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## THE PLASTIC SURGEON AND CRIME\*

JACQUES W. MALINIAK†

The question of identity has always exercised a great fascination over the human mind. In criminology this is more than a theoretical interest, for a successful police system depends in large part on effective methods of identification.

The past few years have brought to light several attempts on the part of notorious criminals to alter distinguishing features by means of plastic reconstruction. Many of these operations failed to achieve their purpose, since the subjects were apprehended in spite of the changes made. We cannot say with certainty, however, what percentage of this illicit surgery is successful since we do not know how many fugitives from justice owe their freedom to surgical changes in their appearance. In any case, inasmuch as the underworld appears to be exploring the possibilities of plastic surgery, it becomes important for police officers to ascertain what alterations can be made, to learn the location of scars which betray reconstructive procedures, and to take steps to prevent interference with law enforcement by means of such an operation.

Finger-prints furnish an absolute method for establishing the identity of criminals, but evidence of this type frequently cannot be put to practical use unless the suspect is apprehended. Here sight recognition must be called upon—that is, the ability to recognize people by recalling their physical characteristics or by comparing them with photographs. Even after the identity of a criminal has been established by finger-prints, the police must usually rely on sight recognition to make the arrest.

In 1882 Alfonse Bertillon, a young French anthropologist, became imbued with the idea that physical anthropology could be invoked to aid in the sight recognition and identification of criminals. Employing the anthropometrical methods of scientific description, he worked out a system of identification utilizing eleven skeletal measurements which are practically unchanged after maturity and are not affected by increase or loss of weight. It must be remembered that

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\*Chairman's Address at the 1935 Annual Meeting of the Society of Plastic and Reconstructive Surgery, New York City.

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Bertillon worked out his system prior to the adoption of finger-printing; and his idea was promptly carried out in many countries. A Bureau of Identification was established in the Paris Police Department and the twenty-nine-year-old scientist made its head. His system was far more accurate than previous police descriptions which were based on general data, such as the complexion, color of the hair and eyes, shape of face, nose and ears, etc., and on special bodily marks, like moles, scars, tattooing and the like. His "*portrait parlé*" gave a minute description of wanted persons, based on chromatic and morphological determinations, general attributes like stoutness, carriage, voice and social standing, and indelible marks. While the Bertillon system has yielded to finger-printing as a method of absolute identification a simplified "*portrait parlé*" is still essential to the apprehension of suspects since sight recognition is the immediate means of making most arrests.

There are many obstacles in the way of sight recognition. The same person may look different at various times, due to a change in the manner of dressing, a gain or loss of weight, or a mere difference in expression. Hair-dyes, the use of spectacles, the addition or elimination of a beard or moustache, all aid in altering the appearance. Complicating these difficulties is the striking resemblance which sometimes exists between wholly unrelated persons. Perhaps the strangest instance of this in criminal history is the case of Will West, a negro, committed to the United States Penitentiary at Leavenworth, Kansas, in 1903. The clerk who measured and photographed him professed to recognize him but the prisoner insisted he had never been imprisoned there before. A search of the Bertillon files revealed a card bearing the name William West and giving virtually identical measurements. The prisoner acknowledged the picture but persisted in his denial that he had ever been an inmate of Leavenworth before. The reverse of the card was then consulted and it was established that the William West of the old record had been sentenced for murder in 1901 and was still serving his term. Thus for a period of years the penitentiary housed two prisoners bearing the same name, having the identical facial appearance and almost identical Bertillon measurements. Only their fingerprints differed.

It is therefore plain that sight recognition presents many difficulties, no matter how excellent the observer's memory and powers of observation. Today the situation is aggravated by the possibility of permanently altering most of the features of the face by means of plastic surgery. With the change in features frequently comes a cor-

responding change in expression which makes the task of recognition even more difficult.

Let us consider the features on which a detective or witness relies for sight identification and see how they can be changed by plastic surgery. Beginning with the forehead and proceeding to the chin, alterations can be made in every trait which modify not only the part itself but the contour of the entire face. Fortunately, each change is accompanied by some scarring, no matter how cleverly concealed, and detectives should be trained to look for these tell-tale marks in suspicious cases.

The topography of the forehead can easily be changed by the insertion of a cartilaginous or dermo-fat graft beneath the skin. Thus a straight or receding brow can be transformed into a bulging one, the prominence of the reconstructed part depending upon the thickness of the graft. The casual observer will detect no sign of this procedure; but a thin scar somewhere above the hair-line, together with a palpable mass beneath the surface betray the procedure.

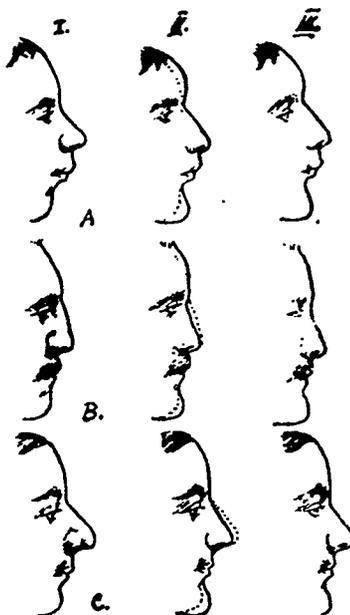


FIGURE 1.

Sketches of three criminals (A, B, and C) and of possible changes in the facial contour by plastic surgery. (1) Prior to Surgery. (2) Dotted line shows pre-operative contour, in contrast to the final result, which is again shown in (3).

The prominence of the nose gives it an important role in identification. To appreciate how much it determines the general appearance of the face, one has only to compare a series of otherwise similar profiles in which the nose has been altered. The morphology of the nose varies greatly—ranging from the markedly under-sized to the extremely over-sized type—and any shape can easily be changed by the endo-nasal route. The bridge can be permanently raised by the insertion of a graft of rib cartilage or flattened by removal of the excessive osteo-cartilagenous portion of the dorsum. The nose can be shortened in its entirety and narrowed from bridge to tip. Negroid nostrils can be flattened and reduced by an excision of narrow fragments at the junction of the alae with the cheeks.

When extensive changes are made, there are corresponding alterations in the contour of the adjoining parts. Thus a Roman profile is transformed into a Greek when the root of the nasal bridge is raised; and the converse is just as easily accomplished. The shape of the mouth frequently seems changed when the naso-labial angle is increased. A straight nose can be transformed into a saddle-back or a hump by appropriate surgery.

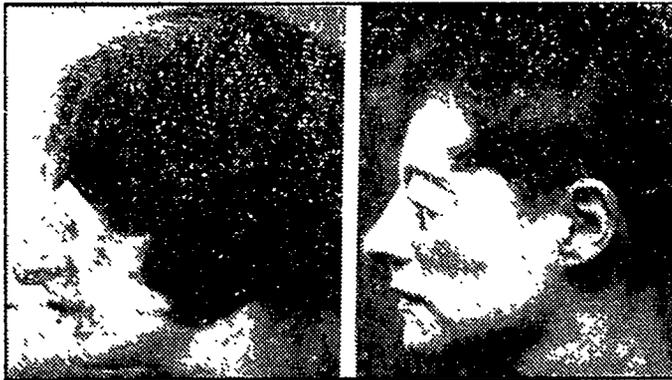


FIGURE 2.

A common type of nasal deformity (oversized), corrected by plastic surgery. The profile is scarcely recognizable except for chin.

The endo-nasal incisions on the mucous membrane following rhinoplasty are often scarcely visible. A thorough search by one experienced in this type of surgery will, however, reveal a linear scar, flat or slightly thickened. The location of the scar naturally varies with the type of operation performed. Palpation also gives

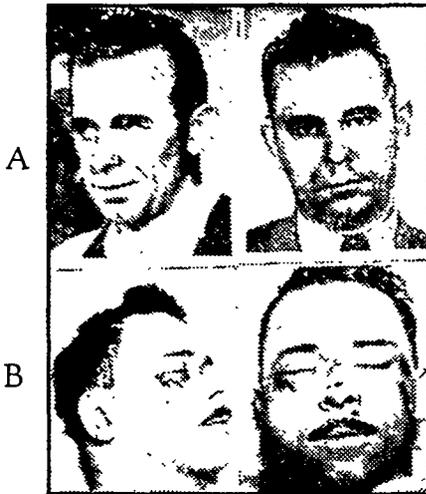
valuable information and is more easily employed by the layman. The callous formation over the bridge which results from the removal of osteo-cartilaginous tissue can be felt through the skin. The presence of a bony or cartilaginous graft, or of any implant, is also easily detected.

Hypertrophic lips due to excessive development of the red undergo a striking transformation when crescent shaped fragments are excised from the mucous membrane. The scar resulting from this is visible on the mucous membrane on the inside of the mouth. The mouth can also be reduced in size by suturing the mucous membrane and skin in each corner but this method leaves a visible cutaneous scar on both sides.

The chin, which makes an important contribution to the contour of the face is easily altered. A receding jaw can be enlarged by the insertion of a dermo-fat graft or cartilage. Over-developed chins can be reduced by sawing off crescentic fragments of the jaw-bone. In either case the scarcely visible scar is found in the fold beneath the chin.

While the average person rarely notices the ears, police authorities consider it one of the most characteristic features of the face and one of the most important from the point of view of identification. Unfortunately for them, modern plastic surgery can change all of the most typical features of the auricle. The helix or anthelix can be altered at will with resultant changes in the contour of the entire ear by subcutaneous excision of different portions of the auricular cartilage. The ears can be brought closer to the head also by cartilaginous excisions. The lobe can be joined to or detached from the cheek. The entire size of the ear is changed without impairing the symmetry of the auricle, by the excision of triangular fragments of cartilage and skin. In all cases of suspected otoplasty a thorough hunt must be made for the scars as they can be cleverly concealed in the numerous grooves and depressions of the auricle.

The importance of the ear in identification is confirmed by the fascinating case of the false Anastasia. Several years after the World War a woman came forward and declared herself to be the Grand Duchess Anastasia, daughter of the late Russian Czar. According to her story, she had escaped execution but had lost her memory following a blow on the head. So marked was her resemblance to Anastasia that even some members of the Russian Imperial Family were prepared to accept her—until Professor Bischoff, head of the Police Institute of Lausanne, Switzerland, disproved her story by comparing her ears with a photograph of the real Anastasia!



Photographs of John Dillinger. Note the pronounced dimple in chin and characteristic furrows around the mouth in (A). The post-mortem photograph (B) shows eradication of the characteristic dimple and furrows from an operation on the face. The many dark spots are wounds. (Courtesy of Bureau of Investigation, U. S. Department of Justice.)

FIGURE 3.

"Face-lifting" makes identification more difficult by eradicating characteristic bags, folds, and wrinkles which receive mention on the "*portrait parlé*," and by imparting a fictitious air of youth. Large areas of skin can be excised through incisions in front of and behind the ear, following wide undermining of the facial skin. This procedure does not really conceal identity, however, for it leaves the features untouched. Furthermore, the hairline scar can always be traced in front of the ear—or on the eyelids if surgery has been applied to the para-orbital area.

Scars, birthmarks, tattooing, etc.—once a prominent feature of the Bertillon system—can now be completely eradicated, usually without conspicuous scarring. The blemish is removed and the surrounding skin undermined and stretched to cover the defect. If the malformation is too large to be corrected in one stage without grafting, it is excised serially. Around the facial cavities grafts of various types are used to correct or prevent distortion, with a remarkable change in the facial appearance as a result.

It is not necessary to detail the reconstructive procedures on the bony framework of the body which can make sight recognition more difficult. Suffice it to say that height and gait, two important characteristics can be changed by the correction of bow legs or knock knees.

At the present time there is no means of knowing how many criminals have had recourse to plastic surgery in the attempt to con-

ceal their identity. There can be no doubt of the possibility of effectively disguising the appearance by this means; and the fact that it has been attempted by a few notorious criminals leaves little doubt that it will be tried again. This constitutes a serious problem for the reputable plastic surgeon no less than for the police. No decent physician would knowingly lend his professional skill to the aid of crime. The man who operated on Dillinger belonged to the small criminal fringe that trails every vocation. Unless he is careful, however, any reputable plastic surgeon is likely to be victimized by denizens of the underworld whose identity and purpose are unknown to him. The writer has repeatedly stressed the advisability of ascertaining the motive behind requests for plastic surgery, as a protection against psychopaths. The indicated questioning along these lines yields valuable information. In suspicious cases the surgeon should not operate without first verifying the patient's identity and address.

Closer cooperation between plastic surgeons and the authorities would go far to prevent the witting or unwitting prostitution of an honorable specialty to the purposes of crime. All legitimate reconstructive surgeons should be listed with both local police and the Department of Justice. Then if a dangerous public enemy were sought, the police could send their regular descriptive circular to plastic surgeons to put them on their guard. This would have particular importance if the criminal hunted had any striking features whose reconstruction would make sight recognition difficult.

With crime and the resources of the underworld mounting yearly no new weapons should be allowed to fall into the hands of outlaws. Marked alterations in appearance are easily accomplished by plastic surgery, thereby intensifying the difficulties attendant upon criminal identification, and every precaution should be taken to prevent the diversion of a reputable branch of medicine to the service of the lawless.