

The Development of Forensic Pathology in London, England: Keith Simpson and the Dobkin Case, 1942

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Abstract. During the Second World War in London, the bombing raids targeting civilians led to a greater public reliance on forensic pathologists. Hospitals used their skills to identify the victims of raids and determine their cause of death, though many bomb victims were never identified. The public reputation of forensic pathology was enhanced by Dr. Keith Simpson's 1942 identification of a body found in a bombed church as the missing Mrs. Dobkin, murdered by her husband and hidden in the rubble. The devastation wrought by the Blitz was countered by this public display of the collaboration between forensic pathology and wartime authorities desperate to maintain order.

Keywords. forensic pathology, war, experts, London

Résumé. Durant la Deuxième Guerre mondiale à Londres, les bombardements ciblant des civils ont amené la population à accorder plus de crédit aux pathologistes médico-légaux. Les hôpitaux utilisaient leur expertise pour identifier les victimes des raids aériens et déterminer la cause de leurs décès, quoique bien des victimes n'aient jamais été identifiées. La réputation de la médecine légale a été rehaussée à la suite de l'identification en 1942 d'un corps trouvé dans une église bombardée, celui de madame Dobkin, portée disparue et qui avait été assassinée par son mari puis cachée dans les décombres. La dévastation liée au Blitz a été contrée en partie par la médiatisation de la collaboration entre la médecine légale et les autorités du temps de guerre désireuses de maintenir l'ordre.

Mots-clés. médecine légale, guerre, experts, Londres

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During the Second World War, British civilians were on the front line of enemy bombardments for the first time, leading to a rapid expansion of state provision of medical institutions and staff under the auspices of the Emergency Medical Services [EMS].¹ London, as the anticipated target of bombing raids, was the centre of the government's reorganization of medical services in municipal and voluntary hospitals. The heightened demands that war made upon medical services led to an expansion of both clinical and forensic pathology in hospitals directed by the EMS. Wartime hospitals had expanded laboratories and new positions for clinical pathologists who focused on the laboratory analysis of bodily fluids, and, in principle, hospitals used the skills of forensic pathologists to identify the victims of bombing raids and determine their cause of death. In practice, the pressures of time and money meant that most of the forensic work was done by volunteers or students, and many bomb victims of the London Blitz and subsequent raids were never identified.² The most important event in establishing the importance of forensic pathology in wartime was pathologist Dr. Keith Simpson's examination of a body found in the rubble of a bombed church in 1942, his identification of her as the missing Mrs. Dobkin, and his subsequent expert testimony that helped to condemn her murdering husband. The Dobkin case epitomized the underlying fears of the consequences of total war on the civilian population: the devastating effects of bombs on the human body and on the fabric of the city, and the degradation of individuals whose violent tendencies were exacerbated by the conditions of war.³ The Dobkin case, by highlighting the dangers and the dark fears of the Blitz, also dispelled them with the certainty of the scientific evidence presented by Dr. Simpson. The Dobkin case symbolically re-imposed order on the city by tethering the anonymous body in the rubble to a specific name and address and by bringing a murderer to justice. The devastation wrought by the Blitz was countered by the public display of the collaborative union between forensic pathology and wartime authorities desperate to maintain order.

Simpson sought to promote his own role in the case and its importance for forensic medicine, lending credence to the importance of a new postwar generation of expert medical witnesses. Clinical pathology, forensic pathology, and forensic medicine in Britain had evolved from the same beginnings, the 18th-century examination of bodies in medical schools. In Scotland, forensic medicine was linked to the universities with the establishment of a Chair in Medical Jurisprudence in 1807 at the University of Edinburgh and of a Regius Chair of Forensic Medicine at the University of Glasgow in 1839.⁴ In England the earliest pathologists were attached to the medical schools at Guy's Hospital, St. Thomas's Hospital, University College and King's College, and the first positions in early 19th-century pathological work were the poorly

paid part-time curators and demonstrators of the collections of dissected specimens in these schools.⁵ While in Scottish and in English provincial medical schools the study of forensic pathology combined academic study with practice, in London, pathology was dominated by the clinician-pathologists who performed pathological examinations as part of their daily work but who earned their living practicing in some other field of medicine.⁶

In the interwar period, forensic pathologists in London struggled to make a living. Forensic pathologists, described by Ambage and Clark as “largely self-certifying,” had to struggle to “secure a monopoly of medico-legal work” over police surgeons by asserting their expertise and their superior academic credentials.⁷ They also had to compete for work with the state-supported forensic science laboratories, which encompassed increasingly specialized testing in ballistics, toxicology, blood analysis, and X-ray.⁸ The majority of London pathologists “held either academic posts at a pittance and on short tenure or struggled to cull a living from a miscellany of activities—hospital clinical pathology, public health work, coroner’s post-mortems, and private practice.”⁹ Performing post-mortems for coroners and appearing as expert witnesses at inquests and in criminal cases was an important source of income, as the statutory fee for an autopsy under the 1926 Coroners Amendment Act was £2-2s-0d, or £3-3s-0d if attendance at an inquest was desired.¹⁰ Forensic pathologists also appeared as paid expert medical witnesses at the Central Criminal Court. Their appearances in the witness box, as Burney and Pemberton have argued, helped pathologists to cultivate celebrity personas in the courts and in the press as a way to defend their primacy in the “expanding investigative regime.”¹¹ Since medical witnesses in England, Wales, and Scotland tended to appear only for the prosecution until the 1950s, they had great authority, offering the public an image of impartiality along with what Stephan Landsman has called the “growing need for forensic certainty.”¹² In this way forensic pathologists sought to create public recognition for their own skills and for forensic pathology as a discipline. Those with expertise in the field also published textbooks in forensic medicine to help students and general practitioners identify the cause of death in cases of poisoning, gunshot wounds, or other forms of violence.¹³

Forensic medicine textbooks in the 1930s reflected wider anxieties about suspicious deaths which were not subject to medical examinations. Douglas Kerr’s 1936 edition of *Forensic Medicine* noted that in 1935, 44% of bodies were not examined by a doctor after death, and that insurance frauds often profited from this by claiming for deaths that had not taken place.¹⁴ After the 1926 Coroners Amendment Act, coroners could commission a post-mortem examination on a body found in suspicious circumstances before deciding on the necessity of a full

inquiry, but they had the free choice of any qualified person to carry it out.¹⁵ Instances of an overbroad interpretation of "medical qualifications" led the Departmental Committee on Coroners of 1935 to propose that all coroners be required to have knowledge of forensic medicine and that post-mortems be conducted where possible by pathologists, though these recommendations were not acted on.¹⁶ Deaths from poisoning or abortion were thought to be particularly susceptible to being wrongly ascribed to natural causes as both were difficult to recognize from a superficial examination of the body.¹⁷

The threat of another World War looming over London intensified the perceived need for the medical examination of the victims of enemy aerial and bacteriological attacks. Under the umbrella of the EMS, medical services were re-organized in radial sectors, emanating from London's vulnerable centre, to ensure that every potential casualty received medical attention as quickly as possible. In each sector casualties were sent to first-aid and casualty sorting centres, then by ambulance to base hospitals, and then to hospitals further afield that also housed pathological laboratories.¹⁸ When a dead body was brought into a first-aid post during a bombing raid, the twin goals of staff were to remove the body as quickly as possible so as not to distress the living and shocked casualties and to identify the body before it left the post.¹⁹ But the intensity of conditions during a raid meant that bodies often remained unidentified when they arrived at hospital mortuaries, where they could make up 10 or 20% of admissions, according to an anonymous author in a 1941 article in the *British Medical Journal* [BMJ].²⁰ There the bodies had to be made ready for surviving relatives to examine them: "A most important but very unpleasant duty is that of cleaning up these pitiful victims to make them presentable for those who come to identify them later in the night or the morning, of carefully collecting and making an inventory of their belongings and placing them in a bag, of discovering identity cards, which are commonly lacking (the general use of identity disks is much to be desired) and of searching for physical marks or other evidences which may assist what is sometimes a very difficult task of recognition."²¹ These tasks were performed at this unnamed hospital by student volunteers, while a medical officer interviewed the relatives. The following day the hospital mortuary assistant would finish arranging the bodies before they were removed to a public mortuary under the control of the local authority. The bodies of bomb victims were seldom seen by those with any expertise in pathology, though the *BMJ* author hoped that as the war went on, post-mortems might be carried out in certain new types of injury: "Up to date various difficulties and delays have tended to thwart such inquiries."²² Such obstacles included obtaining the permission of relatives, finding pathologists to carry out the work, the constraints of time and space in the hospital mortuaries,

and the cost of post-mortems to local authorities. The files detailing the numbers of unidentified casualties in each district archived in local London borough archives testify to the hundreds of bodies that were never recognized or claimed.²³

Another role pathologists performed in wartime was identifying the cause of death in civilian bomb casualties where no gross trauma was evident. Deadly injuries sustained as a result of being crushed under fallen buildings, wounds from flying projectiles, and the burns from incendiary bombs differed only in degree from those known in peacetime, particularly those resulting from automobile and industrial accidents.²⁴ But the bombing raids offered what was seen as a potentially new form of injury: "haemorrhagic pulmonary concussion" or death from bomb-blast. While deaths in naval battles from "wind-of-the-cannon-ball" had been recorded in the 18th century, and the 1885 Nomenclature of Diseases had an entry for "contusion of the heart or lung without wound," deaths from this cause were not widely known in the British civilian medical community.²⁵ In a 1909 *BMJ* article on "Contusion of the Lung Without External Injuries," surgeon Ed. Marten Payne noted this lack of knowledge: "As it appears to be incredible to some that contusion of the lung may result from an accident without visible signs of injury to the chest wall," he referenced numerous examples from medical texts, including Alfred Swaine Taylor's *Medical Jurisprudence* (1844).²⁶ Thirty years later, bombing raids of 1940-41 provided many cases of deaths from bomb-blast. Blast-deaths, according to Dr. Joan Ross, an EMS pathologist, occurred with no or very few external injuries. Post-mortem examinations, however, revealed severe "inter-pulmonary haemorrhages" distinct from lesions due to asphyxia or the impact of solids against the thoracic wall.²⁷ Cases of blast-dead were always found near the sites of the explosion of a bomb. In 1941 pathologists, anatomists, and other medical specialists were still debating the nature of lung injuries in cases of blast and organized a conference of lung specialists to discuss their findings.²⁸ Contentious points were the physical mechanisms of lung damage in cases of blast, and whether to define the cause of death in these cases as pulmonary haemorrhages, as injuries to the heart or brain, or as a result of direct trauma.²⁹ Whether air-raid casualties dying from other external injuries exhibited similar pulmonary lesions was not generally known in the period of the 1940-41 raids, though J. V. Wilson's 1943 *BMJ* article based on civilian and Service cases argued that many autopsies of bomb victims who later died from other causes had congestion of the lungs mild enough to be "subclinical," suggesting blast injuries to the lungs may have been more common than previously thought.³⁰

Both of the investigative wartime roles for pathologists were important to the 1942 Dobkin Case. Earlier forensic pathologists had

reconstructed the bodies of murder victims and testified in famous criminal cases, such as Dr. Bernard Spilsbury's testimony in the Crippen case of 1910, and that of the Scottish pathologist Dr. Glaister in the Ruxton Case of 1936.³¹ Yet by the early 1940s, wartime conditions seemed to offer a myriad of new opportunities for murderers to conceal their victims as casualties of war. The darkness of the blacked-out London streets, the mass migration of people in and out of the capital, the physical ruins left by the bombs, and unidentified dead bodies could potentially shield murderers in the act and in their disposal of the body. Strict censorship of the press limited the expression of these civilian fears to personal diaries, literature, and film.³² For example, Mrs. Hilda Neal, who ran a typist's agency in Kensington, confessed her anxiety in her diary at the end of 1941 that murders in London were increasing and that police were investigating four different murders in various parts of London.³³ Civilians also feared that the investigation and punishment of individual murders would become insignificant in the face of blitz casualties. American journalist Quentin Reynolds watched the 1940 murder trial at the Old Bailey of Mrs. Florence Ouida Ransom, who was sentenced to death for the killing of her lover's wife, and, like the other spectators and possibly even the participants, found the whole scene anticlimactic: "Sixteen thousand decent neighbours of mine have been killed since September 7th. Naturally it was hard to feel any sympathy or feel that it was important that a half-balanced degenerate woman had just been sentenced to die."³⁴ Similarly, in Graham Greene's 1943 novel *Ministry of Fear*, the main character Arthur Rowe scans the newspapers for a murder he has believed he has witnessed, but does not see it. He explains this omission to himself as a result of the lack of interest on the part of the police in investigating murders in wartime: "Nobody troubled about single deaths ... in the middle of a daily massacre."³⁵

The Dobkin case of 1942 helped to calm the specter of undiscovered murders brought on by war conditions. While the bones uncovered by a demolition worker were at first dismissed as those of a bomb victim, forensic pathologist Dr. Keith Simpson successfully identified the body and discovered the cause of death. In the witness stand he also resisted attempts by defense counsel to portray the victim as a casualty of war. By helping to bring a murderer to justice in a capital case determined entirely on circumstantial evidence, Simpson staked his claim for his own professional authority and the capacity of forensic science to allay the fears of undiscovered wartime murders.³⁶

In 1942, one year after the destructive raids of the London Blitz had ended, demolition men were clearing away the debris around the damaged buildings in Kennington Lane, Lambeth, South London. On 17 July parts of a skeleton with a few pieces of flesh were found under a flagstone in the cellar of the Baptist chapel in Kennington Lane. At

first the bones were treated as those of an air-raid victim and brought into the local mortuary, St. George's. The coroner, Hervey Wyatt, asked Keith Simpson to perform a routine post-mortem on the "bits of some old air-raid casualty."³⁷ Simpson was then performing a miscellany of professional roles. He was a lecturer in Forensic Medicine at Guy's Hospital, where he had attended medical school, and where he had a small laboratory. He was carrying out the majority of post-mortems at Guy's and for the Southwark Coroner, Douglas Cowburn.³⁸ He was also the medico-legal advisor to the Surrey Constabulary. Simpson asked Wyatt if he could take the remains to his laboratory at Guy's to work on them at his leisure. His assistant, Molly Lefebure, remembered him saying, "Well, the probability is that she's no more than an air-raid victim, but even so she will provide me with a very interesting essay in reconstruction; some entertaining spare-time work."³⁹ His own memoir recalls him immediately renouncing the air-raid victim theory, "considering she had been lying neatly buried under a slab of stone, neatly set into the floor of a cellar: this was no bomb crater."⁴⁰ Unlike many bombing raid victims, no objects or clothing were found near the body, so that identification would be especially difficult.

From the first day of his investigation of the Baptist cellar body, Keith Simpson was convinced that the remains were those of a murder victim. He saw that the head and limbs had been cut through cleanly, and the lower limbs and lower jaw were missing. All tissue had been stripped from the skull except for a small patch at the rear, which showed brown hairs mixed with gray. The body had also been burned in several places, and as seen in the medical correspondence in the *BMJ* during the Blitz, bomb-blast did not act that way. Simpson spent his spare-time hours, what there were, calculating height and age. He x-rayed some remaining soft tissue, a uterus, and found it full of fibroid tumours.⁴¹ By this point the police had given him the description, medical records, and a photograph of Rachel Dobkin, reported missing by her sister on 12 April 1941 after a meeting with her estranged husband Harry Dobkin. The police were suspicious enough of her husband at the time to search the premises at 302 Kennington Lane where he worked as a firewatcher, and the Chapel next door, but had found nothing.⁴²

Simpson then used a variety of methods to link the remains to the descriptors he had of the missing woman. He tried out a photography technique first used in the 1936 Ruxton case, and had Mary Newman, the Guy's Hospital photographer, set up superimposed photographs of the skull and the only surviving photograph of Mrs. Dobkin in life.⁴³ Simpson rejoiced: "The portrait fitted the skull like a mask."⁴⁴ Simpson also had Detective Inspector Keeling track down Rachel Dobkin's dental surgeon, Barnett Kopkin of Crouch End, who had detailed records of her treatment from 1934 to 1940. Kopkin's diagram of Mrs. Dobkin's jaw

corresponded perfectly with the skull found in the cellar. Mrs. Dobkin had also suffered from fibroid tumours. Simpson had found positive and detailed evidence that the remains were those of Rachel Dobkin.

Next Simpson had to discover the cause of death to prove that Mrs. Dobkin had not died as a result of enemy action. Here again he was lucky. The slaked lime found sprinkled on the corpse had, in killing maggots and beetles, preserved the tissues around the throat and the womb. Simpson found a dried blood clot around the upper horn of the right wing of the voice box, indicating bruising and pressure while still alive. Under the bruising was a fracture of the upper horn of the wing. Such small and specific injuries, according to Simpson, only occurred in cases of manual strangulation. Simpson's laborious three-month investigation had delivered a result: a case which would uncover a hidden crime, prove his expertise in the witness box and in the press, and cement his public reputation as an up-and-coming young pathologist. Simpson wrote in his 1978 memoir that the Dobkin murder was, "the sort of case every young pathologist dreams of," 'the case of a lifetime,' Molly Lefebure called it. It certainly had all the ingredients, and, but for the heavy shadow of a war that still hung desperately in the balance, it would have hit the headlines as Crippen did in Spilsbury's younger days."⁴⁵

Harry Dobkin appeared at trial on 17 November 1942 at the Old Bailey before Mr. Justice Wrottesley. The prosecution presented its case entirely on circumstantial evidence. Despite the fact that there were no witnesses to the murder and no direct evidence that Dobkin had committed it, the circumstantial evidence and the medical and scientific proofs of identity and cause of death were strong enough to make a firm case. The central witness of the Dobkin trial was Keith Simpson. He detailed the finding of the bones and the 24 points of identification he had found to link the remains with Mrs. Dobkin, including her sex, her fibroid womb, her stature, her hair colour, her skull matching the photograph, and her dental records. Simpson also put forth the physical proofs for dismemberment of the body and attempts to burn it, and the evidence showing that the cause of death was from manual strangulation, with an injury to the skull consistent with a fall backward or having been dashed against the ground by a grip from the front.

Just as Dobkin had tried to use the conditions of war to hide the evidence of his crime, so his defense tried to use them to explain away Simpson's evidence. First Mr. F. H. Lawton, the lawyer for the accused, suggested that the body had been disinterred from the Chapel graveyard by the bombing and was actually that of a Victorian parishioner. Lawton then questioned Simpson's proofs of murder, suggesting that the effects of blast might be responsible for the dismemberment of the body, that Mrs. Dobkin might have died as a result of being propelled

by an exploding bomb into a curb or a piece of masonry, or that a tiny bomb splinter could have passed into her neck and crushed her voice box. In each instance Simpson stood by his evidence and emphasized the medical authority of his experience in over 11,000 cases.⁴⁶ There were other potential medical vulnerabilities in Simpson's testimony not brought up by the defense: that the effects of blast on the body were not understood or agreed on by medical specialists in 1941, and the extraordinary coincidence that the only two remaining areas of soft tissue on the body revealed such solid evidence of both identity and cause of death. Simpson's own confidence in his evidence is clear in the courtroom exchange Simpson recalled over thirty years later. While questioning Simpson about the evidentiary reliability of Mary Newman's photograph, Mr. Lawton asked, "It is just part of the circumstantial evidence?" Simpson replied, "It is not circumstantial." Lawton countered, "You say it is direct?" And Simpson produced his verdict on his testimony and his role in the case by saying: "It is scientific evidence."⁴⁷ These words offered an unshakeable certainty in the midst of an uncertain war, and showed Simpson's dedication to bringing Dobkin to justice and in reasserting the control of experts over a besieged city. The jury took only 20 minutes to come back with the verdict—guilty of murder with no recommendation for mercy. Dobkin then read a statement accusing the police of having fabricated his case: "I have something to say that this charge against me is very poorly invented, and that is why I do not like giving evidence against the police, but I claim that this charge of murder, as I have mentioned, is simply invented by showing photographs."⁴⁸ Dobkin appealed his conviction on 12 January 1943 but was denied. He was executed at Wandsworth Prison on 27 January 1943, and Simpson himself conducted the postmortem.⁴⁹ The Dobkin case had presented forensic evidence that was intelligible to the jury and the wider public, provided dramatic copy for the press, and helped to feed the continuing public fascination with gory and minute details of the physical aspects of murder investigations.⁵⁰

While the Dobkin case was reported in the press, Simpson was not portrayed as the star witness the way that Spilsbury had been.⁵¹ Except for a mention of Simpson in the *Evening Standard*, press reports focused instead on photographer Mary Newman's evidence on the making of the superimposed photograph of Rachel Dobkin in life onto a photograph of the skull.⁵² In the sober *Times* newspaper summary of the case of 24 November 1942, Mary Newman was the only named witness, with a description of the novel methods: "This was only the second occasion on which this process had been used, the first being in the Ruxton murder case in 1936."⁵³ Other papers also gave the photographic evidence and Mary Newman central billing. The *Daily Herald* headlined on 19 November 1942 with "Vanished Woman's Picture on Skull," and

the *Daily Express* ran two photographs of Mary Newman herself, one posing behind her camera with the caption "Woman made Death Picture."⁵⁴ While the tests were directed by Simpson, they were perhaps more appealingly delivered to the press by Miss Newman as an attractive young woman. The newspapers' emphasis on the photograph demonstrates the public fascination with the scientific portion of the evidence, as shown in the *Daily Sketch* headline of 24 November 1942: "Picture Solves Murder." Simpson would have to seek a wider reputation through some other means.

Since forensic pathology had only a small foothold in London hospitals and medical schools, Simpson had to balance any assertion of his own expertise in the Dobkin case with the acknowledgement of the institutions that gave him access to the bodies for his investigations, the fees for his living, and a public forum in the courtroom in which to expound: the Central Criminal Court, the Home Office, the Metropolitan Police, and the various London coroners. Simpson was therefore careful to justify his decision to use his own laboratory at Guy's Hospital instead of Metropolitan Police facilities in a very polite letter to Assistant Commissioner Norman Kendall: "The matter was entirely one of convenience ... In the usual type of case there can be no question of the desirability of making use of your own photographic department's service—and no one could ever question their efficiency or the result they produce."⁵⁵ Simpson's subsequent writings on the case also sought to present an ideal of collaborative work among equals, at the same time that he publicized his own pivotal role. Three weeks after the end of the trial, he asked Norman Kendall's permission to present a lecture on the subject to the Medico-Legal Society.⁵⁶ Kendall replied by asking for tickets. Simpson also wrote up the case in the *Police Journal* in 1943 as "the most scientific investigation the CID have ever had to perform."⁵⁷ He used the case as an example of the identification of a body in his 1947 textbook on forensic medicine, with a full set of photographs. It appeared in subsequent editions into the 1960s, and in his 1978 memoir.⁵⁸

Though Simpson sought to portray himself as the central investigator of the Dobkin investigation, the police notes in the Dobkin file cast him as a mere adjunct to the main police investigation. An addendum to the police case notes from District Superintendent Rawlings praised the work of investigators DCI Hatton, assisted by DI Keeling and PC Shepard: "I know how much hard and exact investigation was put into this case before one of the craftiest and most arrogant murderers of our time was brought to justice." Keith Simpson was offered only conditional praise for his analysis of the data and theories originating from the police: "Although the scientist cannot get anywhere with his investigation unless the original data is supplied by the investigating officer, I would pay tribute to the tenacity and assistance of Dr. Keith Simpson

in this case. At all times he was extremely approachable and readily tests any suggestion put forward by us; often calling upon us to discuss the situation."⁵⁹ Rawlings presented Simpson as a clear subordinate to both the main investigation and to police authority, deflating Simpson's claims for authority and focusing instead on the vigilance of the police in bringing Dobkin to justice. While the Dobkin trial was a public display of the collaboration between forensic pathology and police investigations, the private rivalries between professions were difficult to overcome.⁶⁰

The Dobkin case was not the only one in which a murderer sought to use the wartime dislocations of London—the explosions and fires, the piles of debris, the mass migration of people—for sinister ends. In what would become known as the "Blackout murders" of February 1942, Aircraftman Gordon Cummins took advantage of the darkness of London streets to murder and mutilate four women and attempt the lives of two others.⁶¹ Lionel Watson used cyanide from his wartime trade as a Bakelite molder to poison his wife and two-year-old daughter; he buried their bodies in his Greenford backyard and told neighbours that they had gone to Scotland.⁶² When 16-year-old Anita Myerovitch collapsed in East London from shock following an illegal abortion in 1945, her abortionist reported it to the police as a case of blast-death, and only Bernard Spilsbury's post-mortem revealed the attempts to terminate her sixth-month pregnancy.⁶³ While contemporary media and government propaganda tried to portray wartime disruptions as mere temporary annoyances, wartime murder cases reinforced civilian worries that English society was falling apart, that the war was unleashing dark forces in the populace as much to be feared as enemy attacks. Forensic pathologists, by reading the clues of the dead bodies found in London streets, backyards, and rubble, helped to reassure the public by providing scientific evidence that could differentiate between a victim of enemy action and one who had been murdered, and could help bring murderers to justice through the courts. Forensic pathology was central to the scientific tasks of identifying bomb victims and deaths from bomb-blast, and the conceptual problems of reasserting control over a physical landscape and a people who seemed to be cracking under the pressures of war.

By asserting their authority over the bomb sites and waste grounds of the city, forensic pathologists were part of a wider group of experts whose plans ranged from architect Patrick Abercrombie's spatial restructuring of London to William Beveridge's reform of social welfare following the publication of his report in 1942.⁶⁴ As Frank Mort argues, postwar planners generated their own moral visions for the city that involved imposing order on the physical and social confusion of wartime London.⁶⁵ Just as Simpson sought to use the tools of forensic

pathology to rebuild Mrs. Dobkin from the wartime ruins, planners, scientists, and social scientists, with their associated claims for expertise, offered a set of new languages to decipher London's urban space, rendered unintelligible by the physical damage of wartime bombing as well as the social strains of total war.

The general field of pathology flourished after the war. By 1945, the success of the EMS had made clinical pathology an "indispensable component of medical practice," enshrining pathologists in the National Health Act of 1946 as equivalent in rank to physicians and surgeons.⁶⁶ Compared to only 85 consultants in the field of pathology in 1939, there were 725 in 1960, making it the fourth largest speciality after general practitioners, physicians, and surgeons.⁶⁷ By 1973, Dr. Keith Mant could write of the marked improvements in the relationships between forensic, clinical, and National Health Service pathologists over the previous 25 years.⁶⁸ While, as Ambage and Clark point out, forensic pathology was excluded from the provisions of the National Health Service and the research of its practitioners was sidelined from the mainstream, what continued to help promote forensic pathologists as scientific experts were their analyses of the bodies of those who had died by violence.⁶⁹ Simpson's use of forensic techniques was instrumental in the discovery and conviction of Neville Heath for the murder of Margery Gardner in 1946, and of the conviction of Robert Gorrington for the murder of his wife Phyllis in 1948.⁷⁰ Similar postwar cases brought fame to other contemporary forensic pathologists. Dr. Francis Camps reconstructed the identity and cause of death of a torso dumped from a plane in the Essex marshes in 1949.⁷¹ Dr. Donald Teare was a pioneer in identifying victims of transportation disasters, including the 30 victims on a 1950 flight from Paris to London, and the 112 victims in the Harrow and Wealdstone rail crash of 1952.⁷² These pathologists used their medical expertise to read the pieces of human flesh discovered on the margins of London, restoring identity, citizenship, and justice to the dead. Dr. John D. J. Havard, then on the staff of the British Medical Association, argued in 1960 that the use of forensic pathologists to investigate all violent deaths was crucial to the well-being of society and for the prevention of public health hazards and secret homicides.⁷³

As a result of the increasing wartime need for forensic pathological investigations of deaths, as well as public fears of undiscovered murders hidden in the London rubble, Simpson was able to claim a public authority for himself and for the field of forensic pathology. In concert with the police and the courts, Simpson used the Dobkin case to reassert institutional control over London, a process consonant with other narratives of postwar reconstruction. Yet it was in Simpson's own lifetime that the unquestioned authority of the forensic pathologist began to wane. Simpson himself was one of the forensic experts whose evidence

convicted 14-year-old Stephen Truscott of the murder of 12-year-old Lynne Harper in Clinton, Ontario, Canada in 1959, a conviction overturned by the Ontario Court of Appeal in 2007.⁷⁴ More recent high-profile cases in which forensic pathologists leveled wrongful accusations against parents have led to the discrediting of prominent pathologists, most recently Canadian pediatric forensic pathologist Dr. Charles Smith. The Goudge Inquiry concluded in 2008 that Smith made questionable conclusions of foul play in 20 cases, 13 of which had resulted in criminal convictions, that he had “actively misled” his superiors, “made false and misleading statements” in court, and exaggerated his expertise in trials.⁷⁵ While the public expectations of forensic experts and the role of forensic science in crime detection are ever-increasing, as testified to by the many new forensic study programs and the proliferation of television shows focusing on the work of forensic scientists and pathologists, the convictions of Stephen Truscott and others testify to the dangers of the public vision of pathologists as people of “unimpeachable authority.”⁷⁶

ACKNOWLEDGEMENTS

The author wishes to thank the anonymous reviewers of the *Canadian Bulletin of Medical History* for their thorough, insightful, and helpful comments.

NOTES

- 1 See Cuthbert Lindsay Dunn, *The Emergency Medical Services Vols. I and II* (London: Her Majesty's Stationery Office, 1952) and The National Archives, Kew [TNA], CAB/68/2/13, War Cabinet Civil Defense Report, 15 October 1939.
- 2 The National Archives holds a partial list of raid casualties who were never identified, and local borough archives hold the lists from the individual mortuary. See TNA, MEPO 4/306 “Unidentified Casualties” in Metropolitan Police Files and, for example, “Air Raids: Identified/Unidentified Casualties,” Bexley Local Studies and Archive Centre, LASC/DA/9/2/1, 1940-45.
- 3 During and in the immediate aftermath of war, stories of civilian crime and violence were underemphasized in favour of a vision of a unified populace achieving victory in a People's War. Historical revisions of this view, such as Edward Smithies' *Crime in Wartime: A Social History of Crime in World War II* (London: Unwin Hyman, 1982); Angus Calder's *Myth of the Blitz* (London: Jonathan Cape, 1991); and Donald Thomas' *An Underworld at War: Spivs, Deserters, Racketeers and Civilians in the Second World War* (London: Murray, 2003), have instead looked at how the social strains of war led to increases in both property crime and crimes of violence.
- 4 Norman Ambage and Michael Clark, “Unbuilt Bloomsbury: Medico-Legal Institutes and Forensic Science Laboratories in England between the Wars,” in Michael Clark and Catherine Crawford, eds., *Legal Medicine in History* (Cambridge: Cambridge University Press, 1994), p. 294; and Matthew H. Kaufman, “Origin and History of the Regius Chair of Medical Jurisprudence and Medical Police established in the University of Edinburgh in 1807,” *Journal of Forensic and Legal Medicine*, 14 (2007): 121-30.
- 5 W. D. Foster, *Pathology as Profession in Great Britain* (London: Royal College of Pathologists, 1982), p. 3.
- 6 Foster, *Pathology as Profession*, p. 5.

- 7 Ambage and Clark, "Unbuilt Bloomsbury," p. 301.
- 8 The Home Office established the Metropolitan Police Laboratory at Hendon in 1934.
- 9 Foster, *Pathology as Profession*, p. 20. For individual examples of the work forensic pathologists did in this era, see Douglas G. Browne and Eric Vivian Tullet, *Bernard Spilsbury: His Life and Cases* (London: Harrap, 1951); Sydney Smith, *Mostly Murder* (London: D. McKay Co., 1959); Robert Jackson, *Coroner: The Biography of Sir Bentley Purchase* (London: Harrap, 1963); and Tom Tullet, *Clues to Murder: Forensic Investigations of Professor J. M. Cameron* (London: Bodley Head, 1986). Bernard Spilsbury in particular relied on fees for post-mortems and for court appearances for the bulk of his income, and it was partly the concern for his failing health in the face of his financial need to continue to perform post-mortems that led to his suicide in 1947. Browne and Tullett, *Bernard Spilsbury*, p. 468.
- 10 Foster, *Pathology as Profession*, p. 37.
- 11 Ian Burney and Neil Pemberton, "The Rise and Fall of Celebrity Pathology," *British Medical Journal* (BMJ) (14 December 2010): 1391-21.
- 12 Carol Jones, *Expert Witnesses* (Oxford: Clarendon, 1994), p. 86; and Stephan Landsman, "One Hundred Years of Rectitude: Medical Witnesses at the Old Bailey, 1717-1817," *Law and History Review*, 16 (1998): 445-94, quote on p. 449. See also Lindsay Farmer, "'With All the Impressiveness and Substantial Value of Truth': Notable Trials and Criminal Justice, 1750-1930," *Law and Humanities*, 1 (2007): 57-78; Tal Golan, *Laws of Men and Laws of Nature: The History of Scientific Expert Testimony in England and America* (Cambridge, Mass.: Harvard University Press, 2004); and Stephan Landsman, "Of Witches, Madmen, and Products Liability: An Historical Survey of the Use of Expert Testimony," *Behavioral Sciences & the Law*, 13, 2 (Spring 1995): 131-57. It was also the "unwritten etiquette" of Scottish forensic medicine that the Crown's medical expert never appeared for the defense in his own territory. According to M. Anne Crowther and Brenda M. White in *On Soul and Conscience: The Medical Expert and Crime: 150 Years of Forensic Medicine in Glasgow* (Aberdeen: Aberdeen University Press, 1988), when John Glaister II appeared for the defense in several cases in the early 1930s, he so angered the procurator fiscal J. Drummond Strathern that he was subsequently dropped from Glasgow court work for seven years, until the latter's death in 1937. The position of the medical witness in Scotland was legally ambiguous; Scottish law allowed medical experts to be precognosed, or examined, by the defense as well as the prosecution before the trial took place. When John Glaister II revised his father's textbook in 1942, he advised medical students to offer their conclusions to either side, through precognition and specific requests for services from either the prosecution or the defense. See John Glaister, *Medical Jurisprudence and Toxicology*, 7th ed. (Edinburgh: Livingstone, 1942).
- 13 Alfred Swaine Taylor wrote the most famous 19th-century English textbooks of forensic medicine, including the *Manual of Medical Jurisprudence* (1844); *On Poisons in Relation to Medical Jurisprudence and Medicine* (1848); and *The Principles and Practice of Medical Jurisprudence* (1865). Dr. A. P. Luff followed in his footsteps with the best-selling *Text-book on Forensic Medicine and Toxicology* (1895), which was followed by John Dixon Mann's *Forensic Medicine and Toxicology* (1908) and Charles Oliver Hawthorne's *Forensic Medicine and Toxicology* (1921). In the interwar period Sidney Smith's *Forensic Medicine: A Text-book for Students and Practitioners*, (1925); E. W. Caryl Thomas, *A Synopsis of Forensic Medicine and Toxicology* (1933); and Douglas Kerr's *Forensic Medicine* (1935) were all popular.
- 14 Douglas Kerr, *Forensic Medicine*, 2d ed. (London: Adam and Charles Black, 1936), p. 17.
- 15 Ian A. Burney, *Bodies of Evidence: Medicine and the Politics of the English Inquest 1830-1926* (Baltimore: John Hopkins University Press, 2000), p. 167.

- 16 Anonymous, "Medical Notes in Parliament," *BMJ* (8 February, 1936): 292.
- 17 See *Report of Inter-Departmental Committee on Abortion* (London: His Majesty's Stationery Office, 1939), p. 52-53.
- 18 Cuthbert Lindsay Dunn, *The History of the Second World War: United Kingdom Medical Series: The Emergency Medical Services* (London: Her Majesty's Stationery Office, 1952). See also The National Archives, Kew [TNA], CAB/68/2/13, War Cabinet Civil Defense Report, 15 October 1939.
- 19 W. McAdam Eccles and A. T. Densham, "Clearance of Casualties from First Aid Posts," *BMJ* (7 September 1940): 332-33.
- 20 Anonymous, "Hospitals and Air Raids: Organization of a City Casualty Hospital," *BMJ* (19 July 1941): 98-100.
- 21 Anonymous, "Hospitals and Air Raids: Organization of a City Casualty Hospital," p. 99.
- 22 Anonymous, "Hospitals and Air Raids: Organization of a City Casualty Hospital," p. 99.
- 23 TNA, MEPO 4/306 "Unidentified Casualties" in Metropolitan Police Files. See also Lambeth Archives Department, "Unidentified dead from mortuary" A, B, C, MBL/TC/CD/3/1/5, 1940-44 and Civilian War dead files MBL/TC/CD/3/1 [n. d.], Hackney Archives Department, "Correspondence concerning unidentified civilian war dead." SN/A/32, 1940-42.
- 24 See, for example, Guy Blackburn and W. W. Kay, "Crush Injury with Renal Failure and Recovery," *BMJ* (4 October 1941): 475-76, which details how a surgeon and chemical pathologist helped a patient whose thigh had been trapped under fallen masonry for 12 hours.
- 25 See the Royal College of Surgeons of London, *The Nomenclature of Diseases*, 2d ed. (London: Her Majesty's Stationary Office, 1885), Entry 1118, p. 235, E. Leaton Blenkinsopp, "The Wind of a Cannon-Ball," *Notes and Queries*, 186 (July 1889): 57, and C. E. McMahon, "The Wind of the Cannon Ball: An Informative Anecdote from Medical History," *Psychotherapy and Psychosomatics*, 26, 3 (1975): 25-31, which attributes deaths from wind-of-the-cannon-ball to psychosomatic causes.
- 26 Marten Payne, ed., "Contusion to the Lung without External Injuries," *BMJ* (16 January 190): 139-42.
- 27 Joan Ross, "Haemorrhage in the Lungs in Cases of Death Due to Trauma," *BMJ* (18 January 1941): 79-80.
- 28 "Lung Injuries in Air Raids: A Discussion on Pathology and Diagnosis," *BMJ* (16 August 1941): 239-242.
- 29 For example, Dr. Osborn, a pathologist at Derbyshire Royal Infirmary and Derby City Hospital, entered into a fierce debate in the *BMJ* with Dr. Solly Zuckerman and P. L. Khron of the Department of Human Anatomy at the University of Oxford about the effects of explosive pressure on the lungs. See Dr. G. R. Osborn, "Pulmonary Concussion ('Blast')," *BMJ* (5 April 1941): 506-10, and Zuckerman and Khron, "Blast Injury to Lung," *BMJ* (26 April 1941): 645-46. Mr. J. V. Wilson of the Royal Army Medical Corps responded to these debates with a survey of both civilian and Service cases in "The Pathology of Closed Injuries of the Chest," *BMJ* (17 April, 1943): 470-4, and argued for direct trauma as the cause of death in blast cases.
- 30 Wilson, "The Pathology of Closed Injuries of the Chest," p. 473.
- 31 See David R. Foran et al., "The Conviction of Dr. Crippen: New Forensic Findings in a Century-old Murder," *Journal of Forensic Sciences*, 56 (2011): 233-40; Fraser Joyce, "Expert, Laymen, and the Identification of Cora Crippen: An Exercise in Medico-Legal Cooperation," *Medico-Legal Journal*, 79, 2 (2011): 58-63. The papers of John Glaister Jr. are held in the University of Glasgow Archives (GUAS Ref: DC 403/2).
- 32 See Sara Wasson, *Urban Gothic of the Second World War: Dark London* (Basingstoke: Palgrave Macmillan, 2010); Steve Chibnall and Robert Murphy, eds., *British Crime*

- Cinema* (London: Routledge, 1999); and Antonia Lant, *Blackout: Reinventing Women for Wartime British Cinema* (Princeton, N.J.: Princeton University Press, 1991).
- 33 Imperial War Museum [IWM], Papers of Mrs. Hilda Neal, Documents 11987.
 - 34 Quentin Reynolds, *A London Diary* (New York: Random House, 1941), Entry for 13 November 1940, p. 124.
 - 35 Graham Greene, *The Ministry of Fear* (London: Penguin, 1963 ed.), p. 73.
 - 36 While Simpson was a professor of forensic medicine, it is clear from later comments that he saw his work within the broad spectrum of forensic science, which was only slowly evolving into a separate field of expertise. For more on the tensions between forensic medicine and forensic science in this era, see the memoirs of Dr. James Brierley Firth, *A Scientist Turns to Crime* (London: William Kimber, 1960); and Henry James Walls, *Scotland Yard Scientist: My Thirty Years in Forensic Science* (London: Long, 1972).
 - 37 Molly Lefebure, *Evidence for the Crown: Experiences of a Pathologist's Secretary* (London: W. Heinemann, 1955), p. 56.
 - 38 Ordinarily Cowburn would have used Bernard Spilsbury, who was the main pathologist working in London at that time, but there was bad blood between them, as Cowburn had once paid Spilsbury a single post-mortem fee for examining the bodies of conjoined twins, earning Spilsbury's lasting resentment. Keith Simpson, *Forty Years of Murder* (London: Grafton, 1978), p. 25.
 - 39 Lefebure, *Evidence for the Crown*, p. 58.
 - 40 Simpson, *Forty Years*, p. 58.
 - 41 Simpson, *Forty Years*, p. 64.
 - 42 The Chapel had been severely damaged in the devastating raids of 16 April 1941, which tore up the bones in the adjoining graveyard and left 23 locals dead.
 - 43 The techniques were laid out in Glaister and Brash's *The Medico-Legal Aspects of the Ruxton Case*, though in the Ruxton case the photographers had both frontal and side portraits with measurable backgrounds to ensure correct scale. John Glaister and James Brash, *The Medico-Legal Aspects of the Ruxton Case* (Edinburgh: Livingstone, 1937).
 - 44 Simpson, *Forty Years*, p. 62.
 - 45 Simpson, *Forty Years*, p. 58.
 - 46 TNA, HO 144/21854, Trial Proceedings, pp. 103-5.
 - 47 TNA, HO 144/21854, Trial Proceedings, p. 99.
 - 48 Lefebure, *Evidence*, p. 81.
 - 49 Simpson, *Forty Years*, p. 70.
 - 50 The appetite for sensational murder cases was also fed by the details of cases in forensic textbooks, a tradition that went back at least as far as Alfred Swaine Taylor's book *On Poisoning by Strychnia, with Comments on the Medical Evidence at the Trial of William Palmer for the Murder of John Parsons Cook* (1856).
 - 51 It was Spilsbury's reputation as a witness that would lead him to make assertions that led to miscarriages of justice, according to Andrew Rose in *Lethal Witness: Sir Bernard Spilsbury, Honorary Pathologist* (Stroud: Sutton, 2007).
 - 52 See "'24 Points to Prove Identity of Dead Woman,' according to pathologist Dr. Keith Simpson," *Evening Standard*, (19 November 1942), p. 1.
 - 53 *The Times* also noted that "this was only the second occasion on which this process had been used, the first being in the Ruxton murder case in 1936." See "Woman's Body in Chapel Cellar," *The Times*, (24 November 1942)
 - 54 *The Daily Express* (19 November 1942). On 24 November, Mary Newman was again pictured in the *Daily Express*, with a brief biography.
 - 55 TNA, MEPO 3/2235, Letter from Simpson to Norman Kendall, dated 25 November 1942.
 - 56 TNA, MEPO 3/2235, Letter from Simpson, 16 December 1942.

- 57 Keith Simpson, "R. v. Dobkin: The Baptist Church Cellar Murder," *Police Journal*, 16 (1943): 270-80.
- 58 Keith Simpson, *Forensic Medicine* (London: Edward Arnold, 1947, 1951 ed.), p. 33-37. Simpson's *Forensic Medicine* is now in its 12th Edition (London: Hodder Arnold, 2003). Simpson also wrote *Modern Trends in Forensic Medicine* (London: Butterworths, 1953), *A Doctor's Guide to Court: A Handbook on Medical Evidence* (London: Butterworths, 1962), *Police: The Investigation of Violence* (London: MacDonald and Evans, 1978) and a collection of true crime vignettes, *The Fatal Chance: Twelve Cases from the Notebook of a Crime Pathologist*, under the pen name Guy Bailey (London: Peter Bailey, 1969).
- 59 TNA, MEPO 3/2235.
- 60 Simpson was on very good professional terms with the members of the Metropolitan Police and Surrey Constabulary with whom he worked. I am arguing that Simpson used the case to highlight his own expertise and the police used it to highlight theirs: a case of occasional professional rivalry. See Elisabeth A. Cawthon, *Medicine on Trial: A Sourcebook with Cases, Law, and Documents* (Indianapolis: Hackett Publishing, 2004), "Forensic Pathologists in the Courtroom" in Part Two for a reference to Simpson's positive relationship with the police. I would suggest that rivalries between forensic pathologists and police were not uncommon during this period. Spilsbury was, as always, an exception, in part because of his "aptitude for seeing criminal investigations with the eyes of the police," and the fact that he never published or promoted himself outside the witness box. Simpson, *Forty Years*, p. 29.
- 61 TNA, MEPO 3/2206.
- 62 TNA, CRIM 1/1337 and MEPO 3/2186.
- 63 TNA, DPP 2/1333, Record of the Director of Public Prosecutions against the abortionist Beatrice MacNab.
- 64 See William Beveridge, *Social Insurance and Allied Services* (London, His Majesty's Stationary Office, 1942). See also J. H. Forshaw and Patrick Abercrombie's *County of London Plan* (London: Macmillan, 1943); Abercrombie's *Greater London Plan* (London: His Majesty's Stationary Office, 1944); and The Corporation of London's *Court of Common Council's Report of the Preliminary Draft Proposals for Post War Reconstruction in the City of London* (London: Published on behalf of the Corporation of London by B. T. Batsford, 1944).
- 65 See Frank Mort, "Fantasies of Metropolitan Life: Planning London in the 1940s," *Journal of British Studies*, 43 (2004): 120-51; Richard Hornsey, *The Spiv and the Architect: Unruly Life in Postwar London* (Minneapolis: University of Minnesota Press, 2010); Peter Mandler, "New Towns for Old: The Fate of the Town Centre," *Moments of Modernity: Reconstructing Britain 1945-64*, Becky Conekin, Frank Mort, and Chris Waters, eds. (London: Rivers Oram Press, 1999), p. 208-27; and Junichi Hasegawa, *Replanning the Blitzed City Centre: A Comparative Study of Bristol, Coventry, and Southampton, 1941-1950* (Buckingham: Open University Press, 1992).
- 66 Foster, p. 59-61. See TNA, MH 77/6, "North West Hospitals Pathological Laboratories, 1942-1943."
- 67 Foster, *Pathology as Profession*, p. 59, 101.
- 68 Keith Mant, "A Survey of Forensic Pathology in England since 1945," *Journal of the Forensic Science Society*, 13 (1973): 17-24. See also Keith Simpson, "The Development of Forensic Medicine," *Guy's Hospital Gazette*, 78 (1964): 384-90; and J. Malcolm Cameron, "The Changing Face of Forensic Medicine and Its Contribution to Clinical Medicine," *London Hospital Gazette*, 73 (1970), p. ii-ix.
- 69 Ambage and Clark, "Unbuilt Bloomsbury," p. 308.
- 70 See Simpson, *Forty Years*, p.124-30, 328-30.
- 71 The police file is archived at TNA, MEPO 3/3144.
- 72 Donald Teare, "Post-Mortem Examination on Air-Crash Victims," *BMJ* (22 September 1951): 707-8.

- 73 J. D. J. Havard, *The Detection of Secret Homicide: A Study of the Medico-Legal System of Investigation of Sudden and Unexplained Deaths* (London: Macmillan, 1960), p. 146.
- 74 See Kent Roach, "Wrongful Convictions: Adversarial and Inquisitorial Themes," *North Carolina Journal of International Law & Commercial Regulation*, 35 (2010): 387-446.
- 75 Commissioner Stephen T. Goudge released the *Report of the Inquiry into Pediatric Forensic Pathology in Ontario* on 1 October 2008, <http://www.attorneygeneral.jus.gov.on.ca/inquiries/goudge/index.html>. Accessed 15 January, 2012.
- 76 Such television shows include the classic Quincy, M.E. (1976), CSI (2000), Cold Case (2003) and NCIS (2003) in America, and in the UK McCallum (1995), Silent Witness (1996) and Waking the Dead (2000).