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# A history of the Department of Legal Medicine at Medical College of Virginia

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A HISTORY OF THE DEPARTMENT OF LEGAL MEDICINE  
AT MEDICAL COLLEGE OF VIRGINIA

A THESIS  
PRESENTED TO THE FACULTY  
OF THE  
DEPARTMENT OF HISTORY AND POLITICAL SCIENCE  
UNIVERSITY OF RICHMOND

in partial fulfillment  
of the requirements for the degree of  
Master of Arts

by

Mary A. Giunta

August, 1966

## PREFACE

When I arrived in Richmond, Virginia, I was already familiar with the historical and cultural prominence associated with the area. But I had no awareness that such a high calibre of medico-legal training was available at Medical College of Virginia. The subject aroused my interest and I felt that an area of such prime importance to society might well serve as a challenging topic to treat in depth. As far as is known to this writer, there is no available published data on the historical development of the Department of Legal Medicine at Medical College of Virginia. This paper is a modest attempt to fill this void and to bring the information related to the growth of the department and its role in legal medicine in the United States up to date.

The writer wishes to acknowledge with deep appreciation the kind assistance supplied by those on the staff of the Department of Legal Medicine at Medical College of Virginia and the Office of the Chief Medical Examiner for the Commonwealth of Virginia. She would like to thank them especially for the use of extensive file material, the freedom to explore the facilities, particularly the laboratories,

and the personal aid supplied by Dr. Geoffrey T. Mann, Mr. Thomas D. Jordan, and Mrs. Lois P. Clark, all of whom gave willingly of their time in spite of many pressing professional duties.

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## INTRODUCTION

Legal medicine can be defined as "the science of the application of medical knowledge to the purposes of the law. Therefore, its limits are on the one hand the requirements of the laws and on the other the whole range of medicine, that is to say, anatomy, physiology, pathology, pharmacology, medicine, surgery, obstetrics, gynecology, and all the sciences auxiliary thereto, that is, chemistry, physics, botany, et cetera; all lend their aid when necessity arises and in the same case to enable a court of law to arrive at a proper conclusion on a contested question affecting life or property".<sup>1</sup>

Since the areas covered in the study of legal medicine<sup>2</sup> tend to be characteristic of a fully developed society, it is, therefore, not unusual to note that the present science of legal medicine was lacking prior to 5,000 years ago. Even the more advanced Egyptians up to this time did not have the necessary legal code for medicine. The legal code of the Babylonians, the so-called

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<sup>1</sup>Geoffrey T. Mann, ed., Principles of Legal Medicine (Richmond, Virginia: The Department of Legal Medicine, Medical College of Virginia, 1960), p. 3.

<sup>2</sup>See appendix for a list of these areas.

Hammurabi Code, was "admixed" with rules and regulations relating to the practice of medicine. Severe penalties were provided for malpractice and records show loss of life in serious cases of quackery. Other references to forensic medicine are sparse, yet it is known that in the present backward area of India years before Christ there was recognition at least of many "medico-legal" problems. Social recognition here involved length of pregnancy, minimum age for marriage, and primitive facts about toxicology. In all probability when questions arose concerning these areas, forensic medicine was being discussed.

As with our laws, the Greeks gave one of the greatest contributions to forensic medicine, for the Greeks were the first to practice medicine and law on a practical basis. Their regard for the area can be seen by the "Hippocratic Oath" which makes reference to poisons and the procuring of abortion, periods of gestation, and so on. Great advances were likewise made by the Romans. A clear cut example of this can be seen in the case of Julius Caesar. The examining physician pronounced that of the 23 wounds sustained by the victim, one penetrated the chest so that it was of a fatal nature. It was during the latter part of the Roman Empire that the Justinian Code provided for the "regulation of the practice of medicine, surgery, and midwifery; the proof of competence by means of examination; the classes of physicians that were to be

recognized; limitation of the number of physicians in each town; and the penalties to be imposed for malpractice".<sup>3</sup> More importantly, the code stated that the proper function of a "medico" in the area of giving court testimony was as an impartial witness basing his opinion on his specialized knowledge.

As the wheel of history continued to turn, the Dark Ages represented a "low ebb" in all areas of study. Legal medicine was afterwards revived by Charles V and the "Code of Caroline" which specified for the first time that "expert medical testimony must be obtained for the guidance of the judges in cases of murder, wounding, poisoning, hanging, drowning, infanticide, abortion, and in other circumstances involving the person".<sup>4</sup> Following upon this was the first medico-legal text published by Fortunato Fideli, an Italian physician, in the year 1602. Within the same century, Paul Zacchia, a physician to the Pope, wrote a three volume work entitled, Quaestiones Medio-Legales. This remarkable work gave standard facts about post-mortem change, the signs of violent death and poisonings, and the evidence of defloration and live birth with some accuracy. Shortly afterwards other works came out and for the next 400 years there was a steady growth in the knowledge of legal

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<sup>3</sup>Mann, op. cit., p. 4.

<sup>4</sup>Ibid., p. 5.



medicine which paralleled the growth of the field of medicine in general. In the latter part of the 18th century, chairs in legal medicine were established at Paris, Strasbourg and Montpellier.

Probably the first outstanding text on legal medicine in the English language was an edition written by Alfred Swain Taylor entitled Principles and Practices of Medical Jurisprudence (1865). Dr. Taylor was a professor of medical jurisprudence at Guy's Hospital Medical School, England. On the other side of the Atlantic, the United States lagged behind the rest of the world in the study of forensic medicine. In 1876, Professor Stanford Emerson Chaille stated very forcibly that there existed a deplorable condition of medical jurisprudence in the United States. He criticized the method of appointment of coroners and the choice of medical examiners, demonstrated how the teaching of the subject of their field had completely deteriorated while pointing out that in some colleges courses of legal medicine had been dropped altogether. Even today, more than halfway through the 20th century, many universities offer no or very little instruction in legal medicine; or where courses are taught it is often the case that the teachers are lawyers or doctors who have no basic concept of the field. Harvard, in the past ten years, has been making a great

effort in legal medicine and proudly do Virginians and other knowledgeable people speak of this department at Medical College of Virginia.

The need for this specialized knowledge can be clearly seen by understanding that the duties of a medical witness are different from those of a medical practitioner. The latter is concerned with the treatment of disease or accident or the saving of life. A medical witness is to assist the law, not only in identifying the perpetrator of a crime, but also in securing the acquittal of an innocent person from a crime wrongly imputed to him. Thus, he may be required to determine whether, in a particular case, the cause of death was natural or violent; and for this purpose, it will be necessary for him to approach the matter from a different angle. He has to face the difficult task of making a selection from those parts of the medical sciences which bear upon the legal proof of and the investigation of crime.

With the realization of the importance of legal medicine to society, this paper is an attempt to synthesize some of the more important developmental aspects related to the establishment of one of the country's first legal medicine departments.

**CHAPTER I: BEGINNINGS OF LEGAL MEDICINE  
AT MEDICAL COLLEGE OF VIRGINIA**

The office of the Chief Medical Examiner in the State of Virginia was set up by statutory law in 1946 under the administrative control of the State Commission on Post Mortem Examinations. Prior to this time a modified coroner system existed in the state. This system did not provide for a complete systematized approach to the investigation of sudden or violent deaths. Many problems arose, stemming from the lack of trained personnel since many examiners were not doctors. There was also a lack of complete, up-to-date records. A report by the State Health Commissioner and chairman of the Post Mortem Commission, Dr. L. J. Roper, stated that investigations had revealed that at least 65 coroners throughout the State of Virginia were serving without appointment. Some were last named as far back as 1917 and had not been reappointed although their terms expired every four years.<sup>1</sup> It is provided in the Code of Virginia 1946 act that all coroners would serve terms of three years, that all must be physicians and that all must be recommended by competent medical societies of the localities they represent.<sup>2</sup>

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<sup>1</sup>Richmond Times-Dispatch, October 4, 1946, p. 6.

<sup>2</sup>Virginia, Code of Virginia (1962), §. 3, Sec. 19.1-40.

Originally the coroner was a representative of the king or royal authority in an area, whose duty it was to collect the king's share of money upon the death of a person. The term "Crownor" was given to the political representative whose name has since been slurred to the word "Coroner". Therefore, by accident more than design, a coroner became associated with the investigation of deaths. Over the years the coroner no longer represented governmental authority for financial reasons alone, but became the official witness of the state in the investigation of death, particularly those deaths that were associated with unnatural or violent causes. No distinct role was given to the coroner and in many areas his job was considered a "political plum" or a second job to earn needed money. Other localities provided a coroner merely to investigate deaths in his area only -- a sort of practical gesture following a murder or a sudden expiration.

The change from the coroner system to the new medical examiner's system was a tremendous stride forward. This approach established an entirely new system of coroner's examinations and reports, a badly needed innovation for the state.

For Virginia's first chief medical examiner, the State Commission on Post Mortem Examinations unanimously selected Dr. Herbert Stewart Breyfogle. A native of

Kansas City, Missouri, Dr. Breyfogle was director of the Medical-Legal Department of St. Louis County, pathologist for St. Louis County Hospital, instructor at Washington University School of Medicine and acting coroner of St. Louis County.

The first Chief Medical Examiner for Virginia graduated from the University of Michigan in 1933 and received his degree in medicine at the University of Chicago in 1937. Following an internship at St. Luke's Hospital in Kansas City, he served as a fellow in pathology at the University of Minnesota School of Medicine and as a Rockefeller Fellow and assistant pathologist in the department of legal medicine at Harvard University Medical School. He has contributed several articles to the Journal of the American Medical Association dealing with aspects of medical-legal investigations, the distinction between accident and suicide, experience under the coroner plan and general pathology.<sup>3</sup>

In a memorandum filed with the commission at the time of his appointment, Breyfogle emphasized the size of the task imposed by the Legislature upon local coroners, the chief medical examiner and the Commission on Post Mortem Examinations. He also said that of about 28,000

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<sup>3</sup>Richmond News-Leader, October 4, 1946, p. 1-A.

deaths occurring annually in Virginia from all causes, about 10 per cent were from violent or unnatural causes. An additional 10 per cent were sudden and unexpected or without a physician in attendance. For the job to be done, Dr. Breyfogle would need one full time associate examiner, a toxicologist and a secretary-clerk to handle office work. This staff was considered to be minimum. Office space and laboratory facilities were made available at the Medical College of Virginia.

Not only did the General Assembly provide the state with a Chief Medical Examiner but it provided for the establishment of a department of legal medicine. Section 4806-d of Chapter 355 of the Acts of Assembly (Virginia) for 1946 states in part:

In the discretion of the Commission [on Post Mortem Examinations] the Chief Medical Examiner and his assistants may be made available to the Medical College of Virginia and the Medical School of the University of Virginia for teaching legal medicine and other subjects closely related to his duties.<sup>4</sup>

In late 1947, capitalizing on this provision, Dr. Breyfogle and Dr. Harvey B. Haag, Dean of the Medical College of Virginia and ex officio member of the Commission on Post-Mortem Examinations, suggested that such a department of legal medicine be established and that the professional personnel of the Office of the Chief Medical

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<sup>4</sup>Virginia, Code of Virginia (1946), c. 355, sec. 4806-d.

Examiner be the faculty for such a department. With this idea in mind, Dr. Breyfogle and Dr. Haag, representing the Commission, met with Dr. W. T. Sanger, President of the Medical College of Virginia, who indicated that he was very much interested in establishing the department. With this understanding, the Commission decided at its November meeting to authorize Dr. Haag to advise Dr. Sanger that "...it would favor utilization of this agency [Medical College of Virginia] for academic purposes...."<sup>5</sup>. With the formal proposal undertaken by the Commission the Department of Legal Medicine was instituted. On April 1, 1948 Dr. Breyfogle asked that academic sponsorship be given the newly emerging department in order that he might secure funds from the Rockefeller Foundation. Dr. Sanger again was willing to give his full cooperation. By April 14 of that year, Dr. Breyfogle and Mr. Kaye,<sup>6</sup> upon recommendation of Dr. Sanger and Dr. Haag, were appointed to the faculty of Medical College of Virginia with the approval of the executive committee of the Board of Visitors. At

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<sup>5</sup>Letter from Dr. Herbert A. Breyfogle, Chief Medical Examiner, State of Virginia, Richmond, Virginia, April 1, 1948 (copy in the files of the Chief Medical Examiner's office).

<sup>6</sup>Dr. Sidney Kaye was chief toxicologist from October, 1947 until October, 1962. He was also associate professor of legal medicine at Medical College of Virginia.



this time Dr. Breyfogle was made an associate professor and headed the newly formed department.

According to the original proposal for the establishment of a department of legal medicine at Medical College of Virginia: "the primary purpose of the Department of Legal Medicine is to teach the subject of legal medicine and allied subjects and to conduct original scientific and legal research in revelant problems. It is anticipated that the program will also be designed to familiarize students of medicine and law, graduate physicians, practicing physicians and lawyers, and police with the work of the Office of the Chief Medical Examiner in order that the program of the Office under the law will reach a high level of cooperation and accomplishment".<sup>7</sup>

Provisions were made in the initial program for teaching legal medicine on three levels: at the undergraduate level to inform the student generally of the nature of medico-legal work and related problems; at the graduate level to train a limited number of qualified physicians to become experts in the field of legal medicine by engaging in original research and by participating in undergraduate teaching; and at the post graduate level to

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<sup>7</sup>A proposal for the establishment of a Department of Legal Medicine in conjunction with the Office of the Chief Medical Examiner, Richmond, Virginia, \_\_\_\_\_, 1948, p.1 (copy in the files of the Chief Medical Examiner's office).

offer annual and semi-annual conferences designed to meet the needs of state coroners, lawyers, practicing physicians and the police so as to meet the needs of civil and criminal justice.<sup>8</sup>

The original proposal further provided for professional personnel including the Chief Medical Examiner, the Assistant Medical Examiner and the toxicologist all to carry suitable academic rank. Where outside grants from state, federal or other sources could be provided, the personnel could then be expanded to include one or more graduate students to be known as "Fellows in Legal Medicine". Such research as these Fellows might do would be published under the aegis of the Office of the Chief Medical Examiner of the Commonwealth of Virginia and the Department of Legal Medicine.<sup>9</sup>

The original proposal pointed out a need for additional funds from two sources: 1) an endowment for the support of a fellowship in legal medicine and collateral research, and 2) specific grants to support a post graduate teaching program that would include the expenses of the experts brought in to participate and the announcements of seminars and meetings.<sup>10</sup>

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<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid. p. 2

Reasons for the establishment of such a department are clearly evident. "The immediate problem of the State is to ensure that murder shall not go unrecognized, that innocent people shall not be unjustly accused, and that hazards of public health and welfare shall be disclosed; the problem of the State's institutions of learning is to disseminate knowledge and learning."<sup>11</sup> Virginia as a leader in the area of legal medicine had the opportunity and the responsibility to disseminate such knowledge. For this purpose the Department of Legal Medicine was created.

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<sup>11</sup>Ibid., p. 3.

**CHAPTER II: INSTRUCTION IN LEGAL MEDICINE**

At the time of the establishment of the Chief Medical Examiner's Office, it was anticipated that the facilities available in this office would be utilized for teaching aspects of Legal Medicine at Medical College of Virginia. With this idea in mind, no specific state appropriations for the Department of Legal Medicine were made. Medical College of Virginia made remuneration to the lecturers in the Department of Legal Medicine by offering them ten per cent of the full time faculty salaries, or payment on an hourly basis. Presently, the Commonwealth of Virginia provides that Doctors Mann, Blanke, Abbot, and Mr. Jordan be reimbursed both from the appropriations of the Chief Medical Examiner's Office and from the Medical College of Virginia. Other lecturers are paid on an hourly basis, at the rate of \$10.00 per hour.<sup>1</sup>

Faculty for the Department of Legal Medicine is provided through the medical examiner system. The only full time employee of the department is a clerk-typist. The original staff of the Department of Legal Medicine, appointed in 1948, consisted of Dr. Herbert S. Breyfogle,

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<sup>1</sup> See Appendix for the fiscal budget for the Department of Legal Medicine.

Associate Professor and Head of the Department, and Mr. Sydney Kaye, Assistant Professor and Chief Toxicologist for the Commonwealth of Virginia. Visiting lecturers, drawn from "a staff of outstanding experts in their field... [included] such instructors as Mr. Kenneth Redden, Dr. Henry A. Davidson, Dr. Russell Fisher, and many others".<sup>2</sup>

Dr. Geoffrey T. Mann was appointed Assistant Medical Examiner for the Commonwealth of Virginia in November, 1948. Less than a year later, in October, 1949, he became Chief Medical Examiner, replacing Dr. Breyfogle. It is largely through the efforts of Dr. Mann that the Department of Legal Medicine at Medical College of Virginia has become the finest department in the country. Not only does Dr. Mann have a great interest in forensic pathology, but he also is a man of great vision. As early as his first year as Chief Medical Examiner, he worked toward the establishment of an active postgraduate division of legal medicine as well as laboring toward the improvement of the Medical Examiner's Office.

Office space for the Department of Legal Medicine was provided at Medical College of Virginia. The central office and laboratories of the Chief Medical Examiner are located at 404-406 North 12th Street, Richmond, Virginia,

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<sup>2</sup>Mann, "Some Comments on the Future of Legal Medicine"--, op. cit., p. 2.

adjacent to the facilities of the Medical College of Virginia and the Morgue, located in the Medical Education Building. The Office of the Medical Examiner maintains one branch, the Tidewater Office, at 427 East Charlotte Street, Norfolk, Virginia, with jurisdiction over the counties and cities surrounding Norfolk.<sup>3</sup> The Tidewater Office provides lecturers for the Department of Legal Medicine.

An additional branch office of the State Medical Examiner is to be established at Roanoke in the near future. State appropriations have provided \$5,000,000 for a new State Health Agency Building to be located south of the State Highways Department Building near the Richmond-Petersburg Turnpike. The Office of the Chief Medical Examiner will occupy a portion of the office and laboratory space in this new building.

Originally, five lectures in legal medicine were given to the senior medical students by members of the Medical Examiner's Office. The lectures provided a general survey of various medico-legal problems, such as state and federal statutes regulating medical practice, the function of the medical examiner's system, the value

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<sup>3</sup>These include the counties of: Accomack, Isle of Wight, Nansemond, Norfolk, Northampton, Princess Anne, Southampton, Surry, Sussex, and York; and the cities of: Hampton, Newport News, Norfolk, Portsmouth, South Norfolk, Suffolk, and Virginia Beach.

of forensic medicine and toxicology in the administration of justice, and the broader aspects of traumatic pathology.<sup>4</sup>

This undergraduate training program, required of students in the School of Medicine, operates on a seminar basis, with six to seven students in a group receiving approximately twenty lecture-demonstrations and making extensive use of the laboratory facilities of the Medical Examiner's Office and the Morgue. A "Department of Legal Medicine which combines the appointment of the Chief Medical Examiner and the Professor of the Department makes available for teaching and research the vast amount of public autopsy material which is available...the best academic teaching is practice and here [the students] have recourse to ample forensic material".<sup>5</sup> A final examination and term paper are required, as well as student participation in a moot court.

Post-graduate training in legal medicine was from its inception viewed as a necessary corollary to the undergraduate training program. The Department of Legal Medicine at Medical College of Virginia graduated the first Master of Science in Legal Medicine in the United States in

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<sup>4</sup>Interview with Mr. Thomas D. Jordan, Administrative Assistant to the Chief Medical Examiner, July 10, 1966.

<sup>5</sup>Mann, "Some Comments on the Future of Legal Medicine", op. cit., pp. 3-4.



1953. This graduate, Dr. Harold L. Beddoe, is presently Chief Medical Examiner for the State of Rhode Island. Graduate Fellows in Legal Medicine at Medical College of Virginia receive practical instruction in forensic pathology and toxicology, investigation of deaths under the medical examiner's system, and techniques of medical jurisprudence. A minimum of two years of training in pathologic anatomy is required.

An advanced legal medicine course is also provided, primarily concerned with the preparation of qualified physicians as experts in the field of legal medicine. Students participate in routine work in the Office of Chief Medical Examiner and assist in actual investigations permitted under the Virginia Medical Examiners' Law. Upon successful completion of the course and acceptance of a thesis, the applicant is eligible for a Master of Science in Legal Medicine. Stipends for the postgraduate programs are commensurate with previous training and experience of the applicant. An advanced legal medicine student receives \$3,000.00 per annum from the Medical College of Virginia and an additional \$6,000.00-\$7,000.00 for his work with the Medical Examiner's Office.<sup>6</sup>

A variety of practical seminars in legal medicine are provided throughout the state of Virginia at various

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<sup>6</sup>See Appendix for the Fellows of Legal Medicine.

times during the year and are designed to familiarize coroners, medical examiners, practicing physicians and the like with the actual investigative aspects of forensic medicine. These medico-legal workshops are sponsored by the Office of the Chief Medical Examiner and the Department of Legal Medicine at the Medical College of Virginia under the auspices of the Virginia Society For Pathology, Inc., and the Virginia Academy of General Practice. Attendance at the program carries credit for six accredited hours by the American Academy of General Practice. In addition, periodic instruction is also provided by the Department of Legal Medicine for Virginia State police trainees, hospital administrators, and dentists.

Toxicology trainees, under the direction of Dr. Robert V. Blanke, Chief Toxicologist for the State of Virginia, pursue a program in the detection, isolation, and measurement of poisons in biological materials. A Master of Science degree in Toxicology is offered at Medical College of Virginia. Approval by the American Board of Pathology is given to the course in forensic pathology at Medical College of Virginia. This is a one year training program which carries a stipend based on previous training and experience.

**CHAPTER III: LAW AND MEDICINE**

From the beginning of his life until his death, a man's involvements with legal medicine are numerous, even though in many instances he may be completely unaware of all the ramifications of this relationship. Therefore, it is important to understand how law and medicine work together to affect one's life.

Medicine and law make contact in four main ways, not all instances of which are necessarily harmonious. Communication difficulties between doctors and lawyers exist, because the technical vocabularies of both professions are difficult to manipulate. Once this is recognized as a problem, its solution is not too complex. Another conflict arises out of the feeling by some doctors that lawyers are motivated purely toward winning a case and the fees involved. When giving expert testimony, therefore, doctors feel a sense of hostility and expect the lawyer to use literally any means in an effort to discredit him as a medical witness. Cohesiveness in both professions prevents the needed interdependence of law and medicine that would avert hostility on both sides. In general, conflict arises because law demands a form of certainty,

which medicine can rarely produce.<sup>1</sup>

Probably one of the more familiar modes of contact between law and medicine arises when the law calls on medicine for help in the solution of legal cases, mainly in criminal courts. In these cases there is usually little disagreement between medicine and law because a high level of medical exactness is possible in the investigation of the mechanisms of death. For instance, a medical man may be summoned to attend a person who is suffering from the effects of a poison criminally administered, and at the time the doctor may have no knowledge or even suspicion that poison is the cause of the symptoms. Should the patient die, the medical examiner would be called in because of the unnatural circumstances surrounding the death. The medical examiner is a medical witness, serving the cause of both law and medicine. He is fully competent to answer every question put to him in court relative to the general effects of poison, the quantity of a fatal dose, and the time within which death may ensue. Laboratory methods of toxicological investigation show presence of most common poisons in the vital organs.

Another case which reflects the high level of medical exactness is in death by drowning. If the victim

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<sup>1</sup>Murdock Head, M.D., LL.B., D.D.S., "Medical-Legal Liaison--An Urgent Necessity", American Journal of Surgery, XCVI, (December, 1958), 842.

is thrown into the water after death, water will not reach the heart and there deposit algae, as it does when a man is actually drowned.<sup>2</sup> The determination of blood groups in disputed paternity cases and the determination of blood alcohol levels in offenses involving motor vehicles are among the more prominent laboratory conquests in the field of pathology.

The expert medical witness may often be called upon to consider the intent and responsibility of a person who may have committed a grave social injustice, such as Jack Ruby<sup>3</sup> or Richard Speck. It should be noted that many jurists and medico-legal experts as well as psychiatrists are clamoring for a change in our traditional approach to this problem. The pendulum seems to be swinging toward greater acceptance of the testimony of the expert medical witness in these cases. As a result, many definitely ill persons are being hospitalized rather than punished for crimes over which they had no control.<sup>4</sup> (The author of this paper feels strongly that society has often been made the scapegoat in these cases with the responsibility for a

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<sup>2</sup>"Keeping Up With the Bones", Time, November 12, 1965, p. 121.

<sup>3</sup>Dr. Earl F. Rose, Chief Medical Examiner, Dallas County, Texas, participated in the Fellowship program at Medical College of Virginia.

<sup>4</sup>Mann, Principles of Legal Medicine, op. cit., p. 8.

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<sup>4</sup>Mann, Principles of Legal Medicine, op. cit., p. 8.

criminal act attributed to the ghetto environment or the poor social climate. The individual is encouraged to feel guiltless of any evil act. Society cannot long endure such anarchistic tendencies.)

The second area in which law and medicine work together is when medical problems are decided by a court of law. Such cases have become more and more frequent in this century due to a gigantic increase in personal injury cases and recognition of the workman's rights to compensation for injuries received during the course of his employment.<sup>5</sup> In many of these cases the points of issue are purely medical, yet they will be tried in court by lawyers who perhaps cannot make the necessary experienced judgments in the case. It should be noted that there arise extreme disagreements between medical witnesses; and at times actual injustice may be done. In some cases these differences may be inevitable, such as when interpretations of medical facts are involved. Where testimony is needed in matters involving a physical disease or injury, these differences are not as a rule fundamental, since they are usually clear-cut evidences. However, in the sphere of psychiatry

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<sup>5</sup>This trend is due to our increasing sophistication and mechanization in our factories. Average payments in compensation suits are approximately \$6,000.00, although very high payments have been granted, including one for \$700,000.00.



and especially in the relation of body injury to mental processes, differences of medical opinion, of course, are more often expected and noted.<sup>6</sup>

This problem of conflicting medical opinions in courts is not easily resolved. A third medical witness does not necessarily solve the medico-legal conflict, nor does he make a final judgment, since all three opinions are based on the best medical judgments of the witnesses. Opposing views in this case leave the final decision with the judge or the commission hearing the case. In Canada, and in some states, this problem of a fair decision based on medical facts is given by a special medical board whose findings are conclusive. This method of approach might well be a more just way of handling such cases than the procedures in vogue today.

A third area where medicine and the law come together is in administrative medicine, whose province is the legal aspects of public health and similar government medical services. The general practitioner's usual involvement centers around numerous certificates of birth, death, marriage, life insurance, Medicare, and the

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<sup>6</sup>Dr. Geoffrey T. Mann and Thomas D. Jordan have written an excellent survey on Personal Injury Problems Resulting from Trauma with Special Reference to Automobile Accidents (Springfield, Illinois: Charles C. Thomas, Publisher, 1963).

like, most of which are a time-consuming nuisance when multiplied by the number of patients involved. In the public health services, the relationship between law and medicine are juxtaposed from our previous canvas. Medicine uses law to compel the observance of its rules for the good of the community. From the National Public Health Service, directed by the Surgeon-General, to the doctors working at Freedman's Hospital, medicine calls upon the law to direct benefits to the people. Health rules for the community include hospital and medical care for the ill. Research goes on to combat diseases harmful to mankind, including tuberculosis, alcoholism, and dope addiction.

The main growth of these laws dates back to 1798 when an Act of Congress created the Marine Hospital Service to care for American seamen. From the beginning, the Service has been expanded to the point where most of the health activities of the government are centered in its hands. In addition to the above mentioned Freedman's Hospital, the "Service" operates a number of hospitals and medical facilities. These include sixteen hospitals, twenty-six outpatient clinics and ninety-six outpatient offices where seamen of vessel of American registry, Coast Guardsmen, and others may receive medical and dental care. The National Leprosarium at Carville, Louisiana, cares for hundreds of quarantined leprosy patients and

carries on research in the dread disease. Since the middle of the nineteenth century laws have been established to help medicine combat the diseases arising out of the concentration of population in our cities. Working closely with the law, medico personnel are educating the masses to realize that "the freedom to spread disease is too great a luxury to be permitted".<sup>7</sup>

The final association between medicine and law deals with the medical profession and written law or statutory law. We are interested here with the securing of a license to practice, retaining that license, and malpractice.

The laws of Virginia provide that the State Board of Medical Examiners examine and regulate the practice of medicine and other healing arts. The Board members are appointed by the governor for a period of five years and the Board consists of one medical physician from each of the ten congressional districts in the State of Virginia, and one homeopath, one osteopath, one chiropodist, two chiropractors, and one naturapath from the state at large.

The healing art is defined as the art or science or group of arts or sciences dealing with the prevention and cure or alleviation of human ailments, diseases or infirmities, and has the same meaning as "medicine" when the

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<sup>7</sup>Mann, Principles of Legal Medicine, op. cit., p. 10.

latter term is used in its comprehensive sense. The healing arts are the Practices of Medicine, Homeopathy, (no distinction of the two in Virginia), Osteopathy, Chiropractic, Naturapathy, Chiropody (podiatry), and Physical Therapy. Each of these is defined by law and their practice is controlled accordingly. Unlawful practice of any of these carries heavy penalties and it is in general considered unlawful for any person to practice medicine without a certificate or license granted by the Board of Examiners. It is also unlawful for a person to practice medicine in connection with a commercial or mercantile establishment, but it is not unlawful to practice as a physician with State medical colleges and certain State agencies. The penalty for violation involves fines of not less than \$50.00 or more than \$500.00 for each offense, and in addition, imprisonment for a period not exceeding six months. For a second offense the penalty is doubled. Each day of violation is considered as a separate offense. The person convicted is not entitled to recover payment for services rendered.

Qualifications to practice include educational preparation and examinations. With the exception of physical therapists, doctors must have a minimum of two years of college and must have satisfactory courses in a certified medical school of not less than thirty-two months. Exam-

inations include one given after a candidate has completed two years of study in that branch of the healing arts in which he desires a certificate, at a recognized professional school. The second part of the examination must be taken by each candidate for admission to practice upon completion of his professional academic training. Different examinations are provided for medical and homeopathic practice, osteopathic practice and chiropractic and naturopathic practice. Chiropody and physical therapy candidates have different examinations entirely. All candidates must make an average of 75 per cent or more on the several subjects with no grade lower than 70 per cent on any one subject. An examination fee of \$25.00 each is charged for the examinations. After passing these examinations and receiving his certificate and license the practitioner is required to register his certificate or license to practice with the clerk of the Circuit Court of the County or the Corporation Court of the City wherein such practice is to be conducted. Further procedures are provided for by law for foreign graduates. After registering the doctor is considered to be practicing the healing arts or some school or branch thereof when he opens an "office for such purpose, or advertises, or announces to the public in any way a readiness to practice in any county or city of the State, or diagnoses the condition of, prescribes for, gives

surgical assistance to, treats, heals, cures, or relieves persons suffering from injury or deformity, or disease of mind or body, or advertises or announces to the public in any manner a readiness or ability to heal, cure, or relieve those who may be suffering from any injury, deformity, or disease of mind or body".<sup>8</sup> It should be also pointed out here that there are exceptions and exemptions to domestic administration of family remedies, the manufacture or sale of proprietary medicines in the State by licensed druggists, and the "advertising or sale of same". These limitations also apply to artificial devices used in medicine.

Other powers of the Board of Medical Examiners involve the issuance of certificates of practice, renewal of same and the suspension of a doctor from practice for the following reasons:

- (1) Conviction in the courts of this or any other state, territory or country of a felony or of a crime involving moral turpitude.
- (2) Incompetency or insanity as proven in a court of law.

Likewise a candidate may be refused a certificate or the certificate may be suspended for a doctor if the following is true:

- (3) False statements or representations (fraud or deceit) in obtaining admission to practice or in practicing any branch of the healing arts.

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<sup>8</sup>Ibid., p. 77.

- (4) Uses intoxicating liquors, narcotics, or drugs to the extent that he is unfit to perform his work.
- (5) A doctor or candidate is grossly ignorant or careless in his practice or is guilty of gross malpractice.
- (6) Is guilty of immoral conduct or unprofessional conduct.

Unprofessional conduct on the part of a practitioner of the healing arts includes:

- (1) Performs or giving aid in any way of the performance of a criminal abortion.
- (2) Engages in the practice of medicine under an assumed name or impersonates another doctor.
- (3) Prescribes or dispenses any morphine, cocaine, or other narcotic for other reasons other than medicinally.
- (4) Issues or publishes in any way whatsoever advertising matter which deceives or defrauds the public.
- (5) Claims cures or secret treatments for manifestly incurable diseases.
- (6) Claims to be able or willing to treat human ailments under a system or school of practice other than that for which he is licensed.
- (7) Division of fees between physicians and surgeons is prohibited in Virginia.

It should be noted here that the State Board of Health may revoke or suspend the license of the head of a hospital or institution for any of the above reasons; when this is done a report must be filed with the Board of Medical Examiners.

The proceedings for revocation or suspension begin when any member of the Board presents to the Board in writing charges against the character or conduct of the practitioner. If upon considering such charges the Board is of the opinion that a "prima facie" case has made out, it then appoints a time and place for a hearing. The doctor must then be given ten days notice of the hearing and may be represented by counsel. If the doctor fails to attend or fails to be represented by counsel the Board of Examiners goes ahead in any case. The Board itself must be made up of nine members, one of which is in the same area field as the practitioner. Three-fourths of the votes of the members is considered the legal number to revoke or suspend a license, which after a period of three months and upon payment of five dollars can be reissued. Further legal proceedings must be taken up by the general public. If a doctor is found guilty in a court of law of criminal proceedings he can have his certificate or license suspended indefinitely as circumstances warrant.

Statutory laws also affect commitment procedures for State institutions. Persons are admitted or committed as mentally ill, epileptics, mentally deficient, inebriates, or drug addicts to these institutions. Under voluntary admission a citizen need only be a resident of Virginia



and be suffering from any of the above ailments. A Circuit or Corporation Court upon written request of any respectable citizen accompanied by the certification of a duly licensed physician, who should be the family's physician where practical, may have committed any resident within the jurisdiction of the court. The law also provides that the superintendent of a State hospital may be considered a custodian of a person who has been certified mentally ill by two physicians without the consent of a court. This arrangement is one of a temporary nature with the detention period being limited to 45 days.

A general commitment procedure is provided for by law. It involves a respectable citizen notifying the court of either a county or of a city of a person alleged mentally ill, epileptic, mentally deficient, inebriate, or a drug addict. The judge may then issue a warrant to have the person brought before the court for further investigation.

In any of the above cases a doctor's fee is \$10.00 in each instance.

Other statutory laws provide for the regulation and use of drugs and narcotics as well as public health laws which include sanitation, diseased persons, research and the study of diseases, public education, etc. It appears to this writer that the statutory laws in the state of

Virginia are as near adequate as practicality permits. An example of this should be noted. In some states, physicians and surgeons are allowed to share fees in the treatment of a patient. Even the lay person can see difficulties. Statutory laws as pointed out are for the benefit of both physicians and patients and should on no circumstances be abridged for the sake of expediency.<sup>9</sup>

As pointed out in the beginning of this chapter, there are some areas of conflict between the lawyer and the doctor, in other words between the legal profession and the medical profession. The basic problem can be traced to the education in America concerning law and medicine. Both doctors and lawyers are intensively trained to their duty and do it correctly. But the educational system fails in two respects. First, it has a tendency to "gorge" students with the practical aspects of their field. The system fails to teach the doctor his duties and rights in the court of law and at the same time, law students are unaccustomed to cross-examining a doctor and are not prepared to accept a "yes" or "no" answer in expert testimony. The second area where education fails is in the failure of communications between our two basic professional philosophies. To break this communications barrier a committee of medical jurisprudence should be

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<sup>9</sup>Ibid., pp.78-100.

established in every university in the country. This committee would provide suggestions for necessary required courses to enable the students to understand the relationship between the two professions. Another suggestion that would aid the conflict would be combined meetings of the two interests at the local level. The capstone to these suggestions would be a national institute located in Washington, D. C. dedicated to the forensic sciences. This institute could serve as a clearing house for information as well as working for a greater understanding between the two professions by forums, addresses and presentation of papers by leading members. Another goal of the institute would be to organize research into specific problems concerning either profession while offering a sounding board for ideas of the interested leaders in law and medicine.<sup>10</sup> It is felt that if these suggestions are followed there would be an even greater service rendered to the public, for medicine and the law could work together rather than in opposition for a greater society.

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<sup>10</sup>Head, op. cit., p. 845.

**CHAPTER IV: MEDICAL EXAMINER SYSTEM**

The Medical Examiner System and its duties make up the province of legal or forensic medicine. This is legal medicine in action, a mobile of the classroom or demonstration. Arising out of, but different from, the coroner system, it was introduced in the United States in 1877 when Massachusetts decided to do something about the flagrant abuses by certain coroners of that time. It was recommended that the separation of the duties of the coroner into those which were strictly medical and those which were strictly legal be made. They pointed out that whether a homicide had been committed or not was a medical question but whether the homicide was justifiable, manslaughter or murder was a legal question.

The procedure under the Medical Examiner System, upon notification of a dead body in his jurisdiction, is for the medical examiner to proceed to the scene and make inquiry into the circumstances of the death. He may decide that further investigation is unnecessary and release the body to the proper authorities or he may decide that a post-mortem examination is desired. In such cases he orders the body to the morgue where he can perform an autopsy. He may decide that toxicological examination is required and send appropriate material to the laboratory for analysis.

The utilization of a trained medico-legal expert, given the authority to perform autopsies and an up-to-date scientific laboratory provides a greater service to the public and community than the coroner system.<sup>1</sup>

The Office of the Chief Medical Examiner functions under the statutory provisions of the Virginia Code sections 19.1-33 through 19.1-46, 1950, as amended. This office directs and advises medical examiners throughout the Commonwealth of Virginia with respect to problems confronting them in the medico-legal investigation of certain deaths. There is also provided the facilities for toxicological and pathological services to aid the medical examiner in carrying out the responsibility for the investigation of more than 7,000 deaths annually defined by law as being subject to public inquiry.<sup>2</sup> The medical examiner, as an officer of the State, is charged with certain statutory powers and duties. The law also provides certain penalties for failure to carry out these duties properly. Therefore, it is necessary for him to have a clear knowledge of his obligations and responsibilities.

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<sup>1</sup>Mann, Principles of Legal Medicine, op. cit., pp. 43-44.

<sup>2</sup>Geoffrey T. Mann, et. al., Medical Examiner's Handbook (Commonwealth of Virginia: Office of the Chief Medical Examiner, 1962), p. 1

The medical examiner must investigate and report any death within the following: (1) by violence, (2) by unusual means, (3) by unnatural means, (4) by suspicious means, (5) without medical attendance, (6) in prison, (7) suddenly, of persons in apparent health, (8) cremations. Deaths by violent, unusual, or unnatural means covers any death attributed to an accident, suicide, physical, mechanical, electrical, thermal, or related means.<sup>3</sup> In all of these instances a medical examiner's report is necessary irregardless of the circumstances of the death. "By suspicious means" applies to any death suspected of having resulted from accident, suicide, or homicide while "without medical attendance" is reserved for the following situations:

1. Found dead without obvious or probable cause.
2. Unattended at any time by a licensed physician.
3. Unattended by a physician during a terminal illness, particularly if such an illness appears unrelated to a disease previously diagnosed and treated.
4. Fetal deaths attended by midwives.<sup>4</sup>

The category of persons dying in prison covers those deaths involving a person who is confined to any prison

<sup>3</sup>Ibid., p. 2.

<sup>4</sup>In 1960 the amended Virginia Code defined a fetal death as one in which at the time of delivery there is no evidence of life (no heart beat, breathing, or movement of the voluntary muscles) irrespective of the period of gestation.

(lock-up, jail, or penitentiary). This would include prisoners who are hospitalized in other than a prison hospital while in police custody. When a person dies suddenly when in apparent health the medical examiner is called in to investigate. This applies to the following situations:

1. Apparently instantaneous death without obvious cause.
2. Death during or following an unexplained syncope<sup>5</sup> or coma.
3. Death during an acute or unexplained rapidly fatal illness.

This latter type of death usually pertains to cases affecting the public health such as fatal, undiagnosed meningococcal meningitis.

To perform cremation a certificate from the medical examiner is required by Virginia Code 54-260.60. Although this requirement does not apply to fetal deaths the medical examiner must view a body in order to give authorization for the cremation.

All other deaths not clearly defined as to manner or means should be investigated by the medical examiner to establish whether or not the medical examiner has the right to take charge or not. This right and the power to order an autopsy is limited to those types of deaths as specified above. In all cases a report has to be made out concerning the investigation of the death. Although an

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<sup>5</sup>A swoon due to cerebral anemia.



investigation is required of a death following injury it is not necessarily a medical examiner's case if the patient dies shortly after entering a hospital or the Emergency Room. If the probable cause of a death can be arrived at from the history and physical examination, and if this cause of death can be shown to be natural, a medical examiner's investigation is unnecessary.

The jurisdiction of the medical examiner is also determined by the place where death is pronounced. If the medical examiner of a city or county in which death occurs is not immediately available and the urgency demands it, the notifying authority may obtain the services of the nearest medical examiner in the adjacent city or county.<sup>5</sup> The medical examiner is not required to investigate a death occurring on federal property unless asked to do so by the government.

After the medical examiner has established his jurisdiction in a death he should follow certain procedures in his investigations. The first viewing or examination of the body should be done at the scene of the death. The geography of the area is noted as well as a hand drawn diagram of the area. Lethal agents such as pistols, knives, etc. are not handled until the police have had a chance to search for fingerprints and to be sure that in the case of

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<sup>5</sup> Mann, Medical Examiner's Handbook, op. cit., p. 4.

a firearm the chamber is empty. Position and arrangement of clothing are noted for often a vital clue can be obtained necessary for the proper solution of a particular case. In cases of a death of a female skirts pulled up or lying over the head may suggest rape-murder. It is obvious that torn clothing can be an indication of struggle while at times the pushing of clothes out of the way to allow a weapon to be placed against the bare skin is evidence of suicidal intent.

Custody of clothing or personal property is the responsibility of the local authorities, but the medical examiner investigates these thoroughly before releasing them. Clothing which involves the penetration of weapons, missiles, electrical current and the like is also carefully examined. A detailed examination of the body is done in a morgue or other similar place on a wide mortuary table with adequate lighting. Photographs are taken at this time as well as the recording of a general description of the body as to height, weight, scars, color of hair and eyes, etc. The removal of bullets or other penetrating objects is recorded. Collecting body fluids is a vital part of the investigation for they will provide evidence in the determination of a case. Other physiological investigations are carried out by the examiner and these along with those stated above must all be recorded with

accuracy and completeness.<sup>7</sup> The importance of a thorough investigation of the body can be vital to the determination of the cause of death. Other duties of the medical examiner include the issuing of a death certificate and reports or certified copies of reports which are acceptable in court as evidence as well as the exhumation of a body by court order.

"It is the right of a citizen to be assured that the circumstances of his death be properly documented for the protection of his family and the public welfare. In those cases where medical facts are obscure the medical examiner provides the intelligent and qualified approach to the problem."<sup>8</sup> It is one of the "anachronisms of our twentieth century civilization is that when a man is beset with illness he receives the benefits of the modern and technical methods of diagnosis, he is treated with drugs, medicines and antibiotics whose development has entailed the expense of millions of dollars by skilled research teams, and he is treated in a multi-million dollar hospital . . . but if this same man should be found dead under suspicious circumstances his death, in all but a few cities in our country, would be investigated by

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<sup>7</sup> Ibid., pp. 10-45.

<sup>8</sup> Mann, Principles of Legal Medicine, op. cit., p. 51.

methods which are ten centuries old."<sup>9</sup> Financially the State of Virginia doles out approximately \$.06 per person per year for the investigation of a death. This figure is extremely low for under the coroner system it was \$.12-\$.13 per person and in other states which have the Medical Examiner System it is approximately \$.23-\$.25 per person. According to Dr. Geoffrey T. Mann an increase in operation costs and population have established a financial crisis. There is a genuine need for financing in Virginia. A need exists also for trained personnel not only in Virginia but in the United States in general. This latter deficiency is slowly but surely being remedied by the Medical College of Virginia and the Medical Examiner's Office of the State.<sup>10</sup>

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<sup>9</sup>Ibid., p. 40

<sup>10</sup>Interview with Dr. Geoffrey T. Mann, July 10, 1966.

**CHAPTER V: THE FUTURE OF FORENSIC MEDICINE**

The high standards in teaching at Medical College of Virginia are equally reflected in the Department of Legal Medicine. Although the teaching faculty is drawn from those who maintain full time positions with the Medical Examiner's system in Virginia and from ancillary disciplines, the teaching quality is above average because of the method used. While in the early years of the department, the lecture method and the didactic approach were emphasized, these have been supplanted by the seminar and visitation method, using the facilities of the morgue and other pathological and forensic sources. This practical approach to the study of legal medicine has proved so effective that it appears doubtful that any major revision will occur.

The only significant innovations expected in the Department of Legal Medicine in the future involve a broadening of the functions of the department. Unfortunately, the general public now labors under the misapprehension that the Medical Examiner System does the job of the outdated Coroner's Office. This is entirely incorrect. The old Coroner System investigated only those deaths in

which foul play was suspiocioned. The Medical Examiner's duty is to investigate all those deaths "not only from the viewpoint of violence, but the viewpoint of public health, workmen's compensation, insurance problems, and, last, but not least, for the general advancement of medical science".<sup>1</sup> For example, it is within the province of the Medical Examiner to determine whether or not a workman's death arises out of his employment. The decision by the Medical Examiner determines whether or not workman's compensation insurance will be awarded to the workman's family. The effective operation of the Office of the Medical Examiner necessitates a much broader base of training and competence than the old Coroner's Office required. At the present time, the appointment of a physician to the Office of Medical Examiner does not demand undergraduate or graduate training in the principles of legal medicine. However, the better the medico-legal training of the Medical Examiner appointed, the better he will be able to perform his duties in society.

Many of the innovations and extensions that form the body of this paper have been incorporated into the teaching program at Medical College of Virginia with a

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<sup>1</sup>Some comments on the future of legal medicine at the Medical College of Virginia (prepared by Dr. Geoffrey T. Mann) p. 1 (copy in the files of the Chief Medical Examiner's office).

view toward broadening the legal competence of the practicing physician. These have included:

- 1) making the legal medicine course a requirement in the undergraduate curriculum;
- 2) extensions of the fellowship program to areas of toxicology and forensic pathology;
- 3) frequent medico-legal seminars and workshops;
- 4) service lectures presented by the faculty members of the department before law enforcement groups, attorneys and the like.

Still needed, according to Dr. Mann, are personnel additions, including a full time Chairman of the Department of Legal Medicine. The growing department will also need an extension of research facilities and operating space. Sometime in the future Dr. Mann would like to see put into effect a multi-disciplined or multiphasic approach to the teaching of legal medicine. Each lecture or demonstration would be accompanied by experts representing all phases of the topic. For instance, in the study of the physician in court, it would seem valuable to have the judge, counsels for the prosecution and defense, medical witnesses, insurance adjustors and the like all bring their knowledge to bear on the problem under discussion.<sup>2</sup>

Probably the most optimistic goal of the department is to establish in the future a Medico-Legal Institute at

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<sup>2</sup>Interview with Dr. Geoffrey T. Mann, July 12, 1966.



Medical College of Virginia. Such a center is envisioned as possessing extensive laboratory and research facilities, a pathology museum, and a body of qualified consultants capable of handling any medico-legal problem that might arise anywhere in the United States. It might well serve as a national clearinghouse to which important questions of legal medicine might be referred for research and eventual solution.<sup>3</sup>

It is not surprising to the writer that such a Medico-Legal Institute would be proposed by the Department of Legal Medicine at Medical College of Virginia, since it has taken such pioneering strides in the past twenty years. The rest of the United States might well take a lesson from the teaching methods and techniques used here. "It can be predicted with certainty that no medical school will be able to maintain its standard in the very near future unless it has a separate and distinct department of legal medicine offering adequate instruction to its undergraduates and graduates in this field of ever increasing importance."<sup>4</sup> If, as is the belief of Dr. Mann, forensic medicine is an index by which to measure the maturity and

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<sup>3</sup>Some comments on the future of legal medicine..., op. cit., p. 5

<sup>4</sup>Private papers of Dr. Geoffrey T. Mann (in the files of the Department of Legal Medicine, Medical College of Virginia).

sophistication of a society,<sup>5</sup> the leadership shown by this department might well serve as a model to enable other states and other medical schools to move forward and to improve and intensify the numerous links which relate law, medicine, and the citizen.

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<sup>5</sup>Mann, Principles of Legal Medicine, p. 3

**APPENDIX**

404-406 North 12th Street

W. T. Sanger, M. D.  
Medical College of Virginia  
Richmond 19, Virginia

April 1, 1948

Dear Doctor Sanger:

You may recall that late in 1947 Dr. Haag (representing the Commission) and I met with you to discuss the possibility of establishing a department of legal medicine in the Medical College of Virginia. At its November meeting the Commission authorized Dr. Haag to advise you that it would favor utilization of this agency for academic purposes as referred to in Section 4806-c of Chapter 355, Acts of Assembly, 1946.

It appears probable now that physical facilities of this office and laboratory will be complete on or about May 1. By July 1, it is expected that funds will be available to support a full professional staff. Dr. Alan R. Moritz, Professor of Legal Medicine, Harvard Medical School, has urged me to apply to the Rockefeller Foundation as soon as possible for financial support, of research and teaching activities contemplated by me when I accepted this appointment, but such support is, of course, dependent upon academic sponsorship.

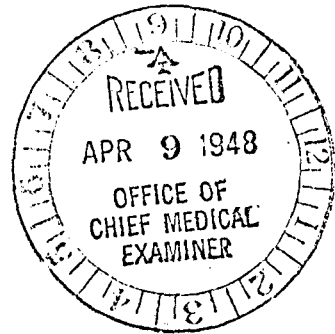
I have been asked to address the American Medical Association this coming June concerning the Commonwealth's progress in legal medicine since the adoption of the new coroner law; considerable interest has been expressed in the possibility that the Medical College will be a participant in the enterprise.

I would appreciate knowing what further thoughts you have on this subject and if any tentative proposal to the Commission may be expected.

Very truly yours,

Herbert S. Breyfogle, M. D.  
Chief Medical Examiner

MEDICAL COLLEGE OF VIRGINIA  
MEDICINE DENTISTRY PHARMACY NURSING  
RICHMOND, VIRGINIA



April 8, 1948

Dr. Herbert S. Breyfogle  
404 North Twelfth Street  
Richmond 19, Virginia

Dear Doctor Breyfogle:

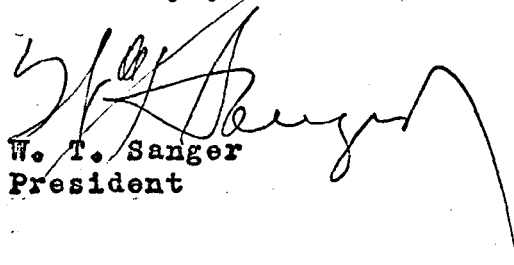
I am in full accord with the suggestions in your letter of April 1 and have discussed your plans at some length with Dean Haag.

Be assured that we shall be glad to cooperate in every way possible in this fine undertaking.

Dean Haag will get in touch with you promptly if he has not already done so.

With cordial personal wishes

Sincerely yours

  
W. T. Sanger  
President

MEDICAL COLLEGE OF VIRGINIA  
MEDICINE DENTISTRY PHARMACY NURSING  
RICHMOND, VIRGINIA

May 19, 1948

Dr. Herbert S. Breyfogle  
404 North Twelfth Street  
Richmond, Virginia

Dear Doctor Breyfogle:

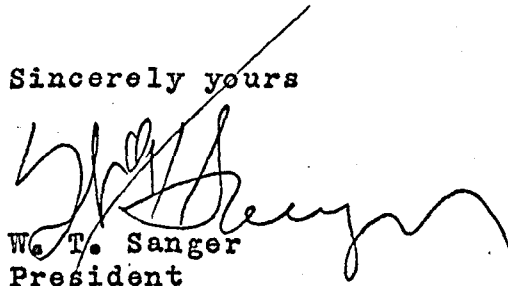
It is a pleasure to let you know that the executive committee of our board on May 14 appointed you associate professor of legal medicine and head of the department here for the period beginning July 1, 1948 and ending June 30, 1950, as recommended by Dean Haag and the president. Of course you and Doctor Haag have already worked out the set-up for this new department.

We are so happy that this new phase of our work will soon be started as it has been a secret ambition of mine for a long time.

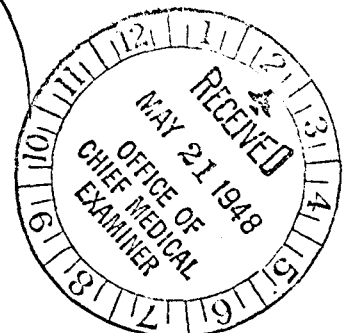
It is a source of satisfaction to welcome you to the college family and to express the hope that you will be happy with your new connection.

With cordial personal wishes

Sincerely yours

  
W. T. Sanger  
President

cc: Dean's Office



Dr. W. T. Sanger, President  
Medical College of Virginia  
Richmond 19, Virginia

May 27, 1948

Dear Doctor Sanger:

Thank you for your cordial letter of May 19, 1948. It is gratifying indeed to learn of the action taken by the executive committee of the Board of Visitors to establish a department of legal medicine in the Medical College of Virginia. Mr. Kaye and I appreciate the recommendations by you and Doctor Haag in our behalf.

I earnestly hope that we can provide a useful and lasting service to the educational program of the college and aid in continuing the fine professional services offered by the college to its allied professions and the the public as a whole.

It is a pleasure and an honor for us to join the faculty of the Medical College of Virginia.

Sincerely,

Herbert S. Brayfogle, M. D.  
Chief Medical Examiner

HSD/gm

CC: Dr. H. D. Haag, Dean

MEDICAL COLLEGE OF VIRGINIA

MEDICINE DENTISTRY PHARMACY NURSING

RICHMOND, VIRGINIA

May 29, 1948

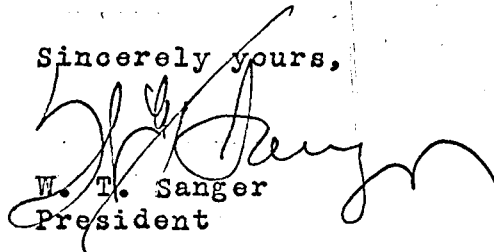
Dr. Herbert S. Breyfogle  
Office of the Chief Medical Examiner  
404-406 North Twelfth Street  
Richmond, Virginia

Dear Dr. Breyfogle:

I shall ask our director of public relations, Mr. Topping, to get in touch with Dr. Haag and if necessary with you to work out the announcement of our new department of legal medicine.

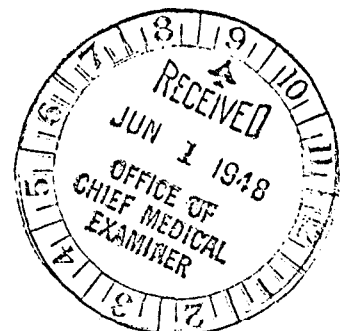
I am much obliged for your suggestion. With cordial wishes,

Sincerely yours,



W. T. Sanger  
President

WTS:hlh





Miss Agnes V. Edwards  
1200 East Clay Street  
Medical Society of Virginia  
Richmond 19, Virginia

August 2, 1948

Dear Miss Edwards:

It is my suggestion that the enclosed announcements and instructions be published in the next issue of the Virginia Medical Monthly.

I hope that the Medical College of Virginia has advised you of the fact that this office has recently been incorporated into the Medical College of Virginia as a Department of Legal Medicine. If not, I am sure that Mr. Topping can supply you with the details of this new enterprise.

Very truly yours,

Herbert S. Ereyfogle, M. D.  
Chief Medical Examiner

HSE/gm  
Enclosures

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V. W. ARCHER, M. D. . . . . Charlottesville

Dr. Herbert S. Breyfogle  
404 N. 12th St.,  
Richmond 19, Va.

Dear Dr. Breyfogle:

Thank you for the copy you sent for the Monthly. We are glad to have this and shall use it in the next issue of the journal.

Mr. Topping has not sent us an item with regard to the new department of legal medicine but we shall try to secure the information from him. We feel the College is to be congratulated upon having secured your services.

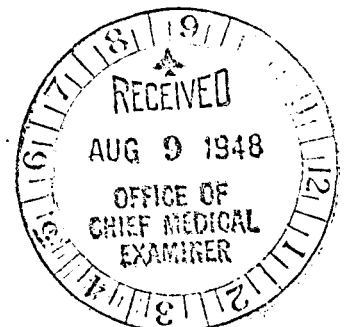
We enclose a letter which we believe you would be in a better position than anyone else to answer.

Sincerely yours,

*Agnes V. Edwards*

Executive Secretary-Treasurer

AVE/W  
Enc.



Biographical Data on Professors in  
the Department of Legal Medicine  
Medical College of Virginia

GEOFFREY THOMAS MANN, M.D., LL.B

Born: Regina, Saskatchewan, Canada

Married: Has two daughters and one son.

Degrees: A. A. - Regina College  
B. A. - University of Saskatchewan  
LL.B. - University of Saskatchewan  
M. D. - University of Manitoba  
Diplomate of the Medical Council of Canada  
Certified by the American Board of Pathology  
Certified by the British Board of Pathology

Present Position:

Chief Medical Examiner, Commonwealth of  
Virginia;  
Professor and Chairman of the Department of  
Legal Medicine and Toxicology, Medical  
College of Virginia;  
Chairman, Department of Law, School of  
Hospital Administration, Medical College  
of Virginia;  
Professor, Department of Pathology, Division  
of Forensic Pathology, Medical College  
of Virginia;  
Lecturer in Legal Medicine, University of  
Virginia, Charlottesville, Virginia;  
Consultant, Federal Aviation Agency;  
Consultant, Armed Forces Institute of  
Pathology;  
Consulting Pathologist, A. H. Robins Company,  
Inc.;  
Director of Laboratories: John Randolph  
Hospital, Hopewell, Virginia;  
Director of Laboratories: St. Elizabeth's  
Hospital, Richmond, Virginia;  
Director of Laboratories: Sheltering Arms  
Hospital, Richmond, Virginia  
Director of Laboratories: Tidewater  
Memorial Hospital, Tappahannock, Virginia.

**GEOFFREY THOMAS MANN, M.D., LL.B. (cont'd.)**

- Formerly:** Director of Laboratories: Mary Washington Hospital, Fredericksburg, Virginia;  
Director of Laboratories: Eastern State Hospital, Williamsburg, Virginia.
- Fellow of:** American Academy of Forensic Sciences;  
American Society of Pathologists and Bacteriologists;  
College of American Pathologists;  
The College of Pathologists (England);  
Royal Society of Tropical Medicine and Hygiene;  
American Society of Clinical Pathology.
- Member of:** American Medical Association;  
Medical Society of Virginia;  
Virginia Society of Pathologists,  
President 1961-1962;  
Richmond Academy of Medicine.
- Author:** Textbook, PRINCIPLES OF LEGAL MEDICINE,  
Medical College of Virginia, Richmond, 1960;  
MEDICAL EXAMINER'S HANDBOOK, Commonwealth  
of Virginia, 1962.
- Co-contributor:**  
Hospital Law, Ch. 40, MODERN CONCEPTS OF  
HOSPITAL ADMINISTRATION by Owen,  
Saunders & Co., 1962.
- Co-editor:** PERSONAL INJURY PROBLEMS, Charles C. Thomas,  
Publisher, Springfield, Illinois, 1963.
- Numerous other articles.

**ROBERT V. BLANKE, Ph.D.**

**Born:** December 3, 1924, Leavenworth, Kansas.

**Married:** September 1950. Name of wife - Lois, a singer who has performed with various groups in Richmond and the surrounding area including the Virginia Museum Theatre "Guys and Dolls".

Children - Christine	7 years
Steven	5 years
Jonathan	3 years

**Education:** Northwestern University, Evanston, Illinois,  
B.S.-1949, Chemistry (major), Biology (minor).  
University of Illinois, Chicago, Illinois,  
M.S.-1953, Pharmacology (major).  
University of Illinois, Chicago, Illinois,  
Ph. D.-1958, Pharmacology-Toxicology (major),  
Pharmaceutical Chemistry (minor).

**Experience:**

Senior Chemist, Cook County Coroner's Laboratory  
and Research Assistant, Department of  
Pharmacology College of Medicine, University  
of Illinois, January, 1950 - September, 1953.  
Instructor in Toxicology, College of Medicine,  
University of Illinois, September, 1953 -  
September, 1957.  
Assistant Toxicologist, Office of the Chief  
Examiner, Baltimore, Maryland, September,  
1957 - December, 1960.  
Chief, Bureau of Toxicology, Department of  
Public Health, State of Illinois, January,  
1961 - October, 1963.  
Toxicologist, Office of the Medical Examiner,  
Commonwealth of Virginia, and Associate  
Professor of Legal Medicine, Medical College  
of Virginia, November, 1963 - present.

**Societies:** American Chemical Society  
American Academy of Forensic Sciences  
American Association for the Advancement of  
Science  
American Association of Poison Control Centers  
New York Academy of Sciences  
Society of Sigma Xi

ROBERT V. BLANKE, Ph.D. (cont'd.)

Research: Trace Metal Metabolism  
Analytical Toxicology

Military: Army Air Force - World War II, March, 1943 -  
February, 1946.  
Bombsight Specialist; Instrument Specialist.

THOMAS D. JORDAN, B.A., LL.G.

Born: Richmond, Virginia,

Married: Has one son

Degrees: B.A. University of Richmond  
LL.G. Smithdeal-Massey College of Law

**Present Position:**

Administrative Assistant, Office of the Chief  
Medical Examiner, Commonwealth of Virginia.  
Counsel, Virginia Society for Pathology, Inc.

**Teaching Appointments:**

Associate Professor of Legal Medicine, Medical  
College of Virginia,  
Assistant Professor of Hospital Law, School of  
Hospital Administration, Medical College of  
Virginia.

**Member of: Virginia State Bar**

Virginia State Bar Association  
American Bar Association  
Inter-American Bar Association  
Virginia Hospital Association  
Special Affiliate Member - American Medical  
Association

**Co-Editor: PERSONAL INJURY PROBLEMS, Charles C. Thomas,  
Publisher, Springfield, Illinois, 1963.**

**Co-Contributor:**

Textbook, PRINCIPLES OF LEGAL MEDICINE, Medical  
College of Virginia, Richmond, 1960.  
Hospital Law, Ch. 40, MODERN CONCEPTS OF  
HOSPITAL ADMINISTRATION by Owen,  
Saunders & Co., 1962.

**GEORGE RICHARD ABBOTT**

**Born:** December 16, 1931, Hinton, West Virginia

**Married:** Elaine Popp. Two daughters and one son.

**Schools:** 1937-1947 Public schools, Hinton, West Virginia.  
1947-1949 Greenbrier Military School,  
Lewisburg, West Virginia.  
1949-1952 Duke University, Durham, North Carolina.  
1952-1956 Northwestern University Medical School,  
Chicago, Illinois.

**Degrees:** B.S., Northwestern, 1953. M.D., Northwestern,  
1956.

**Honorary Societies:**  
Phi Beta Kappa  
Alpha Omega Alpha.

**Internship:**  
1956-1957 Straight medicine. University  
Hospitals, Cleveland, Ohio.

**Residency:** 1957-1961 Pathology. University Hospitals,  
Cleveland, Ohio.

**Licensure and Certification:**  
Ohio State Board, 1957.  
National Board of Medical Examiners, 1957.  
American Board of Pathology (Pathologic  
Anatomy), 1962.

**Membership:**  
American Medical Association.

**Military:** July 17, 1961-July 16, 1963 - United States  
Air Force. Assignment: Armed Forces  
Institute of Pathology.

**Present Position:**  
Assistant Chief Medical Examiner, Commonwealth  
of Virginia.  
Assistant Professor of Legal Medicine, Medical  
College of Virginia.

**Publication:**  
Inkley, S. R. and Abbott, G. R., Unilateral  
Pulmonary Arteriosclerosis. Arch. Int.  
Med. 108: 903, 1961.



Healing Arts as Defined by Statutory Law of the  
State of Virginia

1. Practice of Medicine means the treatment of human ailments, diseases, or infirmities by any means or method.
2. Practice of Homeopathy means the treatment of human ailments, diseases, or infirmities by any means or method. There is no distinction in Virginia between the practice of medicine and homeopathy as far as qualifications are concerned as both receive a M.D. degree.
3. Practice of Osteopathy means the treatment of human ailments, diseases or infirmities by any means or method other than surgery or drugs, provided, however, that if a duly licensed osteopath has satisfied the Board of Medical Examiners that he has had adequate clinical experience at the professional school from which he graduated, or hospital work, to enable him to perform surgery with the use of instruments, or has satisfied the Board by an examination that he has qualified to practice surgery, and has further satisfied the Board by an examination that he has qualified to administer drugs, then the term "practice of osteopathy" as applied to such person shall include the use of surgery and drugs.
4. Practice of Chiropractic means the adjustment of the 24 moveable vertebrae of the spinal column and assisting nature for the purpose of normalizing the transmission of nerve energy. It does not include the use of surgery, obstetrics, osteopathy, nor the administration or prescribing of any drugs, medicines, serums, or vaccines.
5. Practice of Naturopathy means the treatment of human ailments, diseases, or infirmities by means of heat, light, diet, massage, baths and other natural agents, but does not include the use of surgery, the X-ray therapy, electro-therapeutics, obstetrics, osteopathy, or the prescribing of any drug or medicine.
6. Practice of Chiropody (podiatry) means the medical, mechanical, and surgical treatment of the ailments of the human foot, but does not include amputation of toes, nor the use of other than local anesthetics.

7. Practice of Physical Therapy means the treatment under medical prescription and direction of bodily or mental disorders of any person by the use of physical, chemical, or other properties of heat, cold, light, water, electricity, or sound, and means of mechanical, electronic, or other devices, massage, exercises, and other physical, whether such devices and procedures are for therapeutic or for retraining or rehabilitation.

Roster of Fellows of Legal Medicine at  
Medical College of Virginia<sup>a</sup>

<u>Fellow of Legal Medicine</u>	<u>Date</u>	<u>Capacity Serving<sup>b</sup></u>
Dr. Harold L. Beddoe	1951-54	Chief Medical Examiner of Rhode Island
Dr. Francis J. Januszski	1954-55	Pathologist, Richmond Memorial Hospital, Richmond, Virginia
Dr. Nestor A. Loynez	1955-56	Deputy Medical Examiner, Dade County, Miami, Florida
Dr. Aref F. Yuksel	1956-57	Pathologist, Colorado State Hospital, Pueblo, Colorado
Dr. Hee-Yong Park	1957-58	Assistant Professor of Pathology and Legal Medicine, Chonnam University Medical School, Kwangju, Chollanando, Korea
Dr. Serge M. Moore	1958-59	Deputy Medical Examiner- Coroner, Los Angeles County, California
Dr. Heinz H. Karnitschnig	1959-61	Deputy Chief Medical Examiner, Tidewater Division, Norfolk, Virginia
Dr. Earl F. Rose	1960-61	Chief Medical Examiner, Dallas County, Dallas, Texas
Dr. James O. Gerdes	1961-62	-----

<sup>a</sup>As taken from the records of the Chief Medical Examiner's Office.

<sup>b</sup>Files list positions held as of 1964.

<u>Fellow of Legal Medicine</u>	<u>Date</u>	<u>Capacity Serving</u>
Dr. Peter L. Lardrzabel	1961-63	Assistant Chief Medical Examiner, Dade County, Miami, Florida
Dr. Plhoomthebya Sakornwasi	1962-63	-----
Dr. Hobart R. Wood	1962-63	Chief Medical Examiner, Santa Clara County Hospital, San Jose, California
Dr. John F. Edland	1963-64	Director of Laboratory, Portsmouth Naval Hospital, Portsmouth, New Hampshire
Dr. Carlos Pinto	1963-64	Department of Pathology, University of West Virginia Medical Center, Morgantown, West Virginia
Dr. Harvey Lee Griffin	1964-65	-----
Dr. Alexander A. Ritzen	1964-65	-----
Dr. David K. Wiecking	1965-66	-----
Adula V. Fattah <sup>c</sup>	1966-67	-----
Zafar Ali Shah <sup>c</sup>	1966-67	-----

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<sup>c</sup>Fellows in Forensic Pathology

SUBJECTS TAUGHT  
In The  
DEPARTMENT OF LEGAL MEDICINE

Orientation & Assignment

Scope of Legal Medicine

The Origin of Law, the Development of the English and/or  
American System of Courts and the Judicial Process

Contracts & Torts

Criminal Law

Statutory Law (Licensure) - Supreme Court

Physician in Court

Legal Right & Obligations of a Physician

Psychiatry & the Law

Psychiatric Evaluation of the Offender (Virginia State  
Penitentiary)

Malpractice & its Prevention

Medico-Legal Aspects of Domestic Relations: including  
marriage, annulment, divorce, etc.

Medico-Legal Aspects of Death & Medical Ethics

Legal & Medical Aspects of Workmen's Compensation

Principles of Toxicology

Toxicology Laboratory (406 N. 12th Street)

Medico-Legal Aspects of Drug Addiction & Alcoholism

Drugs & Narcotics; Commitments & Health Laws

Forensic Serology

Police-Physician Relations (501 N. 9th Street)

Police Lineup

Police Court

Subjects Taught (cont'd.)

Law Enforcement & the Medical Profession

Police Science & Trace Evidence

Rape & Sex Crimes

Examination for Rape

The Coroner & the Medical Examiner Systems

Investigation of a Medical Examiner's Case

Identification of Human Remains

Differential Diagnosis of Accident, Suicide & Homicide

Specific Causes of Death due to Drowning, Fire,  
Electrocution, Starvation, Suffocation & Strangulation

Death due to Cuts, Stabs & Chops, Blunt Injury; Battered  
Child

Investigation of Fatal Gunshot Wounds

Investigation of Fatal Automobile Accidents

Head Injuries

Injuries to Pelvis & Extremities

Injuries to Chest & Abdomen

The Interpretation of Medico-Legal Unknowns

Medical Records

Vital Statistics (1227 W. Broad Street)

Insurance & Investment

Estate Planning Taxation & Group Practice

Office Practice & Management

Medicare Program

Subjects Taught (cont'd.)

Requirements other than attendance of lectures

EXAMINATION

PAPERS GIVEN BY DR. MANN TO STUDENTS A PART OF REQUIREMENT

MOOT COURT SESSIONS

DEPARTMENT OF LEGAL MEDICINE  
 MEDICAL COLLEGE OF VIRGINIA  
 Richmond, Virginia

FACULTY1965-66

Professor and Chairman of the Department of Legal Medicine:

Geoffrey T. Mann, M.D., LL.B. - Chief Medical Examiner  
 Commonwealth of Virginia

## Lecturers:

Harry P. Anderson, Jr., B.A., LL.B.	Attorney
Thomas K. Barrett, B.A.	Investments
James O. Beyer, M.D.	Pathologist
Harry Brick, M.D.	Psychiatrist
M. Ray Doubles, B.S., LL.B., J.D.	Judge
William R. Draper, M.H.A.	Hospital Admin.
William F. Enos, Jr., M.D.	Pathologist
Louis G. Fields, Jr., M.A., LL.B.	Attorney
Frederick T. Gray, B.A., LL.B.	Attorney
Waller H. Horsley, B.A., LL.B.	Attorney (Tax)
R. D. Jones	Virginia State Police Investigator
Sidney G. Morton, B.A., LL.G.	Attorney (Domestic Relations)
Herman M. Nachman, M.D.	Orthopedic Surgeon
Stuart D. Ogren, B.A., M.H.A.	Executive Secretary {Va. Hospital Assoc.)
Jack B. Russell, B.A., LL.B.	Attorney
Harold V. Thornhill, B.A., LL.B.	Attorney (Workmen's Compensation)

## Associate Professors:

Robert V. Blanke, Ph.D.	Toxicologist
Thomas D. Jordan, B.A., LL.G.	Attorney (Admin. Asst.)

## Assistant Professor:

George R. Abbott, M.D.	Forensic Pathologist
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## Assistant Clinical Professor:

H. H. Karnitschnig, M.D.	Forensic Pathologist
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## Fellow in Legal Medicine:

David K. Wiecking, M.D.	Forensic Pathologist
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Faculty (cont'd.)

## MCV Associates:

Julio H. Garcia, M.D.	Neuropathologist
R. Page Hudson, M.D.	Pathologist
Miss Mary Ruth Little, R.R.L.	Medical Record Lib.
Gordon E. Madge, M.D.	Pathologist
H. I. Nemuth, M.D.	Internal Medicine
Marion V. Waller, M.T., Ph.D.	Serologist

## Adjunct Faculty:

Deane Huxtable, B.S., M.P.H.	State Registrar of Vital Statistics
Floyd S. Wakefield, Captain	Richmond City Police Department

## Secretary:

Mrs. Lois P. Clark

FISCAL BUDGET FOR LEGAL MEDICINE - 1966-1967

	<u>Total</u>	<u>College Budget</u>	<u>Hospital Budget</u>	<u>Other Sources</u>	<u>Memo- Other Sources</u>
Prof. & Chairman G. T. Mann	\$20,945	\$ 3,795	\$	\$17,150	State Health
Assoc. Prof. R. V. Blanke	15,528	1,800		13,728	State Health
Assoc. Prof. T. D. Jordan	10,751	3,071		7,680	State Health
Assist. Prof. G. K. Abbott	1,650	1,650			
Fellow D. K. Wiecking	3,000	2,000	1,000		
Fellow	3,000	2,000	1,000		
Lecturers (14)	2,900	2,900	2,900		
Clerk-Steno. L. P. Clark	4,704	4,704			
	<u>\$62,478</u>	<u>\$21,920</u>	<u>\$ 2,000</u>	<u>\$38,558</u>	
Other - \$950 - (Audio Visual Equipment, etc.)					
Supplies - \$ 50					
Travel - \$150					
TOTAL BUDGET - 1966-1967 -	\$63,628.00				

INSTRUCTION IN LEGAL MEDICINE

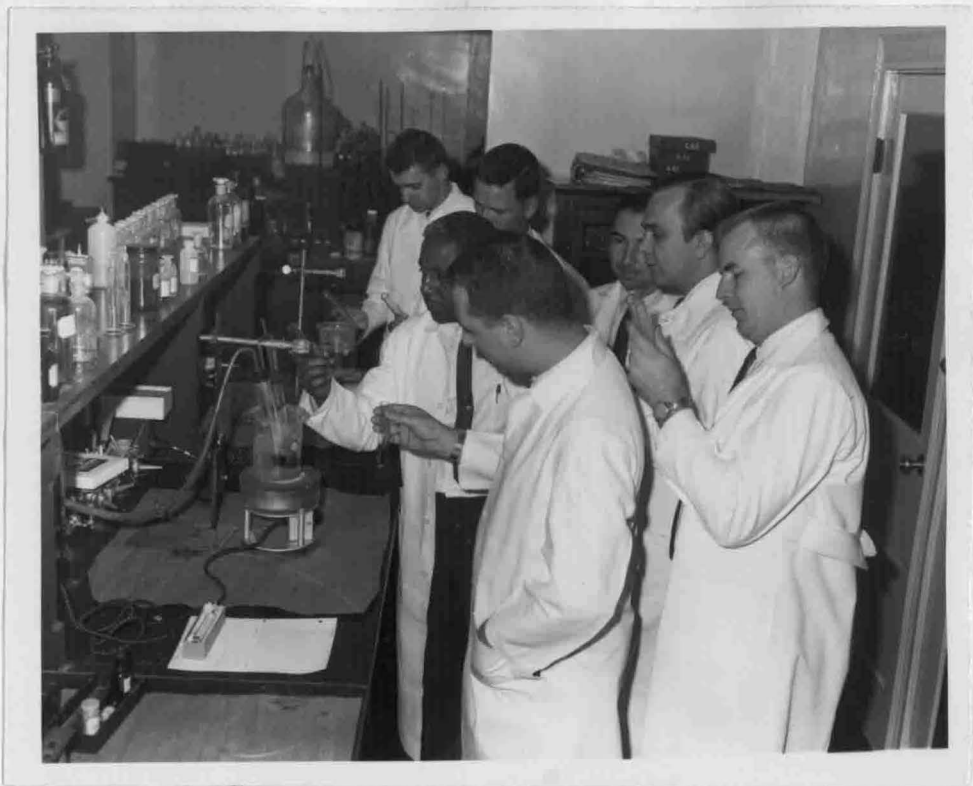


*Autopsy*

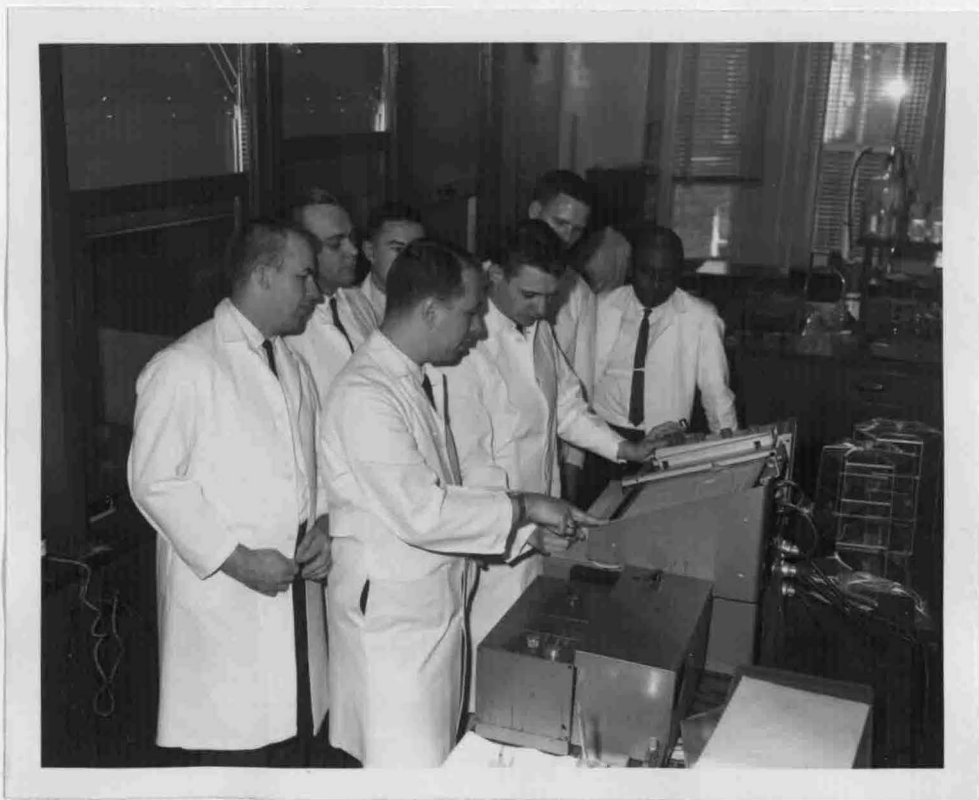


*Police  
Identification*





Toxicology  
Laboratory





*Police Live-up*



*homicide*

*Investigations by  
Medical Examiners*



*Suicide*





Psychiatric Evaluation  
of the OFFender





*Workmen's Compensation*



*Vital Statistics*

**BIBLIOGRAPHY**

## BIBLIOGRAPHY

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C. V. Mosby Co., 1914.
- Commonwealth of Virginia. Acts of Assembly. Chapter 355,  
Section 4806-d. 1946.
- Commonwealth of Virginia. Code of Virginia. Chapter 3,  
Section 19.1-33-19.1-46, 1950 as amended.
- Cusumano, Charles L. Laugh At The Lawyer Who Cross-Examines  
You! A Court Room Antidote. New York: Old Faithful  
Publishing Co., 1942.
- Head, Murdock. "Medical-Legal Liaison--An Urgent Necessity,"  
American Journal of Surgery, XCVI (December, 1958).
- "Keeping Up With The Bones," Time, Vol. 86, No. 20  
November 12, 1965), pp. 118-124.
- "Legal Medicine", Bulletin: Medical College of Virginia.  
Vol. LX, No. 2 (Medical College of Virginia, 1963).
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Commonwealth of Virginia: Office of Chief Medical  
Examiner, 1962.
- \_\_\_\_\_, and Jordan, Thomas D. (eds.). Personal Injury  
Problems, Springfield: Charles C. Thomas, 1963.
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Medical College of Virginia, 1960.
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Administration. Philadelphia: W. B. Saunders  
Company, 1962.
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Medical Jurisprudence. Vol. III. London:  
J. and A. Churchill Ltd., 1948.
- Times Dispatch. October 4, 1946.

Unpublished Material

Jordan, Thomas D. "A Course In Legal Medicine." Richmond,  
n.d.

\_\_\_\_\_, Letters from the files of the Office Of Chief  
Medical Examiner, Commonwealth of Virginia.

Mann, Geoffrey T. and Anderson, Harry P. "Medico-Legal  
Education - A New Approach", Richmond, 1960.

\_\_\_\_\_, "Some Comments On The Future Of Legal Medicine  
At Medical College of Virginia". Richmond, 1953.

"A Proposal For The Establishment Of A Department Of Legal  
Medicine In Conjunction With The Office Of The  
Chief Medical Examiner." Richmond, 1948.

Other Sources

\_\_\_\_\_. Personal interviews. Thomas D. Jordan,  
Administrative Assistant, Office of Chief Medical  
Examiner. July, 1966.

\_\_\_\_\_. Personal interviews. Geoffrey T. Mann,  
Chief Medical Examiner, Commonwealth of Virginia.  
July, 1966.

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HEALTH**  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
 404-406 NORTH 12TH STREET  
 RICHMOND 19. VA.

Resident  
 Non-resident

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

**PRECEDENT** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_  
 \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **M W S D** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF DEATH:** In prison  Suspicious  \_\_\_\_\_ Unusual

**Sudden in apparent health:**  
 Instantaneous without obvious cause   
 After unexplained coma   
 After unexplained rapidly fatal illness

} <sup>suspected</sup> Unattended by a physician: <sup>means</sup>  
 Found dead without obvious cause   
 Unattended during fatal illness   
 Stillbirth attended by midwife

**Violent or Unnatural**   
**Means:** \_\_\_\_\_

	LAST SEEN ALIVE	INJURY OR ILLNESS	DEATH	MEDICAL EXAMINER NOTIFIED	VIEW OF BODY	POLICE NOTIFIED
<b>DATE</b>						
<b>TIME</b>						

**IF MOTOR VEHICLE ACCIDENT CHECK ONE OF THE FOLLOWING**  
**DRIVER**   
**PASSENGER**   
**PEDESTRIAN**

**NOTIFICATION BY:** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

	LOCATION	CITY OR COUNTY	TYPE OF PREMISES (E. G., HOSPITAL, HOTEL, HIGHWAY, ETC.)
<b>INJURY OR ONSET OF ILLNESS</b>			
<b>DEATH</b>			
<b>VIEWING OF BODY BY MEDICAL EXAMINER</b>			

DESCRIPTION OF BODY	NOSE	MOUTH	EARS	NON FATAL WOUNDS	RIGOR	LIVOR
CLOTHED <input type="checkbox"/> UNCLOTHED <input type="checkbox"/> PARTLY CLOTHED <input type="checkbox"/> HAIR _____ BEARD _____ MUSTACHE _____ CIRCUMCISED <input type="checkbox"/> PUPILS: R. _____ L. _____ EYES: Color _____ OPACITIES, ETC. _____				ABRASION <input type="checkbox"/> BURN <input type="checkbox"/> CONTUSION <input type="checkbox"/> STAB <input type="checkbox"/> GUNSHOT <input type="checkbox"/> INCISED <input type="checkbox"/> LACERATION <input type="checkbox"/> FRACTURE <input type="checkbox"/> DISTRIBUTION: { SCALP <input type="checkbox"/> FACE <input type="checkbox"/> NECK <input type="checkbox"/> CHEST <input type="checkbox"/> { BACK <input type="checkbox"/> ABDOMEN <input type="checkbox"/> ARMS <input type="checkbox"/> LEGS <input type="checkbox"/>	JAW <input type="checkbox"/> ARMS <input type="checkbox"/> NECK <input type="checkbox"/> CHEST <input type="checkbox"/> BACK <input type="checkbox"/> ABDOMEN <input type="checkbox"/> LEGS <input type="checkbox"/>	COLOR _____ ANTERIOR <input type="checkbox"/> POSTERIOR <input type="checkbox"/> LATERAL <input type="checkbox"/> REGIONAL _____
BLOOD _____ FROTH _____ OTHER (Sand, dirt, water, etc.) _____ WEIGHT _____ LENGTH _____ BODY HEAT: _____						

**FATAL WOUNDS:**

TYPE (GUNSHOT, INCISED, STAB, ETC.)	SIZE	SHAPE	LOCATION	PLANE, LINE OR DIRECTION

**Probable cause of death:** \_\_\_\_\_ **Manner of death:** (Check one only)  
 Accident  Suicide  Homicide   
 Natural  Unknown  Pending

**DISPOSITION OF CASE:**  
 1. Not a medical examiner case   
 2. Autopsy authorized   
 By: \_\_\_\_\_  
 Pathologist \_\_\_\_\_

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Section 19.1-42, Title 19.1 of the 1950 Code of Virginia as amended; and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

**MEDICAL AND OTHER PERSONAL HISTORY:**

**SYMPTOMS AND DISEASE, PAST AND PRESENT:**

Addiction to Narcotics <input type="checkbox"/>	Convulsions <input type="checkbox"/>	Fever <input type="checkbox"/>	"Indigestion" <input type="checkbox"/>	Precordium <input type="checkbox"/>	Vertigo <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Coryza <input type="checkbox"/>	Habituation: <input type="checkbox"/>	Jaundice <input type="checkbox"/>	Radiating to Arms <input type="checkbox"/>	Visual <input type="checkbox"/>
Aphasia <input type="checkbox"/>	Cyanosis <input type="checkbox"/>	Sedatives <input type="checkbox"/>	Nausea <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Disturbances <input type="checkbox"/>
Aphonia <input type="checkbox"/>	Delirium <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Pain: <input type="checkbox"/>	Skin Rash <input type="checkbox"/>	Vomiting <input type="checkbox"/>
Chills <input type="checkbox"/>	Diarrhea <input type="checkbox"/>	Headache <input type="checkbox"/>	Abdomen <input type="checkbox"/>	Somnolence <input type="checkbox"/>	Weakness <input type="checkbox"/>
Coma <input type="checkbox"/>	Dyspnea <input type="checkbox"/>	"Head Cold" <input type="checkbox"/>	Back <input type="checkbox"/>	Stiff Neck <input type="checkbox"/>	Weight Loss <input type="checkbox"/>
	Edema <input type="checkbox"/>	Hemorrhage from Body Orifices <input type="checkbox"/>	Chest <input type="checkbox"/>	Syncope <input type="checkbox"/>	Weight Excess <input type="checkbox"/>

OTHER PERSONAL HISTORY: Suicide attempts  Suicide threats  Hobbies, aptitudes or skills with firearms, chemical etc.  Domestic, premarital or marital conflicts  Financial or business reverses  Social or religious conflicts  Legal difficulties  Criminal record  Unemployment  Fear of disease

CONDUCT BEFORE DEATH: Efforts to prevent help  Efforts to obtain help  Suicide attempt: Admitted  Denied  Refusal to talk  Written declaration of intended suicide  Accusations against others

**MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE:**

NAME OF PHYSICIAN OR INSTITUTION	ADDRESS	DIAGNOSIS	DATE

**PREVIOUS CHEMICAL OR MECHANICAL INJURY:**

MANNER OF INJURY	PLACE: CHARACTER OF PREMISES	CHARACTER OF INJURY	DATE

**CIRCUMSTANCES OF DEATH:**

	NAME	ADDRESS
FOUND DEAD BY		
LAST SEEN ALIVE BY		
WITNESSES TO INJURY OR ILLNESS AND DEATH		

**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:**

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HEALTH**  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
**RICHMOND, VIRGINIA**

**IDENTIFICATION OF UNKNOWN BODY**

I HEREBY DECLARE that on \_\_\_\_\_, I **viewed** the remains of an unknown person found on \_\_\_\_\_

Date

Date

at \_\_\_\_\_

Give Exact Location:

in \_\_\_\_\_ of the State of Virginia and that to the best of my knowledge

City or Town

County

and belief the remains are those of \_\_\_\_\_

First Name

Middle Name

Last Name

Date of Birth

Place of Birth

Sex

Race

Marital State

Occupation

Usual Residence

City or Town

County

State

**who was last seen alive by me**

on \_\_\_\_\_ and to whom I bear the relation of \_\_\_\_\_

Date

I HEREBY REQUEST that this identification be accepted by Dr. \_\_\_\_\_

Medical Examiner of \_\_\_\_\_ Virginia

City or County

Date \_\_\_\_\_

Signature of Person Identifying Remains

**PLACE OF IDENTIFICATION:**

Street and No. or Rural Route

City or Town

County

I HEREBY DECLARE that \_\_\_\_\_ appeared before me on

Date

and made the foregoing identification.

Date \_\_\_\_\_

Signature of Medical Examiner

**MEANS OF IDENTIFICATION:**



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF CHIEF MEDICAL EXAMINER  
RICHMOND, VIRGINIA

REQUEST FOR MEDICAL RECORD

MEDICAL RECORD OF:

Street and number: City or town: County:  
SEX: AGE: COLOR OR RACE: OCCUPATION:  
RECORD SUPPLIED BY: Employer  Hospital  Clinic  Dispensary  Attending Physician  Other

Name: City or Town County  
Address: Period of Employment: Type of Work:  
If Employer, Nature of Business or Industry:  
ADMISSION Date: Time: By: Stretcher  Walking   
Private  
Came from: Came by: Conveyance  Ambulance  Police Car

Condition: Conscious  Semiconscious  Unconscious  Discharged  Died : Date: Time:

SYMPTOMS AND  
PHYSICAL FINDINGS

X-RAY AND LABORATORY  
FINDINGS:

INJURIES SAID TO  
HAVE BEEN RECEIVED:

OPERATIVE PRO-  
CEDURES AND RESULTS:

BULLETS OR OTHER  
MISSILES REMOVED:

DISPOSAL OF BULLETS, OR  
OTHER MISSILES, ETC.:

CLINICAL  
DIAGNOSIS:

Remarks:

I hereby declare that to the best of my knowledge and belief the foregoing facts are true and correct.

Signature of Person Completing Report

Street and Number or Rural Route

City or Town

County

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
404-406 NORTH 12TH STREET  
RICHMOND, VIRGINIA 23219

REQUEST BY MEDICAL EXAMINER FOR AUTOPSY

In my opinion it is advisable and in the public interest that an autopsy be performed on the body of

\_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
who died on \_\_\_\_\_ at \_\_\_\_\_  
Date and Time Street and Number

\_\_\_\_\_ under the following circumstances:  
City or town County

Suspicious, Unusual, or Unnatural  body to be cremated  Unattended by a physician   
Sudden, when in apparent health  in prison  Violent

Under the authority granted by Section 19.1-39 and 19.1-43, Title 19 of the 1950 Code of Virginia as amended, the duly appointed Chief Medical Examiner or such competent pathologist designated by the Chief Medical examiner is herewith requested to perform such autopsy on the body of the above named decedent.

Dr. \_\_\_\_\_ having shown that he has been designated in accordance with the law as a pathologist competent to perform such examinations, is hereby authorized to proceed with such autopsy upon the body of the decedent named herein.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

Date

City or County of Appointment

Signature of Medical Examiner

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
404-406 NORTH 12TH STREET  
RICHMOND 19, VIRGINIA

CREMATION CERTIFICATE

Under the provisions of Section 54-260.60 of the Code of Virginia, 1950, I hereby certify that on

\_\_\_\_\_ I viewed the body of \_\_\_\_\_  
Date

\_\_\_\_\_ who died on \_\_\_\_\_ at \_\_\_\_\_  
Age Sex Color or Race Date Street and No. or Rural Route

\_\_\_\_\_ and made personal inquiry into the cause and manner of death of said de-  
City or Town County

cedent. Upon such view and inquiry it is my opinion that no further examination or judicial inquiry concerning the death is necessary.

Cause of Death: \_\_\_\_\_

Manner of Death: \_\_\_\_\_

Permission is herewith given to \_\_\_\_\_  
Name of Person Applying for Certificate

\_\_\_\_\_ to cremate the body of the above named decedent.  
City or Town County

FEE \$5.00  
Section 54-260.60

\_\_\_\_\_  
Signature of Medical Examiner

\_\_\_\_\_  
Street and Number or Rural Route

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
Date

\_\_\_\_\_  
County

Deliver the original certificate (white) to the person applying for it, retaining one (yellow) copy for your own use and sending the other (yellow copy) with your signature to the Chief Medical Examiner.

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HEALTH**  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
**RICHMOND, VIRGINIA**  
**EMBALMING CERTIFICATE**

UNDER THE PROVISIONS OF SECTION 54-220 OF THE CODE OF VIRGINIA, 1950, AS AMENDED,

I HEREBY CERTIFY THAT ON \_\_\_\_\_, I VIEWED THE BODY AND  
Date

MADE AN INVESTIGATION OF THE DEATH OF \_\_\_\_\_  
Name of Decedent

\_\_\_\_\_ who died on \_\_\_\_\_ at \_\_\_\_\_  
Age Sex Date Street and Number or Rural Route

\_\_\_\_\_ and herewith give my permission to \_\_\_\_\_  
City or Town County Funeral Director or Embalmer

\_\_\_\_\_ to embalm the body of the above named decedent.  
City or Town County

\_\_\_\_\_  
Signature of Medical Examiner

\_\_\_\_\_  
Street and Number or Rural Route

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
Date

\_\_\_\_\_  
County

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
RICHMOND 19, VIRGINIA

**RECEIPT FOR AUTOPSY MATERIAL, ETC.**

RECEIVED AT:

Date:

Time:

FROM:

First Name

Middle Name

Last Name

Street and No. or Rural Route

City or Town

County

State

Occupation or Official Title

THE FOLLOWING:

TYPE OF MATERIAL	AMOUNT	TYPE OF CONTAINER	TYPE OF COVER OR STOPPER	TYPE OF SEALING	NAME OF DECEDENT	NAME OF PERSON SUBMITTING SPECIMEN

Medical Examiner: \_\_\_\_\_

Remarks:

Witness

Signature of Person Receiving Material

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HEALTH**  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
**RICHMOND, VIRGINIA**

**REQUEST FOR LABORATORY ANALYSIS**

Name of Decedent: \_\_\_\_\_  
 Date and Time of Autopsy \_\_\_\_\_  
 Collection of Material: \_\_\_\_\_  
 First name Middle name Last name Sex Color or Race  
 Date of Transmittal \_\_\_\_\_ Transmitted By: \_\_\_\_\_

TYPE OF MATERIAL	AMOUNT	TYPE OF CONTAINER	TYPE OF COVER OR STOPPER	PRESERVATIVE	AMOUNT	TYPE OF SEALING	TYPE OF LABEL

By what method were the specimens collected or removed? \_\_\_\_\_  
 Was the body embalmed prior to the postmortem examination? \_\_\_\_\_ Where the specimens collected? \_\_\_\_\_  
 \_\_\_\_\_ How and where were the specimens stored before transmittal?  
 \_\_\_\_\_ In whose custody? \_\_\_\_\_  
 To whom were specimens delivered for transmittal? \_\_\_\_\_  
 Did investigation disclose the probable cause of death? \_\_\_\_\_  
 Did autopsy disclose any anatomical cause of death? \_\_\_\_\_  
 Did autopsy disclose any direct evidence of poisoning? \_\_\_\_\_  
 What poison or poisons are suspected? \_\_\_\_\_  
 If a bus, railway, or motor vehicle accident was involved, state whether decedent was driver, passenger or pedestrian. \_\_\_\_\_

I hereby declare that to the best of my knowledge and belief the foregoing information is true and correct.

Medical Examiner: \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_

Medical Examiner   
 Pathologist

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
RICHMOND, VIRGINIA

NOTICE TO COMMONWEALTH'S ATTORNEY  
OF A SUDDEN, VIOLENT OR SUSPICIOUS DEATH WHERE NO INQUIRY WAS MADE BY A  
MEDICAL EXAMINER AS TO THE CAUSE AND MANNER OF DEATH

Under the provisions of **Section 19.1-43** of the Code of Virginia, 1950, as amended, NOTICE

is hereby given to \_\_\_\_\_ **Attorney for the Commonwealth**

\_\_\_\_\_ that  
City or County

\_\_\_\_\_ Name of Decedent Street and Number or Rural Route

\_\_\_\_\_ City or Town County Age Sex

\_\_\_\_\_ died on \_\_\_\_\_ at \_\_\_\_\_  
Color or Race Street and Number or Rural Route

\_\_\_\_\_ as a result of \_\_\_\_\_  
City or Town County Sudden Violent or Suspicious

means and that the body of the decedent was buried at \_\_\_\_\_  
City or Town County

on \_\_\_\_\_ without any inquiry or autopsy being made or performed under the provisions  
Date

of **Section 19.1-43**, Code of Virginia, 1950, as amended.

\_\_\_\_\_ Medical Examiner

\_\_\_\_\_ Street and Number or Rural Route

\_\_\_\_\_ City or Town

Date \_\_\_\_\_  
\_\_\_\_\_ County

Send the original notice (white) to the Attorney for the Commonwealth retaining one (yellow) copy for your own use and delivering the other (yellow copy) with your signature to the Chief Medical Examiner.

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

404-406 NORTH 12TH STREET  
RICHMOND, VIRGINIA 23219

**REPORT OF AUTOPSY**

DECEDENT \_\_\_\_\_ Autopsy authorized by: \_\_\_\_\_  
First name Middle name Last name Name Official Title

**TYPE OF DEATH:**

Violent or Unnatural  Unattended by a physician   
 Sudden in apparent health   
 Unusual  In prison   
 Suspicious

Rigor	Livor
Jaw <input type="checkbox"/> Arms <input type="checkbox"/>	Color _____
Neck <input type="checkbox"/> Chest <input type="checkbox"/>	Anterior <input type="checkbox"/>
Back <input type="checkbox"/> Abdomen <input type="checkbox"/>	Posterior <input type="checkbox"/>
Legs <input type="checkbox"/>	Lateral <input type="checkbox"/>
	Regional _____

Body Identified by: \_\_\_\_\_

**Persons Present At Autopsy**

Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Pupils: R. \_\_\_\_\_ Opacities, Etc. \_\_\_\_\_  
 Hair \_\_\_\_\_ Beard \_\_\_\_\_ Mustache \_\_\_\_\_ Circumcised \_\_\_\_\_ Body Heat \_\_\_\_\_ L. \_\_\_\_\_

**NON FATAL WOUNDS, SCARS, TATTOOING, OTHER FEATURES:**

**PATHOLOGICAL DIAGNOSIS**

*Probable cause of death:*

PROVISIONAL REPORT   
 FINAL REPORT

A true copy:

The facts stated herein are true and correct to the best of my knowledge and belief.

Assistant Chief Medical Examiner

Date

Signature of Pathologist

Date and time of autopsy

Place of autopsy



## GROSS and MICROSCOPIC DESCRIPTION

SEROUS CAVITIES:

    PLEURA:

    PERITONEUM:

    PERICARDIUM:

    HEART:

    LUNGS:

    LIVER:

    SPLEEN:

    PANCREAS:

ADRENAL GLANDS:

    G. I. TRACT:

    KIDNEYS:

    BLADDER:

INTERNAL GENITALIA:

    NECK ORGANS:

BRAIN AND MENINGES:

    SKULL:

    VERTEBRAE:

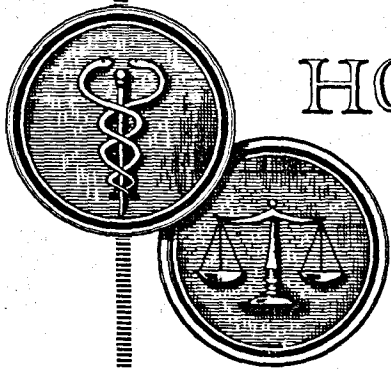
    RIBS:

    PELVIS:

OTHER LABORATORY PROCEDURES:   TOXICOLOGY    BACTERIOLOGY    SEROLOGY    NONE

### DISPOSITION OF EVIDENCE

TYPE (Clothing, Bullets, Etc.)	NAME OF RECIPIENT	ADDRESS	OFFICIAL TITLE	DATE



# HOSPITAL LAW INSTITUTE

*for*

HOSPITAL ADMINISTRATORS AND PERSONNEL

*Friday, February 19, 1965*

MEDICAL COLLEGE OF VIRGINIA



# HOSPITAL LAW INSTITUTE

SPONSORS

DEPARTMENT OF LEGAL MEDICINE

IN CONJUNCTION WITH

LAW DEPARTMENT, SCHOOL OF HOSPITAL ADMINISTRATION  
MEDICAL COLLEGE OF VIRGINIA

RICHMOND ACADEMY OF MEDICINE AUDITORIUM  
1200 EAST CLAY STREET • RICHMOND, VIRGINIA

## PARTICIPANTS

### ROBERT V. BLANKE, Ph.D.

Chief Toxicologist, Office of the Chief Medical Examiner, Department of Health, Commonwealth of Virginia; Associate Professor of Legal Medicine, Medical College of Virginia.

### CHARLES P. CARDWELL, JR., Dr. H.A., F.A.C.H.A.

Vice-President, Director of Hospitals, and Professor of Hospital Administration, Medical College of Virginia; Member, Council of Regents of the American College of Hospital Administrators.

### JONATHAN HAYT, B.A., LL.B.

Member of the New York Bar; Hayt and Hayt Law firm; Lecturer in Public Health and Administrative Medicine, Columbia University; Associate Counsel for the Hospital Association of New York State, the Hospital Educational and Research Fund, and Counsel for the Greater New York Hospital Association; Co-author, *Legal Aspects of Medical Records*, 1964.

### NATHAN HERSHEY, A.B., LL.B.

Member of the District of Columbia and New York Bars; Assistant Director, Health Law Center, Graduate School of Public Health, and Associate Professor of Law, School of Law, University of Pittsburgh; Co-author, *Hospital Law Manual*, 1959.

### JOHN F. HORTY, B.A., LL.B.

Member, American Bar Association; Director, Health Law Center, Graduate School of Public Health, and Associate Professor of Law, School of Law, University of Pittsburgh; Co-author, *Hospital Law Manual*, 1959.

### ROBERT S. HUDGENS, M.A.

Director, School of Hospital Administration, Medical College of Virginia; Past President: Georgia, Virginia, and Southeastern Hospital Associations, and Association of University Programs in Hospital Administration.

### THOMAS D. JORDAN, B.A., LL.G.

Member of the Virginia Bar; Administrative Assistant, Office of the Chief Medical Examiner, Department of Health, Commonwealth of Virginia; Associate Professor of Legal Medicine, and Assistant Professor of Hospital Law, Medical College of Virginia.

### ROBERT D. McILWAINE, III, B.A., LL.B.

Member of the Virginia Bar; Assistant Attorney General, Commonwealth of Virginia.

### GEOFFREY T. MANN, M.D., LL.B.

Chief Medical Examiner, Commonwealth of Virginia; Professor and Chairman, Department of Legal Medicine, and Professor of Forensic Pathology, Medical College of Virginia.

### STUART D. OGREN, B.A., M.H.A.

Executive Secretary, Virginia Hospital Association, Richmond, Virginia.

PROGRAM

*Friday Morning*

8:30 — *Registration*

Richmond Academy of Medicine Auditorium

9:00 — *Introduction*

Dr. Geoffrey T. Mann

9:10 — *Welcome*

Dr. Charles P. Cardwell, Jr.

MODERATOR: Robert S. Hudgens

9:15 — *Survey of Hospital Law*

John F. Harty

10:00 — *Coffee Break*

Basement

10:15 — *Problems of Narcotic Control:*

*Legal Aspects*

Thomas D. Jordan

*Scientific Aspects*

Robert V. Blanke

11:15 — *Legal Aspects of Nursing Services*

Nathan Hershey

NOON — *Intermission for Lunch*

MODERATOR: Stuart D. Ogren

1:30 — *Legal Aspects of Medical Records*

Jonathan Hayt

2:30 — *Administrative and Legal Procedures  
under the Implied Consent Law*

Robert D. McIlwaine, III

### REGISTRATION

This program is being conducted for the benefit of students, residents, and administrators and other personnel in the field of hospital administration. It is intended as a continuing educational project for key hospital personnel. Anyone in this capacity may register on the accompanying form.

### FEE

The fee for registration is \$10.00. Check or money order in this amount must accompany the registration form. The fee will entitle each registrant to a mimeo-

graphed brochure of the lectures. This brochure will be furnished at the program.

There will be no registration fee required for personnel of Medical College of Va. or the faculty, students, and residents in hospital administration. However, a registration form or a letter request must be submitted in order to attend the Institute.

### ACCOMMODATIONS

Each registrant will have to make independent arrangements for lodging and meals. Assistance in obtaining hotel or

motel reservations will be given upon request.

### PARKING

Registrants may use the facilities of the MCV Parking Deck located adjacent to the Richmond Academy of Medicine and the White House of the Confederacy at 12th and East Clay Streets. 75¢ for all day parking.

### CERTIFICATE

All those attending will be given a certificate attesting their participation in this Hospital Law Institute.

*Please Mail*

*Queries and Registration Form*

*to*

HOSPITAL LAW INSTITUTE

*P. O. Box 203, MCV Station*

MEDICAL COLLEGE OF VIRGINIA

RICHMOND, VIRGINIA

INSTITUTE DIRECTORS

*Thomas D. Jordan*

*Geoffrey T. Mann*

REGISTRATION FORM

HOSPITAL LAW INSTITUTE, P. O. Box 203, MCV Station, Medical College of Virginia, Richmond, Va.

Enclosed is my check in the amount of \$10.00\* payable to "Medical College of Virginia," covering my registration to attend the Hospital Law Institute on February 19, 1965, at the Medical College of Virginia, Richmond, Virginia.

\*NOTE: *There is no charge for faculty, students and residents in hospital administration.*

Position: .....  
(student, resident, administrator, or other hospital personnel)

Hospital Represented: .....

Please send my registration card to me at the following address:

Name .....  
(Please PRINT for Certificate)

Address .....

City & State .....

(If registration is desired for several persons, please attach a list with their names and positions.)