



The Police Surgeon SUPPLEMENT



VOL. 10 SPRING 1981



**POSTGRADUATE WORKSHOP
IN FORENSIC MEDICINE
BOOKING FORM ~ PAGE 65**

**EARLY BOOKING FOR ANNUAL
CONFERENCE ESSENTIAL!**

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

President: Dr. HENRY ROSENBERG, O.B.E.
2 Bulkington Avenue, Worthing, Sussex.

President Elect: Dr. JAMES HILTON D.M.J.

Hon. Secretary: Dr. HUGH de la HAYE DAVIES, D.M.J.

Hon. Treasurer: Dr. ARNOLD MENDOZA
1, Arlington, London, N12 7JR.

ASSOCIATION OFFICE: Creaton House, Creaton, Nr. Northampton, NN6 8ND.
Telephone: 060-124 722 Office Hours: 2-6 p.m. Mon.-Fri.

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

The Journal of the Association of Police Surgeons of Great Britain. Published bi-annually, price £8.00 or \$16.00 US per year including postage.
Distributed free to all members of the Association.

Editor: Dr. WILLIAM M. THOMAS,
St. Fillans, 2 Liverpool Road, Penwortham, Preston, Lancs.

THE NEW POLICE SURGEON

A practical guide to Clinical Forensic Medicine. £18 plus £1.43 p. & p.
The Associations' widely acclaimed text book. Order form on page 41.

THE POLICE SURGEON SUPPLEMENT

Published bi-annually, and distributed free to all members of the Association and to subscribers to 'The Police Surgeon'.

Editor: Dr. MYLES CLARKE, D.M.J.,
Vine House, Huyton Church Road,
Huyton, Nr. Liverpool, L36 5SJ.
Telephone: 051-489 5256.

Assistant Editor: Dr. H.B. KEAN

Printers: The Bemrose Press (Michael Bemrose) Limited,
Hunter House, 8 Canal Street, Chester, CH1 4EJ.
Telephone: Chester 26683.

Cover: Sheffield Park from Sheffield Park Gardens.



The Police Surgeon SUPPLEMENT

VOL. 10 SPRING 1981

CONTENTS

EDITORIAL	5	ANNUAL GENERAL MEETING 1980	50
PRESIDENT'S LETTER	8	NEWS AND VIEWS	52
STRANGE EVENTFUL HISTORY	11	Ralph Lawrence, O.B.E.	52
In the beginning	11	Professor Bernard Knight	52
Metropolitan Police Surgeons	12	Lord Belstead	53
The Spurgin Papers	13	Hilary Jarvis, M.B.E.	53
Sidney Street Siege	17	Medical Registers and Book 83	54
Commercial Road Casualty	18	Metropolitan Group	54
Correspondence 1913	19	Surgeons in Eire	55
EAST END SURGEON	21	DMJ Results	55
FIRST AID	29	Met. Lab. Courses	55
ASSOCIATION PUBLICATIONS	30	Honorary Hugh	56
At the Med. Ju. Class	31	Subscriptions	56
NOTES FROM THE NEWS SHEETS	32	Thermometers	57
THE FIRST DMJ?	36	N.A.V.S.S.	58
Conference Venues	37	Bergen	59
INFORMATION RECEIVED	38	NOTICE BOARD	60
Suspicious Circumstances	38	Forensic Science Society	60
Claims by Police Surgeons	39	Poldive IV	61
Disputed Paternity	39	MEDICO-LEGAL SOCIETIES	62
Wheat from Chaff	40	POST GRADUATE WORKSHOP	65
Missing DMJ's	40	In Forensic Medicine — Booking Form	65
Experts for the Defence	40	REPORT FROM THE WEST COUNTRY	67
THE NEW POLICE SURGEON	41	MET. LAB. NEWS	70
Order Form	41	CASE REPORT — DOMESTIC VIOLENCE?	75
POLICE SURGEON — NORTHERN IRELAND	43	DOCTORS AND TORTURE — THE POLICE SURGEON	76
FOUNDER'S FORUM	44	HOVE CONVALESCENT HOME	80
Salop Constabulary	44	A QUESTION OF IDENTITY	83
Police Surgeons Appointment 1951	45	Them Dry Bones	84
HO HO Pathologist	45	Dangerous Aerosols	85
ASSOCIATION OFFICE	46	Offences in Great Britain	85
Deaths in Custody	46	METROPOLITAN WINTER MEETING	86
Association Emblems	47	STATISTIC	90
Membership List Amendments	48	CORRESPONDENCE	91
Election of Councillors	49	DATES FOR YOUR DIARY	91
Case Load Analysis	49		
Sexual Assault Pamphlets	49		



The Grand

A.A. **** R.A.C.

The graceful and elegantly designed Grand Hotel has been a true Brighton landmark since 1864 and has set a standard that has been imitated but never quite matched for its individual grandeur and finery. Unmistakably modern in its concept it has skilfully retained an atmosphere of charm and friendliness which is rare indeed today.

You will like the difference that is unique to the Grand Hotel. All the 178 bedrooms have private bathrooms en suite. Colour TV and radio. There are seven luxury suites. The elegant Restaurant overlooking the sea front offers the best of cuisine and wines with efficient but unobtrusive service. Enjoy an aperitif in our Victoria Bar, facing the sea. During the summer, weather permitting, we serve luncheons and refreshments on the Verandah. Double glazing on all front bedrooms.

SATURDAY DINNER DANCE 8.00 p.m. — Midnight.

MINI-BUDGET WEEKENDS available *throughout the year* excluding public holidays, for apartment, English breakfast, table d'hôte luncheon *or* table d'hôte dinner, and Saturday dinner/dance. Minimum two consecutive nights.

Conference rooms and all facilities are available for 300 persons. The Grand is adjacent to the Brighton Centre and N.C.P. Car parking close by.

EDITORIAL

BACK TO THE BAD OLD DAYS?

The introduction of breath analysis machines steadily comes closer as the Road Traffic Bill goes through its various stages in Parliament. The machine will replace to a great extent the need to call out a Police Surgeon to take blood from drinking drivers. Border line cases will be given the option of a blood test and drivers in hospital will still require blood samples to provide the necessary evidence.

There are a number of deficiencies in the proposed procedure. The defendant will no longer be given a sample of the evidence for him to have independently analysed. Drugs taken by a driver who has also been drinking cannot be detected by the breath analysis. The presence of illness or injury in the drinking driver may be unsuspected whilst he is in custody.

There is no doubt that the appearance of the breath analysis machine will have significant effects on the income of Police Surgeons. Estimates suggest that those working in urban and city areas will lose perhaps one third of their income, those working in rural areas perhaps up to a half. The Road Safety Act 1967 resulted in an increased demand for the services of Police Surgeons. This led to the establishment throughout the country of a Police Surgeon service, with the Surgeons having a contract with the Police Authority and with the payment of standard retainers and fees. Prior to 1967 the situation had

varied from the well organised to the chaotic and casual, with the standards of medical expertise being equally varied. The Road Safety Act 1967, in addition to placing the prosecution of the drinking driver on a scientific basis, also led to more Police Surgeons becoming more deeply interested in other facets of medico-legal work. Consequently, there has been a general improvement of the standard of Police Surgeon work throughout the country, with a much higher standard of evidence in Court.

It is to be hoped that the introduction of the breath analysis machine will not tempt some Police Authorities to return to the bad old days prior to 1967, dispense with retained Police Surgeons and to rely, as before, on casual labour.

FEES AND THE D.M.J.

Because of inflation, negotiations regarding fees and terms of service are now an annual event. The Association claims that Police Surgeons should be regarded as specialists in their own right. We know that many aspects of the Surgeon's work do require special skills and knowledge not possessed by the average General Practitioner and obtained only after postgraduate experience and study. The authorities can only recognise that a Police Surgeon has acquired the special skills and knowledge when the



VOLTAROL[®] 50

diclofenac sodium

The symbol of a new flexibility

**Eases rheumatic pain and stiffness
Improves mobility
Flexible dosage**

Geigy

Full prescribing information is available from
Geigy Pharmaceuticals, Horsham, West Sussex.

Surgeon has passed the Diploma in Medical Jurisprudence. A Police Surgeon may have many years of experience behind him but unless he can put the magic figures D.M.J. after his name, there is nothing to distinguish him from the newest General Practitioner in town.

A greater financial recognition should be made of the Diploma in Medical Jurisprudence, at present acknowledged by the payment of a supplementary retaining fee of £200. Fees paid to holders of the D.M.J. should be substantially greater than the fees paid to those without the qualification, this acknowledging the fact that Police Surgeons with the D.M.J. are practising qualified specialists. The payment of the supplementary retaining fee for those, who on the 1st January, 1969, had for 15 years or more served continuously as a Police Surgeon and who still have not obtained the D.M.J., should be abolished.

CHIEF CONSTABLES AND THE D.M.J.

It is nearly 20 years since the Diploma in Medical Jurisprudence came into being and yet there are many Chief Constables who do not appear to be aware of the Diploma. They ensure that the men in their forces are trained to the highest degree and care is taken to make sure that they keep up to date and maintain the high standards expected of them. In some parts of the country some advice is obtained by Chief Constables on appointing new divisional Police Surgeons. However, most forces do not appear to expect their new Police Surgeons to undertake any postgraduate study in clinical forensic medicine, nor do they insist that the tyro Surgeon, in due course, obtains the only qualification which will confirm his expertise — the Diploma in Medical Jurisprudence. We hope the day will soon come when Chief Constables insist that Police Surgeons demonstrate that they have reached the standard expected of a specialist by obtaining the Diploma in Medical Jurisprudence and maintain that standard by attending meetings, whether they be local, national or international.

THIRTY YEARS ON

This year is the 30th anniversary of the Association of Police Surgeons of Great Britain. The Association owes its origin to the foresight of W.G. Johnstone, Ralph Summers and others, who realised the need to evolve from the Metropolitan Police Surgeons Association a national organisation. The new Association set out to raise the standards of the Police Surgeon, his terms of service and the conditions in which he works.

The Diploma in Medical Jurisprudence has a steady trickle of candidates, although only 10% of the Association membership has the Diploma. The accommodation provided for Police Surgeons has greatly improved throughout the country during the last ten years. In the Metropolitan Police area in particular, considerable advances are being made, which will be demonstrated at the Brighton Annual Conference. The Association speaks with authority and has given evidence before recent Royal Commissions and other official bodies.

Our publications are sent world-wide. National Associations in other countries claim close links with us.

We have achieved in some measure the aims of our founders; they can be well satisfied with their handiwork. The Association will continue to strive for the goals set for us so long ago.

THE SUPPLEMENT

A considerable portion of this Supplement is devoted to extracts from books, newspapers, old papers, early Association Newsletters and other publications, some because they are amusing or interesting, others because they give some indication of the work of the Police Surgeon at the time. An article based on an interview with Dr. Ralph Summers, O.B.E., describes in conversational form the work of the Police Surgeon in the East End of London between the end of the first world war and the end of the second world war. And a grim reminder of present day realities, there is an extract from an article by a Police Surgeon on his work in Northern Ireland.

PRESIDENT'S LETTER



Photo: Tom Blau

ALCOHOLICS

Members of our Association are familiar with the personalities of those involved in driving a motor-car under the influence of drink. Most of our members are also general practitioners who are concerned with the welfare of their patients. It is this particular role which I wish to emphasise.

In January of this year I gave a lecture to a postgraduate class on alcoholics and I was astonished to learn of the difficulties some practitioners have in making an early diagnosis of the social alcoholic.

It was assumed that a social drinker may ultimately become an alcoholic. Social drinkers may drink with their friends but it is not essential. Intoxication in this social class is rare but may occur only during some group activities — such as a New Year's Eve get-together, after a "rugger" match, or some other special occasion.

The social alcoholic is frequently intoxicated but is able to maintain some behavioural control. He looks forward to occasions that require a gin, sherry or martini for lunch and afterwards expects at least "one for the road". He becomes a regular at a pub where he meets those who share his preferences and promote a friendship based on a high tolerance for alcohol. He always finds time to have

another drink before going home and has at least one before dinner. He often falls asleep shortly after dinner. Despite his daily excessive drinking he does not have a "hangover" and his marriage is rarely disrupted, nor does it interfere with his work.

This familiar pattern evolves over many years and becomes evident between the ages of 40-50. At this stage he is identified by severe dependence or addiction and patterns of behaviour manifest themselves:—

1. It interferes with his ability to socialize and to work well.
2. It may lead to marital problems which become intolerable.
3. He may lose his job or status in the office.
4. He may seek medical treatment but this is not common.
5. He may be arrested for "Drinking Driving".
6. He may suffer physical injury.
7. He may be arrested for drunkenness.
8. Eventually he may be admitted to hospital for cirrhosis of the liver or "D.T's".

The age at which they occur are valid measures of the alcoholic's illness.

The Diagnosis

A person who can limit his alcohol — induced behaviour to four or less of the symptoms can manage his adult life as an employed-alcoholic. One who shows more than four of these symptoms can be described as an "indigent alcoholic" abandoned by his friends, his employer and eventually his family and in time becomes a member of the "skid row" segment of the alcoholic population.

We should aim at watching for potential alcoholism in our practices and point out clearly the dangers. Alcoholics Anonymous is a group willing to help.

WARDERS STRIKE

One cannot omit the enormous strain thrown on some Police Surgeons during the warders strike. I know how hard our Association worked under difficult circumstances. However, I feel this brought a greater understanding between the police forces and our members. I have heard nothing but praise for the way the Association coped.

STONE THROWING

On a lighter note may I draw your attention to the art and philosophy of throwing stones! The throwing of stones need not be an act of vandalism but is sometimes an art of accuracy of aim. With practice a stone can be cast so delicately that it hits the object which is standing alone.

However when there are many objects about, one can throw indiscriminately when — low and behold — an object is struck — not necessarily the intended object but nevertheless a hit! Should the object prove to be a human then I could quote: "Men have lost their reason in nothing so much as their religion wherein stones and clouts make martyrs".¹

Or again: "It would positively be a relief to me to dig him up and throw stones at him".²

In a crowd it is surprising how often the object struck may indeed be the very object at which one might have aimed if only one had practised more diligently.

MEETINGS

I was delighted to see so many members living outside London attending the Winter Symposium of the Metropolitan and City Police Surgeons Group.

Arnold Mendoza and his team produced an excellent programme of speakers and topics for discussion. They are to be congratulated on keeping up the high standard set in previous years.

The Annual Conference at Brighton should be a great success with a list of glittering speakers who will address us. I look forward to meeting in June more new members and to renewing old friendships.

Henry Rosenberg

References:

1. T. Browne (1605-1682) *Urn Burial*, Chapter 4.
2. G.B. Shaw, *Dramatic Opinions and Essays*, Volume II, 1907.

J.C.G. HAMMOND

specializing in antiquarian and
out-of-print books on

**CRIME
and
COGNATE
SUBJECTS**

including medico-legal works

Crown Point, 33 Waterside, Ely,
Cambridgeshire, CB7 4AU.

Catalogues issued

Books on the above also purchased.

Telephone: Ely (0353) 4365



*This
small,
white
tablet
relieves flatulence,
heartburn, nausea
and vomiting.*

Maxolon
metoclopramide

Further information is available on request to the company.



Beecham Research Laboratories

Brentford, England A branch of Beecham Group Limited

Maxolon and the BRL logo are trade marks.

BRL 4027

STRANGE EVENTFUL HISTORY

THE POLICE SURGEON THROUGH THE AGES

IN THE BEGINNING

It was at the beginning of the 13th Century that Hugh of Leuchar was induced, by the sum of £500, to become the *medicus vulnerum*, or Police Surgeon, of Bologna. I feel that several of you will think that times have not changed for the better: £500 is, I consider, a reasonable retainer fee as a Police Surgeon. Within a very short time the statutes of the Lowlands, and eventually, by the 15th century, France, had introduced the Continental rule that medical evidence in courts of law was to be restricted to those doctors who are considered qualified to give medical evidence.

Now centuries were to pass before medical evidence was even given in courts of law in England. You may not know, but as recently as the 18th Century no medical evidence was given at Coroner's inquests in England, and it was just as well that no medical evidence was given, because medical evidence in this country was in a very poor state. At the time English medical teaching was founded upon the disputations of the masters, Galen and Hippocrates. There was no anatomical dissection whatsoever. By the 17th Century in Cambridge it was necessary to pass a Grace from the Senate to make it compulsory to hold the one dissection which had been held each year at the medical school there.

I was able to find a rather interesting case which was heard in London in 1424 where a surgeon was being judged by the Mayor and Aldermen of London and three surgeons as assessors. The court found that "the said William Forrest, plaintiff, when the moon was in a dark

and bloody sign, namely, under the very malevolent constellation Aquarius, was seriously hurt in the said muscles on the last day of January and lost blood enormously, even to the 9th day of February last past, the moon remaining in the sign Gemini". Well, I think you will agree with me that it is an excellent defence to medical negligence. Those of you who remember any history may have noticed that most of the historical whodunits would no longer be whodunits if medical evidence been given. For example, Amy Robsart, who was supposed to have been murdered at Dudley's instigation, was found lying at the bottom of the foot of stairs and the Coroner's inquest reached its verdict without any reference to medical evidence whatsoever. Occasionally the parish surgeon was invited to give evidence at Coroner's inquests after the 18th Century but in the first textbook on medical jurisprudence to appear in the English language in 1787 I notice that it is complained that medical men "fly from courts of jurisdiction as places of trouble and examination".

The first reference I can find to medicine and the police is curiously enough in the passage in the "London Gazette" concerning the appointment of our First Professor of Medical Jurisprudence at Edinburgh in 1807 where Andrew Duncan was gazetted as the curious title of "Professor of Medical Jurisprudence and Medical Police"; I have never been able to understand that but it is rather interesting.*

J.D.J. Havard
APSGB Annual Conference 1959

* Probably referring to Duncan's *Medical Officer of Health Duties*. Ed.

METROPOLITAN POLICE SURGEONS

The first official reference one can find of the appointment of a doctor to the police was in 1805 when a medical officer was paid £100 per annum to examine recruits; and give medical attention to the mounted Bow Street patrol known as the Robin Redbreasts on account of the red waistcoats they wore. This force was founded by Sir Richard Ford, a Bow Street Magistrate.

There is little doubt that the "Bow Street Runners" first formed in 1749, fifty years earlier by Henry Fielding, a Novelist and Justice of the Peace at Bow Street, must have had some medical supervision and selection of personnel, but no official mention of this can be found.

A "Superintendent Surgeon" to the Force was appointed on the 19th April, 1830 — with back pay to February of that year — Dr. R.W. Fisher was the first incumbent of this post with a salary of £350 per annum. Applicants had to be under 35 years of age, over 5ft. 7in. in height and able to read and write. There is no mention of any appointments of other Police Surgeons until 25 years later in 1858. Such appointments must have been made as there are records of payment of sundry sums to doctors and dispensaries for their services to the police. Police Orders are worthy of note —

1830 — "Surgeon, Divisional Police suddenly taken ill and strange surgeon called in, not to be called beyond first visit".

1843 — "Leeches, how to be supplied by".

1863 — "Diarrhoea mixture to be charged for on half yearly account".

1860 — Notice of early retirement of a police officer on medical grounds, reason — worn out.

1860 — Officer discharged from the force — Drunk on duty after 26 occasions. (The authorities must have been very tolerant).

1867 — An old condemned police sheet is to be kept at each police station for the Divisional Surgeons to use as bandages and it is to be renewed as

occasion may require. The sheet is to be kept in a cupboard or some unobtrusive place at the police station and is to be used only for the purpose as above stated.

1889 — The total number of dogs taken to the dogs home for the month of September was 2160. 41 dogs killed as mad or ferocious, of these the disease was certified by Veterinary Surgeons as follows: Rabies 18; Epilepsy 9; Congestion of lungs 1; Ferocious 11; Not examined 2.

1904 — It became a condition of appointment that the Divisional Surgeon had to be in telephonic communication with the station to which he was appointed.

1908 — Introduction of special fees in cases of using the stomach pump, and, in cases of prolonged surgical procedure. In one case a divisional surgeon amputated a leg and received the daytime fee of 3s. 6d.

Ralph Summers,
'The Police Surgeon', October 1978.

METROPOLITAN POLICE SURGEONS ASSOCIATION

At a meeting held on 3rd November, the following Officers and Council were elected for the ensuing year:

President:

A.O. MacKellar, F.R.C.S.

Vice-Presidents:

Thomas Bond, F.R.C.S.

Roderick MacDonald, M.P., L.R.C.P.

Treasurer:

George B. Phillips, M.R.C.S.

Hon. Secretaries:

H. Nelson Hardy, F.R.C.S., Ed.

J.H. Waters, M.D.

This Association has made a good start, with the entire approval of the late Chief Surgeon and the present Chief Surgeon, as also of the Commissioners of Police. It is remarkable that such an Association has not been formed before.

The Lancet, 12th November, 1887

THE SPURGIN PAPERS

The Spurgin Papers are a collection of newspaper cuttings, post mortem reports and other items. They belonged to Dr. F.W. Spurgin and Dr. P.B. Spurgin, father and son, both of whom became President of the Metropolitan Police Surgeons Association. F.W. Spurgin was President in 1908-1909, and P.B. Spurgin was President in 1925-1926. The papers date from the 1870's to the late 1920's. The post mortem reports were hand written, many in pencil, and are legible with great difficulty.



P.B. Spurgin

MEMO FOR DR. SPURGIN from P.C. 241 Thomas Johnstone.

At 11 a.m., 6th February 1890, while seizing a half-bred bull terrier dog in High Street, was bitten on the forefinger of right hand, breaking the skin; wound cauterised by Dr. Croyden, Chemist, Wigmore Street, about a half an hour later. Dog examined by Veterinary Surgeon, who certified it to be suffering from rabies.

P.C. examined by Dr. Spurgin at 2 p.m. 10th, who recommended M. Pasteur treatment.

P.C. left for Paris at 7 p.m. 10th. Arrived in Paris 8 a.m. 11th. Received treatment at M. Pasteur Institution, 25 Rue Dutot, Paris, from 11th-25th inclusive.

Left Paris at 6 p.m. 25th. Arrived in England 6.30 a.m. 26th. Resume duty on 27th.

*Thomas Johnstone,
P.C. 241D.*

Dr. Spurgin signed a further memo on March 14th, 1896 — "P.C. Johnstone at this date remains well and is still on duty in the D Division".

PERSON OR PERSONS UNKNOWN

Inquest on the body of a new-born child found on the roof of No. 354 Edgeware Road. Inquest held November 30th, 1896.

Frederick William Spurgin disposed:—

I am a duly qualified medical practitioner and reside at 11 Wimpole Street, W. I was called to the police station on Saturday last, November 28th, 'about mid-day and there saw the body of a newly born female child. She was born at the full period and had been dead some days. The body was well nourished and had not apparently been washed. The navel string was 1½" long, but not tied, apparently cut. A red tape was tied and knotted around the right wrist. Round the neck there was a piece of linen rag (portion of drawers) tied tightly. After being tied, it had been twisted around the neck once and the loose end of rag was firmly wedged into the mouth and gullet of the child.

I have made a post mortem examination of the body. It was 20 inches long and weighed 5 lbs. 5 oz. There were two

eccymosal marks around the neck. The mouth was wide open. There was extravasation of blood on the right side of the head under the scalp. There was effusion of blood all over the brain but more especially on the right side and the right parietal bone was fractured. The lungs were both fully inflated and there were eccymosal patches and dilated air cells on the surface. The child had breathed (fully) and was born alive. The heart cavities contained liquid blood. The condition of the lungs pointed to death due to suffocation. The organs of the body were healthy.

I am of the opinion that the deceased was partially suffocated and then the injury to the head was inflicted with violence. The cause of death was from suffocation caused by a piece of linen tied round the neck and from effusion of blood on the brain following fracture of skull.

There had been no skilled attendance at the birth. The body was not decomposed.

Inquest Verdict: Wilful murder against some person or persons unknown.

To Dr. Spurgin —

By Virtue of a Warrant under the Hand of Seal of George Dandford Thomas, Esquire, one of Her Majesty's Coroners, for the County of London, You are hereby summoned personally to be and appear before him on Tuesday, the sixth day of April, at 10.45 o'clock precisely in the forenoon at the Coroner's Court held at Paddington Street, Marylebone, then and there to give evidence and be examined on Her Majesty's behalf touching the Death of The Skeleton and not to depart without leave. Herein fail not at your peril.

Dated this fifth day of April, 1897.

Signed . . . G. Bone, Constable.

DRUNK OR SOBER? — Doctors' Tests

Doctor Spurgin, the Divisional Surgeon for Marylebone, giving evidence against a cabman, said he came to the conclusion that he was hopelessly drunk as he could not stand straight, walk straight, talk straight, or think straight.

Commissioner of Metropolitan Police, Scotland Yard

Sir,

I beg to apply for an official fee in the following cases, which have occurred during the past half-year.

First, John Harold Shadwell, 22 Nottingham Place. This was a case I was called to on July 1st, at 11 p.m. It was a case unique in its character, the difficulty being to differentiate between homicide, suicide or accident. The man was seen to fall from an upper window. When examined he had extensive injuries to almost every limb as well as ribs being broken, but the peculiarity was a clear incised cut wound across the throat extending down to the wind pipe, which presented the exact appearance of a homicidal wound and the natural inference was that this would have been inflicted prior to his having fallen or been thrown from the window. I spent nearly three hours in investigating with the police the various rooms and outbuildings of the House. On the next day I felt it my duty in consequence of the obscurity of the case to call to my aid the opinion of the Chief Surgeon, who kindly accompanied me and I again inspected the body and, with him, went exhaustively into the case. I then furnished the Police with a report and later on made a prolonged and careful P.M. assisted by my colleague, Dr. Maugham, of J Division, the many obscure points in the case making this co-operation of great importance but a practical necessity.

Second, I was called to Elizabeth Marshall, 15 Paradise Street, at 9 p.m. on August 22nd. I found her suffering from the effects of oxalic acid poisoning. There is no doubt she had taken some considerable amount of this. P.C. (name misg) who was first called had already given some mustard and water as an emetic. This had not had effect. I remained with her some two hours and failing sufficient effect from the emetic, I tried the stomach pump ultimately leaving her in safety and in a condition to be charged at the Police Station with attempted suicide.

F.W. Spurgin

Letter written in 1900



Medical Examinations for the City Police 1909
(Adam: *The Police Encyclopaedia*)

Caved-S[®]

Deglycyrrhizinated Liquorice, Alum. Hydrox.
Mag. Carb., Sod. Bic.

heals peptic ulcers

EFFECTIVELY

AND

ECONOMICALLY

Full prescribing information on request from
TILLOTTS LABORATORIES, Henlow Trading Estate, Henlow, Beds.

SIDNEY STREET SIEGE

On the 3rd of January 1911 two men, suspected of having been implicated in the murder of police officers in Houndsditch a few days previously, were walking along the Commercial Road, closely shadowed by detectives. They turned up Sidney Street, and suddenly disappeared into a doorway near the Mile End Road end.

The hour was within a few minutes of midnight. They went up to the top floor, where lived a woman whom they knew, and whose husband was permanently absent. They asked for food and lodging for the night, which she, in the exercise of her discretion — or indiscretion — supplied, and they took possession of an empty room on the floor below.

The woman descended for the purpose of going to a shop close at hand to buy food for them, and was promptly seized by the police. Having removed this lady, the officers proceeded to rouse and remove the other inmates of the house, and also those in the adjacent tenements.

The non-arrival of their supper caused the men, who were named respectively Franz and Josef, to smell a rat, and to suspect — with reason — that they were trapped.

But in the darkness nothing could be done by either side. The men would not come down because they knew the police were waiting, and the latter could not without great loss of life ascend the narrow stair.

With the coming dawn the officers threw some small stones up at the windows to draw the game. The answer was a volley of twelve shots from Mauser pistols, one of which hit Detective-Sergeant Leeson in the chest and laid him low. He was promptly removed to the London Hospital close by, where he remained for many weeks under treatment.

*From 'The Diary of a Police Surgeon'
by Graham Grant*

Scotland Yard was informed; I was sent for; the military officer in charge of the Tower was asked to send assistance, and he did so, even to the extent of ordering to the spot some artillery.

In the meantime a lively and ineffectual fusillade was kept up by both parties, the anarchists from their windows, and the police, now reinforced by other officers and some men from the Tower garrison, from the windows of the houses opposite.

Crowds began to assemble, and cordons of police had to be posted across the various streets leading into Sidney Street to keep the people at a safe distance. About noon an excitable young Jew, who had come out of one of the houses, was hit on the head by a stray bullet.

I proceeded to examine the injury, and as the man would not keep his head still I seized him by the ears. This was, of course, the moment which the ubiquitous camera-fiend selected to photograph the incident, and I was reproduced in the evening papers in this unprofessional attitude.

An hour later saw a thin stream of white smoke coming out of one of the windows of the besieged house. The smoke became black; a tongue of flame followed it, and in a few minutes the top floor was well alight.

There was an interval of silence, and then the firing began again from the room below; but it was not sustained long, as no doubt the heat — which was oppressive in the street — must have been intolerable in the house itself.

It was a curious sight to see the firemen, policemen, soldiers, and civilians standing inactive while the house and its inmates were consumed.

Presently the fire died down; no signs of the anarchists were longer seen or heard, and the firemen entered through the gaping doors and windows.

At 3.30 p.m. I was asked to enter the house and look at something which had been found. I did so, and discovered two white objects projecting from the burned debris on the ground floor. It was clear to any experienced eye that they were

arm-bones. I pulled upon them, and a charred body rose in response to the force applied.

The forearms had been burnt off at a point half-way up the upper arms, and the legs were similarly amputated by the fire half-way up the thighs. That this was so is curious enough, but that the limbs of the second body, found shortly afterwards, should have been amputated in an exactly similar manner is puzzling indeed.

The forces at work were the fire itself, falling beams and molten lead. Of the last, both bodies contained a large quantity. The probable explanation is, that when the bodies fell from the floor above on to a comparatively soft mass of cinders, the heavier trunks sank deeper than the limbs, and were thus protected by the surrounding debris.

At 3.40 p.m. there was a fall inside the house of a hearthstone and a quantity of bricks, by which four firemen were injured, and were sent to hospital. Captain Dyer was also struck on the shoulder, which necessitated his removal to his home. One of the injured firemen had his spine fractured, and eventually died.

At the post-mortem examination on the two anarchists, one of the skulls disclosed a bullet wound over the right ear, with a wound of exit behind the left. This would certainly have been a fatal injury, of such a nature that it could not have been self-inflicted, and therefore was caused by his companion or one of the attacking party.

The teeth in both skulls were perfect; the hearts and other organs were those of young adults, probably between twenty and twenty-five years of age; and the lungs showed — from the absence of soot and other pigments — that they were not town-dwellers. One hand was found, with rough and uncared-for fingers; while round the neck of one of the bodies was the remains of a coarse blue shirt, obviously of foreign make.

The weapons found in the house were two Mauser pistols, then selling for four pounds ten shillings each, and two Browning pistols, about two pounds ten shillings each.

COMMERCIAL ROAD CASUALTY

One night a man was knocked down by an electric car in the Commercial Road, and a crowd and a policeman quickly gathered.

"Where are you hurt?" asked the constable.

"Oh, my leg! My right leg!" was the agonised reply.

A gentleman came out of the crowd and said to the policeman, "I am an ambulance man, and will attend to him. Have you any splints?"

"Yes, sir. I'll send for the ambulance.

In due course the vehicle arrived. A large number of the splints and bandages were applied to the left limb, and the sufferer carefully removed to the London Hospital, where the house surgeon (unfeeling brute!) took the splints off and impatiently expressed the opinion that there was nothing the matter with the leg.

"Please sir, he said the right leg, but the gentleman made a mistake and put the splints on the left", the constable remarked.

So the house surgeon examined the other limb, and said that "It was also uninjured, but that the man was drunk, and the policeman a fool!"

On all these points the surgeon was found to be correct.

The constable, adopting the line of least resistance, with great discretion took the man to the police station and charged him with being drunk in the street, which, of course, the prisoner denied, and I was called to see him.

On examination I found that he was drunk, and had sustained no injury. As a matter of curiosity I asked the officer why he had allowed a bystander to attend to the man instead of sending for me, and he replied:

"Please, sir, he wore an 'igh' at.

*From 'The Diary of a Police Surgeon'
by Graham Grant*

CORRESPONDENCE 1913

The Metropolitan Police Surgeons Association

39 Gerrard Street,
Shaftesbury Avenue, W.
London, 29th October, 1913.

Dear Sir,

I am instructed by my Executive Council to write in reference to the question of the Medical Examination of drivers of licensed motor vehicles who have been arrested on a charge of drunkenness. In cases of this sort the usual penalty on conviction is imprisonment for one month followed by the suspension of their Police License for varying periods by the Scotland Yard Authorities, resulting in great distress to the men and their dependents. My Executive Council have no desire whatever to raise any defence for the drunken motor car driver whom they regard as deserving of the severest punishment, but so many cases have arisen where men certified to be drunk by Divisional Surgeons have been discharged by magistrates owing to the evidence tendered in their favour. The great majority of convictions occur where it is impossible for the defendant to get witnesses on his behalf, thus throwing the whole of responsibility of the convictions and the consequences thereof on the Divisional Surgeon who is called on to examine him. Therefore, my Executive Council desire to bring to your notice the seriousness of the position, and to respectfully request that in consideration of the heavy penalty attached to a conviction for drunkenness every care should be taken to prevent the conviction of an innocent man.

Yours faithfully,

(Signed) H.A. Bywater,
General Secretary

London & Provincial Union of Licensed Vehicle Workers

New Scotland Yard, S.W.
8th November, 1913.

Dear Sir,

The Council of this Association takes such a very serious view of the letter which your Society sent to the Divisional Surgeons, that they consider an official reply to be necessary.

Your letter, as worded, implies one of two things, either that your Society accuses the Divisional Surgeons of being incapable or neglectful of their duties in not using sufficient care in the examination of men charged with being drunk whilst in the care of motor vehicles, or that it desires Divisional Surgeons, in consequence of the heavy fines and punishment justly imposed in these cases by the Magistrates, to become a party to the offence and deprive the Authorities of what they rightly consider very important evidence, and concerning which the Magistrates of London have many times expressed their appreciation.

We consider your letter unnecessary and unjustifiable, and indeed insulting to Divisional Surgeons, who fully recognise the gravity of such cases; and we beg to inform your Society that they will continue to do their duty, as hitherto, giving full consideration to the interests of the accused with due regard to the safety of the Public.

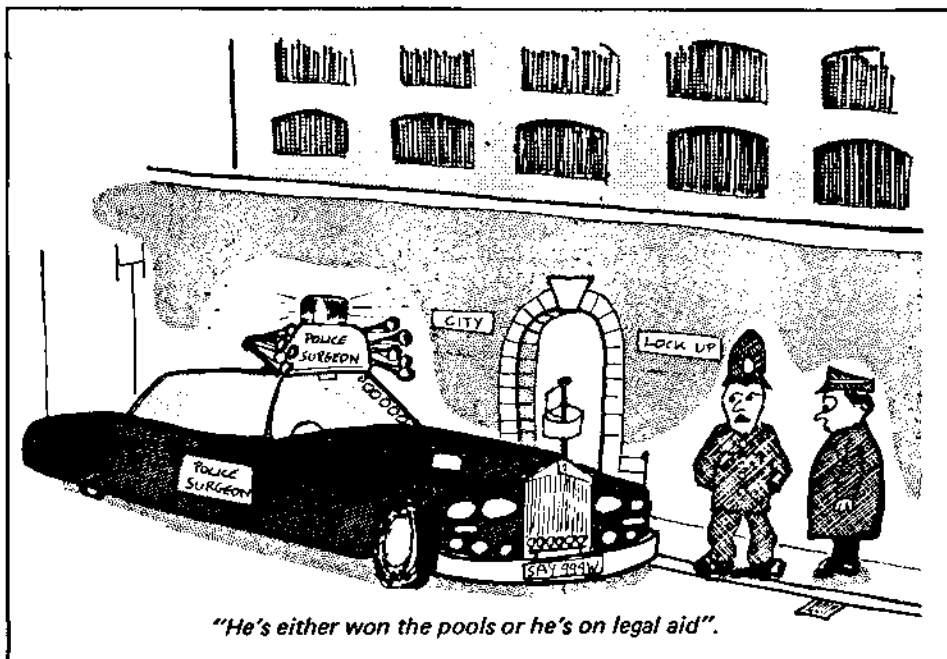
A copy of your letter, with this reply, will be sent to all the Metropolitan Police Magistrates.

Yours faithfully,

(Signed) C. Owen Fowler,
G. Nicol Henry, Hon. Secs.

London & Provincial Union of Licensed Vehicle Workers

The Metropolitan Police Surgeons Association



"He's either won the pools or he's on legal aid".

Interior view of Sheffield Park, to be visited during Conference.



EAST END SURGEON

RALPH SUMMERS OBE

My father became a Police Surgeon at the beginning of the century, about 1903 or 1904. He introduced me to Police Surgeon work when I was 18, in 1918. He didn't like driving, so I drove him everywhere; if he saw anything interesting he used to show it to me. His Police Surgeon practice was based at the police stations in Bow and Limehouse.

I have a vivid recollection of being taken on one occasion to a house where there were two children, a baby aged about 1 or 2 years and another about 3 or 4, in a room in one cot. The place stank to high heaven, urine and all the rest of it. There was no furniture or food but in an adjoining room the floor was covered with milk bottles, in which the bloke had urinated. We then went to the police station. I saw the husband and wife flat out drunk. The kids were just left alone whilst ma and pa went out drinking. That was a lesson to me — that's what drink would do.

Another case he took me to was a fire. A boy, a youngster about 16 or 18, decided to light a fire whilst his mother was in bed ill. He had a gallon of petrol and he poured it on. Of course, it exploded and he was burnt to death, but his mother was actually saved.

Smallpox

I suppose I must have seen with him at least half a dozen cases of smallpox — and he took me to a case, an old lady aged over 90, suspect smallpox. It wasn't, it was chicken-pox. It was demonstrated to me "that is chicken pox and that is smallpox and you know the difference!"

There were no medical facilities at police stations. If you had to examine somebody at a police station you had to do so on the cell bench. There was a room provided but it was a shocking place and was used for everything. It was rarely cleaned. There was no such thing as a police ambulance. If the police arrested a drunk, they used to put him on a hand-cart, strap him in and wheel him to the station.

Patients were taken to hospital by horse-drawn ambulance or by public transport. There were one or two people who ran a sort of a car they fitted up as an ambulance, a private venture.

Sick Parades

Our principal appointment was to look after the policemen. I saw them on Mondays, Wednesdays and Fridays at 9 o'clock in the morning. There was a police sick parade. The men reporting sick assembled at the station, or the section house, and the sergeant in charge marched them all to the doctor's surgery. The sergeant had a book, the sick book, bound in a thick leather case, and we had to enter every case seen in the book with the diagnosis and treatment. The police sergeant had to sit in the consulting room when you saw the patient. After a few years we got that altered because there was no privacy whatever.

We were paid a capitation fee — 15 shillings a year per man for constables and sergeants, 30 shillings a year for inspectors and above. We were paid 3/6d and 7/6d for station calls. We had to supply all drugs and medicines.

Diarrhoea mixture was an extra charge. It originated during a cholera epidemic and the then Chief Medical Officer, called Dent, supplied this prescription and he said it was to be given to people suffering from diarrhoea & cholera. I never found out what the prescription was but no doubt it contained morphia. It was kept in a locked cupboard in the police station. It wasn't used entirely for the police. Any civilian who was taken ill could go into the police station and ask for a dose. This led to abuse! They were creating morphine addicts.

If the police officer was ill at home, he was seen at home — it was all part of the capitation fee. When a man went sick he lost a shilling a day, unless he went sick playing organised games, football or what have you, for the police.

I was taken, at the age of eleven, to Sidney Street following the siege — I remember it was after they had removed the bodies.

Post Mortems

Bodies were taken to the various mortuaries. I used to do all my own post mortems until well after the second war. This was a common practice amongst Police Surgeons in those days. Many had no qualifications. I hadn't got many but after a time you picked it up and you

learned as you went along. If an ordinary G.P. was called to a dead body that he hadn't seen before and there was to be a post mortem he did the post mortem. If he found suspicious evidence, the police would be notified and we'd be called in.

Pathologists came onto the scene — my father said — when the fees for a post mortem went up from two guineas to three guineas. Spilsbury was one of the earliest of the pathologists and of course Bronte, who was a relative of the Charlotte Bronte. It was shocking in those days, Spilsbury would get up in the witness box saying black was white, and then Bronte would get up saying white was black. There was no sort of consultation, it was just one against the other. And, of course, Spilsbury won every time because he was a perfectionist.

Sexual Assault

Sexual assaults were examined at the police stations, where there were no facilities whatsoever — no light, nothing at all.

I was called out one Sunday afternoon to examine a man, who it was alleged, had buggered a mare in a stable. He had not been circumcised, and, when I pulled his foreskin back, I found three or four hairs. I then went and saw the mare and, getting up on a pair of steps, pulled some hairs out. They were identical. He pleaded guilty. It was somewhere about 1930.

The standard of forensic evidence at that time was very poor. I was fortunate because, when I qualified, I did nearly two years as a bacteriological assistant at the London Hospital, so I was well accustomed to swabs and cultures. If I had a swab, I used to take it to the hospital, examine it myself, and give my evidence on that, producing the relevant slides.

Metropolitan Association

The Metropolitan Police Surgeons Association used to meet once a year for an Annual Dinner, sometimes there were one or two lectures but not very much. I got to know the various people around who were divisional surgeons. I talked to them and we compared notes. We met at



President 1957-60

our surgeries, at police stations, or at court, often at court. Hardly a day went by when I wasn't in Court somewhere — Magistrate's Court or the Old Bailey or the Sessions. I had the unique experience, in my very early days, of appearing before Charles Dickens's youngest son at the Old Bailey.

Prisoners with head injuries we used to stitch up in the station. In those days, in Limehouse, the police frequently had struggles with prisoners. "I parted his hair, doctor". Meaning that the police office held the truncheon in both hands and brought it down. I then had a wound about 4" long to sew up. We did have sterilised needles and horsehair sutures.

Sutures and bandages, cotton wool and gauze, iodine, of course and iodoform dusting powder were provided at police stations. The standard of equipment gradually improved, very gradually, and by the beginning of the war we had much better stuff, sterile needles with the catgut attached, etc. They even provided a steriliser and swabs. There was a room where we used to see prisoners when I was appointed but I don't think it was called a medical room, and it was used for other purposes.

Three Cut Throats

I was at Limehouse one night seeing a prisoner, when in came a man with a cut throat. I attended to him and I put some Spencer Wells on to stop the bleeding. Then in came another cut throat, so I attended to him. Then came a woman with a cut wrist — she'd cut a radial artery. I put a Spencer Wells on that. Then in came a third cut throat. The place looked like an operating theatre. I sent them all off to hospital, I put an entry in the book — so and so had a cut throat, so and so had a cut throat, cut throat and cut wrist. I ended by saying that the three fellows with the cut throats were in a critical condition and the woman with the cut wrists gave no cause for anxiety.

The next morning I was called down to Limehouse on some matter and I was greeted with "Bloody fine doctor you are. You know your three cut throats and the cut wrist, well the woman with the cut wrist is dead and the others are all right".

The events of the previous night were now clear. A man had waited outside the Chinese restaurant next door to the police station for his wife to come out in the company of her boy friend. He had a cut throat razor folded back across his knuckles. When they appeared he got his fellow and cut his throat. A passerby tried to intervene and got his throat cut. The woman also tried to intervene, and she got a cut wrist. The policeman on the station steps chased the bloke with the razor, he caught him and brought him into the station, but was unable to stop him cutting his own throat.

The woman died following the anaesthetic to sew up the artery and the tendons. The man who had cut his own throat died in custody from broncopneumonia, from the cut throat. The other two men both died violent deaths — one was in a brawl somewhere out in the Gulf and the other was drowned drunk getting onto a ship.

Dampened Ardour

One of the very early cases I saw at Limehouse one summer's evening, was a young couple who'd been dragged out of the canal. I had a look at them but they were alright and were sent home when their clothes were dried. I sensed there was something funny about this, so I got hold of the constable who had brought them in, and said, "Tell me what's behind all this?" "Well", he said, "I was on duty and wanted to have a smoke, so I went down onto the canal where the canal goes underneath the road and I was under the arch there. There was a barge moored at the side". He said that he sat down to smoke and saw the young people coming along. They decided to make love to each other and the fellow put the girl up against the barge and he got to work. Of course, the more energetic he got the further out he pushed the barge and eventually they both fell in. He said, "It was awfully funny. It dampened their ardour".

One Sunday in the summer I was called to Tower Pier, which is just by the side of Tower Bridge, and there was

a young fellow there aged about 18, who had gone in for a bathe and was dragged out dead. I had to do the post mortem and found that he had died of inhalation of vomit. The Coroner brought in a verdict of "Death due to inhalation of vomit consequent upon immersion in the River Thames".

In those days most of the daily papers, if you entered into a contract with your local newsagent to supply the paper for a year, insured you for certain things, one of which was £1,000 for death by drowning. This fellow had been insured and, of course, the relatives claimed. The insurance company said "No, this isn't death by drowning". There was quite an argument. Eventually the paper paid half. I pointed out that, although he died of inhalation of vomit, if he hadn't been in the water he wouldn't have died. But it wasn't technically death by drowning.

Death in the Docks

I used to do an awful lot in the docks. Just after the first world war a lot of ships were laid up (mothballed). There was one which had been laid up in the Gulf of Mexico and which came into the Port of London subsequently, and the customs people searched the ship. Between the water tanks and the side of the ship there was a space only about two feet wide. The tanks were about 8-10 feet high. A customs man spotted a skeleton in this space — the police were called and I was called. His clothes were still there, or most of them, a leather belt and one or two bits of skin. He was a negro and there were two or three cans of food. He had stowed away but the ship had been laid up and the rats had eventually eaten him. I don't think he was ever identified.

On another occasion, there was a grain ship and it was decided to fumigate it to kill the rats. There was one stowaway on board they didn't know about and he was fumigated along with the rats.

Early one summer morning I got a call to go to Gun Wharf to see a dead body. I went to the Wharf and there was a barge on the mud and lying on the foreshore beside the barge was the body. No

policeman, not a soul about. I thought I'd better have a look at the body, so I jumped off the barge and went into mud up to about by mid-calf. I couldn't get out but eventually I managed to attract attention by yelling and whatnot, and the police arrived and pulled me out. I lost one shoe. I got into the car — my God did I stink? I drove the car home and my wife said "What the devil have you been doing?" I stank to high heaven.

Between the wars, the police launches were very unstable, and could be over-turned by the wash of a big boat. One day I was called to the river because a police launch had over-turned. Two out of the three men were drowned and I had to do the post mortem on the two. I had known all three men — very unpleasant that was.

Between the Lines

I was in surgery one day. Frantic knockings at the door — Would I come quick, there was a woman ill on the tram lines on the road outside? I didn't hurry unduly and there was a further frantic message, "Come quickly there's a woman, there's something going wrong with her. She's bleeding". So I thought I'd better do something. The same time the police telephoned and said "Will you go outside your surgery, there's a woman on the tram lines?" I went out and there was a woman, who was pregnant and who had been getting on the tram to go to the hospital because she was in labour. She collapsed and on the tram lines, she gave birth to a baby. The various on-lookers took their coats off and formed a circle all the way round while I got to work and delivered the baby plus after-birth. A woman gave me her jumper and I put the baby and the afterbirth in the jumper and said she'd better take it across to the surgery where my wife would deal with it.

Later, Reuter, the Press Association, the Evening News, the Star, etc., got onto me and wanted to know the one thing I couldn't tell them — What was the sex of the baby? I hadn't got a clue.

I was called to a house, where a woman had decided to commit suicide and take

Give your freezer a breath of West Country goodness...



... when we send you some tasty Devon bacon.

Our bacon is supplied in many cuts including delicious gammon joints, bacon chops, rashers and gammon steaks – all vacuum packed to seal-in the West Country freshness and flavour.

There is a wide choice of home freezer packs which are sent to you by fast parcel post at no extra charge.

Prices are competitive and an introductory pack is available to demonstrate the convenience, quality, freshness and value for money of the Clarksons' service.

Send no money now – just return this coupon for details and prices.

Clarksons also provide mature farmhouse Cheddar cheese and joints of pickled silverside of beef.

**Clarksons, Alansway, Ottery
St. Mary, Devon. Telephone:
Ottery St. Mary
(040481) 3581**



Please send me details of your Home Freezer Packs

Name _____

Address _____

Paramol-118

paracetamol BP & dihydrocodeine tartrate BP

Relieves moderate pain

Broad clinical usage of paracetamol has been extensively reported and dihydrocodeine tartrate has been widely used for a number of years as an analgesic. Fortifying paracetamol with dihydrocodeine 10mg provides an effective combination of drugs for a wide variety of painful conditions.



Paramol 118 is a trade mark of Duncan Flockhart & Co. Limited. London E2 6LA. Full information is available on request

her two children with her, by gassing. Her husband had left her and she had no money. She survived and the two children didn't. She was charged with murder. It got into the paper and my name was mentioned. About £400-£500 was sent to me — to send on to this woman. I sent it to the Jewish Board of Guardians. She was not fit to plead.

Bethnal Green Shelter Disaster

During the war I did all sorts. I attended the Bethnal Green shelter disaster in 1943. I wasn't upset by anything, being brought up from a very young age in all this sort of thing, nothing ever upset me — but that did. It was in the summer. Bethnal Green tube station had been partly constructed but not completed. The concrete steps down had been made but not finished. Part of the station was made into a shelter and part of it also made into workshops for Plesseys, who did a lot of aircraft work down there. The previous night Berlin had had a 1,000 bomber raid and everybody said, "Oh we'll get it tonight". A second factor was that in Victoria Park, close to the station, a new battery of rocket guns was placed. When a rocket went up it sounded like a bomb coming down, in reverse. The third factor was that right up against the shelter were two cinemas and the incident occurred shortly after the cinemas had closed. It was a nice summer's night and the people down the shelter were not allowed to smoke, so they came up and had a smoke on top. There wasn't a bomb dropped on London that night. The warning went and everybody thought they'd wait and see what happened. Then an aircraft went over, the rocket guns went off and everybody thought they were bombs coming down, so they went into that shelter like nobody's business. Quite clearly one or two people tripped over the boards, used in the construction of the steps, fell and people behind pushed and pushed and pushed and that was that. 173 were killed. They were compressed into an area about twelve feet by twelve feet, piled nearly six feet high, a solid mass of bodies.

You would think that it would be easy to get them out but not on your life.

Directly you took the body on the top to try and get it out, the arm was down and there was somebody else's leg over the top of it and it was a job to get them free. It was a shocking sight — it turned me over completely.

The details were not published at the time. It was a private enquiry conducted by the Chief Magistrate Paul Bennett, V.C. I was rather shaken with it because I had to go and give evidence before this enquiry and I never dreamt that I was going to be questioned about my actions. I was asked, "What did you do, Doctor?" I said, "Well, I just sorted out the live from the dead and 90% of them were dead and I thought it better to get the living away". He said, "Did you institute any first aid or treatment?" and I said, "No. None whatever. I thought it far better to find those who were alive and get rid of them as quickly as I possibly could". The report came through and I had a copy of it. It wasn't published of course. There were two pages on me and my acts and justified what I had done.

UXB

One night a bomb hit a shelter in Cowley Gardens. The shelter was a railway arch, under the railway, and the Superintendent and I went down and had a look at it. We evacuated two or three dead bodies and moved things around to get these bodies out. We came back and

Ralph served as a Police Surgeon in the Metropolitan Area for fifty years. He was awarded the O.B.E. in 1977.



eventually went to bed. Every morning the Yard sent down a list of unexploded bombs and the next morning the list included Cowley Gardens shelter. We thought it was rubbish — the bomb had exploded — but we went back for another look. When we'd moved things around to get the bodies out, we'd moved what we thought at the time was a barrel of lime. It was the casing of the unexploded bomb.

Cell for the Surgeon

I slept in a Police Station cell in Arthur Square throughout the blitz. Each station had an electric generator with a big diesel engine in case of emergency. They'd blown up the power station at Stepney, which controlled all this area, so they started up the generator and the generator was right outside my cell. I thought I'd never sleep, but I got used to it and I went to sleep. That went on for about nine months until they got the power station going. They switched the generator off and I couldn't sleep!

My wife was in Wales during the worst time of the blitz, so I slept in the cells. It was much easier because they were central and you could go wherever you wanted because you had police transport as well as your own. I did my practice work as well and if the patients wanted me, they knew I was a police doctor — Get hold of the police and they would find me.

In Stepney and around that area, all the doctors disappeared at night. There was nobody on duty at all except the Police Surgeon and the poor law doctors.

Occurrence Book

They were funny times though, during the war. I used to do all sorts of silly things.

The Occurrence Book is a book kept at the police station and anything that happened in the area covered by that station had to go into the O.B., the Occurrence Book. If you made a blot in that damned book you had to ring it round and initial it. It was the holy of holies. One day, I had nothing else to do in the middle of the night and I found the book. In those days, if you were an



ordinary bloke you wrote in black ink, if you were a Superintendent you wrote in red ink and if you were the Commissioner or somebody like that, you wrote in green. If anybody from outside visited the station, he always had to sign the book and the routine was, Superintendent, "I visited at such a time . . ." and sign. So, I got a red pen and put "I visited 3.30 a.m. Adolf Hitler". I said nothing afterwards. That created merry hell but they didn't recognise the writing.

If a senior officer visits a station, say the Commissioner or a Deputy Commissioner, he's always greeted on the station steps by a P.C., who salutes him, stands to attention and says, "All correct, sir". I was at Arthur Square, the station had been hit, we'd had two P.C.'s killed, there were fires all around and up comes Dalton, who was the Deputy Assistant Commissioner — The P.C. said "All correct, sir". Business as usual.

*From a Conversation with
Ralph Summers, O.B.E.
January 1981*

FIRST AID

Tricksters and phoney stunt men were a continual source of trouble to the police during my East End years. Even today the public is amazingly gullible, but then it was much more naive.

It would part with a few coppers at the begging plea of the most bare-faced liar. While driving along the Hackney Road, looking for the address of a patient, I noticed two men, one tall and the other short, standing about at the kerb-side and my curiosity was aroused when the taller man took off his overcoat, rolled it into a bundle and placed it on the pavement. To my amazement he then lay down, stretching himself out to full length and used the coat as a pillow. Meanwhile his companion disappeared into a nearby shop.

I stopped my car a few yards away and after a minute or two quite a crowd collected, mostly women shoppers who thought the man was ill.

Then the short gentleman reappeared, carrying a tumbler of water and shouted out: "This poor fellow has walked all the way from Birmingham. Spare a few coppers, ladies and gentlemen, he's worn himself right out". As he passed round a hat for the collection, I forced my way through and made a quick examination of the recumbent figure. The man's eyes had previously been closed, but now they showed alarm and surprise when he found a doctor in attendance. It took me but a few minutes to establish that the man was a blatant fraud. Judging by his breath, he had probably come no farther than the nearest public house. Having experienced malingerers of this type before, I told him that I knew he was shamming. Furthermore, I said I thought he was a pretty poor exponent of the "art" — a skilled operator would never have remained motionless while his accomplice took the collection. He would have moaned and groaned, twisting about as if in pain. In addition, a piece of soap would have been placed in his mouth, so that he foamed and bubbled at the lips.

This man refused to get up when I told him to, but when I adopted a sterner attitude, saying that I would fetch the police if he did not clear off immediately, he and his companion beat a hasty retreat down a side street, cursing and swearing as they went.

Instead of showing their appreciation, the crowd turned on me for my unsympathetic behaviour and cat calls, jeers and abuse were hurled at me as I returned to my car. Never again, I decided, would I try and save a foolish public from being fleeced!

*From "Crime Doctor — The Memoirs of a Police Surgeon",
A. David Matthews.*

*Published John Long, London, 1959.
(Hutchinson Publishing Group Ltd.)*

*Postcard received by Dr. David Jenkins:
"J'ai lis votre papier dans 'The Police Surgeon' et je pense q'il est très bonne
Votre Ami.
Napoleon"*



ASSOCIATION PUBLICATIONS

If one was asked to choose the most significant year in the last 100 years in the development of the clinical forensic medical expert, one would surely choose 1951. It was, of course, the year of the inaugural meeting of the Association of Police Surgeons of Great Britain, held at New Scotland Yard, London, on Wednesday, 2nd May, 1951, when Dr. W.G. Johnston was elected first President. There were some lectures and these were reproduced in a booklet subsequently circulated to all members. Each succeeding year saw the proceedings of the Annual General Meeting and the lectures reproduced word-for-word in what became known as "the Blue Books" from the colour of the cover.

The Blue Books continued up to and including 1971, ending with the report of the 20th Annual Conference held at the Headlands Hotel, Newquay, Cornwall.

One of the earliest ambitions of the Association's Council was to produce a news letter but it was not until 1957 that one actually appeared. Headed bravely, "News Sheet No. 1", it was published on the 24th August, 1957. It was a duplicated foolscap sheet, printed on both sides, with a heading similar to the Association notepaper in current use. Its production was realized by the acquisition of a duplicator. The Editor was the Association's Honorary Secretary, Dr. C.H. Johnson, who appears to have provided most of the copy. The first issue noted that information was being sought from the Under Secretary of State for Home Affairs on the provision of alcohol-free bottles for urine samples of persons accused of being "drunk in charge". Members were also asked if they were interested in buying cigarettes sporting

the Association Crest (Virginia — Abdulla No. 7) which would be available at £1.00 per hundred plus postage.

Issue No. 2 commenced with a plaintiff *crie de cour* familiar to all Association Editors, a request for support from the readers in the form of contributions. The last News Letter — No. 27 — is undated but I believe was published in 1969. Although much of the content of the News Letters was of short term interest only, there were items worthy of a wider audience and these are reproduced on the following pages.

In 1970, there appeared another duplicated sheet, this time headed "The Police Surgeon". The Editor was still Dr. C.H. Johnson but he resigned as Editor after this one issue and his place was taken by Dr. William M. Thomas of Preston. The next issue of "The Police Surgeon" appeared in August 1971. This was a duplicated booklet of some twenty pages, and included an editorial, a cartoon, a report on the 1971 Annual Conference and articles on the Road Safety Act. The last Blue Book was published later the same year.

1972 saw the appearance of "The Police Surgeon" produced by professional printers. It totally replaced the old Blue Book and to a great extent it also replaced the News Letter. It has appeared twice a year ever since in the format we are now accustomed to, containing reports of meetings, illustrations and original papers.

In 1976, there appeared the first issue of "The Police Surgeon Supplement", which has filled in a more lavish way the role played by the News Sheet and has enabled the contents of "The Police Surgeon" to concentrate on academic matters.

The Association has produced two text-books since 1951. The first — "The Practical Police Surgeon" — was printed in 1969 and the second — "The New Police Surgeon" — was published in 1978. "The Practical Police Surgeon" was a venture without parallel in the world and the lessons learned from producing it led to the vastly superior and widely acclaimed text-book "The New Police Surgeon".

AT THE MED. JU. CLASS — And what Alias heard there

I'll tell you everything: (What if
Some secrets I do blab!)
I saw an aged, aged stiff
A-laying on a slab.
"Who is he, this deceased?" cops shout.
"And how is it he died?"
While puzzled students stood about
Until the Prof. replied.

He said: "First look for tatto marks.
Or moles or ancient scars:
The first are made for boyish larks
When haunting pubs and bars.
You find them most on sailor Jacks
Who sail the stormy seas —
Across their chests, half down their backs,
But chiefly up their sleeves".

But we were thinking of the germ
Which dyed his tissues green: —
"Bugs" having been a class last term
We knew what that might mean.
So, having neither gloves nor coats
To keep the microbes off.
We merely stared, or took some notes,
Or gave a knowing cough.

His accents mild took up the tale.
He said "Identify!"
"So as this is an unknown male
(And no one saw him die)
You first must take a photograph
(Production No. 1)
A job which the detective staff
Already should have done".

But we were thinking how one swots
Up facts for the degrees.
It seemed to us that Tardieu's spots
Might well be made by fleas.
We eyed the stiff from side to side
And saw his face was blue,
His livid finger nails we spied
"Asphyxia" we knew.

Prof. said "Just use your common sense!
What occupation grime
Is on his hands as evidence
Of how he spent his time?
We know his sex, his height, his weight.

His age we well may guess.
His social standing, too, can state
By studying his dress.

"I sometimes cut a P.M. stain:—
Perchance it is a bruise:—
If, after sponging, blood remain,
At once I change my views,
And search for any sign of force
Applied before decease;
Our legal duty that, of course
Though we are not the police!"

The Fiscal to the Jurist sent
Enquiring how he died.
By someone's murderous intent?
Mishap? or suicide?
"In writing a report", he said,
"Before you certify
What matters most (now he is dead)
Is how he came to die".

And now, if ere by chance I write
A soul and conscience script,
Or read detective yarns at night
Before to bed I've slipped,
Or watch, with cigarette aglow,
Prof. Tulloch in his lab.,
I weep — for it reminds me so
Of that old Mort. I used to know
(Six rigid corpses in a row!)
To which as students we did go.
And taught by Dr. So-and-So
We stood around, a gaping row
When he began deceased to show
Whom not a person seemed to know —
No signs of ante-mortem blow —
A scratch whence blood had ceased to flow
A stubby beard begun to grow
About which the ecchymoses show
And there! across the neck below
A groove made by a length of tow
Plain proof! a case "de se felo". —
Poor stiff I saw you long ago
A-laying on a slab.

I. Witte Ness
alias W. Fyffe Dorward

Newsletter 1965

NOTES FROM THE NEWS SHEETS

The inaugural meeting of the Association of Police Surgeons of Great Britain was held at New Scotland Yard, London, on Wednesday 2nd May, 1951, and was attended by 43 members. The Association's first Annual Conference was held on 2nd and 3rd May, 1952, at New Scotland Yard. On the first day visits were made to the Laboratory, Map Room and Information Room, to the mounted branch and dog training establishments, the Police Training School at Hendon and onto the River Thames in police launches.

A dinner held in the Napoleon Room of the Cafe Royal was attended by 170. The following day, members again assembled at New Scotland Yard and were addressed by Mr. Paul Bennett, V.C., Magistrate, and Dr. Donald Teare, Forensic Pathologist.

The report of these proceedings formed the first "blue book".

December 1957

A letter from a group secretary stated "I examined one of our profession one hour after had had finished his evening surgery. He told me he had drunk a half bottle of gin and two or three double scotch between seeing patients. Should I or should I not disclose this to the court?"

The title "Police Surgeon" was suggested as being detrimental to the pursuit of justice.

Bristol's reputation for sobriety was reported as untarnished with 2.89 cases per 10,000, the average in Wales being 17.44 per 10,000.

A lending library was suggested — books being purchased by the Association to lend to members. A list of eight recent publications of interest to Police Surgeons did not include one by Keith Simpson.

Two members who wished to resign from the Association re-joined on being requested to return their car badges.



March 1958

The carved badge, gavel block and gavel was presented to the Association by Dr. Robert Hunt Cooke, who had made it.

32 consecutive trials for "drunk in charge" in a Lancashire town, resulted in acquittals. "The Lancashire Police Surgeon of today is indeed fortunate that the old order — no conviction no fee — has been abolished".

A letter from an Essex member:—

"In 1934 or 1935 then a very junior Police Surgeon, I was sent for urgently one hot summer morning, to a query drowning case in one of the very evil-smelling little canals on Stratford Marshes.

"On arrival, I found my patient lying prone with a large police constable, in his shirt sleeves, performing artificial respiration too rapidly but powerfully and skilfully: he looked rather hot. Resting beside him, sweating freely, was another P.C. who was obviously due to relieve him again in a few minutes.

"The patient looked up and said, strongly and clearly, "Thank God you've come, Doctor; tell them to stop it!" I did

this, and all three were very much relieved to get out of the stinking mud and start trying to clean themselves up a bit. It seemed that they had got him out of the water quite conscious, and able and willing to breathe for himself. But both P.C's had been to first aid classes and knew that the treatment, where risk of drowning had occurred, was artificial respiration. Artificial respiration he got, and was going to get, for the regulation 45 minutes — or whatever it is — or until the Doctor came".

September 1958

Telegram sent by member from Annual Conference to wife — "I'M HAVING AN INTERESTING AND INSTRUCTIVE TIME. WISH YOU WERE HER".

Group membership was taken out at Lewis's Lending Library.

Cigarettes in boxes of 50 available for 10s. 0d. and postage.

Association tie was announced at 14/6d.

Lancashire Police Surgeon: *"The worst case I have seen was not a motorist, but a driver who was so drunk in charge of a horse and cart that he was lying flat on his back in the cart pulling on one rein so that the horse was going round in circles on the A6 road".*

January 1959

The Chairman of the Postgraduate Education Committee of the College of General Practitioners, on enquiries regarding a Course in Clinical Forensic Medicine — "Forensic medicine was not a subject which was very much asked for"

A meeting of Police Surgeons at the Police Headquarters, Hutton, Lancashire, resulted in 13 attending out of 136 Police Surgeons circulated.

A Police Surgeon was appointed Sub-Postmaster in Newcastle.

Blazer Badge was available at 26/6d.

November 1959

Plastic windscreen stickers of the Association Crest available free of



*Dr. Robert Hunt Cooke
President 1960-1963*

charge — Please send a stamped-addressed envelope with 3d stamp.

The membership was reported as having increased seven-fold since the formation of the Association.

Formation of the British Academy of Forensic Sciences and the Forensic Science Society were announced.

August 1961

The Association's Council was to consider the preparation of "The Handbook for Police Surgeons".

The first examination for the Diploma in Medical Jurisprudence was announced to take place in April 1962. It was reported that as far back as 1938 Dr. W.G. Johnston, M.C., our first President, was exploring the possibility of a Diploma in Forensic Medicine, he being then the Hon. Secretary of the Metropolitan Police Surgeons Association. The 1939/45 war stopped progress.

A request was received from a forensic pathologist asking members examining sexual assault cases to take swabs from the orifices involved for submission to the Forensic Science Laboratories for examination.

1962

There were 38 entrants to Part 1 of the Diploma in Medical Jurisprudence, of whom 10 eventually satisfied the examiners. The Society of Apothecaries granted the Diploma (Honoris Causa) to three members of the Association before the examination, Dr. Francis E. Camps, Dr. Robert Hunt Cooke and Dr. Charles H. Johnson. The following members obtained the Diploma by examination — Dr. D.R. Cook, Dr. M.F. St. John U. Cosgrave, Dr. D.A.T. Jackson, Dr. F.J. Sale, Dr. P. Science.



Dr. W.G. Johnston

The death was reported of Dr. W.G. Johnston in June 1962 at the age of 75. William George Johnston studied medicine at St. Mary's Hospital, qualifying in 1916, when he joined the Royal Army Medical Corps. At Hill 60 he received the award of the Military Cross. On demobilisation, he entered general practice in Stretham and was appointed a Metropolitan Police Surgeon in 1919, retiring after 40 years service. For many years he was the Hon. Secretary of the

Metropolitan Police Surgeons Association, and subsequently the President up to the inauguration of the Association of Police Surgeons of Great Britain in 1951. He was unanimously elected first President of the latter Association and remained at its head until 1954. The conception of a National Association of Police Surgeons was reported as being mainly due to the vision of "W.G." with the untiring support of Dr. R.D. Summers and others.

The Council decided to recommend to the 1963 Annual General Meeting that the Association should institute a prize to perpetuate the memory of the first President.

December 1962

"Most organisations are started so that members can hear a few good speakers. But once a group gets going the purpose quickly changes to trying to find a few good speakers to address the group. Once a speaker is obtained, however, the objective quickly changes to trying to get enough members to attend the meeting so that the speaker will have someone to speak to". Readers Digest 1962.

September 1963

APSGB subscriptions increased 50% to 3 guineas.

1964

Dr. J. Peter Bush, Barnstaple, Devon, passed the Diploma in Medical Jurisprudence (Clin.).

A Police Surgeon believed a prisoner, who stated that he was taking six grains (400 mgs) of sodium amatol two hourly, and left a quantity of capsules at the police station for the police officers to issue in the appropriate dose at stated intervals. That prisoner was found dead in his cell next morning. The Forensic Pathologist could find no cause of death other than acute barbiturate poisoning. It was later discovered that the prisoner had been weaned from his addiction to barbiturates two years previously and that presumably his resistance to the drug had fallen so low that the large dose invested in a relatively short time had caused his death.

September 1965

Dr. Hugh de la Haye Davies passed the D.M.J.

1966

"Dr. J.P. Bush, formerly of Barnstaple, has now emigrated to Melbourne, Australia where he has managed to continue his work as a Police Surgeon".

Permission was received from the Bank of England for each member to take an additional £20.00 per day for the duration of the Annual Conference, held in Amsterdam.

1967

"It is believed that the impending legislation outlined in the Road Safety Bill will give a great deal more work for Police Surgeons".

A model form of agreement between Chief Constable and Police Surgeons was published.

1968

Council welcomed the decision of the Home Office to supply (in 1967) sterile syringes and needles for blood sampling in accordance with the Resolution passed at the 1967 Annual General Meeting.

Professor C. Keith Simpson became an honorary member of the Association.

February 1969

Agreements reached on terms of service. For two years a B.M.A. negotiating team had struggled on behalf of Police Surgeons to obtain retaining fees and satisfactory fees for items of services to be standard throughout the country. In some areas there were no appointed Police Surgeons, others were paid no retaining fee and there were varying scales of remuneration. Some Police Authorities accepted the Conditions of Service as soon as they were proposed, others bitterly resisted. Eventually numbers of Police Surgeons across the country tended their resignations to their Forces and for a short while the police in varying areas were unable to enforce the Road Safety Act 1967. The acceptance of the Terms of Service inevitably meant a reduction in the numbers of doctors known as Police Surgeons. Doctors acting as Police Surgeons

had been able to nominate their own deputies and there were many doctors prepared to answer casual calls from the police who had no knowledge of forensic medicine. 1969 was perhaps the second most important year in the development of the clinical forensic physician in this country.

Following the national agreement, re-organisation of Police Surgeons took place in Lancashire. The numbers of Police Surgeons dropped from 132 to 42.

"In two years a Police Surgeon, who is a very enthusiastic golfer, has certified three members of his golf club as being drunk-in-charge. As soon as he walks into the club house he is aware of an atmosphere. Should he resign from the club or resign as a Police Surgeon?"

Question at 1960 Annual Conference

*Dr. W. Fyffe Dorward
President 1963-1965*



THE FIRST DMJ?

Shakespeare and we Police Surgeons have much in common! Our work is bound up with deep human emotions, affecting them in all their aspects by their results — tragic and comic alike.

Woundings, poisons, mistaken identity, rape, drunken impotence, insane states, fraud and deception were grist to his mill, just as they are corn for our daily bread.

But only when I decided to use the Shakespeare celebrations of 1964 as a motif for my forensic class examination did I realise how apt are his phrases, and how accurate his observations.

Instead of framing a question "Write short notes on any five of the following" (age of consent; therapeutic abortion; etc., etc.), I asked my students to give medico-legal comments on any five of the following quotations:—

- 1) "She is cold. The blood is settled and her limbs are stiff". Romeo and Juliet.
- 2) "See what a rent the envious Casca made". Julius Caesar.
- 3) "To be or not to be?". Hamlet.
- 4) "A willow grows aslant a stream ---- an envious silver broke". Hamlet.
- 5) "And on its haft and dudgeon gouts of blood". Macbeth.
- 6) "Death — counterfeiting sleep". Macbeth.
- 7) "Finger of birth-strangled babe". Macbeth.
- 8) "An apple cleft in two is not more twin than those two creatures. Which is Sebastian?" Twelfth Night.

The results surprised me! More than half of my cosmopolitan students knew their Shakespeare, some very well. These latter entered into the spirit of the novel paper when answering it. Most of the others knew some of the quotations. Those who did not showed amusing ingenuity in working out a forensic solution.

In answer to Quotation 1, the law students spread themselves. One remarked it was "a fine achievement by Shakespeare to have introduced such poetry into p.m. cooling, lividity and rigor".

Another described how the love-anxious Romeo touched Juliet's hand (cold), lifted it in despair ("stiff"), then groaned as, through her diaphanous garments, he glimpsed the tell-tale discoloration. A third pointed out the error of Romeo's conclusions — "after all, she was only drugged". A non-reader of Shakespeare began his answer with — "the problem here is:— We have a dead body. Can a death certificate be granted forthwith?"

Quotation 2 evidently posed a problem — what kind of wound, and where? Suggestions included "it could refer to a chap splitting his trousers!"; "perhaps it was a tear in the clothing from an attack by a jealous woman"; or "a severe scratch from envious Casca's nails (the ending 'a' is feminine in Latin)". "It was certainly not a firearm wound because guns were not invented in Julius Caesar's time". Following a stab "fibres on the weapon could be more easily identified, because there were no synthetic materials then". Lastly one budding medicologist pointed out that "Mark Anthony's speech was mainly based on supposition, and liable to a charge of defamation of character".

Quotation 3 gave the most varied replies, presumably because its context was unknown to many in the class. One student of drama postulated an error on Shakespeare's part — "A suicide does not sit down calmly and contemplate the act. Anyhow Hamlet was most undecided. A bodkin is an ineffective weapon for suicide — small and short, yet it seemed his choice. His hesitancy led to a different death — by homicidal poisoning".

Those entirely ignorant of the soliloquy gave quite ingenious and well constructed comments on:— "pregnant or not?"; — "still born or with a separate existence"; — professional secrecy; the impartiality of a doctor in the witness box; viability; and therapeutic abortion!

Most dealt straightforwardly with Quotation 4 as drowning (accidental or suicide?) but one pointed out that the question of murder does not arise, "for the Queen's maidens were eye witnesses". A mortuary-minded student suggested that "Hamlet's state of mind might have been such as to do the autopsy himself". One completely flummoxed but promising student wrote learnedly on "slippery-elm bark"!

Every student attempted Quotation 5 though some thought "dudgeon" referred to a club-like second weapon used, inflicting contused lacerated wounds. One bright lad wrote "Shakespeare says it was blood — we could back him up by modern tests, though it would be difficult to examine stains on 'an air drawn dagger'." Another thought "gouts" suggests the blade was still wet, perhaps Duncan's blood plus that of the two guards — calling for careful grouping.

Quotation 6 "Death counterfeiting sleep" evoked some sarcasm. "Only a cursory examination could confuse death with sleep". Most discussed coma, and narcolepsy, but only a minority thought of drugs as a factor. One careful girl rightly insisted that it is compelling argument in favour of a doctor seeing the body before issuing his certificate.

Quotation 7. One might say those who were ignorant of the context found themselves "in the soup" here! But several developed possible deductions from a single finger — such as maturity from the length of nail, asphyxial death from the colour of the nail-bed, and the need to examine anything grasped by cadaveric spasm if the finger were crooked. Even finger print might be taken lest the mutilated body be discovered later. "How did the witches come into possession of the finger, and what were they doing with it?" suggested that the C.I.D. were hot on the trail of the three sisters. A law student noted that "Macbeth would come under the jurisdiction of Scots law, because of the setting of the play".

The last quotation was popular, and drew forth all sorts of comments on identical twins, and confusion of babies born in hospital. The only one who went astray wrote about tell-tale teeth marks

in an apple cleft by biting. Full marks, naturally went to the student who ended his reply with "of course, examination in undress would at once have established identity".

Obviously this was an enjoyable paper to answer, and to correct. But my pride and pleasure in having set such a unique and apt question received a rude jolt from the paper which had as a postscript:—

"Though he be mad

There is method in his madness".

W. Fyffe Dordard

Newsletter 1964

CONFERENCE VENUES

1952	New Scotland Yard
1953	Harrogate
1954	London
1955	Glasgow
1956	London
1957	Lytham St. Annes
1958	Eastbourne
1959	Llandudno
1960	Cheltenham Spa
1961	Keswick
1962	Buxton Spa
1963	Rothsay
1964	St. Helier
1965	Newquay
1966	Scarborough
1967	Amsterdam
1968	Porthcawl
1969	Oban
1970	Dublin
1971	Newquay
1972	Southampton
1973	Douglas, Isle of Man
1974	Newcastle
1975	Eastbourne
1976	Peebles —
1977	Cambridge
1978	Torquay
1979	Harrogate
1980	Peebles —
1981	Brighton

2
3
4
Torquay
Scarborough
Peebles

INFORMATION RECEIVED

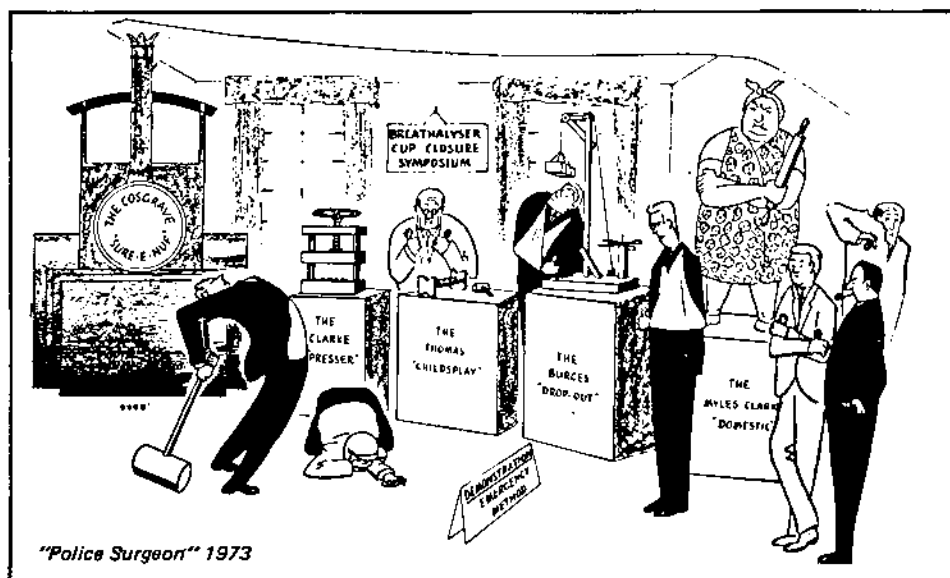
SUSPICIOUS CIRCUMSTANCES

In the Old Bailey a man was being tried for causing grievous bodily harm to a woman, or "wounding with intent" — it matters not. Into the witness box stepped a policeman of the kind who is rarely seen outside the First World War cartoon comics. He was of bare minimum regulation height, he had something on my figure ... his bulk had been sufficiently adjusted so that there was not one but two protuberances, one above high tide and one below high tide ... he was partially bald and had a rather monastic fringe of carrotty hair round a shining dome, around which there was a deep red trench where his helmet, which had no doubt been issued to him about 1901, had failed to grow as his head had grown. He had a watery blue eye and a walrus moustache which literally waved, like that, when he spoke ... The ends of the

moustache were of a slightly different colour, darker, which showed to me, at any rate, that he preferred Black and Tan to ordinary beer, and his voice was the kind of voice which takes the gloze off the foolscap and the curls out of a barrister's wig. His evidence was as follows:

Delivered in a dull monotone: "At 8 p.m. on the 29th September I was walking Eastwards on the Northern pavement of the Goswell Road on my beat. From the Western side of the road I hears a woman screamin' and crossin' the road I looks down a lighted areaway. It is the kitchen of No. 256. On the kitchen table which I have seen from my point of view I see the last witness (pause, moisten lips), whom I now recognise. She is lying on the table bleeding freely. At her side is the prisoner (pause, moisten lips) whom I now recognise. He has her by the left hand holding her throat and is repeatedly striking her over the head with a poker.

The miniscule cups for blood samples originally used for the 1967 Road Safety Act presented closure problems, which resulted in a new industrial injury — Police Surgeons' Thumb — and some novel solutions.



She is crying "Christ help he is murdering me". At this I became suspicious . . ."

T.E.R. Rhys Roberts,

Barrister-at-Law,

Seventeenth Annual Conference 1968

CLAIMS BY POLICE SURGEONS

For too long forensic medicine has been the Cinderella of British medicine. Only in recent years, largely due to the activities of the British Academy of Forensic Sciences, is a modicum of respect being paid to it. Now there are good grounds for believing that Britain will be provided with a forensic medical service worthy of the high standing of both medicine and the law in this country.

It is against this background that the current controversy over the remuneration of Police Surgeons must be reviewed. This is no petty sectional controversy over remuneration. The aim and purpose of the Association of Police Surgeons of Great Britain, as expressed in the memorandum it published last year, is "to improve the forensic medical service to the police". Gone are the haphazard days when the first available general practitioner the local police sergeant could locate on the telephone was good enough for the investigation or examination required by the police.

Hitherto the Police Surgeons have maintained a most commendably high standard, particularly in our large cities. To keep up this standard, as they themselves have been the first to point out, more training and experience will be necessary. The time may well come when the post of Police Surgeon will be a whole-time one and the incumbent required to hold a postgraduate diploma in the subject. That is to look ahead.

What can be done in the meantime is to agree that, as the Association of Police Surgeons has suggested, Police Surgeons will be appointed who will be on call all the time and receive a retaining fee. For example, for a population of 100,000 one Police Surgeon should be available for, say, nine days in fourteen and a deputy for the other five. For this they would share a retaining fee of £500 per year.

In addition they would receive an agreed fee per item of service. If these individual fees amounted to more than £500 then the retaining fee would fall on an agreed sliding scale.

As a step in the right direction this scheme has so much to be said in its favour that it is hard to understand the objection of local authorities to the principle of one Police Surgeon (or more according to the area to be served) guaranteeing to be available at any particular time. There is a sound principle at stake here that cannot be allowed to be sacrificed.

The Times, 31.12.68

DISPUTED PATERNITY

"Respected Sir,

How could you possibly say that a 'Blood Test' proves the paternity of a child.

I contradict you, or anyone else who states so.

There is 'NO MALE BLOOD' IN ANY NEW BORN BABE.

The blood is solely the mother's.

No blood passes from the male during INTERCOURSE.

Just the 'SEMEN' THAT IS ALL. I am afraid the judge has been mistaken, too, in accepting your find.

Blood Tests are not infallible. No such tests won't hold water.

Furthermore, why after THREE YEARS did this take place. His wife is the person who should know whether the child is her husbands or not.

I would be prepared to take her word for it.

I don't think much of her husband.

The case should never have been brought to the Court.

It's time these nonsensical BLOOD TESTS WERE STAMPED OUT.

It's a lot of ROT. There is no PROOF whatsoever".

*Letter received by Dr. Alan Grant,
Department of Forensic Medicine,
Guy's Hospital, London,
published in Newsletter 1966.*

WHEAT FROM THE CHAFF

Police Surgeons today, and especially those holding the D.M.J., have in my view knowledge and experience which could be used to improve the present unsatisfactory position regarding Service Committees. One does not wish to encourage barrack room lawyers but there is a need for people who can separate the wheat from the chaff, who know something of the evaluation of evidence and who can take an objective view, avoiding emotional issues and irrelevancies.

*Dr. J. Leay Taylor, D.M.J.
Secretary, Medical Protection Society,
The Police Surgeon, April 1973.*

MISSING DMJs

The second and rather sad feature of my figures is the very small number of those who hold the D.M.J. Only 10% of our members have equipped themselves to earn the extra standby allowance that the diploma attracts and no less than 25 forces have no member *who holds this important post-graduate qualification*. The examination is not impossible — (how else did I manage to get through?) —

yes — attendance at a course — yes — but from my personal knowledge of many very experienced Police Surgeons they would walk through the examination with their eyes shut. I have now attended my first session as an examiner and it was as clear as a searchlight on a dark night who were the experienced practical Police Surgeons who knew their stuff. Knew it because they had been doing it for years.

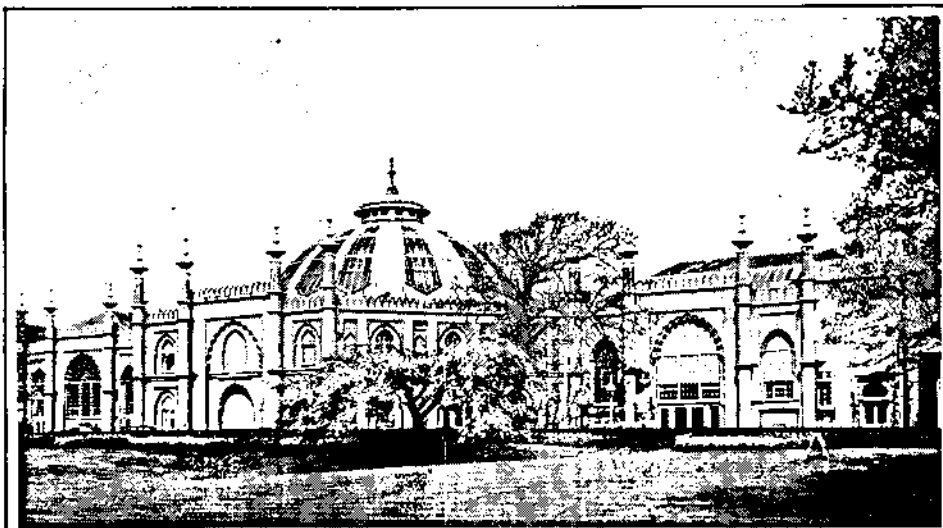
*J. Hilton
Supplement, Spring 1980*

EXPERTS FOR THE DEFENCE

The following criteria were suggested in the selection of clinical forensic medical experts for the defence:—

- 1) ten or more years experience in general practice.
- 2) five or more years experience as a Police Surgeon.
- 3) be a member of the Association of Police Surgeons of Great Britain.
- 4) be a member of the Forensic Science Society, and / or a member of the British Academy of Forensic Sciences.
- 5) must possess the Diploma in Medical Jurisprudence (Clinical).

New Law Journal, 1980



ROYAL PAVILION, BRIGHTON

THE NEW POLICE SURGEON

A PRACTICAL GUIDE TO CLINICAL

definitive

tax deductible !!!

best buy

Edited by Surgeon, M.B., B.S.

Assistant Editor: Hilton, M.B., Ch.B., M.R.C.G.P.

and by M., late Commissioner of Police of the Metropolis

CONTENTS

The Police Surgeon: Police Organisation; Police Personnel; Police Incident; Police Room and Equipment; Police Investigation; Police Sexual Offences; Police Injured Persons; Injury due to Firearms; Police Death; Management of Drug Subjects; Non-Accidental Injury in Children; Police Mental Abnormalities; Police Problems; Alcohol Intoxication; Examination of Mental Abnormalities; Police Forensic Pathology; Judiciary Systems in the United Kingdom; Legal Responsibility; Police on Court.

Essential

readable

good

Essential for all
Forensic Scientists,
Workers, Lawyers

Fits in the glove compartment of the Rolls!!

is invaluable to
Police Officers, Casualty

560 PAGES 59 LINE DRAWINGS 30 HALF-TONE ILLUSTRATIONS £18.00 plus £1.43 p.&p.

Please send me _____ copy/copies of The New Police Surgeon

price £18.00 plus £1.43 p. & p. I enclose a cheque/postal order

payable to "The W.G. Johnston Trust (The New Police Surgeon)" for £ _____

NAME PLEASE

ADDRESS USE

practical BLOCK

CAPITALS

Send application forms and remittance to:

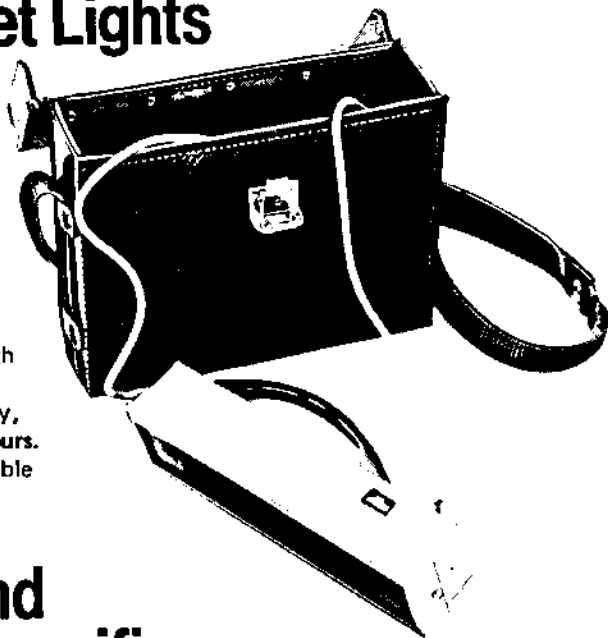
Dr. J.E. Hilton, St. Andrews House, Witton, Norwich, NR13 5DT.

not many left

Allen **ASSISTS POLICE SURGEONS**

with Ultra-Violet Lights

An essential aid to the visualisation of bruises, often when weeks have passed, and all visible marks have gone. In addition, Allen UV Lights are particularly effective on pigmented skins; for the detection of semen stains; and a variety of other investigatory medical duties. Illustrated is the A405/L, a new portable UV Examination Lamp, with two — 9" fluorescent tubes giving safe, cool lighting, no warm-up delay, and an average life of over 5,000 hours. Compact, easy-to-handle, and available in a tough carrying case.



and Magnifiers

Illustrated is the M80, a high power (X8) illuminated hand magnifier for the detailed examination of hair, skin, nails, etc. Strongly made and ideal for S.O.C. use. Other models available.



Please write for full technical literature:



P.W. Allen & Co.,
253, Liverpool Road,
LONDON, N1 1NA.

Telephone: 01-609 1102/3/4 and 01-607 4665.

POLICE SURGEON - NORTHERN IRELAND

On a Sunday, I think it was the first Sunday in January, 1976 armed men attacked the home of a family called Reavey, some six miles from Bessbrook, shot dead two brothers, and injured another brother who later died. I examined these young men in the local hospital mortuary at Daisy Hill, Newry, and in conversation with the mortuary attendant, we wondered how many more bodies would arrive in that mortuary within the next few days, as a result of the incident. On the Monday, there was a feeling of apprehension throughout South Armagh. People spoke in whispers, and the surgery attendances were very sparse. I had a call to do after surgery at a place called Kingsmills, near Whitecross, County Armagh, but when I drove out to the area at about 5.30 p.m. my sixth sense advised me that the call could wait until the following day. It was perhaps fortunate for me that I made the decision to turn the car at the next cross-roads. It was as if evil were abroad in the air that night, I have never seen such a black night — pitch black with not a star in the sky, and not a car on the road. I arrived home to receive a telephone call at 6.05 p.m. to attend a patient who was suffering from shock, and when I asked what had caused the shock I was told, "He has come home and all his pals have been shot dead". I asked, "How many?", to be told, four or five. Immediately after there was a newsflash on the Northern Ireland BBC television news to say that a massacre had occurred in South Armagh. This was the first time the word massacre was to be used in this area, and indeed it tragically proved to be a very operative and significant word. I proceeded to see my patient immediately, and he told me that

at first he thought he was the intended victim, and that two of his friends (two brothers) had held his hands and told him not to identify himself, as they, too thought he was to be the victim. Having sedated him, I immediately went to the local hospital feeling that the bodies would be brought there, but when I arrived at the hospital I was told to proceed immediately to the scene of the crime, in case medical assistance could be given to anyone who may have survived. My deputy was engaged on another very important matter, so I drove back alone to the scene to find, alas, that the news was only too true. Ten men were lying dead on the lonely road, and as I picked my way, slipping on the blood on the road, from man to man I was able to identify every one of the ten dead men. Eight were my own patients, and the other two were well known to me, as they were related to some of my patients. Fortunately the Police had held back the relatives' cars and I was able, after declaring all the victims to be dead, to go immediately to the hospital and make arrangements for the reception of the bodies at the mortuary where I had been the previous day, wondering how many more would join the Reavey brothers, and also make arrangements for the reception of the dozens of relations who came along hoping that at least their own particular relative was still alive. I was reminded of pictures of Welsh mining village tragedies which I had watched on television, and felt that this was akin to a village tragedy such as was known in South Wales.

P.J. Ward
*Police Surgeon Supplement,
Autumn 1977.*

FOUNDER'S FORUM

SALOP CONSTABULARY

Before the formation of the Association of Police Surgeons of Great Britain in 1951, there had been no standards for Police Surgeon work except for the Metropolitan Police Surgeons, who had their own organisation. Few Police Surgeons in the provinces had appointments and very few had annual retainers, and there was no standardisation of fees. A scale of fees was recommended by the B.M.A., but few Police Authorities took any notice of it.

I deputised for my father, Dr. J.A. Ireland, who was Police Surgeon to the Shrewsbury Borough and later to the Salop County Constabulary, both being official appointments, and I was appointed Police Surgeon to the Salop Constabulary on his retirement in 1950. As Police Surgeon to the Shrewsborough Borough

Constabulary, a force of some 80 men, my father received £75 per annum for looking after the health of the Police, providing them with all medical treatment, drugs and dressings. This included looking after the Chief Constable but not the wives and families. This state of affairs ceased on the inauguration of the Health Service.

I was the only Police Surgeon appointed for the whole of the County of Salop, so I did all the examinations of recruits, etc., and acted as Police Surgeon for Shrewsbury. In the other towns in the County the police had to make use of any medical practitioners who would consent to attend. I used to do the post mortem examinations for drowning and accidental death, etc., in a most unsatisfactory Victorian mortuary, in which the only supply of hot water had to be boiled on a gas ring. There was no electricity, the light being a poor gas light and the only help was from the Coroner's Officer, who acted as assistant albeit unwillingly.

After my report to the Coroner containing my complaints, the building was closed and the post mortem examinations were carried out by the Pathologists at the Royal Salop Infirmary.

As far as fees were concerned, I was given a retainer of £50 a year and my Police Authority always gave me the fees as recommended by the B.M.A. and any increase advised was automatically made, so I was luckier than many other Police Surgeons.

With the formation of the A.P.S.G.B., gradually there became a standardisation of Police Surgeons' conditions of service, as well as a general increase in expertise and knowledge due to the Annual Conferences, Seminars and discussion amongst colleagues.

Dudley Ireland

Dr. Dudley Ireland, President 1970-1972



POLICE SURGEON'S APPOINTMENT 1951

Friday, 22nd December 1950 at 5.30 p.m. Mrs. B. now long deceased enters surgery and the telephone rings, a rather rare occasion for the G.P. just six weeks in the practice. Official voice says "Could the Doctor please come at once to West Ham Police Station. We have a man here who says his wife is dying and we will take you from here". Doctor says "Yes". Apologies to the patient, sets off on a bicycle. Calls in on Forest Gate Police Station (400 yards away) and enquires where West Ham Police Station is. It is just 1½ miles to the west.

On arrival, announce my name and tell them that I had been called, a few astonished looks, somebody takes charge of the bicycle and I am led to a tumble-down house at the back of the Station, up a narrow staircase into a small bedroom about 8ft. by 6ft., a bed taking the whole of one wall of the room. A blazing fire in the small fireplace. In the bed, not a dying, but a dead woman in a pool of blood on a mackintosh, size of abdomen 28 weeks. Conclusion: illegal abortion, ask the P.C. to contact C.I.D. In the meantime, take temperature 104 and feel for foetal parts, too small for 28 weeks. After handing over to C.I.D. go home to surgery.

About two hours later, phone call from annoyed Coroner "Why was I not informed immediately?" Apologise and confess ignorance that he could be contacted outside official hours (I know better now). Am asked to attend post mortem to be done by Keith Simpson at 8.45 a.m. Am questioned and post mortem confirmed findings, even small foetal parts: Explanation: twin pregnancy. Go home rather pleased with myself.

Two or three weeks later, interview by the then Metropolitan Womens Police. Accepted "Lady Examiner for sexual offences". A happy accident for me after a hardly now existing tragedy. Even happier to be a founder member of the A.P.S.G.B.

Hannah Striesow

HO HO PATHOLOGIST

Shortly after I had become a Home Office Pathologist, I examined the dead victim of an assault. The police had asked me to examine the accused because, most unusually, the local Police Surgeon was not available.

The accused was well and truly unconscious and I prefaced my report with the observation that he made no objection to my examination! Fortunately, this undoubtedly correct assertion was never questioned.

On another occasion, I was asked to point out in Court the young lady I had examined some months previously. It was quite obvious that from the selection of charms present, I was unable to make a firm decision. Fortunately, the Court accepted my explanation that on the night in question the particular assets of the young lady examined by me were not those currently on public display. This explanation was accepted.

J.G. Benstead

ON A CELL WALL

Please do not ask for bail, as a refusal often offends.

I wanted to be a judge but they found out my mum and dad was married.

Fight unemployment — Waste police time.

Lord Denning rules, O.K.

House of Lords overrules, O.K.

G.B.H. really scrolls your nurd.

Help your local police force — beat yourself up.

Today's pigs are tomorrow's bacon.

Cunnilingus is not an Irish airline.

Why go to Burton's? Let the local C.I.D. stitch you up.

Throw well, throw Shell.

Free the Heinz 57.

Extracts from Graffiti Lives —
Nigel Rees — Unwin Books

ASSOCIATION OFFICE

DEATHS IN CUSTODY

The Association of Police Surgeons has launched a research project into deaths in Police custody in which we hope to involve non-members as well as members. The Association Secretary would welcome information NOW regarding any case which might occur, using the pro-forma below as a guide to the information required.

DEATH IN POLICE CUSTODY

Name	Age
Address	
at	Police Station.
Officer in Charge:	
*Alleged offence/reason for custody:	

Time & Date of Custody
Time & Date Police Surgeon Attendance
Time & Date of Death
Place of Death

Recent History (illness, injury, assaults, alcohol, drugs)

Past History (illness, injury, assaults, detention, alcohol, drugs)

Medical Examination and Treatment

Post Mortem Findings:

*Inquest/Court of Enquiry Verdict

Additional Information & Comments

*Delete as appropriate

Name and Address of Police Surgeon — Force and Division:

Forms to be returned to Hon. Sec. A.P.S.G.B., Creaton House, Creaton,
Northampton NN6 8ND.

ASSOCIATION EMBLEMS

The following articles bearing the Association motif may be obtained from the Hon. Secretary at the Association Office:

1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents packets of 50 **£2.50**
Postage charge on Aide-Memoires 87p (one packet), £1.43 (two packets).
2. **Sexual Assault Leaflets**. Packets of 100 **£2.00**
Postage 87p (one packet), £1.43 (two packets).
3. **Key Fob with the crest in chrome and blue enamelled metal** **£1.00**
4. **Terylene Ties** — silver motif on blue. Ties now available with either single or multiple motifs. Please state which preferred **£3.50**
5. **Metal Car Badges**, chrome and blue enamel (for hire only) **£6.00**
6. **Car Stickers for the windscreen** (plastic) each 50p

Office Address:

**CREATON HOUSE, CREATON,
NORTHAMPTON, NN6 8ND.**

Office hours:

2.00 — 6.00 p.m. Monday—Friday
Telephone: (Creton) 060-124 722

WALL SHIELD

A plaque or wall shield bearing the insignia of the Association of Police Surgeons is now available, and may be purchased direct from the suppliers. Two styles are available, **Style A** (standard) costs **£8.00** including postage, **Style B** (with scrolls) costs **£8.60** including postage. *Shields illustrated in Autumn 1979 Issue of Supplement.*

Time between receipt of order and delivery will be approximately twelve weeks.

Order with remittance direct from:

**Montague Jeffrey, St. Giles Street,
Northampton, NN1 1JB.**



ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN 1951-1981

To celebrate the 30th anniversary of the Association a new stoneware mug and a new tile have been produced. They will be available at the major Association meetings during next year. They are now available by post from Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside L36 5SJ. The circular tile measures 4½" diameter.

Cost of four mugs, including postage and packing **£6.00**

Cost of four tiles, including postage and packing **£4.00**

AMENDMENTS TO MEMBERSHIP LIST

We regret to record the following deaths:

Area 6	M.J. Saunders	Bournemouth
Area 4	K. Silbertstein	Cambridge

NEW MEMBERS

Area 1	C. Burgess R.C. Das S.P. Robinson N.K. Sharma	Cheshire Warrington Cheshire Southport
Area 1 (Northern Ireland)	W.R. Dick	Ballymena
Area 2	J.H. Loose M.T. Marashi	Hull Tyne & Wear
Area 3	C.J. Bruton V.P. Budh-Raja R.N. Davies R. Horton I.W. Lawrence L.S. Ratnam	Birmingham Sutton Coldfield Kenilworth Burton on Trent Leighton, Shropshire Birmingham
Area 4	G.W. Gradduck	Northampton
Area 5	D.F.W. Adey A.O.C. Knight J.E. Simon	Southampton Southampton Oxford
Area 6	Gillian Belsey	Bideford, N. Devon
Area 7	Z. Hussain W.G. Strawbridge I.S. Toor	Pontypridd Pontypridd Pontypridd
Area 8	R. Andrew N.L. Frazer J.I. Koppel E. Layton	Southall, Middx. London, W2 London, W12 London
Associate Members	P.R. Acland, D.M.J. F.E.B. Kelly W. Phillips	Birmingham Leicestershire Whitley Bay

RESIGNATIONS (See also Associates)

Area 2	G.R. Freedman W.R. Freedman R.R. Harris C.M. Leon W. Phillips R.W. Thomson	Gosforth Gosforth Gateshead Gateshead Whitley Bay Wallsend
Area 3	C.J. Morris A.M. Ozimek	Leamington Spa Birmingham
Area 4	F.E.B. Kelly	Leicester
Area 5	K.A. Makos	Weybridge
Area 7	E.T. Griffiths	Risca
Associate Members	E.G. Gregory	Wolverhampton

ERRORS AND OMISSIONS

Honorary Member	Prof. A. Usher, O.B.E., D.M.J.	Sheffield
Area 1	I.M. Johnstone	Penrith
Area 4	P.R. Shaena, D.M.J.	Coventry
Associate Member	B.L. Alexander, O.B.E.	Manchester

ELECTION OF COUNCILLORS

In accordance with the Rules of Constitution, Councillors for Areas 7, 8 and 9 will retire at the next Annual General Meeting. Nominations for Councillor should be made by an ordinary member supported in writing by four ordinary members together with agreement of the nominee to serve if elected. Nominations should be received by the Secretary before 1st May, 1981.

Note:

Area 7 (Wales): retiring Council member — Dr. M.W. Watson, D.M.J., Cardiff.

Area 8 (Metropolitan & City): retiring Councillor — Dr. N. Davies, London.

Area 9 (Scotland): Retiring Council Member — Dr. C.S.S. MacKelvie, Glasgow.

CASE LOAD ANALYSIS

The Association requires information during the next twelve months from members, whether Divisional Surgeons, Deputies or Assistant Deputies. The information is required as a research project and to assist in future negotiations regarding remuneration. It is essential that as many members as possible complete the survey, no matter how heavy or light the work-load. Monthly returns are requested, marked with your name, or initials or a nom de plume so that each month's returns may be properly collated. An initial report from the Research sub-group is anticipated at the Annual Conference.

Proforma have already been circulated, but the following is the information required:—

Monthly Return from

(Name, Initials or Nom de Plume)

For Month ending:

Number of Cases

Section 6 Road Traffic Act

Section 5 Road Traffic Act

Assault

Drugs

Suicide

Murder

Sudden Death

Fitness to Detain

Sexual Assaults

Type of Practice Rural Urban City

PAMPHLETS FOR SEXUAL ASSAULT VICTIMS

Pamphlets are now available containing short explanatory messages for sexual assault victims, which they may be given before they are seen by the Police Surgeon. The pamphlets have two tear-off sections, one for referral to the local STD Clinic and the other for referral to the victim's general practitioner. It is hoped that these leaflets will, in time, be found in all Police Surgeons' Rooms and included in all sexual assault kits.

The leaflets are being made available at cost, £2.00 per 100 plus 87 pence postage. £4.00 per 200 plus £1.43 postage.

The pamphlets are available from the Hon. Secretary at Creton House.

EDUCATIONAL ACTIVITIES

The Association has assisted at two Courses, one held by the West Midlands Police at Birmingham Forensic Science Laboratory in October 1980, and the other held by the Avon & Somerset Constabulary at Taunton last November (reported elsewhere in this issue). Both Courses were well attended and followed the pattern set by the Metropolitan Police, the Directing Staff consisted of representatives from the Police, the Laboratory and the Association.

Further Courses will be held at Birmingham on 17th and 18th July, 1981, and 9th and 10th October, 1981. Further details may be obtained from the Hon. Secretary.

MEMBERSHIP

Since the Annual General Meeting at Peebles in 1980, there have been 58 new members enrolled into the Association. The present membership is:—

556 Full members

100 Associate and Life Associate members

24 Overseas members

16 Honorary members

Buggery is boring,
Incest is relatively boring,
Necrophilia is dead boring.



**MINUTES OF THE 29th ANNUAL GENERAL MEETING HELD AT 5 p.m.
WEDNESDAY 21st MAY, 1980 AT THE PEEBLES HYDRO, PEEBLES**

1. The Hon. Secretary read the notice convening the meeting.
2. Apologies were received from 18 members.
3. The minutes of the 28th Annual General Meeting were received. Proposed by Dr. M. Watson, seconded, Dr. J. White.
4. i. The Hon. Treasurer presented the balance sheet and Treasurer's report which were received after a proposal by Dr. R. Lawrence and Dr. I. Doney.
ii. A proposal by Hon. Treasurer seconded by Dr. Peter Jago that the subscriptions be raised to:
£35 for ordinary members.
£10 for associate members.
£35 (single payment for life associate members)
was accepted nem comm.
5. The Hon. Secretary's report was received after a proposal by Dr. M. Watson seconded by Dr. M. Cosgrave.
6. Dr. Ralph Summers presented the report of the Trustees of W.G. Johnstone Fund which drew attention to the fact that there was a credit balance of £4,000 and that the profit from the remaining 300 books will all go to the Association. He praised the efforts of Dr. J. Hilton who had not only been responsible for sales and publicity but also had personally undertaken the packaging and posting of the orders. The report was received on the proposal of Dr. R. Lawrence, seconded by Dr. I. Craig.
7. The Hon. Secretary reported 25 resignations and 6 deaths since the last AGM and the meeting approved 62 new members who had joined during the year.
8. On behalf of Council, Hon. Sec. proposed that Dr. E.C.A. Bott, Chief Medical Officer, Metropolitan Police, Dr. R. Williams (Director) and Dr. Frances Lewington, Metropolitan Forensic Science Laboratories be invited to become Honorary members in recognition of the distinguished services they had rendered not only to the benefit of the Metropolitan and City group but to the Association as a whole.

9. Election of Officers

Dr. Henry Rosenberg, O.B.E. was installed as President by the retiring President after which he presented Dr. Stanley Burges with a Past President's badge. The other officers elected were:—

Hon. Treasurer Dr. Arnold Mendoza
Hon.

Secretary Dr. H. de la Haye Davies

Asst. Hon. Sec. Dr. Myles Clarke

Asst. Hon. Sec. Dr. Peter Jago
(Scotland)

Asst. Hon. Sec. Dr. W.E. Crosbie
(N.I.)

Councillors:

Area No. 4 Dr. J. Nelson
(Eastern)

Area No. 5 Dr. I. Craig
(S.E.)

Area No. 6 Dr. M. Glanvill
(S.W.)

A ballot was conducted for the position of President Elect between Dr. J. Hilton and Dr. F. Shepherd. Dr. Hilton was elected.

10. Dr. Michael Watson seconded by ten ordinary members under Rule 12 of the Constitution had proposed a motion which had been duly circulated. Dr. R. Lawrence seconded by Dr. Milburn proposed acceptance of an amended motion and the meeting debated:—

"That the Association confer on members the honour of Fellowship of the Association of Police Surgeons of Great Britain.

That those elected to the Fellowship of the Association be members of the Association of at least 10 years standing who have served the Association with distinction.

That names of candidates for Fellowship be proposed by three ordinary members of the Association to Council for consideration".

When the President put the amended motion to the vote it was overwhelmingly defeated.

11. Urgent business since preparation of Agenda

A discussion at the request of Hon. Treasurer for guidance on whether to negotiate for tripartite mileage scale to be applied in preference to the flat rate currently was resolved overwhelmingly in favour of the tripartite scale as most members attending the meeting tend to use cars with engines greater than 1500 cc. on Police work. Dr. B. Irwin was thanked for his work during his tenure as the Hon. Secretary of the Northern Ireland Branch. Addressing the meeting in reply he stressed the need for personal contact and pressure by members especially Councillors in recruiting all the doctors who work for the Police to join our ranks. He paid tribute to the retiring branch President, Dr. John Stewart, who's vigour and efforts especially in the recruiting field had resulted in almost 100 per cent membership in the Province.

Dr. Peter Bush although present in his own right as a long serving member was received as official delegate from the newly formed Association of Australasian and Pacific Area Police Medical Officers. He brought fraternal greetings from their inaugural Conference and praised the excellent manner in which the immediate Past President and his lady had acted as our ambassadors to that Conference in addition to completing a successful and arduous lecture tour.

12. The time and date of the next meeting would be arranged by the Asst. Hon. Secretary to take place during the 1981 Annual Conference. The President declared the meeting closed at 6.50 p.m.

**PLEASE MENTION THE
POLICE SURGEON
SUPPLEMENT WHEN
REPLYING TO ADVERTS**

NEWS AND VIEWS

RALPH LAWRENCE, O.B.E.

We were delighted to learn that Dr. Ralph A.A.R. Lawrence of Leabrooks, Derbyshire, was awarded the Order of the British Empire in the 1981 New Year's Honours List. Finding out why he had received this well-earned honour posed some problems. Ralph has excelled in so many fields that it was difficult to find one more outstanding than the others and no reason was put in the official list.

However, some time later he was told that the award was for services in the field of health and social services.

Ralph's parents came from India: his father was Mahatma Gandhi's secretary. He was born in Durban, South Africa, and qualified at the University of Cape Town in 1945, one of the first three non-whites to do so. He came to England in 1948 to do post-graduate surgery but later changed his mind and entered general practice in Leabrooks in 1951.



A member of Derbyshire local medical committee since 1953, he served on the Executive Council, the Family Practitioner Committee and is vice-chairman of the Area Health Authority. He has been Chairman of the Derbyshire Area Nurse Education Committee since 1974.

He is Assistant Surgeon to the St. John's Ambulance Brigade and Medical Officer to the British Red Cross and has been honoured by both societies.

Ralph is extremely active in B.M.A. circles. He is a member of the B.M.A. Council, Chairman of the Organisation Committee, the Family Doctor Publications Managerial Board, the B.M.A. News Review Board and is a member of the B.M.J. Committee. He has left a permanent mark on B.M.A. House in more than one way — a window at the entrance to the Charles Hastings Room in B.M.A. House has been embellished by glass engravings by Ralph, including several coats of arms and three panels of medicinal herbs. He is a Craft Member of the Guild of Glass Engravers. He has recently been elected a member of the Worshipful Society of Apothecaries.

An active Police Surgeon, Ralph is a vigorous supporter of Association meetings, where his elegance and eloquence are a delight. Ralph is leading the team organising the Autumn 1981 Symposium in Derbyshire — come and meet him.

CONGRATULATIONS TO PROFESSOR BERNARD KNIGHT

Bernard Knight has been awarded a personal chair in Forensic Pathology at the Welsh National School of Medicine where he was previously reader. He is a Home Office Pathologist, and was called to the Bar in 1967. Professor Knight is no stranger to Association affairs. In addition to his many duties, he writes both under his own name and the pseudonym of Bernard Picton.

LORD BELSTEAD: PARLIAMENTARY UNDER SECRETARY OF STATE

Lord Belstead, J.P., who will make the closing address at the Annual Conference, was appointed Parliamentary Under Secretary of State, Home Office, on May 7, 1979. He is responsible to the Home Secretary for the following subjects:

Police; Prisons; Parole; Probation and After-Care; Broadcasting; the Fire Service; the Channel Islands and the Isle of Man.

A former Parliamentary Under Secretary at the Department of Education and Science (1970-73) and at the Northern Ireland Office (1973-74), Lord Belstead is 47. He was educated at Eton and Christ Church, Oxford, where he took his M.A. degree in 1961.

A Justice of the Peace in Ipswich, and Deputy Lieutenant for Suffolk, Lord Belstead has been Chairman of the Association of Governing Bodies of Public Schools since 1974. He is unmarried.



Crown Copyright

HILARY JARVIS MBE

Members attending the 1981 Annual Conference at Brighton will undoubtedly have the opportunity of meeting Dr. Hilary Jarvis, M.B.E., Police Surgeon and Visiting Medical Officer to the Convalescent Police Seaside Home in Hove, described elsewhere in this issue.

Well-built and bewhiskered, he has that splendid presence which can charm confidences from a child with earache or quell a drunk at 40 paces. He is what many of us are struggling without hope to become — a pillar of medical society. What one would not expect to find is that he is a hero from the second world war, a survivor from one of Germany's most notorious prison camps — Stalag VIII(B) 344, Lamsdorf.

A medical student at Barts, Hilary joined the R.A.F. in 1940 and, following training in Canada and the United States, he eventually became a navigator in Wellington bombers. In September 1942 his plane was shot down whilst raiding the German port of Bremen. He was captured and sent to Lamsdorf. When it was found that Jarvis was a medical student, he was transferred to the prison hospital staff and by the time he was liberated in 1944, he had assisted at a total of 1,533 operations.

His remarkable story is described in "Doctor in Chains" by George Moreton, Hilary Jarvis's pseudonym, published by Corgi.

On his return home, he became a medical student once more, qualifying in 1951. He entered general practice in Brighton in 1952.

One dark February night, whilst proceeding about his business, he was stopped by two members of Brighton's Traffic Police. They cut through his protestations of innocence and asked if he had seen the advertised post for a Police Surgeon and then told him that they wanted him to apply. He has continued as Brighton Police Surgeon to this day.

MEDICAL REGISTERS AND BOOK 83

Concern has been expressed in the past as to how much information a Police Surgeon should enter in the police station medical register, regarding patients who have been examined. Guide lines have been put forward by the Medical Advisory Panel to the Chief Medical Officer, Metropolitan Police.

Patient's confidences must be respected, but at the same time it is necessary to give clear instructions to attending police officers and to other doctors who may see the patient later.

In no circumstances should the register be used as evidence in Court, except to corroborate the doctor's attendance and the doctor's written instructions. If full details are required, they should be in the form of a proper medical report or statement under the Criminal Justice Act, 1967.

Details which may reasonably be included are the name, age and address of the patient, times of the examination, nature of the case (Road Traffic Act, Sexual Assault, Attempted Robbery) and whether a report or statement will be submitted. Clinical notes should be brief, e.g. "Facial Injuries — laceration forehead sutured". Medication given should be detailed. Instructions given to attending police officers should be recorded in precise detail, noting in particular instructions regarding calling further medical advice if the patient's condition changes. Finally, a patient's fitness for custody should be noted.

METROPOLITAN GROUP

The Metropolitan and City Branch of the Association held two meetings during the last few months. The first was the Annual General Meeting, held at St. Thomas's Hospital. Dr. Robin Moffatt was elected as the Member Elect to serve on Council. The matter of personal injury on duty was discussed.

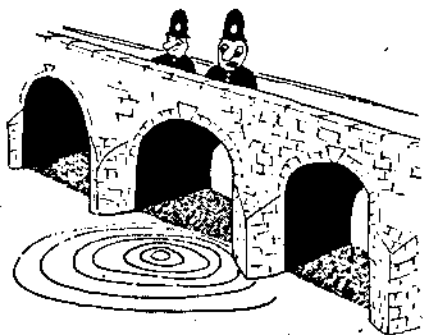
In February, a soiree was held at the Worshipful Society of Innholders Hall. Sir Thomas Lund was to have attended the meeting, but was unable to do so because of illness. The gathering was addressed by Mr. Gilbert Kelland, Assistant Commissioner 'C', Metropolitan Police. The following day, a scientific meeting was held to the Metropolitan Police Forensic Science Laboratory, and is reported elsewhere in the Supplement.

A recent innovation in the Metropolitan Area has been the nomination of four Senior Police Surgeons, each appointed to a District to provide liaison between fieldworkers and those in middle management.

BUSY SURGEONS IN THE MET

In 1980, Metropolitan Police Surgeons answered 54,522 calls for assistance from the Metropolitan Police. The police can call upon 48 Divisional Police Surgeons, and 28 Deputy Divisional Police Surgeons, all of whom are retained. In addition, there are 12 assistant Deputy Divisional Police Surgeons. The average number of calls is 620 per Surgeon; however, some Surgeons do less than 100 calls per year, others do more than 1,000.

AFTER THE ALCOMETER — 1



"That's the third Police Surgeon this week".

SURGEONS IN EIRE

"We are in the dark ages" stated the Irish Republic's State Pathologist, Dr. Jack Harbison — Ireland's only State Pathologist — at a meeting in the Republic in 1980. Dr. Harbison was bemoaning the lack of properly appointed and trained clinical forensic medicine experts available to assist the Garda Síochána in the investigation of crime.

As in Britain, the association of doctors with police forces began with their role as medical attendants upon sick members and as assessors of the physical fitness of recruits. The Royal Irish Constabulary and later the Garda Síochána appointed a full time surgeon for this purpose at headquarters, the care of members throughout the country being the responsibility of some 460 part time medical officers. The post of full time surgeon to the force has been retained to this day.

Included in the duties of the part time medical officers was an obligation to examine suspected drunken drivers, persons in custody and others and this was laid down in the terms of service. However, following the Conroy Report of 1970, the Gardai were offered a freedom of choice of doctor similar to the situation which followed on the introduction of the National Health Service in Britain in 1946. This broke the bond of contact between the Gardai and the medical profession, as far as calling in doctors to examine suspects was concerned. In the last ten years the Gardai have had to rely on the goodwill of a handful of general and other medical practitioners to examine suspects for them and a general reluctance by doctors to become involved in police work has followed.

Dr. Harbison described the development of the Police Surgeon service in Britain and said that in Ireland there was no such organisation, no postgraduate education in clinical forensic or qualification similar to the Diploma in Medical Jurisprudence, and there was no inducement to gain the necessary expertise.

Jack Harbison recognises the great benefits which would accrue in the investigation of crime in the Republic of Ireland by the formation and training of clinical forensic medicine experts and he intends to spearhead a revival in clinical forensic medicine in the Republic.

The Association of Police Surgeons of Great Britain will assist and advise Dr. Harbison in his task. We look forward to hearing the results of his endeavours at the 1981 Association Annual Conference at Brighton.

DIPLOMA IN MEDICAL JURISPRUDENCE

Recent successes in the D.M.J.(Clin.) include the following, to whom we extend our heartiest congratulations:—

M.J. Heath, London.

B.V.H. Bray, Guernsey.

P.R. Acland, Birmingham.

MET LAB COURSES

Places are available on the courses held for Police Surgeons at the Metropolitan Police Forensic Science Laboratory for Police Surgeons living outside the Metropolitan Police area. The courses last two days and are approved under Section 63 for expenses. Apply to Hon. Secretary for further details.



"Is it a Senior Police Surgeon?"

HONORARY HUGH

Hugh de la Haye Davies, the Association's indefatigable Hon. Sec., has been appointed Honorary Lecturer in Forensic Medicine at Leicester University. He organises the course of Forensic Medicine lectures, given in the Clinical Sciences Building, Leicester Royal Infirmary. The emphasis is on clinical forensic medicine, as most graduates will be dealing with the living rather than the dead. The other principal lecturer on the course is Professor Alan Usher, O.B.E. The course consists of a series of twelve lectures, each of one hour, given in pairs on Wednesday afternoons; the next course commences Wednesday, 16th September, 1981. Midland Police Surgeons who wish to refresh their memories on basic forensic medicine are welcome to attend. Newly appointed Police Surgeons in the Midlands should consider the course as essential. Contact Hugh Davies for further details.

SUBSCRIPTIONS

Members are reminded that the new increased subscriptions fall due on 1st July, 1981. The annual subscription is now £35.00, the subscription for Associate Members is now £10.00. Members who pay by Banker's order are requested to ensure that their Banker's Order is brought up to date.

Prompt payment is always appreciated by the Hon. Secretary and his staff and will save the Association additional expense.

IF AT FIRST YOU DON'T SUCCEED

A 26-year old man was jailed for life following seven attempts to kill his wife. He first tried to poison her by putting mercury in a strawberry flan. However, he put too much in and the mercury fell out. He also used mercury to poison some mackerel he cooked for her but his wife was unaffected. Then they went on holiday to Yugoslavia and he tried to persuade his wife to sit on a cliff edge so he could push her off. A sixth sense

told her not to. He tried again at Beachy Head but again she refused to sit on the edge.

He twice tried to burn her to death. First he knocked over a lighted candle outside her bedroom door while she lay ill in bed with chicken-pox; the fire was discovered in time. He later tried again destroying their flat. His last attempt was to try to persuade his wife to stand in the road while he drove his car at her. She refused, so he drove at her on the verge, veering away at the last second. He later told the police that he did not have the courage.

He had planned his wife's death after making a bogus car insurance claim and receiving £730 from the insurance company. He then took out various life insurance policies on his wife's life, which would bring him £250,000 if she died by accident.

Two psychiatrists told the Court that they thought the man was psychopathic and a grave danger to the public.

If you want to hear more about Beachy Head — A Fatal Beauty Spot — listen to Dr. R.J. Rew at the 1981 Annual Conference.

AFTER THE ALCOMETER — 2



"I think I preferred you when you were too exhausted from Breathalysers".

FORENSISCH MEDISCH GENOOTSCHAP



The Forensisch Medisch Genootschap (Forensic Medicine Society) was formed in Holland in 1980 and already has a lively membership. It will be seen that the Society's crest has been based on the crest of the Association of Police Surgeons of Great Britain. The President of the new Society is Hubert Cremers, well known to the Association and indeed an active contributor to our Annual Conferences and other meetings.

Those members who attended the Bristol Symposium had the welcome opportunity of meeting the Hon. Secretary of the new Society, Dr. Berend Cohen.

The first Conference of the new Society was held in October 1980, when papers were given on post mortem examinations, analysis techniques, odontological identification and on the examination of victims of sexual crimes. Bernie Sims gave a paper on "Odontological Analysis of Bite Marks".

Discussions at present are proceeding between the Forensisch Medisch Genootschap and the Association of Police Surgeons to see if a joint meeting can be arranged at not too distant a date in Holland.

THERMOMETERS

Dr. A.J. Lyons of Surbiton, Surrey, reports that members living in south west London and the Surrey area may be interested to know of a retired thermometer maker who still does a little work at home. He recently supplied Dr. Lyons with a suitable post mortem thermometer for £3.00. He has no facilities for packing so thermometers would have to be collected from him.

Surgeons requiring further information should contact: Mr. E. Page, 4 Compton Crescent, Chessington, Surrey. Tel: 01-397 5045.

PRESCRIPTIONS IN CUSTODY

The recent Prison Officer's dispute led to many prisoners requiring medical treatment for conditions, for which they would normally have received attention from their general practitioners or the prison medical officers. Guidance on the medical treatment of persons in custody was laid down in the Home Office circular No. 17/1950, wherein it was stated that attendance upon prisoners could not properly be regarded as required for the purpose of giving emergency medical treatment since often the patient would be able to attend at a doctor's surgery but for the fact that he was detained by the police. The responsibility for the doctor's payment, therefore, fell upon the police.

It follows, that persons in custody are not entitled to National Health Service prescriptions, and private prescriptions should be issued instead.

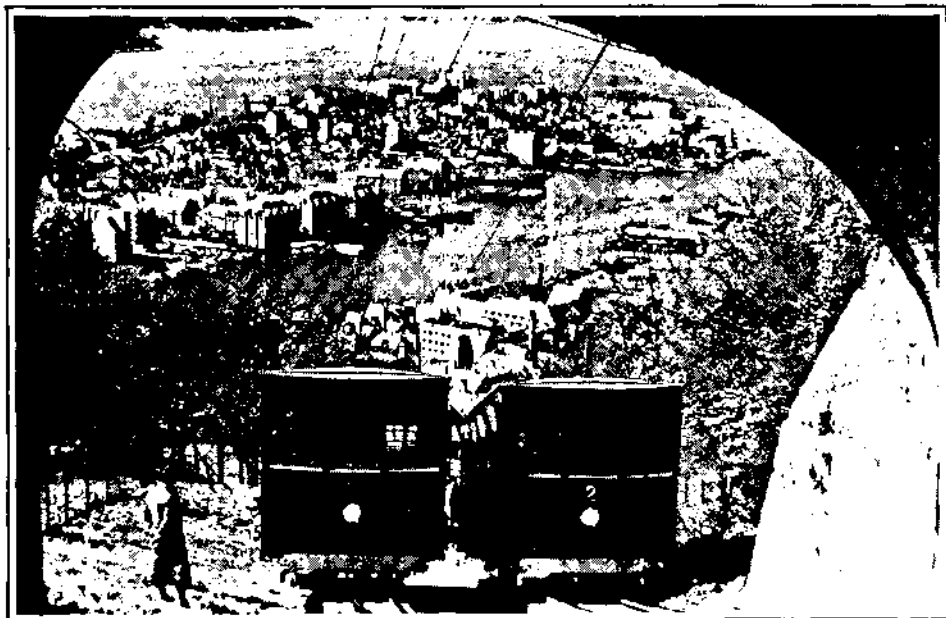
BMA RESEARCH AWARDS

The BMA offers the C.H. Milburn Award, worth £500.00 for research in Medical Jurisprudence and/or Forensic Medicine, every two years. The 1980 prize was awarded to Dr. Peter Vanezis, at present at the Department of Forensic Medicine, of the London Hospital, to whom we send our belated congratulations.

Association members interested in research may care to note that the award will next be available in 1982.



*"Is it a DMJ
examiner?"*



*A delightful view of Bergen
from the famous funicular railway.*

N.A.V.S.S.

Helen Reeves will be addressing the Association at the Annual Conference on "Supporting Victims of Crime". She is the National Officer for the National Association of Victims Support Schemes, an organisation formed in 1977. At that time it was recognised that the number of existing schemes to assist victims of crime was increasing rapidly and some of the organisations were facing difficulties in getting started. The value of regular meetings to exchange ideas and expertise was apparent with the development of the Association.

The various schemes throughout the country aim to provide the best possible services to those members of the community who have suffered injury, loss, fear or distress as a result of "crime". At the heart of every scheme are visitors, normally volunteers, who visit victims in their homes on the day of referral of the police.



*"No, it is one of the famous Norwegian
Trolls! — See you in Bergen!"*



**INTERNATIONAL ASSOCIATION
OF FORENSIC SCIENCES**

**1981 CONFERENCE,
BERGEN, NORWAY**

There has *not* been a flood of information from the organisers of this meeting, but some details have been forthcoming. The Conference is being held from Monday 22nd June until Saturday 28th June, 1981. Accommodation is available at two price levels, presumably reflecting the quality of the hotels, but information received from other sources suggests that the cheaper accommodation will be found to be quite satisfactory. The Conference fee is expensive, but includes a number of social activities. Tours are being arranged, but particulars were not given.

Interest has been shown by a satisfactory number of Association members, and Tyson's the travel agents report firm bookings for air travel from more than twenty. It is known that others are planning to travel by ferry, or were thinking of making arrangements through different agencies. Flights leave both London and Gatwick airports on Saturday 20th June and Sunday 21st June, the weekend following the Association's Conference at Brighton.

Further details are available from Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Nr. Liverpool, or from Dr. I. Doney, 'Hazeldene', Hazel Avenue, Chapel Green Lane, Bristol. Travel enquiries from H.G. Tyson & Co. Limited, 53 Long Lane, London, EC1A 9PA, telephone 01-600 8677. The most economical air fares are those made at least one month in advance (Apex fare), staying more than seven days.

NOTE: Social gatherings during the Conference will be informal. There will be occasions when you will have to handle your own luggage, and you are advised not to take more than you can comfortably handle (44lb. luggage allowance by air). Passports are necessary for Norway, but visas are not required by British visitors. No inoculations are required. Alcoholic drinks are very expensive, but the Norwegian spirit measure is double the British Measure.

Norway is cold in winter but warm and pleasant in spring and summer. Take stout shoes for walking and be prepared for any type of weather.

Seventy per cent of the population are said to speak English.

INSURANCE: Comprehensive insurance including medical cover is strongly advised. Details available from H.G. Tyson & Co. Limited.

NOTICE BOARD



The 1982 Australasian & Pacific Area Association Conference will be held in the New Zealand Police College from 8th to 13th February, 1982.

Further details available from: Dr. W.J. Treadwell, 21 Woborn Road, Northland, Wellington 5, New Zealand.

INTERNATIONAL SOCIETY OF HYPNOSIS

9th International Congress of Hypnosis and Psychosomatic Medicine

The Congress will take place from Sunday 22nd to Friday 27th August, 1982 in the University of Glasgow. Attendance at Congress is limited to members of I.S.H. or one of its constituent societies and to individuals who can satisfy the ethical requirements in practice as laid down by the I.S.H.

The registration fee for members of I.S.H. prior to August 1981 is £130, for others £140. The registration fee will be increased after August 1981.

There will be a variety of workshops, and of particular interest to Police Surgeons will be Workshop No. 8 "Hypnosis and the Law". This will be chaired by Professor Martin T. Orne, Professor in Psychological Medicine, University of Pennsylvania, Philadelphia, U.S.A., who is a world authority on Forensic Hypnosis and Brain Washing.

For further information please write to:-

Congress Administration Office
9th International Congress of Hypnosis
B.M.A. House, 9 Lynadoch Crescent,
Glasgow G3 6EL



FORENSIC SCIENCE SOCIETY

The Spring Symposium of the Forensic Society will be held at Oxford during 27th-28th March, 1981. Accommodation will be in Pembroke College. Two sessions will run consecutively. The first session will be of papers presented by independent consultants, and the afternoon session will be of papers and displays evaluating the use of video at the scene of crime.

A local meeting will be held on Friday 3rd April, 1981 at Strathclyde Police Headquarters, Glasgow, starting at 7.00 p.m. The topic will be "*Forensic Serology - is it the Bloody Goods*". The meeting will consider modern techniques and statistical evaluation of blood group data. There will then be a discussion with a panel including lawyers, scientists and medical men.

On 10th July, 1981, at Birmingham University Medical School, there will be a meeting on "The Characterisation of Human Head Hair". Among aspects to be considered will be blood groups, sexing, scale numbers and the effects of psoriasis.

INTERNATIONAL CONGRESS ON DRUGS AND ALCOHOL

13th-18th September, 1981
Diplomat Hotel, Jerusalem, Israel

This multi-disciplinary Congress is being organised by the Society for Medicine and Law in Israel and is being sponsored by a variety of Israeli and international organisations and institutions. Further information from:

The Congress Secretariat,
International Congress on
Drugs and Alcohol,
P.O. Box 394,
Tel Aviv 61003, Israel.

FORENSISCH MEDISCH GENOOTSCHAP



The Netherlands Forensic Medicine Society (FMG) are organizing the second annual symposium on Friday, May 22nd 1981 in the Jaarbeurs Conference Centre in Utrecht, The Netherlands. Dr. M. Voortman, Forensic Pathologist of the Crime Laboratories will lecture on **POSSIBILITIES AND IMPOSSIBILITIES DURING AN EXTERNAL POST-MORTEM EXAMINATION** and the Rotterdam Police-Surgeon, Dr. H.Th.P. Cremers will speak about the **BURIAL LAWS ACT**. Dr. P. Slikker, Police-Surgeon of The Hague will deliver a paper on **THE TRANSFER OF INFORMATION BETWEEN PHYSICIANS AND POLICE-AUTHORITIES** followed by Professor Dr. F.H.L. Bayaert who will speak on **THE PSYCHIATRIC PATIENT AS AN OFFENDER**. After lunch Lieutenant R.M. Schnitker of the State Police Department of Aviation will lecture on **THE USE OF PSYCHO-ACTIVE SUBSTANCES IN AVIATION** followed by Squadron Leader Ian Hill, who will deliver a paper on **THE PATHOGENESIS OF FACIAL INJURIES**. Dr. H. Logtenberg, Hematologist and Forensic Biogeneticist from the Crime Laboratories will present a lecture on **GENETIC FACTORS IN BLOODSTAINS**.

All interested are cordially invited to contact the society's general secretary for further information on participation: Dr. Barend A.J. Cohen, c/o Soendalaan 2, 3131 LV Vlaardingen, Holland, Telephone 010 - 34.55.55 or after office hours phone 010 - 11.39.60.

**EARLY BOOKING
FOR
ANNUAL CONFERENCE**

ESSENTIAL

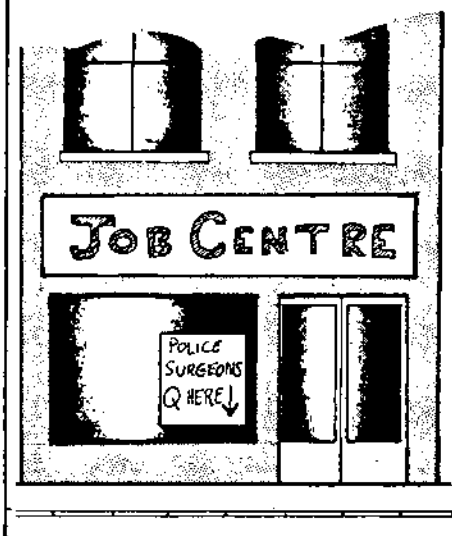
POLDIVE IV

The adoption by the Police Service of the Diving Operations at Work Regulations, 1981 - which are expected to be introduced early this year and come into operation in the late summer - as a framework for Police underwater operations, will mark a further stage in the evolution of Police Diving Units. This year's Symposium will therefore provide a unique opportunity for Police Officers of all ranks and others with an interest - operational or administrative - in the conduct of underwater search units and medical advisers to the service, to meet and discuss how best the impetus engendered in the growing professionalism of Police Diving Units and the raising of standards of safety and skill underwater can be sustained.

The Symposium will be held in the Main Lecture Theatre, Teeside Polytechnic, Middlesbrough on 2nd and 3rd July, 1981.

Further details from: Inspector P. Coleman, Police Headquarters, Dunning Road, Middlesbrough, Cleveland. Telephone: (0642) 248184 - Ext. 210.

AFTER THE ALCOMETER - 3



MEDICO-LEGAL SOCIETIES

MERSEYSIDE MEDICO-LEGAL SOCIETY

Wednesday, 18th March, 1981

Professor D.J. Gee, Home Office Pathologist,
University of Leeds.

"A body in the Garden".

Wednesday, 6th May, 1981

Annual Dinner.

Meetings are held in the Liverpool Medical
Institute, 114 Mount Pleasant, Liverpool 3.

Further details from:

Dr. M. Clarke,

Hon. Secretary, M.M.L.S.,

24 High Street,

Liverpool 15.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

Monday, 9th March, 1981

Joint Meeting with the Leeds Division of the
British Medical Association.

Mr. C.M. Clothier, Q.C., Health Service

Commissioner for England.

"The Work of the Parliamentary and Health
Service Commissioner".

Meetings will be held at 8.30 p.m. at the
Littlewood Hall, The General Infirmary, Leeds.

Guests accompanying a member 50p.

Application for membership to the Society
should be made to:

Dr. I.M. Quest,

30 Park Square,

Leeds, 1.

THE MEDICO-LEGAL SOCIETY

Thursday, 9th April, 1981

"The Confit Cane — A Classic Whodunnit".

Louis Bloom Cooper Esq., Q.C., LL.B.

Thursday, 14th May, 1981

"The Doctor and the Law".

Alec Samuels Esq., J.P., Reader in Law,

University of Southampton, Barrister.

Thursday, 11th June, 1981

8.00 p.m. Annual General Meeting.

8.15 p.m. "The Old Irish Bar".

J.L. McQuitty Esq., Q.C.

Attendance at meetings is limited to
Members of the Society and their guests.
Membership is open to anyone interested in
Medico-Legal matters.

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

Wednesday, 18th March, 1981

Dr. Ian Pickering, Consultant in Forensic
Psychiatry, Rampton Hospital.

"What's So Special About the Special
Hospitals?"

Wednesday, 15th April, 1981

Speakers from our own Membership.

Subject to be arranged.

Thursday, 14th May, 1981

ANNUAL DINNER, Cutlers' Hall, Sheffield.

Guest Speakers: Nicholas Fairbairn, Q.C., M.P.,

Solicitor General for Scotland.

Sir John Ellis, M.B.E.,

Dean of the London Medical College.

Meetings are held at 8.00 for 8.15 p.m. at the
Medico-Legal Centre, Watery Street, Sheffield.

Further details from:

Mr. Mike Napier,

Legal Secretary,

Irwin Mitchell & Co.,

Belgrave House, Bank Street,

Sheffield, S1 1WE.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

Tuesday, 7th April, 1981

Annual General Meeting followed by a

Discussion — "Helping the Court — The role
of the Two Professions".

All meetings are held at the Ulster Medical
Rooms, Medical Biology Centre, Belfast City

Hospital, at 8.00 p.m. unless otherwise stated.

For further information please write to:

Dr. Elizabeth McClatchey,

Honorary Secretary,

Northern Ireland Medico-Legal Society,

40 Green Road,

Belfast, BT5 6JA.

THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

All meetings are held at the Law Courts,
Crown Square, Manchester at 7.30 p.m.

For further information please write to:

Dr. G. Garrett,

Hon. Secretary,

Manchester & District Medico-Legal Society,

Department of Pathology,

Oldham & District General Hospital,

Rochdale Road,

Oldham, OL1 2JH.

MEDICO-LEGAL SOCIETIES

THE FORENSIC MEDICINE SOCIETY

Friday, 13th March, 1981

"Delayed Death from Blunt Head Injuries"
I.E. West, Senior Lecturer in Forensic Medicine, St. Thomas's Hospital Medical School.

Friday, 10th April, 1981

"Falls from a Height"
U.D.K.A. Goonetilleke, Lecturer in Forensic Medicine, Charing Cross Hospital Medical School.

Friday, 15th May, 1981

"The Investigation of Post-operative Deaths"
H.R.M. Johnson, Reader in Forensic Medicine, St. Thomas's Hospital Medical School.

NO MEETING IN JUNE

Friday, 10th July, 1981

"The Scene of Death"
K.A.P. Lee, Lecturer in Forensic Medicine, Guy's Hospital Medical School.

Friday, 14th August, 1981

"Interesting Cases in Forensic Odontology"
B.G. Sims, Senior Lecturer in Forensic Odontology, The London Hospital Medical College.

Friday, 11th September, 1981

"Firearm Injuries - Symposium"
Metropolitan Police Laboratory, Firearms Section.

Friday, 9th October, 1981

Subject to be confirmed.
Alan Usher, Professor of Forensic Pathology, University of Sheffield.

Friday, 13th November, 1981

"Homicide with Sexual Connotations"
D.J. Gee, Professor of Forensic Medicine, University of Leeds.

Friday, 18th December, 1981

"Unnatural Deaths and the Menstrual Cycle"
P. Vanezis, Senior Lecturer in Forensic Medicine, The London Hospital Medical College.

All meetings will be held at The Postgraduate Centre, Charing Cross Hospital, Fulham Palace Road, London, W6 at 4.30 p.m. Further information from:

Dr. Peter Vanezis,
Hon. Secretary, Forensic Medicine Society,
Department of Forensic Medicine,
London Hospital Medical College,
Turner Street, London, E1 2AD.

BRISTOL MEDICO-LEGAL SOCIETY

Thursday, 19th March, 1981

"Lie Detection",
Dr. Gisli Gudjonsson, M.Sc.,
Institute of Psychiatry,
University of London.

Thursday, 14th May, 1981

Members' Papers.

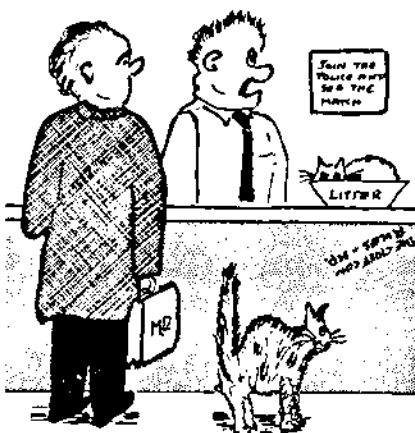
Friday, 3rd July, 1981

Summer Social Gathering.

The meetings will be held in the School of Nursing at the Bristol Royal Infirmary and a buffet supper will be available from 6.30 p.m.

Further details from:
Mr. P.H. Roberts, F.R.C.S.,
Hon. Medical Secretary,
Bristol Medico-Legal Society,
Martindale, Bridgewater Road,
Sidcot, Winscombe,
Avon, BS25 1NN.

AFTER THE ALCOMETER - 4



"Sergeant - there's a man here - says he's our Police Surgeon".

MEETINGS OF MEDICO-LEGAL SOCIETIES ARE USUALLY PRIVATE. NON-SOCIETY MEMBERS SHOULD CONTACT THE SOCIETY SECRETARY BEFORE ATTENDING MEETINGS.

TEESSIDE POLYTECHNIC
Department of Administrative & Social Studies

VICTIMS OF SEXUAL ASSAULT

An inter-disciplinary two day conference convened by the
Department of Administrative and Social Studies

TUESDAY, WEDNESDAY, 21st and 22nd APRIL, 1981

Speakers will include:—

- Professor D.J. West, Cambridge Institute of Criminology —
"The Victims Contribution to Sex Crime"
Professor T.C.N. Gibbens, Emeritus Professor, Forensic Psychiatry, University of London —
"Incest and Sexual Abuse of Children"
Harry O'Reilly, John Jay College of Criminal Justice, New York City —
"Workshop: Rape & Sexual Assault"
Kathleen Barry, Department of Sociology, University of Massachusetts —
"Female Sexual Slavery"
Dr. Richard Wright, Cambridge Institute of Criminology —
"Policemen or Physicians? Police Surgeons & Rape"
Su Cunningham, Department of Social Work, Guildford County College of Technology —
"Prostitutes: Victims or Victimizers?"
Patti Mazeian, Department of Applied Psychology, University of Aston —
"Research into Rape"
Ken Plummer, Department of Sociology, University of Essex —
"The Social Uses of Sex: The Case of Power"
Conference Chairperson, Hella Beloff, Department of Psychology, Edinburgh University
Registration Fee: £20, Accommodation in Halls of Residence available (early booking advised)
Information, registration, accommodation from: June Hopkins, Conference Organiser,
Teesside Polytechnic, MIDDLESBOROUGH, Cleveland. Tel: 0642 218121

UNIVERSITY OF LEICESTER FACULTY OF LAW

Conference on the report of

The Royal Commission on Criminal Procedure

To be held at: Stamford Hall, University of Leicester

Saturday and Sunday, 11th and 12th July, 1981

Speakers will include:—

- Sir Cyril Phillips (Chairman of Royal Commission)
Lord Scarman
Lord Justice Eveleigh (Member of Royal Commission)
W.A.B. Forbes, Q.C. (Member of Royal Commission)
Walter Merricks (Member of Royal Commission)
R.N. Gooderson (University of Cambridge)
Sheriff G.H. Gordon
Lord Wigoder, Q.C.
Sir Brian MacKenna
John Alderson (Chief Constable, Devon & Cornwall)
Alan Goodson (Chief Constable, Leicestershire)
Barry Pain (Chief Constable, Kent)
E.C. Woodcock (President, Prosecuting Solicitors Society)
Dr. Keith Devlin, J.P. (Magistrates Association)
Harriet Harman (National Council for Civil Liberties)
John Baldwin & Michael McConville (University of Birmingham)



Fee: Residential £52

Non-residential £45

For Booking Forms please write to:

Mrs. K.B. Penny, Department of Adult Education, University of Leicester,
University Road, Leicester, LE1 7RH. Tel: (0533) 554455 Ext. 242.

POSTGRADUATE WORKSHOP IN FORENSIC MEDICINE

APRIL 1981 9th

The 1980 Postgraduate Workshop in Forensic Medicine, organised by the Department of Forensic Medicine, Charing Cross Hospital Medical School, University of London, will be held on Thursday, 9th April, 1981, in the Postgraduate Centre Lecture Theatre (Ground Floor South), Postgraduate Medical Centre, Charing Cross Hospital, London.

The Workshop has been approved for two-and-a-half sessions under Section 63. Accommodation is limited to 60 persons and places will be allocated on a first come first served basis. There is a registration fee of £3.00. Applications for the Workshop on the form below.

Hospitality at this meeting has kindly been sponsored by ALFRED COX (SURGICAL) LIMITED, and SMITH & NEPHEW LIMITED.

PROGRAMME:

- 10.00 a.m. REGISTRATION AND COFFEE
- 10.30 a.m. Dr. J. Calder — "Current View on Diving Fatalities"
Institute of Pathology, London Hospital Medical College.
- 11.15 a.m. Mr. V.J. Emerson — "Evidential Value of Breath Testing Equipment"
Central Research Establishment, Aldermaston.
- 12 Noon Mr. Ted Sheehan — "Alcohol and Traffic Accidents"
Department of Forensic Medicine, Charing Cross Hospital Medical School.
- 12.30 p.m. DISCUSSION
- 12.45 p.m. SHERRY AND LUNCH
- 1.45 p.m. Professor D.A.L. Bowen — "Self-Inflicted Wounds: Difficulties in Interpretation"
Department of Forensic Medicine, Charing Cross Hospital Medical School.
- 2.30 p.m. Group Captain A.J.C. Balfour — "Icarus Anatomized"
R.A.F. Institute of Pathology and Tropical Medicine, Halton.
- 3.00 p.m. Dr. D. Filer, Divisional Police Surgeon, Metropolitan Police.
Dr. Frances Lewington, Metropolitan Police Forensic Science Laboratory.
Contributions and views on — "The Future Role of the Police Surgeon"
- 4.00 p.m. TEA

APPLICATION FORM: Please complete and send to — The Department of Forensic Medicine, Charing Cross Hospital, Fulham Palace Road, London, W6 8RF. (Telephone: 01-748 2040, extension 2746).

I wish to attend the Postgraduate Workshop in Forensic Medicine on Thursday, 9th April, 1981. I enclose a cheque for £3.00 (Please make cheque payable to "Charing Cross Hospital Medical School").

Your Name Surgery Address (if different)

Address.

.....

.....

Tel. No. Tel. No.

Responsible Family Practitioner Committee/Health Board Cipher

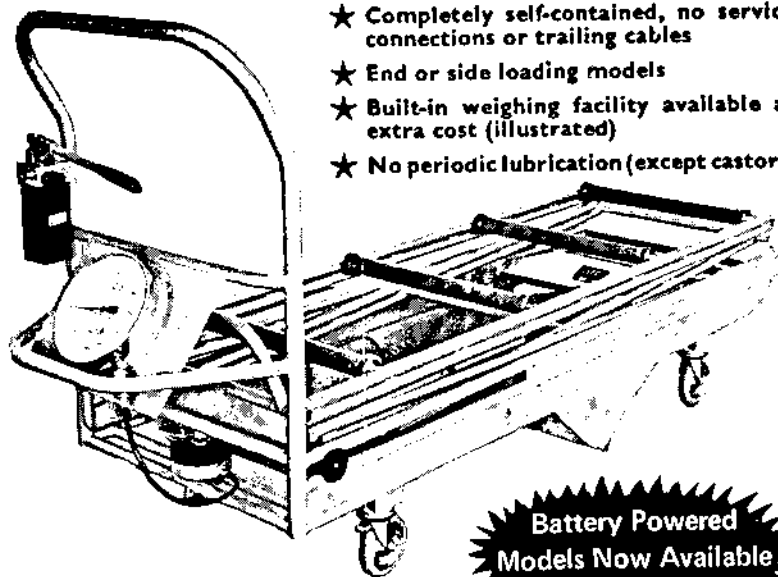
Prescription Pad Number.

Date Received No

LEEC HYDRAULIC MORTUARY STACKING TROLLEY

A functional and simple system for the easy handling of mortuary trays in Hospitals, Medical Schools and other mortuaries, with the following star features:

- ★ Easily operated by one person
- ★ Fully manoeuvrable in confined spaces
- ★ Completely self-contained, no service connections or trailing cables
- ★ End or side loading models
- ★ Built-in weighing facility available at extra cost (illustrated)
- ★ No periodic lubrication (except castors)



**Battery Powered
Models Now Available**

LIFTING CAPACITY 400 lb (180 kg)

3 OR 4 TIER MODELS LIFTING FROM 16" to 5'4" or 6'6"

RUBBER TYRED CASTORS

WITH OR WITHOUT WEIGHING FACILITY

Prices and Specification from:

LABORATORY AND ELECTRICAL ENGINEERING COMPANY

Colwick, Nottingham NG4 2AJ England
Telephone: 0602 249351 & 247298

Telegrams: LABEC Nottingham

REPORT FROM THE WEST COUNTRY

REVIEW OF
THE
TAUNTON
SEMINAR

by
TONY
SMEETON

Saturday November 22nd last year in Taunton looked like one of those cold, grey, wet-nosed dog days

Despite this some twenty or so enthusiastic and imperturbable Police Surgeons from Avon and Somerset (and one from Dorset) gathered to attend a weekend seminar held at the Police Training Wing, Taunton Divisional Headquarters of the Avon and Somerset Constabulary.

This was organised by the Police at the instigation of Mr. Brian Weight, Q.P.M., the Chief Constable in what was to prove a highly successful attempt at bringing together Divisional Surgeons within the Force area.

After registration and an excellent lunch, the seminar was opened by Mr. Harry Atkinson, Assistant Chief Constable (Crime) who welcomed the delegates on behalf of the Chief Constable. He emphasised the necessity for Police Surgeons to be able to meet in this way to learn of current trends and attitudes in the Constabulary with respect to method in investigation at scenes of crime. He further stressed the advantages of meeting colleagues with similar interests and colleagues in other disciplines within the profession involved in forensic medicine and indeed all those concerned with forensic science or the administration of justice or the enforcement of law and detection of crime.

We were privileged to have our Association Secretary as a Principal Speaker and so it was Dr. Hugh de la Haye Davies who first entertained us with an illustrated talk on the responsibilities of "The Police Surgeon at the scene of the crime". This was followed by a fascinating address from Detective Chief Superintendent George Barton, head of Avon and Somerset C.I.D. and one of Britain's most

experienced and respected crime fighters. This naturally led onto the topic chosen by Chief Inspector Smith, head of the Scenes of Crime Department. He illustrated his talk, entitled predictably "The role of the scenes of crime officer", with a video film made and loaned by the South Wales Constabulary, which depicted a reconstructed murder investigation, and illustrated in a plain and straight forward manner methods and techniques used.

The group then broke for high tea, following which Dr. Trevor Rothwell from the Home Office Laboratory at Chepstow put forward the scientists point of view. In particular he discussed the grouping of blood stains and body fluids and elaborated on the A.B.O. secretor and P.G.M. systems at some length. The feasibility of grouping from saliva, on for example cigarette ends, was argued.

Dungeon Bar

The gathering then repaired to the Training Wing club and bar, which had recently been expertly converted by members of the Force in their spare time, from the old dungeons dating from the days of the infamous Judge Jefferies. Thus were created comfortable and relaxing surroundings in which to enjoy a chat and a drink — a poignant contrast to the stark horror of its former use as the condemned cells.

Some of our number then ventured a game of skittles and discovered that for the unwary or uninitiated there wasn't much money to be made against local folk in their "home alley". Others to their cost chanced their arm on the dart board. The lack of success there may have

been due to lack of practice — or there again in some cases it may have been related in part to the very competitive prices at the club bar.

Sunday morning started with breakfast or an aspirin according to preference. The first offering of the Sunday session was provided by Superintendent David Elliott and proved to be very popular and provoked discussion and at times quite heated argument. His topic first covered various aspects of "Alcohol and the Law" and secondly, the examination of persons detained in custody. This latter subject produced much interest and the Constabulary standing orders with regard to the Surgeons responsibilities in this respect were produced and deliberated upon. As a result a number of very useful amendments were suggested. (How useful a seminar such as this can be for pooling information and producing a multi-directional flow of views and ideas).

Hugh de la Haye Davies then treated us to a second helping, this time giving us the benefit of his wealth of experience

and expertise in examining both the living and the dead, and how to examine for, and report on, wounds and injuries of all sorts. As before, his talk was luridly illustrated and liberally seasoned with anecdotes and entertaining stories. The logical way that he helped to determine the circumstances which led to the demolition of a house and the subsequent discovery of a corpse impressed us all. As did a most becoming colour slide of himself mucking out his stables at home!

Cot Deaths

Following this, Dr. Norman Brown, Consultant Pathologist from Southmead Hospital, Bristol, talked on cot deaths, a subject in which he is particularly interested and experienced. He also gave us the benefit of thoughts he has had on the most useful information the certifying doctor can provide the pathologist, when he has to conduct a post mortem on a person "found dead", not necessarily murdered, he stressed. He considered that these following points



Photo: Avon & Somerset Constabulary

should always be included in a report to the pathologist — and are most useful. Namely the circumstances and surroundings in which the deceased was found. Details of the past medical history if known. The presence and contents of a note — obviously. Any puzzling features or contradictory findings. Whether there was rigor mortis, of course, or post mortem lividity when found. What the weather was like — any suspicious marks and, finally, air and body temperature.

He emphasised that this was only a list of those facts and findings which he personally found to be of most use to him as a clinical hospital pathologist. He also produced some very interesting lists, one of which was a breakdown of all post mortems he had conducted on persons who had collapsed and died "unexpectedly" and was arranged according to the activity in which they were engaged at the time of their death. There was food for thought there. However, to allay any undue concern activities engaged upon in bed came bottom of the list in this series!

No Corkscrew

During the lunch break we were able to examine the recently equipped scenes of crime vehicle which had been skillfully fitted with every conceivable (and some pretty inconceivable) aids and devices for the investigation of serious incidents. (It was found though that they didn't

carry a corkscrew, a surprising omission it was felt by some).

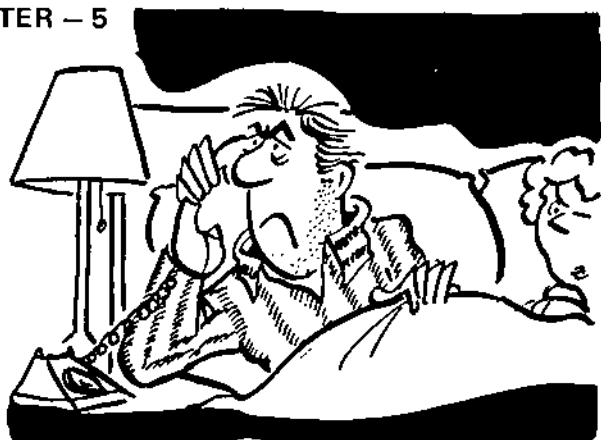
After a splendid roast lunch, worthy of a five star hotel, at which we were waited on impeccably by our friends and hosts in the C.I.D. we returned to the lecture room, where we were treated to 45 minutes' worth of advice most humorously and expertly delivered (as one would of course expect) by the Chief Prosecuting Solicitor for the Avon and Somerset Police Authority, Mr. Oliver Lovibond. He had tips for novices and old lags (if you will excuse the expression) alike on how to conduct oneself in the witness box — both when presenting evidence and under cross-examination. He pointed out the necessity to prepare one's facts meticulously, and of the importance that this has in enabling one to present one's findings confidently and with authority. We also learnt some tips on preparing reports for the courts — both how to write them and how not to.

After this an open forum was held during which questions were put to all the speakers from the floor.

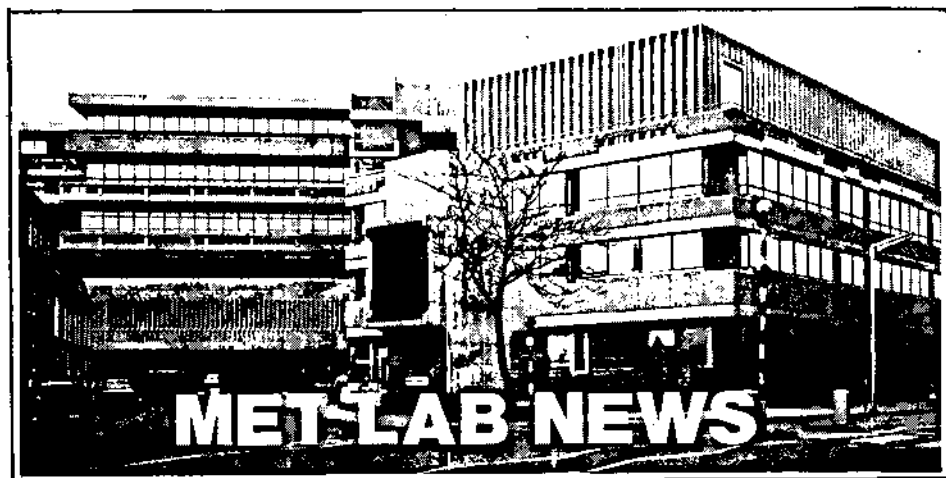
Finally Mr. Atkinson closed the seminar and echoed the feelings of all those who had attended by thanking the contributors for providing such a wealth of expertise for what was universally declared a successful and much appreciated venture.

AFTER THE ALCOMETER — 5

*"Police, doctor —
thought we'd ring
to let you know we
won't be needing
you tonight now
we have the
alcometer...!"*



Colin Whittok.



Laboratory Supplies

The materials now supplied by the Laboratory are as follows:

1. Sexual Offences Examination Kits.
2. Blood Kits.
3. Blood and Saliva Kits.
4. Brown paper bags.
5. Swabs.
6. Roll of freezer tape.
7. Replacement rolls for disposable couch covers.
8. Disposable vaginal speculi.
9. Spare needle covers.
10. Hepatitis kits.

Sexual Offences Examination Kits

The kits will now be sealed individually in polythene bags, so that they will keep in a better condition during storage in the Surgeon's room.

Disposable paper gowns and pants have been included in all kits recently dispatched from the Laboratory.

Hepatitis Kits

Following comments from the refresher courses these kits now contain syringe and needle packs, disposable polystyrene racks to hold the rather unstable blood bottles requested by St. Thomas' Hospital and polythene bags with high risk labels, for additional packing for potentially ineffective material.

Blood Kits

Blood samples for grouping are routinely taken in assault cases. However, analysis of case figures for 1978 and 1979 shows that additional samples for alcohol analysis are taken only rarely.

1978	GBH	Sexual Assaults
Total number of cases examined	398	750
Number in which samples were analysed for alcohol	14 (3.5%)	40 (5.3%)
1979		
Total number of cases examined	435	698
Number in which samples were analysed for alcohol	25 (5.7%)	59 (8.4%)

Unfortunately the relevance of the alcohol aspect of the case is often not fully considered until the time of the Laboratory submission. At this stage it is too late to take a preserved sample and requests are received to analyse the clotted and unpreserved grouping sample. In order to overcome the problem, new blood kits

will be introduced in November. These will contain two blood bottles, one labelled "Blood Plain", the other "Blood Preserved". They will be primarily for use in GBH cases.

With these new packs we ask that the sample is routinely divided to provide about 2 ml for grouping (in the plain bottle), the remainder being placed in the bottle containing preservative.

The polythene bags containing these kits will be labelled:

BLOOD FOR GROUPING

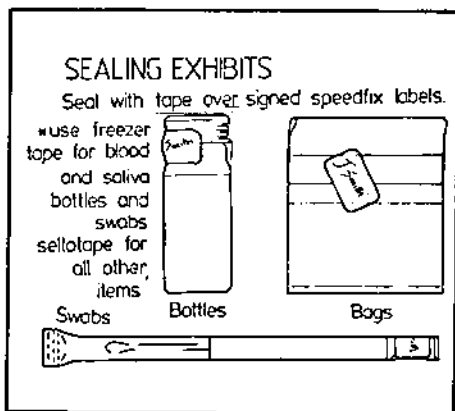
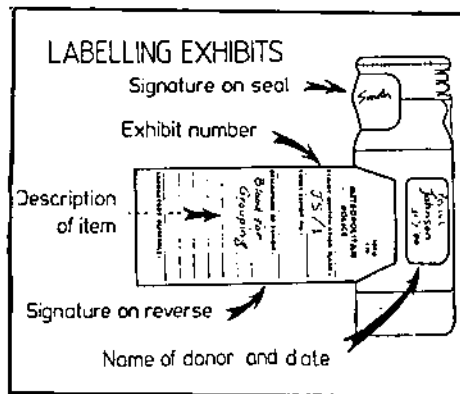
BLOOD FOR ALCOHOL

This is to distinguish them from the Blood and Saliva Kits which also contain two universal glass bottles. For sexual assaults the kits already contain the appropriate bottles.

Large glass sweet jars have been found to be ideal for holding supplies of the "Blood and Saliva" kits. Further supplies of these have now been purchased and they will now be used in all surgeon's rooms.

Labelling and Sealing of Samples

For items submitted as evidence in crime cases proof of their origin, continuity and integrity is required. Appreciation of this point is absolutely necessary for those of us taking samples for forensic examination, for otherwise samples which have been carefully taken, and possibly of great importance for a successful prosecution, could be found to be useless for evidential purposes.



R.T.A. Samples — Broken Vials

The problem that used to occur with certain vials because of the thinness of the base is well-known. Vials with this defect in manufacture, were known to burst on injection of blood, or arrive in the Laboratory with holes in their base caused by poor moulding inside the securitainer.

This year we have had to reject two cases because of another type of fault in the vials. These particular vials had a small crack in the side and because of the lack of sufficient fluoride in the specimen it was thought that this occurred during preparation of the vial, and allowed the anti-coagulant bacteriostat solution to seep out during drying. The consequence of this was a clotted blood specimen because of insufficient oxalate, and as such it could not be analysed.

When the kits are received at the MP stores, which are also in the Lambeth building, the laboratory samples the order as a quality control exercise.

Unfortunately two faulty vials out of the total of fifty-thousand in this year's order is too low a frequency to be detected by our quality control procedures. Most Police Surgeons make a point of looking at the vials in the kit before use to ensure that the white powder of the anti-coagulant/bacteriostat is present. When you do this please could you bear in mind the one or two which have been found to be faulty, and reassure yourself that the usual amount of powder is present.

Glue Sniffing

This term is a colloquialism used to describe a form of abuse of certain commercially available products which include one or two of a variety of solvents or liquified gases in their formulations. The problem has been known in the United States for some time but has only recently become evident in this country. The incidence of this behaviour is difficult to assess in the absence of any large epidemiological survey, although some work in this field from Central Scotland has been reported. Over the past few months sufficient cases and enquiries have been referred to this Laboratory to give the impression that there is also definite cause for concern in the South East of England.

The products used are varied, but the following rough classification is possible.

Aliphatic and aromatic hydrocarbons

Misuse of the aliphatic group is typified by use of some gas lighter refills containing butane, which by clamping the teeth onto the vent-nozzle and pushing, can be arranged to discharge directly into the mouth. Other butane and propane containing preparations have also been misused as have certain types of aerosols which contain hydrocarbons as the propellant.

The aromatic group is represented by toluene, which is chemically related to

benzene. It is an important industrial degreasing agent and is also used as a thinner in paint spraying. In our experience it is the most widely misused solvent, especially as one of the ingredients of contact adhesive such as "Evo-stik".

Chlorinated hydrocarbons

Chloroform and carbon tetrachloride are the best known members of this group, but they are not commonly misused. Carbon tetrachloride has been replaced in many applications by other members of this group because of its toxicity and chloroform is not now widely used. Other members of this group are widely used as industrial solvents, degreasing agents and dry-cleaning solvents. The majority of aerosol propellants and some fire-extinguishing agents are in this class.

We have encountered misuse of these involving dry-cleaning agents, aerosols and products containing these as formulation solvents. A common misused material, for example, is a thinner for typewriting correcting fluid, marketed as "Tipp-Ex thinner".

Ketones

These are also widely used as solvents. One of the most common members of this group, methyl-ethyl ketone, is widely used in paint-spraying, and is also to be found in certain adhesives for plastic model kits.

Central Work Area in the Firearms Section.



Photo: The Metropolitan Police Laboratory.

Commonly some of the material is placed in a paper or polythene-bag which is placed over the mouth and nose and the vapour inhaled deeply and rebreathed. There is no doubt that these compounds are effectively absorbed and a rapid onset of symptoms can be expected. Venting aerosols directly into the mouth is obviously dangerous as it carries not only the risk of the pharmacological action of the contents but also of anoxia from exclusion of air, pneumonitis from inhalant of irritant droplets and anaesthesia of the larynx and surrounding areas due to surface cooling. The systemic effects will vary qualitatively from compound to compound but all produce an anaesthetic action on the brain manifested as an apparent state of inebriation similar to alcohol intoxication. Control over dosage is obviously difficult and overdosage with toxic or even fatal consequences is not unknown. In our experience an apparently drunken state involving drowsiness, slurred speech, ataxia and impaired co-ordination and inability to concentrate are common. Visual disturbances, euphoria, loss of inhibitions leading to aggressive or abuse behaviour and loss of memory have all been reported as consequences of inebriation, along with headache and nausea. No mention is made in the literature of injection of the conjunctivae, yet this has been mentioned by police officers and surgeons in several of the cases involving inhalation of "Evo-stik" vapour in which the Laboratory has been involved. In our opinion this could also be expected with misuse of other substances, particularly the chlorinated hydrocarbons. The solvent may also be detected on the subjects' breath and in the case of misuse of adhesives dried material can sometimes be found adhering to the face or clothing. A "Glue sniffers" rash has been reported, presumably due to repeated exposure of the facial area around the nose and mouth to irritant vapours. Our experience points to a relatively rapid recovery from the inebriated condition on isolation from the vapour. In several instances, eg. in cases of driving whilst unfit, this has meant the police officer has arrested a subject who is apparently "drunk" but

the Police Surgeon cannot subsequently certify the person as "impaired" one or two hours later.

Although this form of misuse has been reported to be associated with younger teenagers, several of our cases have involved older teenagers and persons in their early twenties. Characteristically it has also been described as a group activity, but again our cases have involved isolated individuals rather than groups.

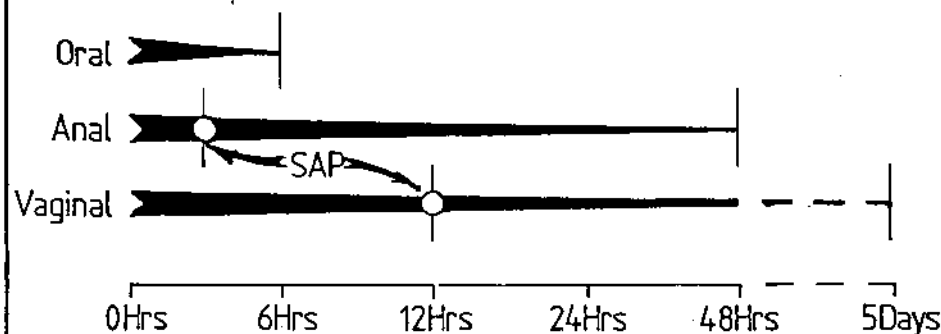
Specimens from Glue Sniffers

In any case involving a live person we would like specimens of both blood and urine in containers with preservative. These should be well-sealed and preferably well-filled. Transportation to the Laboratory should be arranged as quickly as possible and the specimens stored under refrigeration or frozen if space is available. If both specimens cannot be obtained, blood is by far the most important. Information about the subjects and their behaviour, including particularly the relevant times would be appreciated. Any liquids, bags, residues, etc. on their person or in the vicinity should also be submitted. Scenes-of-Crime Officers (in the MPD) will have screw capped metal cans for liquids and *nylon* bags for other items. Polythene should not be used, since traces of solvents will diffuse out through the bag.

Risk to Police Officers

Police officers have expressed their concern about the possible effects of solvent vapours on themselves if they are exposed to them during the course of their duties. The Chief Medical Officer has advised that short periods of exposure are unlikely to cause lasting effects and that if an officer feels affected he should refrain from driving and remain in the fresh air until the effects have worn off. We would add the warning that as most of these fluids are flammable, care is necessary with potential sources of ignition, eg. smoking.

Detection of Semen on Swabs



Detection of Semen on Swabs

Results obtained from various tests performed on vaginal, anal and oral swabs are stored on computer, together with the information given in Part I of the Sexual Offences Examination Form. The chart below summarizes the likelihood of detecting semen on case work swabs. With regard to oral swabs, semen has been

detected on a lip swab taken 9 hours after an alleged offence, but the longest time interval so far recorded for a mouth swab is 6 hours. S.A.P. refers to the detection of azoospermic semen, using an electrophoretic method for the confirmation of the presence of seminal acid phosphatase. (Wrixall, B.G. and Adams, E.G., Forensic Science, 3, 57, 1974).

1980 WAS ANOTHER RECORD YEAR FOR CONFERENCES



AT PEEBLES HYDRO

Only 23 miles from Edinburgh
Set in 30 acres of private grounds amidst the beautiful and historic River Tweed country.

Conference rooms capable of seating from 5 to 450 delegates.

145 bedrooms with sleeping accommodation for up to 265.

Indoor swimming, squash, gym, badminton, billiards, pitch & putt and gift shop are just some of the leisure activities to enjoy between sessions.

For conference brochure
and reservations contact:-

Pieter van Dijk

Peebles Hotel Hydro, Peebles EH45 8LX

Tel: (0721) 20602 Telex: 72568

Peebles Hydro

Just after 3.00 a.m. one morning last summer, I saw a 28-year old housewife in the medical room of my police station, in the presence of a woman police constable.

The housewife said that she had gone to the front door of her home and found two men standing there. They said nothing and made to attack her. She tried to run but one seized her by her wrists and then by the blouse at the front causing all the buttons to come off the blouse. Her other assailant had seized her by the back of the blouse and was pulling. They then started hitting her with something like a rope but she fought back and they ran away. The housewife changed her blouse and telephoned the police.

There were a few stains on the front of her slacks, which the housewife was unable to explain. The policewoman then showed me the damaged blouse. The top two buttons were in place but the lower four were missing. The blouse was split in the centre of the back from collar to hem.

During examination I noted that the housewife appeared agitated and distressed at times but otherwise remarkably calm and collected. Her memory appeared to be vague for some details of the assault. Apart from some patches of psoriasis on her scalp and legs, physical examination was unremarkable.

On her back there were multiple linear raised abrasions varying in length between 3 cm and 12 cm. Some ran vertically, some horizontally and others ran at an angle downwards and inwards. There were similar marks on the front of her chest. The marks were widest towards the mid-line of the body. There were no marks elsewhere on the body, particularly on her wrists.

The housewife stuck to her original story as to the cause of her injuries throughout the examination.

After an examination, I discussed the case with the woman police officer, who agreed —

1. that the housewife's demeanour

appeared inconsistent with her story,

2. her story of the events was decidedly vague in parts,

3. not all the buttons had been torn off her blouse as she alleged. The split in the back of the blouse showed clean edges suggesting that it had been cut rather than torn.

4. the injuries on her back did not appear to resemble those which might have been inflicted by a rope. The injuries were all within reach of her own fingernails and could easily have been self-inflicted.

We concluded that the housewife's story was fictitious and the marks were self-inflicted. The woman police constable then had a further discussion with the housewife and later reported that there had been a change in the story. The housewife admitted that her injuries were self-inflicted and that she had made up the entire narrative to impress and to obtain the sympathy of her husband, who had left her some weeks earlier for another woman, in the hope that he might be prevailed upon to return to her. She was subsequently taken home in a police car and the social services department contacted and requested to assist her in her problems.

This was perhaps a simple and routine case but it serves to emphasise points worth reconsidering — A careful and thorough history is vital at all times, worth repeating after an interval to check for discrepancies. A comparison between the injury and a description of the weapon used, or better still the actual weapon, may lead to the discovery of disparity. A discussion with the police officer in charge of the case, following the examination, is often of great value particularly in onservng contradictions or inconsistencies.

Finally, and perhaps most important in this type of case, the Police Surgeon has a responsibility to ensure that arrangements are made for the proper follow up — in this case by the Social Services.

John Stewart, Antrim

DOCTORS AND TORTURE- THE POLICE SURGEON

STANLEY BURGESS

For all practical purposes, all forensic physicians in the United Kingdom have a contractual arrangement with a police authority; and, since the formation of a national police force almost a century and a half ago, have been known as Police Surgeons. In spite of the title, a doctor so employed retains his professional independence and, with few exceptions, performs his duties on a part-time basis. It is acknowledged by police and Police Surgeons alike that a partial Police Surgeon is a liability to society, an embarrassment to his profession, and an encumbrance to the employing police authority. An expression of this impartiality is seen in Northern Ireland where, in spite of his time honoured title, the Police Surgeon is now known as a Forensic Medical Officer.

Events have shown that the police forces of a country are the most likely to become the first to be aware of, or the agents of, the torture of its citizens. For this reason, Police Surgeons in the United Kingdom have given no little attention to the implications of their association with law enforcement. We earnestly hope that we will never become experts. We readily acknowledge that few of us have had our convictions tempered and tested by fear, political strife, poverty, religious intolerance or racial prejudice. We also readily acknowledge that accusations of self-righteousness may be levelled at us by those living with his malignancy. This should not, and I trust, will not, detract from our determination to fore-arm ourselves and thus be the better equipped to combat the first signs of the disease. Indeed, it may be argued that if our peers in Germany, Chile, South Africa, Russia, Greece, Iran, and so many other places, had been afforded the luxury of pre-meditated concerted action, at least some

of the results may have been different.

It is convenient to view the subject under five main headings:

- a) An acceptance of basic ethical principles
- b) An awareness of the extent of the evil
- c) The recognition of the assailants
- d) The recognition of victims
- e) The determination of a course of action

Acceptance of basic ethical principles

The basic ethical principles have been developed since the time of Hippocrates. In the context of torture, guidelines were initiated by the British Medical Association in 1972 and adopted by the World Medical Association in 1975. They are usually referred to as the Tokyo Declaration and certain sections are worth quoting.

Torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.

The doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife.

The World Medical Association will support, and should encourage, the international community, the National Medical Association and fellow doctors, to support the doctor and his or her family in the face of threats or reprisals resulting

from a refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.

They are offered as guidelines and are universally accepted by all those maintaining the best traditions of medical practice. The 1980 edition of the British Medical Association *Handbook of Medical Ethics* makes particular reference to torture and, in the main, echoes the provisions of the Tokyo Declaration but there is one recommendation which has caused some disquiet.

It is unethical for a doctor to carry out an examination on a person before that person is interrogated under duress or torture. Even though the doctor takes no part in the interrogation or torture, his examination of the patient prior to interrogation could be interpreted as condoning it.

Events in Northern Ireland do not entirely support this view. Forensic Medical Officers there initiated the concept of the pre-interrogation medical examination on the grounds that in examination by an impartial and competent doctor before and after interrogation would make it possible to ascertain the truth of what happened in the intervening period. Thus, far from condoning torture, it would be an active means of exposing and preventing it. If, on the other hand, the intent is to assess fitness for torture, then, of course, it would be quite unacceptable, but this can easily be avoided if the results of the examination remain privy to the examiner.

Awareness of the extent of the evil

The unaffected and the complacent prefer not to acknowledge the existence of corrupt or evil practices. Ironically they become the first and easiest prey. They are also the least equipped to help their stricken fellow human beings. It is important, therefore, that we pay heed to all credible sources of information. The world continues to contract. No longer is malpractice in South America or Eastern Europe irrelevant to the daily lives of those in Western Europe or London.

Reports from well established religious

organisations are usually shown to have substance but perhaps the most well informed and the least partisan is that remarkable institution Amnesty International. It is a non-political organisation whose main principles are independence, universality and impartiality. Embodied in its structure are separate medical groups with specific functions. We were not surprised to learn that they have examined subjects from South Korea, Greece and Uruguay but many of us were disturbed to learn that they found it necessary to examine citizens of a province in the United Kingdom.

Even in the most enlightened societies, sporadic cases are reported of ill-treatment towards those detained in penal and medical institutions. Every single instance is deserving of the most thorough investigation, and if proven, warrants the most vehement condemnation.

We know that human behaviour is infectious because man is an imitative creature. Let not evil go unchecked lest it become accepted as the norm.

Recognition of assailants

It has already been pointed out that as medical practitioners we have great responsibilities in the way we exercise our cognitive skills. Other skills too have relevance in the context of doctors and torture. There can be few medical practitioners who are truly exempt from involvement but some are more likely to be accepted than others. The Police Surgeon, the prison medical officer, the forensic psychiatrist and some doctors in the armed services are particularly liable. Let us consider a few specific issues.

In the matter of medical fitness for employment, we may be able to exert influence in rejecting those presenting for employment as custodians of others. The prospective policeman, prison officer, psychiatric nurse, or member of the armed forces should not have sadomasochistic or other psychopathic propensities; they should have personality and integrity sufficient to resist easy persuasion by others; and ambition should be distinguished clearly from craven power-seeking.

No less searching should be the scrutiny of the examiners themselves; at least by self-evaluation, better by our colleagues. We are no less exempt from the vagaries of human nature. Why should we not find ourselves subjugating professional honesty to some so-called "deserving cause" with the very suspect philosophy of "ends justifying means" controlling our activities?

Other pitfalls may be encountered. How do we react if in obedience to the ethics of professional secrecy, we remain silent about knowledge gained from a professional relationship with a known torturer or murderer? What of the plight of the doctor who is subject to a statutory restriction, like the Official Secrets Act or Martial Law, which prevents him from honouring his professional code of conduct?

Recognising the victim

Diagnostic ability in recognising the effects of torture is another obligatory accomplishment. A study of the reports from those more familiar with the subject reveal unbelievable ingenuity in devising means to degrade, torment, and mortify others. The agent may be physical, chemical or psychological — either singly or in combination. No part of the body is spared; though certain regions are favoured. It requires little imagination to guess those situations.

Often no useful purpose is served by wanton brutality. Sleep deprivation, isolation, pharmacological torture, electrical torture, are often more effective and leave little in the way of evidence. Diagnosis may, therefore, be extremely difficult if reliance is placed upon physical signs to corroborate allegations.

As Police Surgeons, many of us have no little experience in recognising a form of torture known somewhat euphemistically as NAI (non-accidental injury). The characteristic diagnostic feature is not a simple burn, bruise, laceration, fracture or scald, but the aggregate picture of multiple and repeated injuries of particular character spanning weeks, months or even years. Doubtless other forms of torture have similar diagnostic features.

In assessing the effects of man's violence against man, forensic clinicians apply the principle of the 'Theory of Interchange'. Macroscopic and microscopic trace evidence is sought, *ie* animate or inanimate particles left by, or taken from, a person or a *locus*. This is well illustrated in a case of alleged rape where seminal fluid may be retrieved from the complainant, and traces of vaginal secretion obtained from the accused.

A paramount consideration is an awareness of the possibility of an assault having taken place; and this applies particularly when examining those mentally deranged or fearful of accusing. Corroborative evidence is thus sought and the results are directly proportional to the ability of the examiner and the scientific and other specialist services at his disposal. It should go without saying that the first duty of the examiner, whatever his remit, is to institute any necessary treatment and relieve pain or suffering.

In those cases where torture is confirmed or suspected, all observations and the results of any biological tests are of little value unless recorded accurately and with the greatest possible detail. Any opinion should be carefully minuted and provision made to clearly distinguish it from factual evidence.

Determination of a course of action

Any subsequent course of action is entirely dependent upon the prevailing circumstances. To those practising in the United Kingdom, the following suggestions are offered. Confer with a respected colleague, if possible someone with experience in such matters. Good sense will guide your choice as to whether it is someone within the same establishment or completely unconnected. A favoured professional organisation such as the British Medical Association or the Association of Police Surgeons of Great Britain should be informed. Make provision for your evidence to be available to any agent of any court or tribunal likely to investigate the incident.

In extreme circumstances, conscience may dictate that non-professional representatives of the community, or even some

international organisation, are apprised. Usually this step should only be contemplated after conferring with colleagues.

An important corollary of this aspect is the application of one of the recommendations of the Tokyo Declaration, *viz* — the support of colleagues threatened because of their condemnation of any inhuman treatment: provided, of course, that you are satisfied that the motives, competence, and integrity of those you support is beyond reproach lest you place your own integrity in jeopardy.

No good can result to others or yourself unless your actions are impartial, honest and within the limits of your competence. Your judgement should not be prejudiced by personal emotional involvement. Those you elect to judge should have your full confidence. Do not yourself pre-judge. Remember that the antagonists in any struggle can deceive and cheat. This includes those who, though oppressed, falsify and exaggerate accounts of their suffering. Self-inflicted injuries do occur; in fact extremists are known to receive and give instruction in the art. Alleged victims may injure one another to justify their cause and substantiate wrongful accusations. It is worth remembering the words of W.B. Yeats: The beggar has changed places; but the lash goes on.

Overt and oblique references have been made to Northern Ireland. It is fitting to make some mention of the involvement of the Association of Police Surgeons of Great Britain. Early in 1979, Dr. Robert Irwin, a Belfast general practitioner, Police Surgeon and part-time prison medical officer became increasingly frustrated with an apparent lack of interest shown by the authorities to his allegations of the ill-treatment of prisoners at the Castlereagh Holding Centre.

Rightly or wrongly, he eventually threw caution to the winds and voiced his opinion on a television programme. This act which resulted in banner headlines in the press, made "Irwin" a household word, and he and his family experienced great personal distress.

Before, during and since that period of stress, the Association of Police Surgeons

of Great Britain has given voluble support to his intent and, at a personal level, encouragement to him and his family. In the name of the Association, letters were published in the National and Medical Press in defence of his actions and as an attempt to sustain a man who found himself pitch-forked into a David and Goliath situation.

Dr. Irwin's allegations were but one small facet of the disquiet which had continued over many years in Ulster and a Committee of Inquiry into Police Interrogation Procedures in Northern Ireland was set up by the Government (the so-called Bennett Committee). The findings were fair and far reaching and many recommendations have since been implemented.

It is pertinent to mention that implementation has created yet another moral dilemma. How far should the already overstretched resources of law and order be further deployed to investigate alleged ill-treatment if, by so doing, the murderers and terrorists are given greater freedom to pursue their evil activities? Those doctors concerned in the evaluation of alleged ill-treatment have thus even greater responsibility in ensuring that their examinations are honest, impartial, competent, and performed with expedition.

Doctors somewhere, sometime, have and will, become parties to the torture of others. The difference between active resistance and active assistance is clear and well-defined but the graduations between these extremes may be slight and insidious. As a profession we must be watchful of the incidents and be clear in our own minds of our courses of action when confrontation comes. In the words of Sir John Powell, a 17th century Welsh Judge noted for his honesty: He who has no inclination to learn more will be very apt to think that he knows enough.

This article first appeared in the Journal of Medical Ethics (1980, 6, 120-123) and is reproduced by kind permission of the Editor.

HOVE POLICE CONVALESCENT SEASIDE HOME



The Convalescent Police Seaside Home in Hove was the dream of two remarkable late Victorian ladies who by 1889 had given many years of service to the welfare of police families. The Metropolitan Police has sent a sick constable to an ordinary Convalescent Home, but he speedily returned home when he found himself in a bed next to a man he arrested for a criminal offence. Miss Catherine Gurney, O.B.E., the Founder, Secretary and President of the International Christian Police Association, who was working in London, decided the Police Service deserved a Convalescent Home it could call its own.

The other lady, a Miss May Griffin, had the welfare of the Salisbury City Constabulary at heart, but as she and her mother were moving to Hove, a town adjacent to Brighton, she wrote with regret to Miss Guernsey stating she would have to give up the Welfare of the Salisbury City Constabulary. The dream was about to be conceived; with no money but a faith which could conquer all, Miss Guernsey wrote suggesting Miss Griffin searched for

a house by the sea that could be developed in to a Police Convalescent Home.

The then Commissioner of the Metropolitan Force, Sir Edward Bradford, had considered a Convalescent Home for the Force. He promised that if the International Christian Police Association started a home, he would see that some of his men, after illness, would be sent there. The challenge was on. Miss Griffin, visiting estate agents, was shown a house containing four large bedrooms, but she had no money. Miss Guernsey suggested she contact a Miss Bell, residing at the Bedford Hotel, who had always taken a deep interest in the Police. The following day Miss Griffin received a note from Miss Bell stating that she liked the house and she would be putting a cheque for £500 in a bank, in Miss Griffin's name, to pay the rent for three years and also to enable her to furnish the house from auctions and sales.

The three ladies met at the Bedford Hotel and planned and prayed for the realisation of their dream. Miss Guernsey was to concern herself with the health and spiritual side, Miss Griffin was to become the Honorary Secretary, and the first Matron, the widow of a Police Officer, opened the Home with the help of two officers from the Metropolitan Police.

Within two years this Home was too small, as only 16 officers could live in, 16 others were obliged to live out, so expansion was necessary. At a meeting at the Home, when a Mr Willett of Sloane

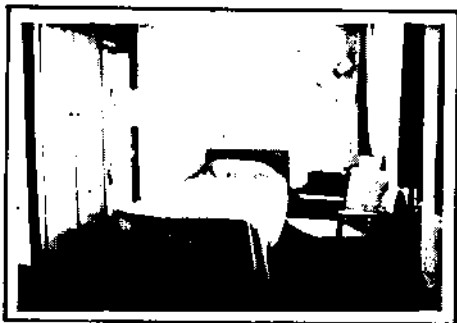
A cheerful reception from Mrs. Bette Holmes.



Square was present, he promised to put up a Home at cost price. The Committee would pay for the materials and the men's work, whilst he would not take a farthing of profit up to £1000. A Mr Cave, father of the Lord Chancellor at that time (Viscount Cave), and a Mr. Denning, whose main interest was in the railways, and all present, promised to give substantial cheques. Miss Griffin had found a piece of waste ground which was suitable. She could not get the land for nothing but the owner reduced his asking price by £70, no mean sum in 1892. She wrote to Miss Bell stating the present Home was too small and by return received a letter and a cheque for £2025 — £1025 for the site and the rest for bricks.

Circular letters went out and the money rolled in. On October 12th, 1892 HRH Princess Christian came down from London to lay the Memorial Stone and the Police Seaside Home in Portland Road was opened in July 1893 with over 400 members, their wives and friends being present. Since then over 7200 police officers and police pensioners have convalesced at the Home. In 1964 a new modern Home on the seafront was conceived. This came to fruition when it opened in July 1966, and Queen Elizabeth the Queen Mother officially opened it in November.

As you enter the automatic doors a portrait of Miss Guerney catches your eye from its position at the far end of the entrance hall. Entering these portals, policemen abandon all rank. The Superintendent, Mr. Dennis Holmes is not in uniform but is a Hospital Administrator. With his wife Bette, he has made this a personal HOME, with five star facilities



for all sick policemen. The modern airy kitchens, under the charge of a first class chef, produce meals of the highest quality, and all dietary needs are catered for.

Officers serving in the Forces in membership of the Home currently contribute at the rate of 5 pence per week to the Home and are admitted free of charge. Each bedroom is tastefully decorated and has wash-hand basin, electric shaver point and built-in wardrobe unit. There are a few double rooms to enable wives of serving officers to accompany them at a modest charge. There is an emergency nurse call system which covers the entire building. In addition there are adequate laundry facilities, and for the ladies, hairdressing equipment.

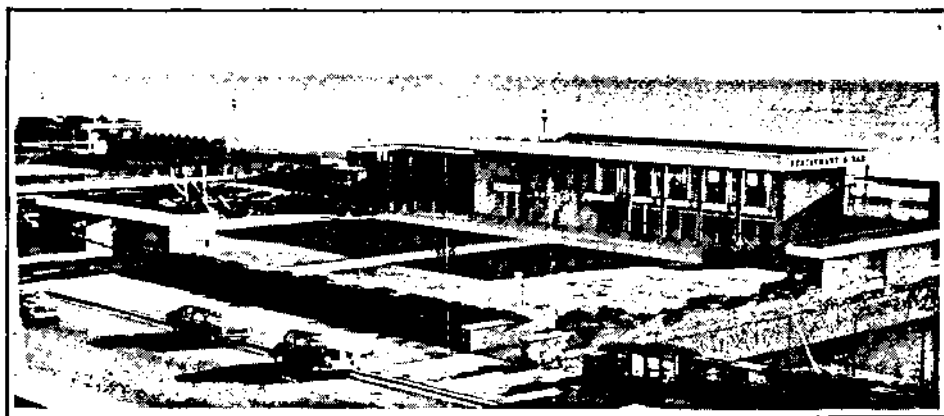
The large lounge, situated on the first floor, runs the whole length of the building, giving panoramic views of the gardens, public tennis courts on the seafront and the English Channel. A well-appointed library and colour television cater for various needs and automatic lifts serve all floors. A visiting Medical Officer is always on call, the Group Practice led by Dr. Hilary Jarvis, the senior partner, who is also the Police Surgeon for the area, covering all medical needs, together with two qualified nursing sisters who are in residence giving 24 hour cover. Consultations are held by Dr. Jarvis twice a week in a modern well-equipped surgery and treatment room. Many retired officers visit the Home as patients, and the Home admits an increasing number of female police officers.

The average length of stay is a fortnight, but extensions are considered on merit and when bed facilities are available. A mini-bus meets all new arrivals at local

railway stations and is used for outings to places of interest in the county. The seven mile seafront tires even the most enthusiastic walker. Free indoor swimming facilities are available within a short distance and a fully equipped beach chalet is available for those wishing to snatch the benefits of solar power. The lower ground floor is equipped for billiards, snooker and all indoor games. A quiet room is also available for those wishing to send more than the comic postcard home to their friends and relatives.

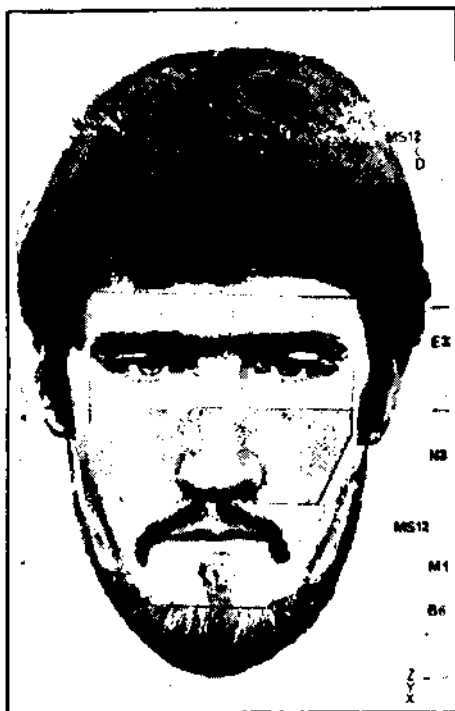
With the sister Home of St. Andrew's

at Harrogate, the convalescence of all members of Police Forces in the British Isles is covered. The Hove Home takes members from the Southern half of the country. An average of 850 serving police officers and police pensioners is admitted to the Home each year. A "Breeches Buoy" effect, produced by association with members of other Forces, produces an enhanced convalescence, and one has only to enter the Home to feel this support. It is evident that the enthusiasm and foresight of Miss Guerny and Miss Griffin is ever present.



BERGEN FISH MARKET

A QUESTION OF IDENTITY



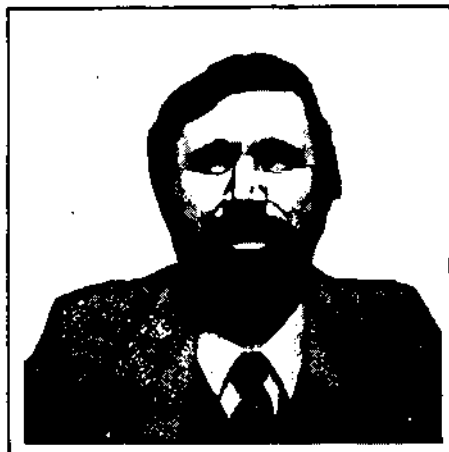
A short while ago I was called to the police station to examine a woman who alleged an indecent sexual assault. She gave a rather bizarre story of unnatural sex and a vague description of the suspect. There was some doubt as to whether the events she had described had taken place. However, the investigation continued and a photofit picture was issued based on her description of her assailant. The photofit picture was published in the local newspaper warning the local population of a possible sex maniac.

A little while later I walked into the Detective Chief Inspector's Office and he told me that the photofit picture looked very much like me. I did not realise at first that he was being quite serious but he told me that under further questioning the woman had broken down and given the true story.

Some months previously I had been called to examine a female body found in the river and the woman had come to identify the body, who had committed suicide, and had seen me. Some time later she had had problems at home and in an attempt to get even with her husband or to obtain sympathy from him, she had concocted a fictitious story of the sexual assault and when asked to describe her attacker, she had described me.

The police subsequently gave me a copy of the photofit picture and for some time my wife had it displayed in our kitchen with the caption "HAVE YOU SEEN THIS SEX MANIAC?"

R.J. Marsh



The real Dick Marsh.

**BOOK
EARLY
FOR
BRIGHTON**

THEM DRY BONES

I was in the C.I.D. room one day, when a detective came into the room and, placing a large plastic bag on the table in front of me, said: "Here you are, doc. What do you make of these? Are they human?"

I emptied the contents of the bag onto a large sheet of paper and, sorting through the debris, we picked out a number of bones most of which appeared to me to be human.

The bones had come to light in the attic of an old building in Shrewsbury and had been discovered by builders working in the premises. Some of the bones were loose and others were wrapped in a newspaper dated 1892. The house was presently a dental clinic and had been a County Architect's Department prior to

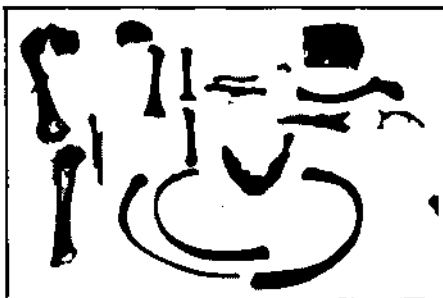
that. The house came into County Council ownership in 1927 and previous occupants included a local surgeon at the turn of the century.

Looking through the bones, I came to the conclusion that the majority were human but that they did not all belong to the same skeleton and made the inspired guess that they probably belonged to the skeletons of a woman and two children.

The bones were sent to the Birmingham Home Office Forensic Science Laboratory and there they inspected by Dr. B.T. Davis. The majority of the bones were found to be human. Some were from a child aged about seven years but there were ribs and a clavicle from an adult. One bone was tentatively identified as originating from a sheep and another



Bones in situ.



The bones laid out.

General view of the attic — the arrow indicates the bones.



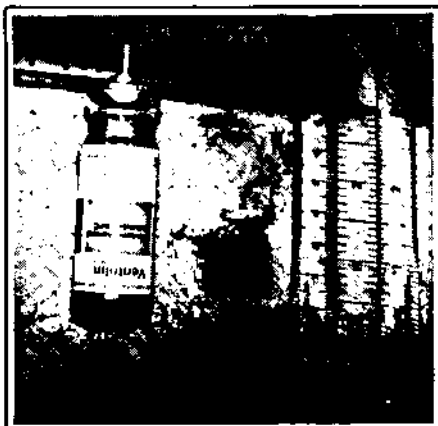
bone may have been from a bird. All the bones appeared to be old.

Some of the child's bones were found to have the remnants of blood vessels adhering, which had been treated with a bright red embalming medium and it was suggested that this might have been done to render the blood vessels visible during dissection by students. Pliable muscle fragments were also found adhering to some of the child's bones, which suggested that some form of preservative

had been used to inhibit the natural process of decay.

It seems that the surgeon who had occupied the house used to work at the old Royal Salop Infirmary and during his spare time he took specimens home for further studies. It was suggested that dissections were carried out in the attic to avoid possible disagreeable smells permeating into the living accommodation.

R.J. Marsh



DANGEROUS AEROSOLS

A 30 year old man visited his local casualty department following an injury to the outer aspect of his right lower leg.

Whilst attending a garden bonfire, he had heard a dull thud and felt a searing pain in the right leg. The trouser leg was torn and he found a partially incinerated medical aerosol on the ground beside him.

On examination, there was an area of abrasion and contusion, the lower edge of which showed heat damage. There was considerable local bruising. The outline of the injury matched that of a medical aerosol.

Medical aerosols have advice regarding disposal printed upon them, with particular reference to the avoidance of incineration. However, when the aerosol is fully assembled, the instructions regarding disposal are concealed by the activator in at least one type of aerosol.

Whatever the contents, no pressurised container should be disposed of in a fire.

J.L. Skinner and H. Daniels
Derbyshire

OFFENCES IN GREAT BRITAIN

(Thousands)	1959	1971	1978	1979
<i>England and Wales</i>				
Serious offences recorded by the police	722	1,666	2,561	2,537
Persons found guilty of violence against the person	9	26	40	na
Motoring offences				
Drunken driving	5	39	50	na
Other	568	984	1,158	na
<i>Scotland</i>				
Crimes made known to police	na	211	235	347
<i>Northern Ireland</i>				
Indictable offences known to police	8	31	46	50
Prison population (UK) (<i>thousands</i>)	30	46	50	50

Government Statistical Service



Admiring the view from the Laboratory.

The evening soirée, hosted by the Metropolitan & City Group of Police Surgeons was held once more in Innholders Hall. It was well attended by representative Police Surgeons from all over the country. Following an excellent meal, the Chairman of the Metropolitan & City Group, Dr. Fred Shepherd, introduced the principal speaker of the evening, Assistant Commissioner Gilbert Kelland, C.B.E., Q.P.M. He spoke briefly on his theme, "Doctors and the Police". He recognised the steadily increasing role of the Police Surgeon and its importance. Mr. Kelland said that he expected that

the bond between the Police and the Police Surgeons will go from strength to strength with increasing tangible results. In a reference to earlier days in the Metropolitan Police, Mr. Kelland referred to past occasions when a Police Surgeon was known to play cards in the Police Canteen and win consistently. One Officer observed that the most pleasant way to lose money was on women, the most exciting way was on horses but the surest way was to play cards with Ralph Summers.

Laboratory Fire Alarm

On Saturday, 14th February, nearly 100 Police Surgeons, Police Officers and others assembled at the Metropolitan Police Forensic Science Laboratory in Lambeth for what proved to be an informative and exciting day. Shortly before the meeting commenced a fire alarm sounded; this was rapidly traced to Dr. Stan Burges lighting his pipe beneath a smoke detector.

Dr. Hugh Johnson from the Department of Forensic medicine, St. Thomas's Hospital, spoke on "The Pathology of Neglect". He showed slides of the bodies of elderly and very young patients who had died emaciated following neglect, many with appalling sores. In some cases the neglect had been deliberately hastened

A.C. Gilbert Kelland, C.B.E., Q.P.M.



by starvation, hypothermia, dehydration and rocking, the patient being rocked backwards and forwards on a commode. Such patients present great difficulties in determining whether the neglect was malicious. Dr. Johnson detailed one case wherein a household a baby died but there was no prosecution. However, when the family dog died of ill-treatment prosecution followed swiftly.

The next speaker was Dr. Neville Davis, Metropolitan Police Surgeon, who spoke on "Occupational Health and the Police". Being more concerned with the Police customers, the Police Surgeon may overlook factors affecting the health and welfare of the Police Officer, who are frequently at risk of physical violence as well as verbal abuse. Training is vital but this carries its own risks. Firearm training requires ear protection. Underwater teams require special training and first class health. Many of those in custody are disease-carriers. Good cell hygiene is essential. Conditions in police stations have greatly improved in recent years but they can be too hot, too cold or too stuffy, affecting efficiency. There are also the problems posed by shift work. There were many other problems which Dr. Davis touched upon briefly.

Dr. Neville Davis



Drug Scene

Chief Inspector H.B. Spear of the Home Office, Drugs Branch, warned of the indications of a boom in opiate abuse. There appeared to be a wider social acceptance of heroin amongst certain individuals. Chief Inspector Spear reviewed the drug scene, particularly during the last ten years, the change in fashion depending on drug availability. He commented that Diconal tablets were now fetching £4.5 and the use of Palfium appeared to be steadily increasing. The prescribing of heroin and cocaine for addicts is legally limited to a few approved doctors. All other doctors can prescribe the wide variety of drugs which are now being abused. The prospects presented by Chief Inspector Spear are bleak.

Chief Inspector Spear



Mentally Disordered Offenders

"The Disposal of Mentally Disordered Offenders" was discussed by Dr. McKeith, of the Institute of Forensic Psychiatry, Maudsley Hospital, London. The Psychiatrist has a role in three stages of the proceedings, pre-trial, during the trial and at the sentencing stage. Before the trial the fitness of a prisoner to plead, whether he can brief Counsel, challenge jurors or follow procedure, is as important as his physical fitness to stand trial. During



Dr. McKeith

the trial, the Psychiatrist must place importance between facts, observations and opinions. With regard to sentencing, the Psychiatrist must bear in mind the penalties available to the Court, e.g. Community Service Order, psychiatric treatment as condition of Probation Order, or hospital treatment under Sections 60 and 65 of the Mental Health Act. Dr. McKeith concluded with a description of a slow development of the regional secure units recommended by the Butler Report. During the ensuing discussion, the important role of the Police Surgeon was emphasised as the first medically qualified person to observe the prisoner on being brought into custody.

Following an excellent and efficiently served lunch, the afternoon speakers were all from the Metropolitan Police Forensic Science Laboratory. Mr. David Grey spoke on "Fire Investigation". In the United Kingdom there are now 300,000 reported fires each year involving 90-95,000 dwellings, 900 deaths and 6,000 injuries. In 1980 the Laboratory Fire Investigation Unit made 611 visits to fires involving 113 victims. Mr. Grey emphasised the importance of the Laboratory Investigator visiting the fire, particularly with the

bodies still present, and obtaining witness evidence of the early stages of the fire. Mr. Grey then described two cases of fatal fires which the Department had investigated.

Macabre Maggots

With suitable macabre lighting from the lectern unit, Mr. Geoffrey Willott revelled in his description of the maggots which might be discovered on a body which had been dead for some time. The familiar blue-bottle is but one of the many insects which may visit a body over a period of time. As the life-cycle of these insects has been studied in detail, collection of the various stages from egg to adult form can enable the forensic scientist to determine the minimum length of time a body has been dead. To assist in the determination, samples of the oldest of each species present are required in addition to the earlier forms of the life cycle. Eggs and larvae may be put in jars, a brush being used if necessary. Pupae may be found some distance away from a body, soil samples may be required from beneath the body. Ideally specimens should be preserved in alcohol, but some live forms of early stages should be preserved at either room temperature or in the refrigerator (do not freeze) as allowing development to adult form in the laboratory will assist in identification. Specimens should be taken to the laboratory as soon as possible but if delay is anticipated, live specimens may be fed a small portion of the body.

Drugs Scene Again

The concluding speaker was Dr. John Metcalfe, who returned to the drugs scene as viewed from the Forensic Laboratory. In 1968, the Laboratory dealt with 3,290 cases submitted. In 1980, 8,957 cases were submitted, including 20,400 items for analysis. During the last four or five years information fed into a computer has included the drug identify, percentage purity, other drugs associated, the excipient present, quantity seized and the police area the seizure was made. This information can be recovered in the form

of histograms or hard copy. The computer revealed fashions in drug abuse, depending upon availability and police seizures of illicit laboratory equipment. Illicit drug production pays off — £50 of chemicals plus £50 of equipment plus a day's labour equals £10,000 worth of illicit amphetamines.

The Winter Symposium is not a parochial affair. Surgeons attended from all over England and Wales. There were Police Officers from several Forces, including a representative of the Royal Barbados Police. They heard first class speakers on fascinating topics. The Laboratory is an excellent venue for such a meeting; I hope the Laboratory will be considered for future meetings.

The Association's thanks go to the Metropolitan & City Group for hosting the evening soiree and to Dr. Arnold Mendoza and his two clerks, Dorothy Aldridge and Margaret Jarrett, for their work in organising the meeting; to Dr. Ray Williams, the Director of the Metropolitan Police Forensic Science Laboratory for permitting the Laboratory to be used for the meeting; and to the



Dr. Frances Lewington

indefatigable Frances Lewington and her team, who all contributed to making the Symposium an outstanding success.

Established 1900
Official agents for British Rail, all air lines & tour operators

HGT

H.G. TYSON & COMPANY

Travel Agent
**53, LONG LANE,
LONDON, EC1A 9PA**

*Appointed Travel Agents to the
Association of Police Surgeons of Great Britain*

Telephone Office: 01-600 8677 (4 lines)
Business Travel: 01-600 0021

After Hours: 0622-77955
Telex No: 886246

*Members of the Association of British Travel Agents
and
The Guild of Business Travel Agents*

STATISTIC

The elderly man liked his bitter. His doctors had told him that bitter was bad for him but it was his regular habit to go to the British Legion Club for a couple of pints in the evening. One Saturday night he went as usual to the British Legion, where he had two pints with a friend. On leaving the Club, he became unwell and the friend, who left the club a few minutes later, found him unable to stand surrounded by a small number of spectators. Somebody said that they had sent for the police and a few minutes later a police car arrived. Nobody thought to send for an ambulance or to tell the police officers that he had had two minor strokes and that his gait was such that he would appear to the casual observer to have been drunk even when he had not had anything to drink.

The police officer saw that he was unable to stand, his speech was slurred and he smelled of alcohol and suspected that he was dealing with a routine drunk and incapable.

The old man was helped into the police car and taken to the police station a few minutes away. Because of alterations at the police station, it was not possible to circumnavigate the obstructions to the charge office and he was taken directly into a cell, where he was placed on the floor in a semi-prone position to avoid inhalation of vomit. The arresting police officer was able to view the man in the better light of the cell and noted that he did not smell as strongly of drink as he would have expected somebody who was drunk and incapable. His suspicions aroused, he notified the Bridewell Sergeant, who at once sent for the Police Surgeon. The Police Surgeon arrived less than 20 minutes later.

The man was lifted on to the cell bench for examination and it became obvious within a few minutes that the 71-year old man had suffered a severe stroke and required hospital admission. He was admitted in to the hospital within an hour and ten minutes of the first call being made to the police.

The man never regained consciousness and died on the day following admission to hospital — less than 48-hours after the initial stroke. The post mortem revealed a huge intra-cerebral haemorrhage, which had partly destroyed the left cerebral hemisphere.

The man had become a statistic — a death following police custody. The Coroner opened and adjourned an Inquest. A Detective Inspector made exhaustive enquiries, statements were made and collated, the incident was explored in detail and the man's past life probed.

The Inquest was resumed, the Coroner sitting with a jury of four men and five women. Evidence was given by the man's son and his wife, by the friend with whom he had been drinking, by the two constables who went to the scene of the man's collapse, by the Bridewell Sergeant and by the Detective Constable who had been assisting the Detective Inspector in the C.I.D. enquiries into the circumstances. A barrister had been retained to represent the family's interest but he asked no questions of any of the witnesses. Medical evidence was given by the Police Surgeon, by the house officer from the ward on which the man had died, and by the Home Office pathologist who made the post mortem examination. The Coroner told the jury that they must not consider that the case was a waste of time, and referring to the death of James Kelly, he said that it was his duty and that of the jury to monitor and explore the circumstances surrounding any death in custody with vigilance. The Coroner included with deaths in custody, deaths of people recently in police custody.

As one of the police witnesses pointed out, it was by chance that the circumstances surrounding the man's death were brought to the notice of the Coroner. If the person making the emergency telephone call had asked for the ambulance instead of the police, there would have been no public inquiry but the emotions at the scene of the collapse were such that the organisation summoned was that most trusted in any emergency, with the answers to every problem — the police.

Desmond Beckett

CORRESPONDENCE

JAMES KELLY

Dear Sir,

You were kind enough to publish in the last edition of the Supplement (Vol. 9, Autumn 1980) my views on one aspect of the enquiry into the death of James Kelly.

As stated, it may give the impression that Professor Usher was the sole medical expert during the enquiry who acted honestly and competently.

This is, of course, quite untrue and an unfair reflection on the other medical witnesses.

My intent would perhaps be clarified if reference is made to the paper The Police Surgeon in Society (The Police Surgeon, No. 18, October 1980) where the same views are expressed but form a small part of a long list of attributes recommended in identifying an ideal Police Surgeon.

Professor Usher was mentioned by name because: he played a significant part in the enquiry; he is known and respected by members of the Association; after much deliberation he felt unable to remain silent when justice was threatened.

S.H. Burges

HEPATITIS

Dear Sir,

In the investigation of Police Officers and others who may be at risk at having been contaminated by handling specimens from suspected hepatitis carriers (see METLAB NEWS, page 32, Autumn 1980 issue of Supplement), Police Surgeons will be asked to obtain a sample of blood both from the Officer and from the suspect.

Several Police Surgeons have commented that, whereas there is no difficulty in obtaining blood from the Police Officer, many of the carriers are often drug addicts and obtaining blood from them is often difficult due to thrombosed veins. On occasion a co-operative addict will be able to obtain a sample himself by using a vein he knows still to be patent, and it is surprising how many of them become adept at finding patent veins when all efforts by the doctor have failed. However, if venous blood cannot be obtained a few drops of blood obtained either from the thumb or ear-lobe will suffice. Blood from an addict or a suspect is often vital to the investigations.

Hugh de la Haye Davies
Hon. Secretary, A.P.S.G.B.

DATES FOR YOUR DIARY

28th-30th March, 1981

The Forensic Science Society, Spring Symposium, Pembroke College, Oxford.

9th April, 1981

Postgraduate Workshop in Forensic Medicine, Charing Cross Hospital Medical School. See page 65.

15th-20th June, 1981

APSGB Annual Conference, Grand Hotel, Brighton.

22nd-26th June, 1981

Conference of the International Association of Forensic Sciences, Bergen, Norway. See page 59.

11th-12th July 1981

Conference on the Report of the Royal Commission, Criminal Procedure, University of Leicester.

18th-20th September, 1981

Autumn Symposium, Derbyshire Constabulary Headquarters, Ripley, Derby.

30th January 1982

Winter Symposium. Metropolitan Forensic Laboratory.

16th-22nd May, 1982

APSGB Annual Conference, Palace Hotel, Torquay.

