

01 February 2012

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Rapid Response:

Re: Should the skeleton of “the Irish giant” be buried at sea?

Bury the ‘Irish Giant’: a rapid response to some positive rapid responses

We are gratified by the mainly positive endorsements of our arguments that have been printed in the BMJ rapid responses submitted thus far. We are equally gratified by the degree to which BMJ voters mostly agreed either with our conclusion, or that Byrne’s skeleton should be removed from display, in the recent poll hosted at the BMJ website. On the last count that we saw before voting ceased, 55.6% (310) voted for burial at sea; 13.17% (74) for removal from display and being kept for research; and 31.55% (176) for the status quo. At the very least, this should be an indication to the Hunterian Museum and the Royal College of Surgeons that a large body of informed medical opinion has deep reservations about the continued public presentation of Charles Byrne’s skeleton in the museum.

It was a source of immense satisfaction that Wendy Moore, John Hunter’s acclaimed biographer, agreed with our conclusion. This was of particular importance for us because of the degree to which our understanding of the history of the story of the relationship between Byrne and Hunter was so influenced by her outstanding work. Our standard response to those who would question the historical and evidential credibility of our understanding of the relationship between Byrne and Hunter is simply to read Moore’s excellent book.¹ It was a source of equal satisfaction to get such a resounding and unqualified endorsement from Raanan Gillon, the internationally esteemed expert on medical ethics.²

Of course, we were also delighted by the high level of critical reflection demonstrated by other positive contributions from medical professionals. For example, Mark W Davies interestingly suggests that given Hunter’s cutting edge greatness in so many ways (an endorsement with which we totally agree), had he been alive today he too would have rejected his previous actions, accepting that Byrne’s skeleton should be disposed of as he wished.³ Peter Toon arrives at the same conclusion through stressing that the central moral argument is not about Byrne’s skeleton but Hunter’s flagrant and self-centred disregard of Byrne himself.⁴ Toon stresses the importance of this against the background of what he describes as cross cultural agreement about ‘respect for the bodies of the dead... along with respect for people’s wishes about intimate matters.’ He also rightly points out that that if buried at sea, Byrne’s coffin should not be made of a toxic material like lead! We thank him for pointing out that our argument as stated might be seen to lead to this silly conclusion.

From the perspective of forensic anthropology, Philippe Charlier provides a qualified agreement for Byrne being buried at sea.⁵ In so doing, he challenges the view that following Byrne’s wishes would entail unacceptable further scientific loss because,

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among other things, 3D conservation is possible ‘... of all anatomical details with huge ultra-structural precision’.

Finally, in discussing a similar case to Byrne’s in Ireland, Desmond O’Neil eloquently expands our arguments.⁶ He maintains that ‘exposure of generations of medical students to bodies displayed against the dead person’s clear pre-mortem wish is unlikely to promote due sensitivity’ about the moral and legal importance of respect for autonomy. In the experience of one of us (Doyal) in teaching ethics and law to medical students over a long period, anything that denudes such sensitivity is incompatible with successful medical education and with the future quality of the clinical care that it is supposed to facilitate. For this reason, when students dissect bodies for educational reasons, their anatomy tutors insist that respect is shown to them and to their decedents. When students are caught doing otherwise, the price can and should be high. The top of the list of the reasons for such respect is consent: the fact that such decedents volunteered their bodies for educational purposes. How is such sensitivity to be sustained in the Hunterian Museum when visiting students view Byrne’s skeleton with a proper understanding of its origin? O’Neil reinforces his argument with reference to the respect for Jeremy Bentham’s memory and his choice through University College in London displaying his body (as much as is practically feasible) as per his instruction. We doubt that this institution would continue to do so if it were discovered that his original instructions were a forgery and in contravention of his real wishes!

Such historical wishes are morally important and in the case of Byrne, the Hunterian and The Royal College of Surgeons should respect them. He should be buried at sea.

References:

1. Moore W. The knife man. Blood, body snatching and the birth of modern surgery. Bantam Books, 2006:397-428.
2. Gillon R. Re: Should the skeleton of “the Irish giant” be buried at sea? BMJ Rapid Response. December 30, 2011.
3. Davies M. Re: Re: Should the skeleton of “the Irish giant” be buried at sea? BMJ Rapid Response. December 29, 2011.
4. Toon P. Re: Should the skeleton of “the Irish giant” be buried at sea? BMJ Rapid Response. December 23, 2011.
5. Charlier P. On the importance of naming the body (or the bones). BMJ Rapid Response. December 28, 2011.
6. O’Neill D. Re: Should the skeleton of “the Irish giant” be buried at sea? BMJ Rapid Response. December 21, 2011

Competing interests: No competing interests