

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 critical rapid responses

There have been only three negative responses to our BMJ paper. The first and most sustained is by Martin Smith et.al.¹ In almost as many words as our own article, the authors initially explain that Byrne’s current skeleton is not chemically identical with the skeleton that Hunter created. So what? The argument is not about the biochemical makeup of his current skeleton but rather concerns the disrespect to Byrne’s memory – his reputation, dignity and privacy – by the continued display of his skeleton in spite of his declared wishes. This includes the immoral circumstances in which his body was acquired by John Hunter.

Inexplicably, the authors compare Byrne’s skeleton with the remains of nameless executed Italian criminals from the 17th century – the Evelyn Tables (not ‘boards’ as stated) also on display with Byrne at the Hunterian Museum. The authors state that their ‘wishes were not considered in dissecting them.’ Given their provenance, we do not know the identities of the individuals involved nor the nature of the crimes for which they were executed and dissected nor anything about their wishes. We do know that Byrne committed no crime and wished to be buried intact.

The authors make a similar point in relation to William Burke, convicted of murder, hung and dissected in Edinburgh in 1829 and whose skeleton is in the Edinburgh Anatomy Museum. Burke was lawfully sentenced for his crime and we do not know what his wishes might have been about the potential fate of his body.² The same applies to others executed and dissected at the time. Again, none of this applies to Byrne.

The authors then argue that we need not respect Byrne’s wishes because Hunter committed no crime at the time in acquiring his skeleton through bribery. We never claim that he did, at least in relation to his practice of acquiring what we describe as ‘unauthorised exhumed bodies’ from grave robbers. ‘Authorisation’ in this context relates to ignoring declared wishes of decedents and/or their families at the time. We never suggest, as the authors imply, that then or now human bodies have the legal status of property. Indeed, an entire section of our BMJ paper argues as much. Our argument for Byrne’s burial is moral and not legal.

Hunter knew Byrne’s specific wishes and chose to disrespect them. Unlike the authors seemingly suggests, this was wrong then and it is perfectly possible for people to recognise as much now over two hundred years later. Some moral values have changed historically since Hunter’s time; others have not. Were this not the case, we could not now make sense of much of 18th century (or earlier) literature where a range of rights and wrongs are articulated that we believe would be equally so today. The authors should not embrace such dangerous historical relativism.

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They then claim that contemporary ‘relatives’ identified in Chahal et al.’s study of Byrne’s genetic links have indicated that their wish that Byrne’s skeleton remain on display should trump his own wishes while alive.³ The fact that individuals have been discovered to have the same gene mutation as Byrne’s neither legally nor morally gives them the status of relatives.⁴ Even if it did, the conclusion of the authors would not morally follow in the face of Byrne’s specific wishes. The contemporary Museum and College Guidance makes clear that at present, morally and legally, in circumstances where there is disagreement between actual relatives and the known views of the donor decedent, those of the latter should prevail.⁵ Morally, why not in the past, especially given the specificity of the information that we have about Byrne?

Changing argumentative gears, the authors employ an untenable slippery slope argument, maintaining that ‘If Charles Byrne’s remains are to be buried, the same standards should be applied to all pathology museum collections in the UK, acquired before the era of consent.’ This is not true. Moreover, his burial would not ‘impact considerably on the teaching of pathology in the UK’. Most of the exhibits in such museums are anonymous or are there by the specific consent of donors. They are not comparable in historical and moral background to Byrne’s skeleton. Also the issue is not, as the authors suggest, our concerns about the technical or aesthetic quality of its display. We have never explicitly or implicitly indicated such worries. Indeed, we believe the opposite.

Another of the author’s conclusions is that Byrne’s skeleton might generate even more medical benefits than those we specifically acknowledge in our paper. This, they argue, is reason enough to trump his wishes. We cannot go back in time and thus must be grateful that such benefits have occurred. However, the moral clock concerning Byrne’s remains has been dormant for too long and should begin ticking now. This is because we now have Byrne’s DNA for future genetic related research and we now have willing sufferers from acromegaly who will volunteer for other forms of research. One has apparently volunteered on film to donate his skeleton for display!⁶ We also now have other techniques for non-invasive investigation of Byrne’s skeleton before it is buried.⁷ Other potential medical uses of his skeleton remain unspecified by the authors.

Therefore, their argument reduces to the belief that ‘anything is possible’. But since the same argument can be used of the skeleton of anyone (who may have known or unknown illnesses), it leads to the absurd consequence of trying to collect and store them all ... just in case. Who will obtain the consent; who will create the skeletons; where will they be stored and for how long? The mind boggles. The rapid response of Richard Wilcox to our paper faces the same problem and for the same reason.⁸

More briefly, we conclude with the rapid response of Stephen Milligen.⁹ He claims to be a real stickler for proper referencing, although his response has none! After declaring Byrne’s reputation to be insignificant compared to that of Patrick Cotter, another contemporary ‘Irish Giant’ (no references), Milligen rightly says that there is plenty of information about Byrne on the internet (no examples). However, he strangely claims that we do not use it. In fact, many of our references were taken from

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the net, either directly (e.g. reference 3) or through links to newspapers (e.g. reference 5) or other documents or academic articles (e.g. references 10,4).

However, by far our most important reference (reference 8) is Wendy Moore's acclaimed biography of John Hunter and her excellent chapter on Byrne, full of enough primary and secondary sources to satisfy even Milligen, if he has read it.10

Then strangely, having first berated us for our lack of references, he cites several of them which have 'called for Byrne's body to be removed from the Hunterian', referring to their lack of consensus as to what should be done with it. Surely, the best move in such circumstances is to act on Byrne's original request for intact burial. Milligen offers no substantial moral argument otherwise.

Milligen also berates us for indicating that Hunter had a pecuniary motive in acquiring Byrne's skeleton in relation to his museum. Readers should read Moore on this and remember that anything that enhanced Hunter's reputation as a surgeon, scholar and teacher of anatomy – like his famous museum - was bound to generate more funds. Indeed, Milligen himself indicates that Hunter was in need of money. Perhaps with a careful reading of Moore, he would be aware of just how much.

The authors criticising our work present no reasonable arguments against burying the skeleton of Charles Byrne at sea, as he wished and for which we have argued.

References:

1. Smith M., et.al. Should the skeleton of the "Irish giant" be buried at sea? BMJ Rapid Response. December 29, 2011
2. This is what is known as the 'substituted judgement' argument and is by no means accepted in the relevant ethical and legal literature.
3. Chahal HS, Stals K, Unterländer M, Balding DJ, Thomas MG, Kumar AV, et.al. AIP mutation in pituitary adenomas in the 18th century and today. N Engl J Med 2011;364:43-50.
4. Mackay J. Halsbury's laws of England. 2005;50:444, 452, 459-60
5. Royal College of Surgeons. Museum acquisition and disposal policy. www.rcseng.ac.uk/museums/docs/acquisition_disposal_policy_05.pdf Section 5.3.
6. See Brendon Holland's statement in the BMJ film, The Giant's Cause.
7. Charlier P. On the importance of naming the body (or the bones). BMJ Rapid Response. December 28,2011.
8. Wilcox R. Should the skeleton of "the Irish giant" be buried at sea? BMJ Rapid Response. December 29, 2011.
9. Milligen S. Should the skeleton of the "Irish giant" be buried at sea? BMJ Rapid Response. January 7, 2012

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10. Moore W. The knife man. Blood, body snatching and the birth of modern surgery. Bantam Books, 2006:397-428.

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