CHAPTER XX

MEDICOLEGAL POINTS IN GYNECOLOGY

There are various conditions connected with the genital organs concerning which the physician may be called to testify in court or to give a written opinion.

Such testimony is, generally speaking, simply the recitation of facts in anatomy, physiology, pathology, symptomatology, diagnosis, treatment, and prognosis, with which the physician is necessarily more or less familiar because of his daily work. But there are certain things, of little or no value in the ordinary diagnosis and treatment of diseases, which assume much importance when the case comes into court. So, when called to attend a case in which there is any probability of court proceedings, the facts that are of medicolegal importance should be given considerable attention.

Some of these facts in connection with certain subjects that frequently find their way into court will be pointed out here.

RAPE

Rape is defined as "the unlawful carnal knowledge of a woman without her consent," and again, more in detail, as "sexual intercourse with a woman effected by violence, or with a young girl by abuse of her ignorance."

Medical evidence is ordinarily required to confirm or disprove the statement that rape has taken place. False accusations of rape are very frequent. Taylor states that for one real rape tried in the courts there are, on the average, twelve pretended cases. Some of these cases of false accusation are founded on a mistake, as may happen with infants, children, and persons mentally defective. In other cases the accusations are made willfully and designedly for the purpose of extortion or revenge, or from another ulterior motive. In some instances the false accusation may be at once disproved by medical evidence, though it has happened that the medical man has been deceived and duped by designing persons. In many cases in adults the medical evidence is not decisive, and the truth or falsity of the charge must rest almost wholly on the statement of the prosecutrix herself along with the corroborating circumstances.

The question for the physician to decide as far as possible, from his examination, is whether or not sexual intercourse took place, or was attempted, at approximately the time indicated. Subsidiary information may be required; e.g., as to whether there were evidences of violence elsewhere on the body, or as to whether intercourse has ever taken place or has frequently taken place, or as to whether death was caused by the injuries inflicted, or as to whether disease was communicated at the time, and if so, what is the nature and probable outcome of such disease. On all such points the physician is supposed to be informed, and he is also supposed to keep such record of his cases as will enable him to testify with certainty, some years afterward, concerning his findings in any particular case.

For the consideration of the medical evidence of rape it is convenient to divide the cases into three classes, the first including infants and children, the second including young unmarried women, and the third including married women.

There are, however, certain points that should be kept in mind in all cases. When called to examine or treat a person on whom rape is alleged to have been committed, notice and record, as soon as you can conveniently, the following points, for you are likely to be questioned in court concerning them:

1. The precise time at which you were summoned, the exact hour and date of the examination, and the place of the examination. It is important in some cases to know whether or not the female, alleged assaulted, took the earliest opportunity to complain. Also, the exact time elapsing between the alleged assault and the examination has an important bearing on the signs found. The place of the examination at a certain time may be important as showing the truth or falsity of some statement of the defense or prosecution regarding the movements of the female shortly after the time of the alleged assault.

2. Marks of violence about the genitals.

3. Marks of violence on the body elsewhere or on the clothing of the complainant.

4. Presence of stains of spermatic fluid or of blood on the clothing. When the character of the stain is not clear, make a microscopic examination of the contaminating material.

5. The existence of disease probably conveyed in the alleged assault (gonorrhea, syphilis, chancroid).

The evidences of rape will vary with the age of the patient and other circumstances.

It may be stated that, to establish the fact of rape, it is not necessary to prove penetration into the vagina by the male organ. It has been decided that, if the evidence shows penetration of the vulva or to the vulvar cleft, that is sufficient—the legal establishment of the crime requiring only the fact of the penetration, the degree of penetration being quite immaterial. Consequently, the hymen is not necessarily ruptured, even in cases where entrance of the male organ into the vagina would be absolutely impossible without such rupture. Taylor, in his *Medical Jurisprudence* (American Edition by Clark Bell), states: "Medical men sometimes have fallen into error on this point, considering that, when the hymen was entire, rape could not have been committed, but the statute law says nothing about the rupture of the hymen as a necessary part of the medical evidence; it requires from the medical witness merely proof of vulvar penetration—this may occur and the hymen remain intact." However, laws differ, and in any case it would be well to look up the wording and interpretation of the law in the state or country where the alleged assault occurred.

Infants and Children

In the case of infants and children there are usually decided evidences of injury about the genital organs. Of course, such injury does not necessarily exist, but when it does not exist the proof of rape must rest largely on evidence other than medical. Again, where there are evidences of injury about the genitals in a child alleged to have been assaulted, it does not necessarily follow that the injuries are due to rape. The abnormal appearance may be due to some disease or to some accidental injury, or to some injury inflicted by a designing person with the object of deceiving the physician. All these

things must be kept in mind. In this, as in other situations, the physician's diagnosis of the conditions present and the interpretation of the meaning of those conditions must be founded on incontrovertible physical evidence that will stand attack from all sides.

The evidence of rape will, of course, vary much with the time that elapses after the occurrence before the child is seen.

1. If the child is **seen within a few hours,** the following conditions may be present:

a. More or less abrasion of the vulva and vaginal opening, with probably some bleeding or clots. If penetration into the vagina has taken place, there may be extensive injuries—tearing of the hymen, perineum, and vaginal walls into the rectum or even into the peritoneal cavity.

b. Evidences of violence elsewhere on the body or about the clothing—scratches or bruises on the body, tears of clothing, blood on it or disarrangement of it. In some cases the child has been rendered insensible by a blow on the head or by some drug administered.

c. Presence of semen in the vicinity of the genitals of the child or on the clothing. The contaminating material should be submitted to microscopic examination, that the presence or absence of spermatozoa (as a positive evidence of semen) may be determined.

d. Presence of gonorrheal pus on the genitals. The presence of pus about the genitals of the child does not necessarily indicate rape. The pus may have been put there, with blood and scratches, for purposes of deception. If microscopic examination of the pus shows gonococci, it has come, directly or indirectly, from gonorrheal inflammation in a male or female. Gonorrheal ophthalmia is a not infrequent form of gonorrheal inflammation, and the pus from such a condition in the mother or attendant may be responsible for the gonorrheal vulvitis in the child.

2. If the child is **seen after a few days** or a week or so, the following conditions may be found:

a. Acute inflammation, apparently due to violence. The fact that inflammation is present is established by the presence of a mucopurulent discharge, yellowish in color and staining the linen. This may not be present the first day or two, but after that it is ordinarily present if there has been much injury of the vulva or vagina. The inflammation is further indicated by the redness of the parts, the tenderness, and the pain on urination.

The acuteness or recent onset of the inflammation is shown by the severity of the process compared with its extent, the marked painfulness of the affected areas, the presence of recent abrasions and tears about the hymen and vulva, and possibly swelling from edema. The parts may be so painful that the child strongly resists any attempt to make an examination—even the separation of the thighs. This is of no diagnostic significance, as children with inflammation from other causes, or even with no inflammation, may do the same. If this obstacle to examination is extreme, it may be necessary to anesthetize the child in order to make the examination. If extensive inflammation is present, there may be fever, and in the very extreme injuries the most serious acute symptoms may develop. Several deaths from this cause, with consequent convictions for murder, have been recorded.

The fact that the inflammation was immediately preceded by violence or mechanical injury is shown by the evidences of recent tears or abrasions, or by ecchymoses due to

bruises from some cause, and also by the extent and severity of the inflammation in such a short time and without other apparent cause. Gangrene with sloughing of the external genitals and vagina and adjacent tissues has occurred from these causes, usually with fatal effect, though some have recovered after considerable sloughing.

Care should be taken to exclude similarly appearing conditions due to other causes. The very severe inflammation of the genitals called "noma" has more than once led to a mistaken supposition of rape. It is seen principally in debilitated children with severe acute diseases, such as scarlet fever, diphtheria, typhoid fever, etc. Occasionally, however, it occurs in apparently healthy children where the genitals are neglected and dirty, permitting some severe infection. It may follow marked bruising or injuries of the parts from any cause. It may follow even a comparatively slight injury in an otherwise healthy child. Taylor relates a rapidly fatal case in a child five years old who accidentally fell on some thorns, from which she sustained slight injuries, followed by a severe infection and noma and death. The condition of the parts, with the evidence of mechanical injury, was such that it might easily have led to a charge of rape, had the real cause not been known.

b. Gonorrheal inflammation in the acute state. Gonorrheal inflammation is likely to extend into the urethra, though the vagina may escape. The diagnosis of gonorrheal inflammation is established by finding gonococci in the discharge. The significance of the presence of acute gonorrheal inflammation depends on circumstances as already explained.

c. Evidences of chancroidal infection (Fig. 375).

d. There may be present some of the other conditions mentioned under the earlier examination.

The disturbance of the parts may be very slight, as shown in cases where other circumstances proved the rape. For example, an adult was convicted of rape on an infant only seven months old. According to the medical evidence the vulva was somewhat swollen, there was slight excoriation about the labia minora and a small amount of blood. The hymen was not lacerated, and there was no evidence of penetration past it. Seminal fluid was found on the person of the child.

The evidences of rape, when not severe, may very quickly disappear. Casper relates a case of a girl of eight years upon whom rape was committed by a man in a drunken condition. The girl was examined the next day. The labia were then reddened, and there was congestion about the vaginal entrance, which was very tender. Examination ten days later showed the genitals to be in their natural state, and there was nothing at that time to indicate that the girl had been subjected to violence.

3. An examination **after some weeks or months** may show no evidence of the disturbance, or may show one or more of the following conditions:

a. Chronic mucopurulent discharge from the vulva or vagina. This is present in many infants and young girls from simple causes, such as want of cleanliness, scalding from frequent irritating bowel movements, seat worms, irritating urine, adherent prepuce over clitoris, skin diseases of the vulva, pediculi, and various other sources of irritation about the genitals.

b. Chronic gonorrheal discharge from the external genitals or vagina. The fact that the discharge is gonorrheal is established by finding gonococci. If the beginning of this discharge can be fixed as about the time of the alleged assault, it is strong corroborative proof. Gonorrheal vulvitis and vaginitis occur, however, not infrequently from wholly different causes, as previously stated.

c. Evidences of syphilis or chancroid.

d. Laceration or destruction of hymen. The presence of the intact hymen does not preclude rape, as previously explained; neither does the absence of the hymen or apparent laceration of the hymen necessarily imply injury of the membrane by rape or otherwise, though the condition of the hymen might be strong corroborative proof in a particular case, especially if it could be established by the mother or the nurse, or a physician who had made an inspection, that there was, prior to the time of the alleged assault, a well-formed and apparently intact hymen. The hymen is very different in shape and appearance in different individuals. Occasionally it is practically absent in a child otherwise normal.

e. Abnormal size of vagina, as though it had been at one time dilated. Permanent marked dilatation is not very likely to follow a single distention by coitus or otherwise. This condition, which is found occasionally in older girls where the question arises, is due usually to repeated distention of the vagina, by coitus or otherwise, extending over a considerable period of time. In such cases, the parts may soften and relax to a remarkable extent, even leading to the suspicion that childbirth may have taken place.

f. Scars from injury of the genitals. The genitals are exceptionally well protected, and are not often injured, except by some disease process or in attempts at coitus. Occasionally a child will fall astride of some object and inflict an injury. Again, injury may come from attempts of the child to introduce some foreign body into the vagina, though such injuries are more likely to be found in girls somewhat older. Scars about the genitals may, of course, result from any severe inflammation or destructive process, and also from chronic inflammation of milder grade when it is accompanied by persistent scratching, with resulting ulceration.

Older Girls and Unmarried Women

In this class, the severity and certainty of the signs decrease and the difficulties of arriving at a definite conclusion increase. The mechanical injuries following coitus, or attempted coitus, are less marked and sooner disappear, and there remain fewer deviations from the normal. Again, in the case of older girls and adult women, the medical man is likely to be subjected to two lines of questioning—(A) as to whether or not coitus or attempted coitus took place at about the time of the alleged assault, and (B) whether or not coitus had ever taken place before, and, if so, whether several times or over a considerable period.

A. **Evidences of Recent Coitus or Attempted Coitus.**—The evidences found will, of course, depend to a considerable extent on the period of time which intervenes between the assault and the examination. If the examination is made within a few hours after the assault, one or more of the conditions previously mentioned may be found. The mechanical injury to the genitals is likely to be less because the parts are larger, and the epidermis less delicate and less easily abraded. The evidences of injury on other parts of the body are likely to be more marked because of the greater resistance which the victim is able to make.

If the examination is made after a few days or a week, the additional points already mentioned must be investigated. As the local injuries are less than in younger females, they will subside more quickly.

If the examination is made after several weeks or months, the problem for the physician resolves itself into determining whether or not sexual intercourse has ever taken place. The determination of the time when the coitus took place is ordinarily impossible after several weeks have elapsed. In certain cases the medical testimony may be strongly corroborative of other testimony in establishing the time of the assault, even after several months. For example, if it should be established by other testimony (a) that up to the time of the assault the young woman was perfectly well and had never had coitus, and (b) that immediately afterward she had a discharge and had been sick more or less ever since, and (c) that there had been no subsequent coitus—then the finding of a chronic pyosalpinx with chronic endometritis, in an examination some months later, would be strong corroborative proof that the infecting coitus took place about the time of the alleged assault.

Ordinarily, however, after a few weeks all the acute and subacute evidences have subsided, leaving only those that, so far as any distinctive characteristics are concerned, might have been there some months or some years. So the question here is essentially whether or not coitus has ever taken place in the case of the individual concerned.

B. **Evidences of Remote Coitus.**—Ordinarily, it is easy to tell, by a comparatively superficial examination, whether or not a girl or woman has probably had coitus. The differences in appearance of the external genitals and vagina when coitus has taken place (especially if it has taken place several times) are usually so marked that the physician has little difficulty in distinguishing them. This is the general rule. There are, however, exceptional cases which present many of the ordinary evidences of coitus when in fact none has taken place. On the other hand, there are persons who present signs which are considered almost pathognomonic of virginity when in fact sexual intercourse has occurred, and not only sexual intercourse, but pregnancy and labor at full term. So, in exceptional cases it may be very difficult to decide certainly whether or not sexual intercourse has occurred, and in such a case it is particularly difficult to legally prove it, for the anomalies must then be considered.

The evidences of remote coitus or attempted coitus can be summed up as follows:

1. Evidences of **previous childbirth** at or near term.

a. Destruction of the hymen, leaving only irregular tags here and there about the vaginal opening, with scar tissue between. This condition is very strong evidence of childbirth at or near term. It means that there has passed through the vaginal opening some body large enough not only to stretch and lacerate the hymen, but to stretch out the vaginal ring enormously, and to so stretch and compress and bruise the hymen that the subsequent sloughing and scar contraction have practically destroyed it. There is really no hymen that can be traced as a circular ring of tissue with simply laceration from intercourse. The hymen, as such, is gone, and there remain only irregular projecting particles of tissue (caruneulae myrtiformes) here and there to mark the place where the hymen used

to be. Of course a large tumor, e.g., a myoma, delivered through the vagina might do the same. Also, some destructive inflammatory process or serious injury during childhood or later might produce practically the same result, but such conditions are rare and show also other evidences. There are cases of congenital deformity in which the hymen may be present simply as irregular tags of tissue, or it may, as recorded in some cases, be absent altogether. In such cases, we would not expect the scar tissue about the vaginal opening or the marked enlargement of the opening. So the destruction of the hymen as described, when present, is strong presumptive evidence of previous childbirth.

Suppose the hymen is not destroyed—does that prove that no childbirth has taken place? Not necessarily. Occasionally during labor the hymen is simply torn and then the ring beyond it is stretched and torn. After labor, the portions may heal in such a way that the hymen appears practically intact. Still rarer cases have been recorded in which the hymen softened and dilated sufficiently to permit the child to pass and then underwent involution to about its former size. Such a hymen is likely to stretch also during coitus instead of tearing. The examination of such a patient would show an "intact hymen," or, as some, laying too much stress on the condition of the hymen, are wont to write, "virgo intacta." The absurdity of such a designation based only on the condition of the hymen is well expressed by Taylor when he remarks, "such 'virgines intactae' have frequently required the assistance of accoucheurs and have in due time been delivered of children."

b. Evidences of laceration or great stretching of the perineum, vagina, and pelvic floor. These evidences are a large vaginal opening, close approach of the opening to the anus (partial destruction of perineal body), scars about the opening or on the perineum, lax vaginal walls, and lax pelvic floor. These have about the same significance as the destruction of the hymen above mentioned—that is, their presence is strong evidence of previous childbirth, but their absence is not of much legal significance.

c. Laceration of the cervix. The establishment of a distinct laceration of the cervix is very strong evidence of a previous parturition or operation involving division of the cervical wall. There are conditions that simulate a slight laceration, but a deep laceration would hardly be simulated by anything short of some congenital deformity, and in such a case there would be likely to be other deformities. Also, there would be no scar tissue, such as is ordinarily found about a laceration of the cervix.

d. Evidences of previous lactation. It may be possible to press some fluid from the breasts, or the breasts may show the enlarged veins and the white striae (lineae albicantes) of a previous distention.

e. Evidences of a previous distention of the abdominal wall. There may be present the striae (lineae albicantes) indicative of previous stretching of the skin from distention from pregnancy or other causes. When other causes (obesity, tumor, ascites) can be eliminated by the history, such striae indicate previous pregnancy. Also, marked relaxation of the abdominal wall may be due to previous distention by pregnancy.

2. Evidences of **previous abortion.** After a short time, the evidences are exceedingly uncertain in many cases. There may be some slight lacerations, with resulting scars, that may be corroborative evidence, especially partial laceration of cervix. Their presence may help some, but their absence is of no particular significance.

3. **Laceration of Hymen** and some dilatation and laxity of vaginal opening and vaginal canal. These are the ordinary evidences of coitus and are nearly always present, especially if repeated coitus has taken place. Usually the opening in a virgin hymen is so small that the introduction of one finger is effected with some difficulty and causes pain. Ordinarily, after repeated coitus, the vaginal opening admits two fingers easily for examination, and without pain, provided the perineal edge of the opening is carefully depressed.

In exceptional cases the hymen may remain intact after coitus, particularly in those cases in which the opening is large and a little stretching will accommodate the male organ. Occasionally, however, a hymen with a small opening will remain intact. In such cases the hymen is usually elastic and unusually tough, and consequently it stretches and dilates under a force that would rupture an ordinary hymen. So that, though it may be said that there are many exceptions to the rule that "coitus ruptures the hymen," there are very few cases in which a hymen presenting the normal rupture capacity (or normal size, normally tense and having the normal consistency, elasticity, and strength) does not rupture on first coitus. In doubtful cases, then, the physician should take care to ascertain accurately, not only the presence of the hymen, but also its character.

The apparent laceration of the hymen or even the absence of the hymen, while presumptive evidence of coitus, is not positive evidence of the same. It may be absent wholly or partially from congenital deformity. It may have been destroyed or dilated by disease or injury in infancy, childhood or later life. It may have been lacerated by an operation or an examination. Its apparent laceration is, however, strong, corroborative evidence of coitus when taken in connection with the history of the case, and especially when there is reliable testimony establishing that it was formerly intact.

4. Evidences of a **disease** usually communicated in sexual intercourse, such as gonorrhea, syphilis, chancroid, pediculosis pubis.

5. Evidences of uterine or tubal **inflammation,** presumably due to infection following labor or abortion, or coitus.

Married Women

In married women normal sexual intercourse has, of course, already taken place, so that the establishment of the fact of coitus is of no help in establishing rape. The medical evidence, if any is required, must bear upon the question of coitus by some one other than the patient's husband and against her resistance.

The following points should be investigated:

1. Evidences of **injury about the genitals,** indicative of forced and hurried coitus. There may be abrasions, tears, bruises, or bleeding.

2. Evidences, elsewhere on the body or clothing, of **injury in resistance.** There may be bruises and scratches, or an excited or hysterical state, such as might be caused by a harrowing experience. The clothing may show tears or bloodstains, or contamination with dirt of the road, or disarrangement. Of course, none of these evidences of violence establish the crime of rape. They only go to show that something was attempted that excited the woman's resistance. They might have been due to attempted robbery or to a quarrel. Again, they may have been placed there intentionally. The woman may be trying to deceive for the purpose of extorting money or for other reasons.

3. Stains of **spermatic fluid** may be present on the clothing or person of the woman. If there is any suspicious stain, some of the contaminating material should be submitted to microscopic examination, that the presence or absence of spermatozoa may be determined. Any discharge in the vagina may also be examined microscopically, but the presence of spermatozoa in the vaginal discharge is not of much significance unless it can be established that no coitus with the husband has taken place for three or four days.

4. **Disease** (gonorrhea, syphilis, chancroid) not present in the husband.

The Question of Consent

The question of consent is often the crucial point on the legal side of these cases of alleged rape in adult women, whether married or unmarried. This question is, as a rule, decided largely or wholly by testimony other than medical. In some cases, however, the medical man may be required to give testimony concerning corroborative facts. An adult woman of ordinary health and strength is supposed to make strong resistance. In such a case, if there are no obvious evidences of resistance, the legal assumption is that consent was given and the case is not one of rape. It has been claimed that a strong woman can make effective resistance, and therefore that an accusation of rape by such a woman is an absurdity. "Some medical jurists have argued that a rape cannot be perpetrated on an adult woman of good health and vigor, and they have treated all accusations made under these circumstances as false." This view is too extreme, for there are circumstances and conditions that would make effective resistance impossible even by a woman of unusual strength, as when two or more are combined in the attack or when the woman is rendered powerless by terror or by exhaustion from long struggling with her assailant. The physician may be required to state his opinion regarding the possibility or probability that sexual intercourse could take place without the consent of the woman under various circumstances; for example, the following:

1. When a woman is weak from age, sickness, or other bodily infirmity. That coitus could be forced under such circumstances is evident.

2. Where there is imbecility or other form of mental irresponsibility. In such a case consent in the legal sense is impossible.

3. When the woman is attacked by several persons or by one person of superior strength. Rape is unquestionably possible under such circumstances.

4. Where there is unconsciousness or partial unconsciousness from narcotics or intoxicating liquors. Coitus may take place under such circumstances without the consent, and in some cases even without the knowledge, of the woman. Many young women are ruined in this way in the "wine-rooms" of our cities. This fact is recognized in the law which makes it a crime to give a woman intoxicants with the intention of stupefying her, so that coitus may take place without her consent.

5. When there is unconsciousness or partial unconsciousness from a general anesthetic, such as chloroform or ether or laughing gas. The fact that rape may, and occasionally has been, committed under these circumstances is sometimes taken advantage of by designing persons to extort blackmail from dentists and others who must, in their work, anesthetize or partially anesthetize patients without a third party present.

Anesthesia or partial anesthesia of a girl or woman without a third party present is hazardous for another reason. The patient, while going under the anesthetic or recovering from it, may experience certain feelings or hallucinations that cause her really to believe and firmly proclaim that sexual intercourse took place. Many such cases of false accusations, honestly made, are on record. In one instance "a young lady was accompanied to a dentist by her affianced lover, who never left her while the anesthetic was administered and a tooth extracted; yet she could scarcely be convinced subsequently that the dentist had not attempted to ravish her."

6. When there is unconsciousness or partial unconsciousness from hypnotic sleep. Convictions have occurred of undoubted rape under this condition. Also, false accusations may be honestly made from sensations experienced in this condition. This comes under partial or complete anesthesia. Another source of false accusations, honestly made, is mental aberration of various kinds—from well-marked insanity to the various functional nervous disturbances.

7. When there is unconsciousness or partial unconsciousness from fainting, syncope, an epileptic seizure, a fall or a blow.

8. When the woman is temporarily helpless from terror or from an overpowering feeling of horror at her situation.

9. A woman may cease her resistance under threats of death or duress.

OTHER CONDITIONS

Presenting Medicolegal Points

1. The various medicolegal questions concerned with the state of pregnancy, abortion, labor, and the puerperium belong more strictly to obstetrics, and need not be considered here.

2. The question of the character of a disease present—particularly gonorrhea, syphilis, or chancroid—and the source from which it could have come, and whether or not it is still transmissible, are all questions that may assume medicolegal importance under various circumstances; for example, in suits for divorce, suits for possession of children, suits for alimony, suits for damages against individuals or corporations, etc. Also, of injuries of the genital organs you may be called to give the nature, extent, possible cause, and probable outcome. All these are simple clinical questions, and the information regarding them may be obtained from the clinical portions of this work.

3. Various questions in regard to sterility may come up in legal inquiries. The required information on this subject is given in Chapter XV.

4. In the case of the death of a woman or girl under suspicious circumstances, the physician may be called upon to make a postmortem examination and then to answer, as far as possible, various questions, among which may be the following:

What pelvic lesions were present?
What was the probable cause of these lesions?
What was the cause of death?

5. In coroners' cases, and much more so in malpractice suits (before or after death), the following questions may be asked concerning almost any gynecologic disease:

What disease is present?
What are the principal points upon which your diagnosis is based?
In your opinion did the attending physician use reasonable care and skill in the diagnosis?
What is the established treatment for the disease?
In your opinion did the attending physician use reasonable care and skill in the treatment?

6. In criminal cases and in damage suits the physician testifying as an expert may be required, particularly in the cross-examination, to explain in detail various points in the etiology, pathology, symptomatology, diagnosis, treatment, and prognosis of the affection under consideration. To answer such questions, the physician must be well grounded in all the important facts and theories of the disease, and must be able to give the required explanations in a few words and in ordinary language, avoiding the little-understood technical terms.

On important contested points it is well to be fortified with the names of two or three recognized authorities on that particular subject, with their exact statements. This information is, of course, held in reserve, to be given only if requested.

In accident cases, retrodisplacement of the uterus is sometimes attributed to a fall or other minor injury. As a matter of fact, the uterus is so arranged and protected in the pelvis that a pathologic retrodisplacement by a minor accident is practically impossible. This subject is further discussed under Etiology of Uterine Retrodisplacement, in Chapter VI.

7. It would seem that consent to operation and to such details of operation as the surgeon may find best on examination or in the course of the operation, is implied when the patient accepts the surgeon's advice and goes through the preparation for operation. The jury, however, does not always take that view of the matter. Consequently, it is well to remove all chance of controversy on this point by having the patient sign a request for the operation and having the signature attested by a responsible witness, such as the nurse or an assistant physician. The following, with place and date, is a satisfactory form:

> I herewith request the performance of the required operation and such additional work as may be found necessary or advisable at the time.
>
> Witness___________________________ ___________________________
> (Signature of Patient)

When the husband appears querulous as to what is to be done or not done, it is a good plan to have him sign the request below the wife's signature. If the patient is a girl under age, her signature should be accompanied by that of one of the parents.

If the patient wishes to make any exception to the latitude of action, such exception should be noted in the request. This enables the operator and patient to understand each other clearly. For example, in a certain case of the senior author's requiring hysterectomy, the patient decided after full consideration that she wished both ovaries preserved even though one should be found diseased. The decision seemed to be against the patient's best interests, still it was her right to insist on it if she desired to do so. The exception to the latitude of action was noted in the signed request, and at the operation both ovaries were preserved.

8. The importance of the subject of foreign bodies left in the abdomen is often not appreciated by the physician until he is involved in a lawsuit concerning it. To make sure that no sponge or other foreign body is left in the peritoneal cavity at operation is a hard problem. This important subject in its various aspects is considered in detail by the senior author in a monograph, *Foreign Bodies Left in the Abdomen.*

REFERENCES

The plan adopted for References is to name the author in the text. From this name and the associated information, the full reference to the article may be identified in this list.

The references for the new notes in the 1944 reprinting will be found under "Additional References" at the end of the list.

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