"Super Visum Corporis": Visuality, Race, Narrativity and the Body of Forensic Pathology

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Introduction

On a view of the body ("super visum corporis"): the injunction that a coroner must view the body in company of the jury in order to have the authority to hold an inquest encapsulates the concerns of this essay. As K. M. Waller explains in his text on coronial law, "advances in medicine and science ha[ve] long made this unpleasant duty obsolete." Despite the obsolescence of this injunction, questions concerning the relationship between the body, visuality, science and the law have lost none of their power or urgency. In order to begin to address these questions, I want to situate this essay, in the first instance, in the emergent field of Visual Culture. Constituted by the intersection of aesthetics, art history, philosophy, science, media and cultural studies, Visual Culture has, over the last decade, been instrumental in the re-evaluation of visuality and visual artifacts in contemporary culture. Situated within the context of Visual Culture, I want to examine that hybrid construct, the medicolegal, in order to place under critical focus the points of congruence and diffraction that mark the operation of forensic pathology as an inter-discipline. I want to examine, in particular, the systems of relation that hold between the two dominant modalities, the visual and the linguistic, that constitute the field of forensic pathology.

In underscoring the importance of the visual in forensic pathology and the law, I am following the directive to Coroners, articulated in R. v. Ferrand (1819) 3 B. & Ald. 260, that "a casual glance at the face of the dead body [is] not sufficient [for a postmortem]. The body [has] to be ‘examined for marks of violence or evidence of the occasion of death.’" In other words, the casual glance will not constitute a postmortem; rather, the focused, x-ray gaze of science must be deployed in the rigorous examination of the body. As I illustrate below, it is precisely the difference be-
tween the glance and the gaze that the discipline of Visual Culture can help articulate and define. In locating the practices of forensic pathology in the context of Visual Culture, I want to focus on the techniques of visuality that bring the body into visibility and the instrumental mediations that make it intelligible in terms of forensic evidence. By focusing, for example, on the “typical body charts” used in the field by forensic pathologists, I discuss the unacknowledged racialisation of bodies and the unreflexive racist inscriptions that mark non-white bodies in the texts and handbooks of the discipline.

As I discuss below, the practice of forensic pathology must be seen in terms of a complex interplay between the visual and the textual (writing), where corporeal wounds and injuries are intextuated as so many “marks,” “signs” and “signatures.” The crossover of the visual and the textual demands the production of a hermeneutics that is both visual and textual if forensic pathology is to possess the power to be able to read the body in the dense plenitude of its medicolegal signifying potential. I also attempt to mark, in the process, the disciplinary specificities that constitute the domains of the visual and the textual and that generate different modalities of apprehension.

Finally, I discuss the crossover of the visual into the linguistic by examining the autopsy report and its protocols. I discuss how the genre of the autopsy report must be seen as structured by the operations of narrativity. I conclude by arguing that it is the translation of visual data into linguistic narrative that enables the authorised reception of forensic knowledge into the court of law.

Techniques of Visuality and the Body of Forensic Pathology

The discipline of forensic pathology is one thoroughly oriented by the scopic regimes of medical science. Fundamentally, forensic pathology operates on the principle of bringing the body into visibility, as though, prior to the deployment of a series of medicolegal practices, the body is obscured by a shroud that renders it invisible. The practices of disclosure and revelation, as practices that will bring the invisible to light, operate on both the exterior and interior spaces of the body. In the process of postmortem dissection, however, the dividing line between exterior and interior is radically displaced and literally turned inside out.
In the texts of forensic pathology, the bringing into visibility the body of the victim is tantamount to enabling the corpse to speak, to giving the dead a voice. This demand to bring the obtuse and silent corporeality of the corpse into speech and language is tersely encapsulated in the coroner’s motto: “To speak for the dead.” The body of the victim, in the texts of forensic pathology, is characterised in terms of an entity disabled by a “verbal muteness”:

It is hardly necessary to point out that victims of homicide are frequently least able to raise an alarm or to give information directly or orally as to how they came to their deaths. Nevertheless, despite the verbal muteness of the homicide victim, it has long been known by assailant and law enforcement authorities that the correctly diagnosed subject of lethal criminal violence is a reliably informative evidentiary source, revealing in wordless but comprehensible fashion how [s]he met [her/][his] death. In many instances, [s]he even indicates by whose hand [s]he was slain.

In the absence of voice and language, it is the duty of the forensic pathologist to ventriloquise the cause of death after a rigorous and scientific analysis of the traumata of the body. The role of the forensic pathologist is one of an intermediary. It is specifically the role of a subject who mediates between the visual and the linguistic, labouring to transmute the “worldless” physical and corporeal signs into oral testimony and a written autopsy report.

In the texts of forensic pathology, the practices of visuality and language work hand-in-hand in making legible the signs of violence and trauma that mark the body of the victim and in transmuting these signs into coherent narratives of cause and effect. As I will discuss below, the forensic demands of the postmortem will ensure that the hierarchical dominance of language will gain precedence in the final production of the pathologist’s report, as the visual is translated and assimilated into the linguistic. This is in keeping with the order of things in the domain of the law, where the verbal and the linguistic dominate the hierarchy of signifying practices.

The practice of the postmortem autopsy is activated by the forensic desire to discover the precise cause of death and “to ascertain whether or not any foreign agent was employed and the mode in which the instru-
ment used (if any) produced the effect." (The problematic question of causality in the annals of the law and forensic science is something that I will discuss in detail below.) The medicolegal process of ascertaining the cause of death is constituted by a scopic regime that orders the analysis of the corpse along an axis oriented by the movement from surface to interior depths. This scopic regime orders a vast array of forensic practices, beginning with the photographing of the victim’s body \textit{in situ} and extending to the presentation of visual evidence (graphs, photographs, illustrations and so on) in the courtroom. My focus, however, will be exclusively on the operation of this scopic regime within the context of the autopsy room and the medicolegal analysis of the body of the victim.

Once the body of the victim is positioned on the stainless steel table of the autopsy room, the pathologist must create a photographic record of the body in order “to show the condition of the body when first viewed by the pathologist.” This process of visual documentation is oriented by the need to create a synchronic record of the body in the “condition received.” The visual documentation of the body in the condition received is informed by the notion that the body can be literally bracketed off from the diachronic chain of events that have led it to the autopsy room. The “condition received” is underpinned by the belief that the body can be recorded in its “orginary” state at the time of receipt. This originary state, however, must necessarily be seen as always already inscribed by and situated within the diachrony of the chain of evidence. The body in question, from the moment of discovery, inscribed within a narrative chain that “tracks when, where and to whom” the control of the body was relinquished: “Not only is personal identification necessary, but the chain of evidence from the site of injury to the medical examiner and then to the pathologist must be intact.” Within the diachronic process of this narrative chain of evidence, different authorities synchronically isolate and record different stages of “originary condition.” This seemingly paradoxical formulation becomes intelligible in the context of Jacques Derrida’s concept of “originary reproduction.” In the context of Derrida’s concept of “originary reproduction,” every text (understood in the broadest sense of the word and here incorporating the signifying status of the human body) that attempts to claim an originary status is shown as simultaneously occluding the very chain of signification that constitutes its very condition of intelligibility as an “originary” entity. It is, Derrida argues, that chain of signification that guarantees
a text's iterability and its reproduction in different texts and contexts. The process of visually documenting the body in the condition received involves photographing “front and back views of the uncleaned body with its clothes and in the nude. . . . Two shots are mandatory of the nude body: (a) distant shot to indicate the location of the injuries; (b) close-up shot of major wounds to show details. The close-up photograph must enable the viewer to get a clear concept of position with reference to the area of the body.” The question of location and position of injuries and wounds in relation to the body introduces the fundamental role that spatialisation plays in rendering the body visually intelligible within the signifying economy of forensic pathology. Before I proceed to discuss the critical role of spatialising the body in order to render it visually intelligible, I want briefly to discuss the collection of trace evidence before the process of the autopsy proper is initiated.

Trace evidence — such as blood, hairs, fibres, paint, glass, gunpowder residue, soil and vegetation — on the body of the victim underscores the complex interplay of visuality and writing in the practice of forensic pathology. The question of the trace, as something possessing evidentiary value, is oriented in the first instance by the process of bringing it into visual focus through the practices of collection, identification and naming. The physical traces of the criminal act that still adhere to the body of the victim are systematically collected, “placed in an appropriate container, and each container should be clearly labeled with the decedent’s name, a description of the material, the name of the person collecting the evidence and the date it is collected.” Each trace is thereby situated within a “chain of custody of all the materials collected.” I view this concept of the chain of custody as equivalent to a proto-narrative structure. The chain of custody is narratologically constituted by a narrator, spatio-temporal markers, and that interplay between various sites, objects and agents that enables an object (for example, a shard of glass) to become intelligible within the context of an enchainment of events that tracks its movements and locations in order to ascertain its identity. As a chain of custody, however, this is a narrative sequence that is strictly policed and rigorously controlled by legal authorities and institutions. The object-trace can only acquire and maintain its evidentiary value within the discursive limits of a legal narrative that can account in all instances for its movement and location (for example, “If the material has to be mailed, it should be sent by registered
mail with return receipt requested.”13). In other words, if there is no custodial narrative of surveillance and regulative enchainment of the object-trace, then there is no evidentiary value.

Once the body of the victim is undressed and cleaned, the forensic pathologist performs a detailed analysis of the surface areas of the body, noting external wounds, abrasions, identifying marks and so on. It is at this point, however, that a series of techniques of visualisation come into play, in order to render the body medically intelligible. Stripped naked and silent in death, the body, before the intervention of visual metaphors and linguistic signs, remains an inarticulate and amorphous mass. This is not to say that the body, before the intervention of the pathologist, is an asignifying tabula rasa. On the contrary, the body, in all of its morphological transmutations, from the embryonic stage to the phase of molecular dissolution, is always already inscribed within networks of discursive relations that enable its cultural intelligibility as such. It is only, however, with the deployment of a repertoire of specialist medical terms and tropes that the body achieves a scientific enunciatory function. It is this scientific enunciatory function that allows it to signify in terms of evidentiary value in the court of law.

The techniques of visuality that bring the body into medicolegal focus and articulacy are fundamentally informed by spatialising metaphors. Bernard Knight, in The Post-Mortem Technician’s Handbook, introduces the subject thus: “Certain words are used [in anatomy] to indicate directions in anatomy, so that one point can be referred to in relation to another, just as latitude and longitude and the points of the compass are used in navigation.”14 A repertoire of spatialising terms construct the body into a cartographic corpus: distal and proximal, lateral and medial, sagittal plane, transverse plane and coronal plane, superior and inferior, posterior and anterior. It is thus that the body opens itself up as a navigable terrain for the forensic pathologist. The planes of the body constitute its exterior cartography. Upon this corporeal map a series of topographico-anatomical landmarks are identified in order to systematise the location of injuries in relational and thus measurable terms: “Not only are the actual size of the wounds measured, but it is usual to measure their distance from some appropriate anatomical landmark. If there are stab wounds in the chest, for instance, their distance from the midline and from the nipple is measured, so that the pathologist’s report can indicate exactly where they are situated.”15
The various planes, axes and directional lines that mark the body and render it scientifically intelligible must also be seen as constituting a regime of disciplinarity that is deployed on the morphological mass of the body. This series of cartographic and spatialising tropes construct a regime of visuality that enables the body to signify in relational, differential and metrical terms. It produces a graphology of the body that traces invisible lines across the flesh, dividing and compartmentalising it. Visualisation of the “lines of cleavage,”\textsuperscript{16} that course along in patterned directions across the body, produce a striking illustration of this corporeal graphology. The geometrical mapping of the body and its injuries is further secured by the application of metrical scales alongside the injuries, offering standardised gauges in the measurement of the injuries.\textsuperscript{17} The scientificity of the body emerges in the moment in which its organic mass is made to submit to this regime of visuality. This regime of visuality, with its repertoire of cartographic, planal, axial and metrical terms, guarantees the scientific status of this stage of the postmortem, as it locates the practice within the domain of empiricity, measurability, testability and replicability.\textsuperscript{18}

It is at this stage of the postmortem procedure that the traumata located by the pathologist must be given more than their precise anatomical location. The textbooks of forensic pathology offer the pathologist a vast typology of injuries by which to identify and name the nature of the injury in all its specificity: for example, wounds, incisions, abrasions, bruises, lacerations and so on. After these injuries are processed in terms of exact location and type, they are intextuated in terms of “signatures” that will disclose, through the deployment of a medical hermeneutics, the instrument or agent that produced the injury. For example, in their discussion of depressed, localised fractures, Cyril J. Polson et al write: “These are also called ‘fractures à la signature,’ a descriptive term which aptly emphasises their medicolegal importance. They are often the veritable signature of the weapon or the agent which caused the fracture.”\textsuperscript{19} The intextuation of injuries in terms of signatures forms a subset of the higher-order rubric “The Signs of Death,” under which is collected the vast catalogue of signs (“the external signs of hanging,” “the signs of mechanical asphyxia,” “the internal signs of throttling” and so on) that, once they are deciphered and interpreted, potentially disclose the time of death, the type of death and the agents and weapons that caused it.

The intextuation of the signs of death can be seen to generate an entire
neologistic series that could be identified as “dermographics,” “osteographics,” and so on. Forensic dermographics, for example, would read the signs that mark the epidermis: weapons and agents write the body; they inscribe the surface, incise, scrape or tear the tissue. The dermographic injury that marks the body must be read in terms of a signifying trace that requires a specialist, medicolegal hermeneutics in order to disclose its meaning, beyond the brutal fact of injury. This medicolegal hermeneutics has the capacity to identify the agent and/or the weapon of assault, the intensity of the force, the point of impact, the angle of assault and the direction of the aim. Animating the process of reading the traces that mark the dead body is the logic of what Jacques Derrida, in another context, terms a “hauntology” of the trace. In transposing Derrida’s term, hauntology, to the practice of the autopsy, the forensic pathologist, in reading the traces that mark the body, can be seen to “conjure” the “apparition of the inapparent.”

In the texts of forensic pathology, the linguistic typology of injuries is invariably complemented by a photographic atlas of injuries that visually renders the particular injury’s morphology, texture and colour. These textbooks can be seen to stage the intersection of the linguistic and the visual, even as they mark their irreducible differences. For instance, in Gresham’s A Colour Atlas of Forensic Pathology, the trope of the atlas, in graphically spatialising the body, is simultaneously informed by a photographic typology of injuries that must be linguistically identified. Viewed in Barthesian terms, the polysemic ambiguity of the visual image must at all instances be disciplined, “anchored” and secured by a linguistic tag that orients and positions the viewer in relation to the visual image.

**The Iconography of the Universal Human: Scientific Racism, “Typical Body Charts” and the Template White Body**

Whilst remaining within the context of the anatomico-cartographic modelling of the human body for forensic pathological purposes, I want to shift the focus of the discussion somewhat in order to bring to attention the inscription of race and unreflexive racism in the texts of forensic pathology. The majority of forensic pathology textbooks that I examined in my research had illustrated figures of the human body marked with the directional lines and terms used in the discipline of anatomy. Another text-
book, *Anatomical Figuring: Forensic Body Chart Resource*, with full-page line drawings of the body, was designed to be used as a type of template by forensic pathologists in the field in order to present their findings in a standardised format.\(^{23}\)

In all the texts that I examined, the anatomical illustration of the human body was identifiably “caucasian” or white European in appearance.\(^ {24}\) The white body in these visual illustrations assumes universalist dimensions as it is represented as the template of the human body. The white body in these schematised body charts assumes universalist dimensions precisely by erasing its own racialised status. Placed in the context of Whiteness Studies, this ruse is all too familiar. As Richard Dyer observes, “At the level of racial representation . . . whites are not of a certain race, they’re just the human race.”\(^ {25}\) At the level of racial representation in the forensic pathology texts that I examined, the white body is represented not in terms of a specifically and identifiably racialised body, but precisely as a body that erases its racial status in order to emerge as the template universal body. Iconographically, the “typical body” charts in these texts bear a striking resemblance to the visual image of humans sent into outer space by NASA on the *Pioneer 10* spacecraft, where, uncoincidentally, the white body was imposed with the burden of representing the “generic” human to all other civilisations in the universe (see Figures 1 and 2).

I focus on the discursive effects of these racialised visual images precisely because of the manner in which they reproduce an unreflexive racism, even as these visual images strive to position themselves as scientifically “neutral,” “objective” and “universal”; the medicolegal textbooks that I examined all exhort their students to reproduce these attributes as a matter of doctrine. For example, the cover blurb of Bernard Knight’s *Simpson’s Forensic Medicine* claims that in this text, “International relevance remains at the forefront by concentrating on general principles which know no national restrictions.”\(^ {26}\) The term “general principles” is, of course, another code term for “universal.” In his chapter devoted to “Identifying the Living and the Dead,” under the sub-heading “Morphological Characteristics,” Knight writes:

> In both the living and the dead, the height, weight and general physique need to be recorded and compared with any missing person.
Racial pigmentation, racial and ethnic facial appearances, such as flared nostrils, epicanthic folds, crinkled hair, etc., are obvious features which need no medical knowledge. The eye colour is useful in the caucasian race (negroid and mongoloid races virtually all have brown irises).27

It is against the template of the seemingly non-racialised (because white “caucasian” male) “typical body chart,” reproduced on page 8 of Knight’s text, that “obvious” racial features emerge and are made intelligible. It is only against the foil and gauge of the white body that “racial pigmentation,” “flared nostrils,” “epicanthic folds” and “crinkled hair” attain their self-evident status as synecdoches of racial difference (“negroid and mongoloid”). In his discussion of the schematised body in the history of visual culture, James Elkins argues that “schemata are denials of the body,” and as a result “whatever is taken to be properly not an attribute of the visualized body . . . is excluded from representation, finessed, glossed, or otherwise inadequately or partially shown.”28 Transposing Elkins’ argument to the schematised typical body charts of forensic pathology, non-white physiognomic features are what must be finessed away in order to configure the template, universal (white) body. Viewed as such, “racial pigmentation,” “flared nostrils,” “epicanthic folds” and “crinkled hair” are so many physical attributes that are marked by a visual excess that transgresses the law of the body proper. That is why they must be finessed away from the white template body, only to be “discovered” out there in the disordered world of racialised corporealities that exceeds the normativity of schematic borders and limits.

When Knight states that “Racial pigmentation, racial and ethnic facial appearances, such as flared nostrils, epicanthic folds, crinkled hair, etc., are obvious features which need no medical knowledge,” the “obvious” in Knight’s text participates in the ideology of “common sense,” where an entire doxic body of cultural knowledge is always already assumed.29 The “obvious” in Knight’s text signals the enunciation of a racist ideology at the very moment that it occludes it under the invocation of a universal knowledge that transcends the “need [of] medical knowledge.”

Neither “flared nostrils” nor “crinkly hair” signify “obviously” or “naturally” in Knight’s text. As Kobena Mercer argues, hair, for example, as “raw material,” is “constantly processed by cultural practices which thus invest
it with ‘meanings’ and ‘value.’” Mercer, in an extended discussion on the racial politics of hair, maps the manner in which white supremacism inflects, at the most banal level, “everyday comments made about our hair.” Situated in this ideologically charged context, Knight’s remark on the question of “racial pigmentation” and “crinkly hair” brings into sharp focus the manner in which scientific techniques of the visible operate to reproduce and consolidate racism as common sense. In his essay, Mercer discusses what is at stake in the euphemistic range of racial descriptors that include “kinky,” “crinkly,” “woolly” or “tough” hair: “The pejorative precision of the salient expression, ‘nigger hair,’ neatly spells out how, within racism’s bipolar codification of human value, black people’s hair has been historically devalued as the most visible stigma of blackness, second only to skin.”

Knight’s catalogue of physical attributes all participate in an economy that encodes the visible “stigmata” of race into so many seemingly scientifically neutral descriptors. Similarly, Knight’s articulation of “scientific” racial types — “caucasian,” “negroid and mongoloid” — activates an implicit racial hierarchy that dates back to Cuvier and his hierarchical classification of “races” determined by biological factors and differences in physique.

These seemingly neutral scientific drawings that I have been analyzing must be situated iconographically in the long history of scientific racism, where the normativity of the body of the white male has functioned as the universal standard to describe and classify all other bodies. Within this racialising visual regime, the naturalising of difference, as something “obvious” to those even without any medical knowledge, produces a series of discursive effects. In raising the issue of the discursive effects of naturalising difference, I am attempting to draw attention to the practical results that these visual images generate in the forensic field. For example, in Polson et al’s The Essentials of Forensic Medicine, each type of fatal injury that is discussed throughout the text is supported by extensive discussion of empirical cases that serve to illustrate in practice the injuries described. In the process of reading each of these cases, on numerous occasions I was startled by the incongruent eruption of race or ethnicity, in cases where the question of a victim’s race or ethnicity did absolutely nothing in terms of shedding light on the case. (I use these two discursively different terms, race and ethnicity, interchangeably here only because, as will become apparent below, even though it is a subject’s ethnicity that is being identified, there is little doubt that it is a racialising process that is at work in these texts,
where the naming of ethnicity is tantamount to saying “black” or “coloured” or “non-white.”) In every case where race or ethnicity was named, it appeared to be entirely gratuitous. In order to give the reader a sense of the unexpected marking of race in these cases, it essential to reproduce the opening lines that introduce each numbered case:

Near Wounds Caused by Firearms

Case No. 1 This man . . .
No. 2 This man . . .
No. 3 This man . . .
No. 4 This man . . .
No. 5 This man . . .
No. 6 This man . . .
No. 6A This man . . .
No. 7 This body . . .
No. 8 A female . . .
No. 9 A man . . .
No. 10 The man . . .
No. 11 This man . . .
No. 12 This Pakistani male . . .

Under the rubric of “Near Wounds Caused by Firearms,” forty-three individual cases are listed and discussed, and only once is a victim’s ethnicity named. Similarly, in an analysis of six cases of “Suffocation,” only once is a person’s ethnicity named: “The deceased man was a Hindu . . .” It is in the light of the above discussion on the role of whiteness as a normative template for the “human” in forensic pathology, at both visual and linguistic levels, that any ethnic or racial deviations from that norm become visible. The categories of race and ethnicity achieve their very visibility as scientifically intelligible categories when measured against that normative template of the white “caucasian” male that I discussed above. In the catalogue of forty-three cases, whiteness is preserved in its anonymity, invisibility and complacent ubiquity in all but one case. In all forty-two cases listed, whiteness signifies in terms of a transparent datum that need not and, indeed, must not be named. Discussing the discursive effects of this silent prohibition (that scripts, for example, whites as “This man” or “This woman”), Thadenka discloses how this prohibition is underpinned by the
way in which whites “reserve racial descriptions for persons who are not white. Such descriptions say, in effect, that the person described is not one of us, not part of our white community but, rather, an outsider (e.g., black [or Hindu or Pakistani]). It is the ‘unsaid’ in the conversation as a result of a kind of gentleman’s agreement about the limits of permissible topics for discourse.” The demand to keep whiteness as the unsaid ensures that whites continue to occupy a privileged position that is seen to transcend racial categories and descriptors. In both Knight’s and Polson et al’s texts, the white gaze can be seen to be deployed in their discussion of the body. The white (colonial) gaze literally “discovers” non-white subjects: “A Pakistani(!),” “A Hindu(!).” This is what generates the sense of “eruption” and unexpected naming of race and ethnicity in otherwise seemingly “race-free” cases.

**Interiority, Visuality and Forensic Pathology: “The Visible Invisible”**

Once the body, in the process of postmortem examination, has been scanned and rotated along its exterior planar axes, a descent into the interior commences. As I discussed in the introductory section of my essay, the visual modality of the “casual glance at the face of the dead body” is not sufficient to constitute a postmortem. The casual glance, as a visual modality characterised by its darting, transient and superficial nature, stands in opposition to the sustained, penetrating and analytical rigour of the scientific gaze. The primacy of visual perception in the practice of the autopsy is already encoded in the Greek word *autopsia* which signifies “seeing with one’s own eyes.” The penetrative nature of the scientific gaze assumes, in the practice of postmortem anatomy, both a metaphorical and literal sense, as the postmortem analysis of the body demands a systematic scanning of the macroscopic surface of the body and a penetration and microscopic disclosure of its interiority: “To constitute a postmortem examination, the head, chest, and abdomen must be opened; a mere external manipulation of a body does not constitute a postmortem examination.” In contemporary postmortem practice, the descent into the depths of the body, in order to disclose the hidden cause of death, extends into the realms of the cellular and biochemical: “No autopsy should be considered complete unless it is accompanied by the appropriate microscopic and chemical investigations supportive of macroscopic findings.”
If it is to possess any evidentiary status, the postmortem examination of the body must comply with both a linguistic protocol and the systematicity of a visual examination that directs the dissecting hand and the analytical eye. The foundations of contemporary postmortem practice were established in the nineteenth-century in the landmark work of Rudolf Virchow. It was Virchow who established the protocols for both the written protocol and the practical method of dissection of the dead body. In *Postmortem Examinations* (1875), Virchow clearly articulates his two key aims:

On the one hand, I aimed at causing the autopsies to be made by one person, at introducing a system of regular note-taking, and of collecting these notes, in order to obtain a useful series of reports. . . .

On the other hand, it was necessary to discover a regular method for pathologico-anatomical investigation, and to introduce a definite employment of technical terms, which could be adhered to as a rule for all ordinary cases.42

In this early systematising of the practices and protocols of the postmortem examination is already inscribed the critical inter-relation between the linguistic and the visual in the production of forensic knowledge. I want to focus, in the first instance, on the importance of the visual in the postmortem internal examination and then proceed to discuss the written medicolegal autopsy protocol.

In his *The Birth of the Clinic*, Michel Foucault theorises the relations of knowledge and power that function to regulate and discursify the medical codes of perception into a regime of visuality.43 The practice of the autopsy is fundamentally driven by the desire to discover, beyond mere surfaces, the “visible invisible,” as the master metaphor that “organizes anatomo-pathological perception.”44 In the very birth of the clinic is already inscribed the future of forensic pathology. In order to offer up its secret visible invisible, the flesh is sectioned off, incised and folded back. The scopic regime of the postmortem is inscribed by the desire to make the organic density and enclosed mass of the body “a homogeneous, unified, and fully legible space.”45

In a process of inversion, the body’s insides are made outside, as its cavities and organs are brought to light. In this trope of the visible invis-
ible, there is already encoded a forensic analogy. Both the medical and the legal are driven to disclose the hidden and effaced cause of death. In order to achieve this end, the organic material of the body must be transmuted into intelligible data through a series of instrumental mediations. The mediation fundamental to this process of rendering the organic articulable is language. As Foucault demonstrates, however, the scientific and clinical gaze is already informed by (even if it is not reducible to) language: “the gaze implies an open field, and its essential activity is of the successive order of reading; it records and totalizes; it gradually reconstitutes immanent organizations; it spreads out over the world that is already the world of language.”46 The scientific gaze, then, must be seen as constituted by a type of visual hermeneutics, constituted by the interplay and exchange of vision and language.47 I invoke the term visual hermeneutics as it captures the interplay of vision, language and interpretation in the context of the forensic autopsy. Let me quote from Lester Adelson on the process of articulating the cause of death in the practice of the autopsy:

Establishing the cause of death is an interpretative, two step intellectual process, deriving from and depending upon sound evaluation of morphologic evidence of injury or of injury and disease, and the results of toxicological, biochemical and microbiologic studies. The first step involves recognizing structural organic changes (morbic anatomic features) or chemical abnormalities responsible for cessation of vital function. Recognition and specific diagnoses of these morphological and chemical abnormalities then become the point of departure for a logical sequence of synthetic and analytic cogitation which explains the fatal course.48

In the forensic postmortem, the gaze unfolds a domain of visuality that orders the examination of the sense-perceptible data of the body. In the process, the gaze must identify signs of pathology that stand in a bipolar relation to the normativity of the healthy body. These signs must, in turn, be read, interpreted and organised into a coherent body of knowledge. In the context of the law, in which the logos of the word governs all other systems of signification, the visual and the visible must literally become language or, alternatively, must be anchored and explained by lan-
language. As Barbara Stafford observes, “nondiscursive articulations suffer from the fact that they do not say or read. If they wish to appear legitimate, then they must conform and perform linguistically.” The medicolegal autopsy protocol is the textual vehicle that ensures this transposition from the visual to the linguistic: “All details of the medicolegal autopsy should be incorporated in the written protocol, including non-anatomic features not ordinarily of concern in routine hospital necropsy records. . . . When the pathologist completes and signs [her/]his autopsy protocol, it should be a complete, accurate objective description of [her/]his gross and microscopic observations.”

There remains, however, an unresolved problematic in this transposition of the visual into the linguistic. The problematic that I am drawing attention to hinges on the material specificity of two different media and two different modalities of apprehension: the visual and linguistic, are not, in the final analysis, either simply interchangeable or commensurate. In an otherwise encyclopedic survey and analysis of the visual in relation to the law, Bernard J. Hibbits, for example, collapses the specificity of the linguistic into the visual, obliterating the critical differences that mark these two modalities. “We tend to think of the written word as ‘verbal,’ not ‘visual’ (i.e., as language rather than image). This dichotomy is trenchant and often helpful, but it can be overstated. Certainly the written word is verbal, but in critical aspects it is a visual medium as well.” The linguistic certainly is dependent on the visual but, understood in the context of Visual Culture, the linguistic participates in another order altogether than that of the visual image.

Even though the graphic aspect of the linguistic sign is dependent upon such visual terms as spacing and spatialisation, it simply cannot be reduced to the same order of the image. Nicholas Mirzoeff, for example, argues that approaches that attempt to make the linguistic and visual purely interchangeable “fail to convince. For in concentrating solely on linguistic meaning, such readings deny the very element that makes visual imagery of all kinds distinct from texts, that is to say, its sensual immediacy.” This sensual immediacy of the visual image is, in fact, constituted by a different order of apprehension when compared to the linguistic sign. Aside from the fact that the visual image is constituted by a cluster of sight-specific terms concerned with picture definition — for example, colour, hue, line, perspective — that are not strictly relevant to understanding the linguistic

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sign, the actual processing of the visual image operates on a different spatio-
temporal level to that of the linguistic sign. If the defining feature of appre-
hending the visual image is its sensual immediacy and the visual simulta-
neity of all the elements that constitute picture definition, then, differenti-
ally, the apprehension of the linguistic sign is dependent on a process
constituted by a spatio-temporal unfolding which defies simultaneity.
Derrida has, via his neographism **differance**, amply demonstrated the spatio-
temporal dynamic of writing, with its movement of deferral, delay and
relay and its “temporal and temporizing mediation of a detour that sus-
pends the accomplishment or fulfillment” of pure presence.54 This is not to
suggest that the visual image participates in some metaphysics of pure pres-
ence and unmediated plenitude in contradistinction to writing; rather, it is
to mark a different mode of apprehension and a different order of process-
ing; it is to mark what Donald Hoffman terms the “rules of visual process-
ing.”55

To a degree, the interchangeable assimilation of writing and the visual
that Hibbits stages is a result of his dependency on what Derrida terms the
“metaphysics of presence.” Hibbits’ writing on writing, for example, is
scripted in terms of a fall away from pure presence: “Writing tends to cut
us off from the physical world; traditionally conceived, it facilitates the
separation and mutual noninvolvement of writer and reader, and it enables
the reader to assess visual information without being burdened by the pres-
ence and personality of the writer.”56 Derrida’s OfGrammatology stages the
deconstruction of this speech/writing, absence/presence binary, disclosing
in the process how western metaphysics has persisted in positioning writ-
ing as a deficient and debilitating fall from the seemingly unmediated world
of speech and its illusory plenitude of presence.57

Finally, despite his powerful critique of the eurocentrist privileging of
ocularcentric culture in western law, Hibbits, in making the visual and the
linguistic interchangeable, fails to envisage the possibility of a system of
law that it is both visual and oral and not written, and that thus overturns
western understandings of the law as writing: for example, Australian Ab-
original law, which is constituted by “Song, dance, body, rock and sand
painting . . . and oral explanations of these myths encoded in these essen-
tially religious art forms have been the media of The Law to the present
day.”58
The Body of Evidence: Narrativity and Causality

“A dead body is extremely eloquent and honestly informative if one listens to the tales it tells.”59

“The specialist clinical pathological assessment,” David Ranson observes, “has a vital role to play in the issues that surround the highly complex area of causation in the law.”60 I want to focus on the genre of the autopsy report in order to begin to address questions concerning the relation between narrativity and causation in both science and law. It is, I would argue, the translation of the visual into the verbal and of the corporeal into the linguistic, in the textual genre of the autopsy protocol or report, that finally establishes the evidentiary value of the body of the victim. John F. Burton and Charles S. Petty, in “The Autopsy Protocol,” outline to students of forensic pathology the two certified forms of the protocol: the narrative form and the numerical form.61 The narrative form summarises the autopsy data in a story form; the numerical form numerically itemises the data. Under the rubric of “Narrative versus numerical form,” Burton and Petty establish a binarised logic that insists on viewing both forms as antithetical. For example, they argue that “The narrative protocol tends to be both personal and subjective, neither of which are desirable features for courtroom purposes.” In contrast, the numerical form is valued because “It is objective and impersonal, both desirable features in forensic practice.”62 From a narratological perspective, Burton and Petty’s binarised reading of the numerical and narrative autopsy protocol is untenable. Using the numerical autopsy report reproduced in Fatteh as my example, I want to illustrate how the numerical protocol is in fact underpinned by an unacknowledged narrativity that, structurally, makes it indistinguishable from the so-called narrative protocol.63

The numerical autopsy report, I suggest, is marked by all the key attributes of narrative, including articulation of tempo-spatial elements (“10 a.m. to 1 p.m. 1/1/73, City Hospital, Durham, N.C.”), narrator (“Jerry J. Joshua, M.D.”), subject (“Ringo R. Rinker”), character description (“Age: 25; Sex: Male; Length: 72”; Weight: 170 lb; Eyes: Brown; Hair: Black; Beard: —; Moustache: Black”), identification of agents (“A 0.22 calibre bullet lodged in subcutaneous tissue of back”), mapping of kernel and satellite events, enchained and embedded narrative structures, and a conclu-
sion (I will discuss these narrative elements in some detail below).

The narrator of the report is the forensic pathologist, whose role consists in articulating the story of the decedent. In narratological terms, the pathologist assumes the position of an external focaliser, whose role is to present only the “external, literally visible phenomena.” The use of the third person narrative mode is instrumental in constructing the clinical voice of objectivity and impartiality that is demanded by the autopsy protocol and that Burton and Petty valorise above the “personal and subjective” qualities of the avowedly narratological report. The third person narrative mode, as used by scientists, historians and journalists, produces the illusion that the narrativised “facts” are merely just telling themselves. For example, under the rubric of “Pathological Diagnosis,” a series of medical findings are presented precisely as though they are devoid of a narrator, as though they are merely representing themselves:

1. Gunshot wound of chest.
Perforation of fifth left rib anteriorly, perforation of anterior and posterior walls of left ventricle and pericardium 2" from apex.

2. Bilateral hemothorax: 1,000 c.c. blood left side, 200 c.c. right side.

3. Hemopericardium: 50 c.c.

4. Abrasion, forehead.

5. Adenoma, left adrenal.

Comment: A 0.22 calibre bullet lodged in subcutaneous tissues of back at the level of 9th interspace, 4" to the left of midline, was retrieved and retained.

Probable cause of death: Gunshot wound of chest.

The narrator is here inscribed in both the numerical sequencing of findings and the clinical descriptions of injuries even as the detached (re)presentation of facts functions to generate the “referential illusion,” in which the referents appear to be speaking all on their own. As Alan Gross remarks, in such instances “science begs the ontological question: through style its prose creates our sense that science is describing a reality independent of its linguistic formulations.”
Encoded in this enumeration of medical findings is a narrative sequence of events, including kernel and satellite events. Kernel events in a narrative function to advance a story as they initiate or conclude a sequence of events, setting in train a “sequence of transformations”; satellite events, on the other hand, function to elaborate, extend, prolong or retard kernel events in the story. Under the story title of “Pathological Diagnosis,” the kernel event of the narrative is the “Gunshot wound of chest.” This kernel event initiates a sequence of satellite events which impact at the level of the body of the victim and which will subsequently be tagged, for example, “entry wound,” “floor of wound,” “exit wound,” “perforation of fifth left rib anteriorly,” and so on. The satellite events are lodged, as it were, in an embedded narrative structure, where a cluster of events are integrated into one sequence. The larger story syntagm of the pathological diagnosis under discussion articulates the structure of an enchained narrative that attempts to name the series of violent injuries that constitute the story of the fatal assault. And, if one missed the centrality of the kernel event, it finally returns under the closing rubric of “Probable Cause of Death,” thereby fulfilling the narratological expectations of the reader with narrative closure: “Gunshot wound of chest.”

The enumerated findings of the pathological diagnosis are underpinned by the textual protocol of the “Comment” (for example, “A 0.22 calibre bullet lodged . .”). The genre of the comment, as Derrida remarks, “seems only to paraphrase, unveil, reflect, reproduce a text, ‘commenting’ on it without any other active or risky initiative. This is only an appearance, since this moment is already actively interpretative and can therefore open the way to all sorts of strategic ruses in order to have constructions pass as evidences or as constative observations.” At all levels and at every turn, the work of the forensic pathologist is haunted by the problematic of signification, referentiality and the question of hermeneutics. The texts of forensic pathology are marked by the desire to occlude the ruses of interpretation under such neutral-seeming tags as “commentary.” They labour to establish authorising anchors in the midst of signifying systems that can never literally secure the relation between words and things, or what Derrida terms the “adequation-congruence between a judicative utterance and the thing itself.”

The question of referentiality that haunts all narrative texts generates a series of problems in legitimising the narrative artefact of the autopsy re-
port. “Narrativity,” writes Didier Coste, “is completely indifferent to ‘ref-
rence’ (in the specialised sense of bridge between words and things). The
possibility condition of meaning in descriptive and narrative utterances,
which comes with a semantic investment of lexico-syntactic structures, is
simply the possibility of reference to some possible world in which the ut-
terance could be logically true.”73 Caught within the self-referential chain
of linguistic signification, what Bert Van Roermund terms the “philosophi-
cally uncanny” of narrative, the narrative gestures toward an outside world
even as it needs, by definition, to translate and internalise this world into
language if it is to be intelligible in terms of a story.74

In the context of the autopsy report, this referential “crisis” is seem-
ingly resolved through the discursive use of the signatures of the patholo-
gist and the institution(s) that authorise the postmortem (for example,
“Kenneth K. King, M. D., M. E.” and “Jerry J. Joshua, M. D.”).75) The
signatures signal an attempt “to tether” the text of the autopsy report to an
“[authorising] source.”76 In Foucauldian terms, they enunciate the “au-
thorities of delimitation” that guarantee the legitimacy of the text as evi-
dence to be presented in the court of law, precisely because they signify as
representatives of an authorised and recognised (by the law) body of knowl-
edge: the medical profession.77 In other words, the signatures signal the
fact that the text has been institutionally authorised to meet the minimal
requirements that make expert medical evidence admissible in the court of
law.78

In concluding this analysis of the constitutive role of narrative in the
autopsy protocol, I want to make some closing remarks concerning the
question of causality. The pathological diagnosis, with its focus on both
morphological and biochemical “abnormalities,” achieves its forensic value
through a process of unacknowledged narrativisation. Lester Adelson, in
identifying the pathological diagnosis as the “point of departure for a logi-
cal sequence of synthetic and analytical cogitation which explains the fatal
course of events”79 is, unreflexively, naming the synthesising role of narra-
tive as the condition of possibility for the enunciation of the “fatal course
of events” and for the identification of the “probable cause of death.” Simi-
larly, I. Gordon and H. A. Shapiro identify, without naming as such, the
narratological burden of the forensic pathologist to map, if they are to
locate the cause of death, “the train of functional disturbances which were
sufficiently potent to lead either to cardiac standstill or respiratory arrest,
the two ultimate lethal processes."80 No narrative organisation of events (that is, "train of functional disturbances"), no possible identification of probable cause of death.

The identification of the cause of death in terms of a probability generates, in the autopsy report, an unresolvable tension that hinges on a double gesture of closure (naming "the cause of death") and opening up through qualification ("probable cause of death"). This double gesture, in effect, marks the abyssal status of locating definitively any cause within a linguistic system of signification that knows no absolute closure, only an infinite chain of referrals that makes impossible correspondence-type truth claims.

In discussing this inescapable circularity, Bernard Jackson observes that "the verification of what is in fact a true description (in correspondence terms) is itself necessarily perceived through, and therefore mediated by, language."81 K. M. Waller, as practising Coroner, reflexively draws attention to this problematic when discussing the question of identifying the cause of death: "Difficult legal and medical questions may be raised in deciding how far back in the chain of causation a coroner should go in considering what was the real cause of death."82 This is, in fact, a bit of an understatement. The abyssal question concerning causation in both science and law remains a fundamentally irresolvable question at the profoundest philosophical level: "An increasing number of philosophers," Richard Fumerton and Ken Kress conclude, "seem to be willing to take the concept of causal connection as a primitive (unanalyzable) concept — one of the conceptual atoms out of which we build more complex concepts or ideas."83 The trope of the indivisible and unanalysable "conceptual atom" points to that necessary moment in thinking when empiricism (in science and law) founds itself on metaphor even as it must occlude its foundational dependency on metaphor.84 Derrida addresses this ruse when he remarks that "empiricism is thinking by metaphor without thinking metaphor as such."85

The use of the qualifier "probable" in the autopsy report marks the anxiety generated by the contingency of the relation between cause and effect: precisely because it must be articulated narratalogically, this relation remains questionable, as each different narrative reconfiguration of kernel and satellite events will produce a necessarily different cause. Coste, indeed, argues that "consequently all narrative discourse, including causal discourse, questions causality as much as it states or suggests it. An attor-
ney defending a criminal case will use this well-known device to dissociate verbally the death of the victim from the gesture of the murderer; the defending attorney analyzes the prosecutor’s claim that ‘X shot Y dead’ into an unfortunate coincidence between ‘X shot’ and ‘Y died.’” Lee Loevinger, in “Standards of Proof in Science and Law,” addresses this problematic in terms of its global, transdisciplinary ramifications — “ultimately proof of facts in all disciplines rests upon subjective judgements of probability” — before focusing on its consequences for law and science:

The final difficulty for law, and to a lesser degree for science, is that after we engaged in the daunting task of determining which elements of a situation we must disregard as irrelevant or unimportant and which elements we will use to determine probability for purposes of judgement, we still have no ready means of comparing the significance or weight that different individuals will give to any expression — statistical or categorical — of probability.

From a different position entirely (that of a narratologist), but still within the context of the role of probability and the construction of evidence in law and science, the processes of systemic inclusion and exclusion that are deployed by the individual subject in the organisation of the events of a story into a narrative will impact on the final text that is produced. The processes of inclusion, exclusion and combination along the vertical and horizontal axes of the syntagmatic and the paradigmatic in the construction of a narrative are all overdetermined by such factors as subject position, discursive history and the contingency of the context. Consequently, in the context of “a radically indeterministic universe” “in which nothing is ever lawfully sufficient for anything,” the narrative encoding of the cause of death, in the genre of the autopsy report for example, can only ever really be represented in probabilistic terms. Loevinger writes an instructive conclusion: “So what is the conclusion regarding standards of proof? This is the one question to which there is a clear answer: There is no conclusion. Proof is a process, not a transcendental revelation. Proof is the process of inference from evidence, data, or assumptions to a conclusion. The validity of the conclusion depends on the validity of the process.”

There are, indeed, no transcendental revelations in either science or law. Rather, everything is dependent precisely on the specificity and valid-
ity of the processes deployed within the domain of each respective discipline. On the one hand, the very validity of a disciplinary practice is founded on the specificity of its discourses and the rules that regulate what can or cannot be said within that discipline. Yet, this disciplinary specificity and discursive rigour is also productive of a series of prohibitions and internal limits that generate points of irreflectivity, where critical elements that constitute the enabling conditions for the construction of knowledge within that discipline remain inarticulable. Precisely by entering forensic pathology from the “outside,” so to speak, and deploying a different set of discourses, including those from visual culture, race and ethnicity studies and narratology, I have attempted, in this essay, to bring to light those irreflective blindspots in the discipline.

2 *Id.*, at 87.
12 Id., at 128.
13 Id., at 128.
15 Id., at 224.
16 Adelson, supra note 4 at p. 330.
23 David Ranson, Anatomical Figuring: Forensic Body Chart Resource (Melbourne: Victorian Institute of Forensic Medicine, 1995).
26 Bernard Knight, Simpson's Forensic Medicine (London: Arnold, 1997), back cover.
27 Id., at 32.
30 Kobena Mercer, “Black Hair/Style Politics,” in Out There: Marginalization and Contempo-

31 Id., at 249.
32 Id., at 249.
35 Polson et al, supra note 19.
36 Id., at 214–25.
37 Id., at 471.
38 Thadenka, supra note 34 at 16.
39 Walle, supra note 1 at 87.
40 Hawkins and Shaw, supra note 6 at 39; Plueckhahn, supra note 6 at 112–3.
41 Plueckhahn, supra note 6 at 113.
46 Foucault, supra note 44 at 121.
48 Adelson, supra note 4 at 15.


56 Hibbits, *supra note 52* at 354.

57 Derrida, *supra note 9*.


62 *Id.*, at 11.

63 Fatteh, *supra note 51* at 138.

64 *Id.*, at 138.


67 Fatteh, *supra note 51* at 138.

68 Barthes, *supra note 66* at 11.


75 Fatteh, *supra* note 51 at 138.

76 Derrida, *supra* note 71 at 20.


79 Adelson, *supra* note 4 at 15.


81 Jackson, *supra* note 66 at 193.

82 Waller, *supra* note 1 at 56.


85 Derrida, *supra* note 54 at 139.

86 Coste, *supra* note 73 at 51.

87 Loevinger (1992), *supra* note 18 at 323.


89 Loevinger (1992), *supra* note 18 at 343.
FIG 1.1 Typical body chart for marking injuries, in living or dead. More detailed and different aspects of the body surface can be depicted in a whole range of such charts.

Figure 1 (Bernard Knight, Simpson's Forensic Medicine [London: Arnold, 1997], p. 8)
Figure 2 (NASA Pioneer 10 spacecraft)