain aspects of the case he researched. In the diminished trust in forensic science reflected a broader challenge to the authority of science that started in the 1970s-80s, with the critique on nuclear weapon development, the exploitation of the environment, and the exclusion of marginalised groups from scientific institutions. The impact of this increased criticism on public performances of scientists in general and forensic scientists and doctors, in particular, is a research topic that is highly relevant today, as

⁶¹⁷ Thomas Dixon, *Weeping Britannia: Portrait of a Nation in Tears* (Oxford, New York, 2015), 263, 267, 270; Lucy Delap, 'Feminism, Masculinities and Emotional Politics in Late Twentieth Century Britain', *Cultural and Social History* 15:4 (2018), 571–93.

⁶¹⁸ Dixon, Weeping Britannia, 267; Frank Mort, Cultures of Consumption (London; New York: Routledge, 1996), 21.

⁶¹⁹ Jonathan Shepherd, 'Presenting Expert Evidence in Criminal Proceedings: Recommendations Will Help Expert Witnesses', *British Medical Journal*, 2 October 1993, 817.

⁶²⁰ David Gee, 'Training the Expert Witness', *Medicine, Science and the Law* 28:2 (1988), 93–97; 'Expert Testimony', *The Lancet*, 2 June 1984, 1218–19.

⁶²¹ Gee, 'Training the Expert Witness'; 'Expert Testimony'; Carol A.G. Jones, *Expert Witnesses: Science, Medicine and the Practice of Law* (Oxford: Clarendon Press, 1994), 3.

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scientific knowledge is being challenged on social media. Future research can explore it in more depth for the perspective of embodied expert performances.

Third, the public critique of forensic science and medicine in the 1980s was particularly aimed at the lack of sympathy and care shown by forensic experts to victims. This criticism was fuelled by two related media scandals; one on violent rape examinations and the other on the retention of remains by pathologists and forensic pathologists. Most of them seemed to have taken this critique to heart and – as the opening quote of chapter 3 shows – increasingly advocated that they had a caring responsibility towards rape survivors and should be sensitive to their emotions and mental well-being. Future research can explore to what extent this change in perspective led to both a different public performance of forensic expertise and adapted examination practices. Moreover, in the media scandals over organ retention by pathologists the harshest criticism was directed at the unnecessary trauma that these examination and retention practices caused for the families of the deceased. This seems to mark a shift in public expectations of forensic pathologists, who in the capsised party boat case of 2000 were held responsible for the emotional well-being of the bereaved, in addition to the production of scientific knowledge in aid of the criminal justice system. Future research could trace whether the responsibilities of forensic experts have expanded and how these co-exist.

Fourth, some historians argue that the detached approach in medicine was gradually replaced by a new emotional culture around the 1970s. According to sociologist Kelly Underman, in the 1970s 'feeling medicine' replaced the detached perspective, at least in the United States. ⁶²⁴ Physicians started to pay more attention to the emotional experiences of their patients and became more willing to take their own emotions into account. Whether this led to a greater willingness to publicly display their own emotions in public is unclear and should be the topic of future research.

Fifth, one of the questions that my research opens up is whether the embodied performances of forensic doctors, pathologists, and scientists were differentiated after the

⁶²³ Lois Blair, 'The Problem of Rape', *The Police Surgeon Supplement* 2 (Spring 1977), 16; Corinna Honan, 'Rape, Separating the Facts from the Fury', *The Police Surgeon Supplement* 8 (Spring 1980), 17; Stephen Robinson, 'Examination of Victim of Alleged Sexual Assault', in *Principles of Forensic Medicine* (London: Cambridge University Press, 1996), 110; Josephine Burnell Howitt and Deborah Rogers, 'Adult Sexual Offences and Related Matters', in *Clinical Forensic Medicine*, ed. W.D.S. McLay and Association of Police Surgeons (London: Greenwich Medical Media, 1996), 208; Stuart Caren, 'Law and the General Practitioner: Assisting the Police', *British Medical Journal* 282 (1981), 1840; Josephine Burnell Howitt and Deborah Rogers, 'Adult Sexual Offences and Related Matters', in W. D. S. McLay and Association of Police Surgeons, eds., *Clinical Forensic Medicine* (London: Greenwich Medical Media, 1996), 193-218, 211; Kew National Archives, Ho 287/4027: Metropolitan Police, 'Help For Those Who Have Been Sexually Assaulted', approximately 1986.

⁶²⁴ Kelly Underman, *Feeling Medicine: How the Pelvic Exam Shapes Medical Training* (New York: New York University Press, 2020).

1980s. In this thesis I used the term forensic expert to refer to all these different kinds of specialist that could be called as expert witnesses. In the sources I consulted I found no significant difference in the way they presented themselves, perhaps partly because some of the men who profiled themselves publicly – John Glaister Jr., Sydney Smith, Keith Simpson, Francis Camps – continued to present themselves as 'all-round' experts even though specialisation processes had started to shape forensic expertise. Future research could analyse whether increasing specialisation led forensic scientists, pathologists, and rape examiners to build specialist personae.

Such studies on embodied performances of forensic expertise in late-twentieth and early twenty-first century Britain can make use of a wealth of source material. Televised interviews with forensic experts – for example in popular true crime series – and the bulk of forensic fiction programmes offer scholars much insight into the way experts displayed their bodies or were represented to embody expertise. Crime fiction has received a lot of attention from scholars who debated the 'CSI-effect', which revolves around the question of whether television series such as CSI impact jurors' expectations of forensic science and hence influence their verdicts. 625 In addition, scholars of crime fiction have studied how victims, perpetrators and police officers are represented in these series. 626 However, less attention is paid to the kinds of forensic expert personae that were displayed and how they relate to the televised performances of actual forensic scientists and pathologists. Moreover, no attempt has been made to historically trace how fictional performances developed throughout the twentieth century, starting with forensic novels such as R. Austin Freeman's Dr Thorndyke novels (1907-1941), moving towards radio plays such as Mysteries of the Scotland Yard (1949-1951) and the first television series on forensic science *The Expert* (1968-1976) and ending with the bulk of forensic television series today, such as CSI, Bones and Silent Witness.

Scholars could research how experts performed their persona by studying the courtroom training that became more formally organised from the mid-1970s onwards. In this period,

⁶²⁵ Simon A. Cole, 'A Surfeit of Science: The "CSI Effect" and the Media Appropriation of the Public Understanding of Science 24:2 (2015), 130–46; Melissa M. Littlefield, 'Historicizing CSI and Its Effect(s): The Real and the Representational in American Scientific Detective Fiction and Print News Media, 1902–1935', *Crime, Media, Culture* 7:2 (2011), 133–48; Simon A. Cole and Rachel Dioso-Villa, 'Investigating the "CSI Effect" Effect: Media and Litigation Crisis in Criminal Law', *Stanford Law Review* 61:6 (2009), 1335–73; Michael Mopas, 'Examining the "CSI Effect" through an ANT Lens', *Crime, Media, Culture* 3:1 (2007), 110–17.

⁶²⁶ Gill Plain, Twentieth Century Crime Fiction: Gender, Sexuality and the Body (Abingdon, New York: Routledge, 2001); Dawn Cecil, 'Dramatic Portrayals of Violent Women: Female Offenders on Prime Time Crime Dramas', Journal of Criminal Justice and Popular Culture 14:3 (2007), 242-258; Haia Shpayer-Makov, The Ascent of the Detective: Police Sleuths in Victorian and Edwardian England (Oxford: Oxford University Press, 2011).

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advice on performances was no longer limited to one chapter in a forensic handbook or an article in the *Lancet*. Instead, individual authors and organisations such as the Institution of Civil Engineers London and the Medical Defence Union started to publish whole books on this topic. 627 Moreover, from the 1990s onwards training programmes were being organised for expert witnesses. Why experts' court performances received increasing attention during this period is a question that scholars should address in the future. They could research whether it should be considered in light of the critique that scientists had received or if it was related to the increasing institutionalisation of forensic services, which made individual experts representatives of an institution rather than witnesses who acted on a personal title. They could also address the question of how it relates to the introduction of the Criminal Justice Act of 1967, which significantly reduced the need for oral testimony in the lower courts, thereby diminishing experts' experience of being in the witness box.

Answering these new research questions might help us to better understand how forensic scientists and pathologists embodied their expertise. And, more specifically, how the epistemic virtues they embodied were engrained in everchanging social-cultural norms. Awareness about how seemingly neutral concepts such as objectivity and impartiality were embedded in masculine, bourgeois norms can aid us in critically reflecting on examination practices. In forensic medicine especially, it opens the debate on the question of how objectivity and care can be co-constructed to safeguard the mental well-being of both victims of crime and forensic experts themselves. The past shows us that detaching oneself from emotions is a selective, difficult, and messy practice that cannot easily be united with self- and patient care. Exposing the constructed nature of objectivity in histories of medicine and science opens the possibility to rethink what objectivity means and how we can enact it whilst simultaneously performing caring practices. I think inspiration for this reconceptualisation can be drawn from contemporary autobiographies of forensic experts, in which the authors reflect on their emotional responses and through this practice enacted a kind of objectivity that is based on openness, honesty, and a politics of location rather than detachment.

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⁶²⁷ Lord Macmillan of Aberfedly, *The Giving of Evidence: Before a Parliamentary Committee, in the High Court, and Before an Arbitrator* (London: The Institution of Civil Engineers, 1975); Medical Defense Union, *Law and the Doctor* (London, 1975); D.J. Gee and J.K. Mason, *The Courts and the Doctor* (Oxford; New York; Toronto; Oxford University Press, 1990).

Afterword

Writing this thesis has been an emotionally challenging journey. Apart from the usual stress and difficulties that arose from embarking on this big research project, the topic of my thesis proved to be mentally and emotionally straining. I choose to mention this personal experience in my thesis for two reasons. First, I hope to communicate to other researchers who work on potentially traumatic research topics that they are not alone in their distress or sadness. Over the last decades, more attention has been paid to the prevention of secondary trauma of health care-professionals and first responders but awareness about trauma amongst historians is only slowly growing. 628 When I started to open-up about my own experiences, I heard from several other PhDs who were struggling with their own mental health due to their field of study and that it helped us to talk to one another about this. I very much hope that the attempt amongst young scholars to discuss this matter will lead to more openness about the potential of secondary traumatisation amongst historians and to the formal development of preventative tools. At present, unfortunately, no specialised guidance is available at my university, and I hope very much that this and other research institutions take up my request to put a system for mental and emotional care in place. I was fortunate to have found the help of Anja Buijsen, who specialised in the prevention of secondary trauma for mental health personal. I want to thank her for her advice and time.

Second, I think it is strange to write a thesis about the embodied expertise of historical actors from a vantage point of a disembodied narrator. Like the forensic pathologists and scientists I studied, I have a body: the body of a white, cis-woman that spends every day on a yoga-mat and several evenings a week in the dance-studio. I think it is important to state this, as my experiences as a woman who has encountered and feared transgressive sexual behaviour made it difficult at times to read about sexual assault cases. My yoga and dance practices have helped me cope with this emotionally demanding task. Not just because they directed my attention away from my research but also because they helped me to be conscious of what I was feeling, where I was feeling it in my body and what coping strategies I employed to deal with this. I would like to thank my dance and yoga-teachers – with a special mention of Sjoerd Wijn – who helped me to care for my own body and emotional

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⁶²⁸ James Robins, 'Can Historians Be Traumatized by History?', *The New Republic*, 16 February 2021, https://newrepublic.com/article/161127/can-historians-traumatized-history.

⁶²⁹ As Joanna Bourke points out, this is still common practice amongst historians. Joanna Bourke, 'Preface', in Claire Langhamer, Lucy Noakes, and Claudia Siebrecht, eds, *Total War: An Emotional History* (Oxford: Oxford University Press, 2020), xi.

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health. I hope that in the future there will be more opportunities for historians and other researchers to explore how their own embodied experiences influence their knowledge-making practices. In this way we can continue to reflect on how the epistemic virtues of our discipline are intertwined with bodily, emotional, and cultural practices.

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Nederlandse samenvatting

Belichaamde performances van forensische expertise:

Epistemische deugden, gender, en emoties in Britse forensische cultuur 1920-1980

In optredens van forensische experts – in de media, rechtbank en onderzoeksruimtes – namen hun lichamen, emoties en karaktereigenschappen een belangrijke plek in. Journalisten beschreven bijvoorbeeld hun sobere kledingkeuze of hun gevoel voor humor. Experts zelf benadrukten in hun autobiografieën dat ze zorgvuldig hun emoties reguleerden en beschreven hun fysieke en emotionele relatie tot de lichamen van slachtoffers. In dit proefschrift beargumenteer ik dat forensische wetenschappers en artsen met behulp van dergelijke belichaamde performances zichzelf profileerden als betrouwbare en gezagsvolle actoren in het Britse strafrechtelijke systeem tussen 1920 en 1980.

Tegenwoordig is het vrijwel vanzelfsprekend dat wetenschappers en artsen een rol spelen in het oplossen van een misdaad. Wanneer je een misdaadprogramma op de televisie kijkt, zoals CSI, Bones of Silent Witness, zie dat de politie samenwerkt met een team van wetenschappers en een patholoog-anatoom. Het is echter amper een eeuw geleden dat forensische experts formeel werden geïntegreerd in het Britse strafrechtelijke systeem. Vanaf de jaren 1930 werden de rollen van forensische wetenschappers en patholoog-anatomen geleidelijk aan geprofessionaliseerd. Er werden grootstedelijke laboratoria opgezet, het Ministerie van Binnenlandse Zaken wees patholoog-anatomen aan van wiens diensten de politie gebruik kon maken en technologische innovaties volgden elkaar op. Historici hebben dit als omslagpunt gemarkeerd. Ze beargumenteren dat er een verschuiving optrad van een forensisch regime dat gebaseerd was op het vertrouwen in individuele getuigen-deskundigen naar een regime dat gekarakteriseerd werd door vertrouwen in technologieën, te kwantificeren onderzoeksmethoden, protocollen en instituties. In dit proefschrift nuanceer ik deze visie door te stellen dat belichaamde optredens van forensische personae de Britse forensische cultuur bleven kenmerken na de jaren 1930. Ik beargumenteer dat forensische expertise vorm kreeg in lichamelijke praktijken van forensische personae en dat deze een aanvulling op of een contrast met de technologische, methodologische en institutionele ontwikkelingen konden zijn in de periode 1920-1980.

De hoofdvraag die centraal staat is: 'Hoe traden forensische wetenschappers en artsen op als expert personae in het Britse gerechtelijke stelsel in de periode 1920-1980'? In het beantwoorden van deze vraag, volg ik de visie van historici die wetenschappelijke personae

bestuderen en stellen dat ideaalbeelden over wetenschappers niet alleen vorm krijgen in de academische discipline waarin zij werkzaam zijn, maar ook zijn ingebed in de sociaal-culturele context waarin zij functioneren. Om te laten zien hoe dit forensische praktijken beïnvloedde, breng ik de geschiedenis van forensische geneeskunde en wetenschap samen met de geschiedenis van epistemische deugden en wetenschappelijke personae, gendergeschiedenis, de geschiedenis van het lichaam en de geschiedenis van emoties. Ik analyseer autobiografieën, krantenartikelen, foto's, interviews op de televisie en de radio, forensische handboeken, rechtsdossiers en onderzoeksrapporten. Ik gebruik Pierre Bourdieu's en Judith Butler's theorieën over performativiteit om aan de hand van deze diverse bronnen te beargumenteren dat forensische expert personae niet alleen gevormd werden door wetenschappelijke, medische en juridische waarden, maar dat deze vervlochten waren met gender, klasse, en nationalistische normen. Concreet laat ik zien dat forensische experts in de periode 1920-1980, de waarden onpartijdigheid, afstandelijkheid, en objectiviteit belichaamden door een mannelijke, bourgeois, heteroseksuele, stoïcijnse, Britse persona te ontwikkelen. Deze forensische persona werd gevormd in lichamelijke praktijken – zoals het zich aankleden en het reguleren van emoties – en beïnvloedde hoe zij levende en overleden slachtoffers benaderden.

Dit proefschrift is ingedeeld in twee delen. Het eerste deel – dat hoofdstuk een en twee omvat – onderzoekt hoe experts hun lichamen tentoonspreiden in publieke optredens, specifiek in de rechtbank en media. In dit deel laat ik zien dat forensische experts de deugden onpartijdigheid, objectiviteit en afstandelijkheid belichaamden. Het tweede deel – dat hoofdstuk drie en vier omvat – bouwt voort op deze bevindingen en onderzoekt de impact van deze belichaamde deugden op de onderzoekspraktijken van forensische experts. Ieder hoofdstuk onderzoekt deze vragen aan de hand van een specifieke casestudy. Hoofdstuk 1 kijkt naar de kleding van forensische experts, hoofdstuk 2 naar hun emotionele praktijken, hoofdstuk 3 naar emotionele afstandelijkheid ten opzichte van verkrachtingsslachtoffers en hoofdstuk 4 naar de rol die objectiviteit speelt in de relatie tussen experts en de lichamelijke resten van slachtoffers.

In hoofdstuk 1 bestudeer ik hoe getuigen-deskundigen zich kleedden in de Britse rechtbank en media optredens, om te analyseren op welke manier zij zich als betrouwbare en gezagsvolle dragers van kennis presenteerden in de juridische en publieke context. Ik laat zien experts zich niet kleedden op de typische manier die artsen en wetenschappers kenmerkte in deze periode. Artsen droegen niet de formele kleding die hen normaal gesproken onderscheidde van minder hooggeschoolden middenklasse-mannen en wetenschappers hadden niet de meer nonchalante kleding aan die hen karakteriseerde. En het duurde tot de jaren '60 voordat

forensische experts zich in witte jassen zouden uitdossen in mediaoptredens om de wetenschappelijke deugd objectiviteit te belichamen. Voor die tijd conformeerden forensische experts zich aan de kledingconventies van Britse bourgeois-mannen en trokken ze een donker driedelig pak aan. Ik beargumenteer dat forensische experts op deze wijze onpartijdigheid belichaamden, een karakteristieke deugd in de moderne forensische cultuur van Groot-Brittannië. Dat kwam, ten eerste, omdat ze met deze kledij een familiariteit creëerden tussen henzelf en de leden van de jury, die veelal bestonden uit middenklasse-mannen. En ten tweede, omdat ze met deze kledingkeuze voortbouwden op mode-conventies van de 'gentleman', die sinds de negentiende eeuw gebruikt werden om de sociale status van artsen en wetenschappers te waarborgen in een samenleving waarin klassenonderscheid van belang was. Concreet stelde het sobere pak forensische artsen in staat om zich te onderscheiden van flamboyante kwakzalvers en stond het forensische wetenschappers toe zich te conformeren aan de nieuwe burgerlijke wetenschapper-persona, wiens onpartijdigheid gewaarborgd werd door zijn soberheid en dienstbaarheid. Met deze analyse laat ik zien dat getuigen-deskundigen bleven vertrouwen op mannelijke en bourgeois normen die sinds de negentiende eeuw werden gebruikt door artsen en wetenschappers om het vertrouwen van het Britse publiek te winnen, ten tijde van technologische innovatie en de institutionalisering van forensische wetenschap en geneeskunde.

Hoofstuk 2 laat zien dat, ook met de ontwikkeling van rationele protocollen, methodes en technieken, forensische experts onpartijdigheid en objectiviteit bleven waarborgen door middel van hun emotionele praktijken. Forensische artsen waardeerden emotionele afstandelijkheid als een deugd. Dit blijkt uit hun autobiografieën en in de adviesliteratuur die zij schreven over hoe getuigen-deskundigen zich dienden te gedragen in de rechtbank. Voor hen was het van groot belang om te benadrukken dat emotionele afstandelijkheid vereiste dat zij emotioneel werk verrichtten. Dat wil zeggen dat het iets was dat zij moesten *praktiseren* en werd onderscheiden van onverschillig *zijn*. Ik heb vier emotionele praktijken geïdentificeerd die zij gebruikten om emotionele afstandelijkheid te kunnen belichamen. Dit zijn: het maskeren van emoties in gezichtsuitdrukkingen en lichaamstaal, stiltes laten vallen, onderscheid proberen te maken tussen het privé- en professionele leven en de aandacht vestigen op positieve emoties. Ik beargumenteer dat deze strategieën waren ingebed in de sociaal-culturele scripts van de Britse 'stiff-upper-lip' en emotionele controle, mannelijke heteroseksualiteit, de familieman en de bourgeois 'gentleman' wetenschapper. Door hieraan te appelleren konden forensische experts een persona vormgeven die onpartijdig, maar niet onverschillig was.

De volgende twee hoofdstukken bouwen voort op de bevindingen dat forensische experts, door te appelleren aan gender, klasse en Britse nationalistische normen, onpartijdigheid, afstandelijkheid en objectiviteit belichaamden. In deze hoofdstukken onderzoek ik hoe deze performances van expertise onderzoekspraktijken beïnvloedden.

Hoofdstuk 3 doet dit door te analyseren hoe de belichaamde praktijken van emotionele afstandelijkheid en bourgeois mannelijkheid impact hadden op medisch onderzoek in verkrachtingszaken. Concreet onderzoek ik in dit hoofdstuk de vraag waarom de lange termijnconsequenties van verkrachting op de mentale gezondheid van slachtoffers en het belang van een sympathieke benadering door de onderzoekend arts niet werden erkend in de gangbare forensische literatuur en praktijk voor de jaren 1970. Ik beargumenteer dat dit niet louter voortkwam uit onwetendheid. Ik laat zien dat er al artsen waren – in het bijzonder vrouwelijke artsen, psychiaters en gynaecologen – die de psychologische impact van verkrachting en het belang van sympathie en zorg ter sprake brachten in de periode 1924-1978. Forensische experts, die handboeken schreven over medisch onderzoek in verkrachtingszaken en adviesliteratuur voor getuigen-deskundigen produceerden, stelden dat de deugden sympathie en zorg echter niet te verenigen waren met de kerndeugd van forensische experts: onpartijdigheid. Ze benadrukten dat getuigen-deskundigen moesten voorkomen dat ze van partijdigheid zouden worden beschuldigd omdat dit hun gezag in de rechtbank zou schaden. Volgens hen was kon dit niet bereikt worden wanneer er sympathie voor een slachtoffer getoond werd, maar slechts wanneer zij emotionele afstandelijkheid praktiseerden. Omdat zij geloofden in het genderstereotype dat vrouwen minder goed in staat waren hun emoties en met name een gevoel van sympathie te bedwingen, weerden zij de betrokkenheid van vrouwelijke artsen in verkrachtingszaken. Dit leidde tot een sceptische houding tegenover verkrachtingsslachtoffers en een gebrek aan aandacht voor de psychologische zorg die de vrouwen en kinderen nodig hadden. Op deze manier beïnvloedden de 'deugden' van onpartijdigheid en afstandelijkheid niet alleen de belichaamde ervaringen van de experts zelf, maar ook van de slachtoffers waarmee zij in aanraking kwamen.

In hoofdstuk 4 onderzoek ik hoe deze belichaamde waarden invloed hadden op de relatie die forensische experts hadden met lichamelijke resten van moordslachtoffers. Om dit te analyseren bestudeer ik een casus: de Ruxton-moordzaak uit 1935. In deze zaak was het de taak van een team forensische experts om de verminkte lichaamsdelen die in een ravijn gevonden waren te identificeren en te achterhalen wie de moordenaar was. In dit hoofdstuk pas ik een praxiografische analyse en een relationeel begrip van 'persoon-zijn' toe om te laten zien dat de relatie tussen de experts en de lichaamsdelen van praktijk tot praktijk kon verschillen.

Nederlandse Samenvatting

De experts konden met hen omgaan als stille anatomiedocenten, stille getuigen, fragmenten van personen, en controleproeven. Mijn analyse laat zien dat de relatie tussen de deugden objectiviteit en onpartijdigheid enerzijds, en de wijze waarop er omgegaan werd met het dode lichaam anderzijds, gecompliceerd was. In navolging van Lorraine Daston en Peter Galison onderscheid ik verschillende vormen van objectiviteit. Ik laat zien dat het 'geschoolde oordeel' experts meer mogelijkheden bood om de lichamelijke resten te verbinden met de persoon aan wie ze ooit hadden toebehoord, dan mechanische objectiviteit. Maar ik benadruk ook dat het te simplistisch is om te beargumenteren dat de toepassing van mechanische objectiviteit er altijd toe leidde dat het dode lichaam geobjectiveerd werd, omdat de toepassing ervan de experts instaat stelde de identiteit van de slachtoffers vast te stellen.

Tezamen nuanceren deze vier hoofdstukken het argument in de historiografie over Britse forensische regimes dat er vanaf de jaren 1930 een overgang was van een regime dat was gestoeld op het vertrouwen in een beroemde patholoog-anatoom naar een regime dat gekarakteriseerd werd door vertrouwen in technologieën, kwantificeren onderzoeksmethoden, protocollen en instituties. Door de optredens en praktijken van forensische experts te analyseren laat ik zien dat forensische experts publieke personae bleven vormgeven in de periode 1920-1980. Dergelijke publieke optredens waren niet typerend voor een bepaald tijdperk, maar veranderden door de tijd heen. In de onderzochte periode belichaamden forensische experts de waarden onpartijdigheid, afstandelijkheid, en objectiviteit door een mannelijke, bourgeois, heteroseksuele, stoïcijnse, Britse persona te ontwikkelen. Ik concludeer dat ook in de moderne periode dergelijke publieke performances ingebed waren in sociaal-culturele normen en dat die niet los gezien kunnen worden van technologische en institutionele ontwikkelingen.

Curriculum Vitae

Pauline Dirven is a cultural historian of contemporary history. Her research interests are the body, performativity, gender, and the history of knowledge. She has a bachelor's degree in history and a research master's degree in modern history, both from Utrecht University. She has published one academic article and one textbook chapter based on the research she conducted in her master's research project on embodiment and dance. These are 'Ballet, an Empowering Embodied experience: A Feminist Phenomenological Analysis of Ballerinas' Bodies, Locus (2020) and as lead author, together with I. Mendoza Martín, F. Reichherzer, and S. Lesage, 'Sports and Leisure in Contemporary History (ca. 1900-2000)', in Jan Hansen et.al., eds., The European Experience: A Multi-Perspective History of Modern Europe, 1500-2000 (Open Book Publishers: 2023). Before and during her PhD she was appointed as a lecturer in the cultural history department of Utrecht University. Her PhD project was part of the ERC Consolidator project 'Forensic Culture. A Comparative Analysis of Forensic Practices in Europe, 1930-2000' directed by Dr Willemijn Ruberg. Pauline's doctoral research focused on the development of embodied performances of forensic expertise in England, 1920-2000. Within this project she published two academic articles: 'Sober Suits, Bowler Hats and White Lab Coats: Enclothed Impartiality and the Tailoring of a Masculine Bourgeois Expert Persona in British Courtrooms, 1920-1960', In Willemijn Ruberg, Lara Bergers, Pauline Dirven, and Sara Serrano Martínez, eds., Forensic Cultures in Modern Europe, (Manchester: Manchester University Press, 2023), 49–70 and 'Detached from Sympathy, Unconscious of Trauma: The impact of the Forensic Virtues of Impartiality and Detachment on Rape Examinations in Britain 1924-1978', Social History of Medicine (12 March 2024) 1-22. She also co-edited the volume Forensic Cultures in Modern Europe, published by Manchester University Press in 2023. In addition, she developed her science communication skills. First, by participating the *Hoe?Zo!Show*, a science communication show for children. And second, by writing an article on her research for a popular scientific magazine on the history of science: 'Vertrouwen in Vingerafdrukken, Schedelfoto's en Bloedvlekken', Wonderkamer: Magazine voor Wetenschapsgeschiedenis 3 (2021) 46-51. In addition to her academic career, Pauline teaches a dance class and is studying to become a yoga teacher, specialising in yoga & dance.