The Police Surgeon
SUPPLEMENT
Vol.11 AUTUMN 1981

Police surgeons must be impartial

The dismissal by the Metropolitan Police of leadi endoza leads one regard their forens

Police surgeons must be free to speak for defence

By Marion Downey

A police surgeon should feel able to give evidence for the defence without fear or favour, the Association of Police

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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.

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Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow, G2 4JS.

THE NEW POLICE SURGEON

A practical guide to Clinical Forensic Medicine. £18 plus £1.63 p. & p.

The Associations' widely acclaimed text book. Order form on page 28.

THE POLICE SURGEON SUPPLEMENT

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

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The Police Surgeon SUPPLEMENT

Vol.11 AUTUMN 1981

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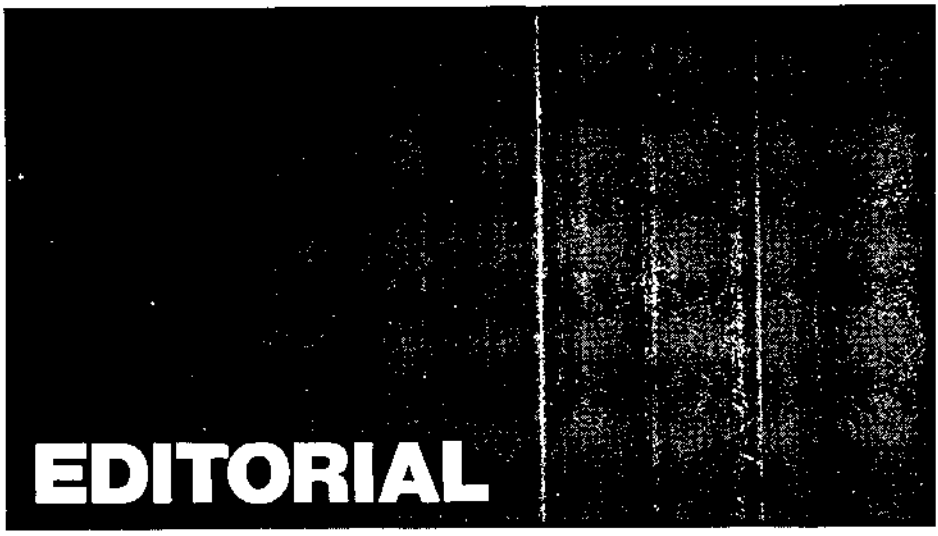


EDITORIAL

RIOT AFTERMATH

The spring and summer riots have ended. For the most part the rubble has gone and all that remains for the casual observer to see are a few extra car-park sites and boarded up business premises unlikely ever to re-open.

It was an interesting, and at times frightening, experience. Few Police Surgeons in mainland Britain can have anticipated dealing not only with riot injuries but of being besieged in Police Stations, wondering if a petrol bomb was going to come through the medical room window.

It was not that we did not have any warning. Our colleagues in Northern Ireland, for whom such events are a regular and almost unremarkable occurrence, warned that we would face bombs, riots and the other items which go to make life in Northern Ireland, until now, different from that in mainland Britain. Their warnings have proved correct.

So far we have been spared the regular shooting and bombing of police officers for political aims. To assert that this will never happen is to ignore the lessons of Northern Ireland.

The riots were followed by a great upsurge of political activity. Perhaps the most disturbing aspect of this was the attacking of Police Forces and Police Chiefs by members of various Police Committees. That the Police have held firm both during the riots and afterwards is to their eternal credit.

We see every day the emergence of politicians whose expressed views are alarming and frightening. Should they gain control it seems certain that the Police Forces, as we know them at present, would cease to exist, to be replaced by a Police Force modelled on those of totalitarian regimes. There would be no place for the independent Police Surgeon.

BUMBLING SURGEONS

David Paul, Chairman of the Executive Council of the British Academy of Forensic Science, suggested in World Medicine of 19th September, 1981, when referring to the recent events, that the real controversy concerning Police Surgeons was not so much the matter of one or two dismissals but the wide variation in qualification, expertise and experience which exists among Police Surgeons –

"Few Chief Police Officers appreciate the vital role of a properly qualified forensic clinician. Lawyers, Judges and the general public have not demanded the same degree of qualification and expertise that they demand from the forensic pathologist. Some surgeons (are) undertaking inadequate medical exami-

nations with little understanding of the vital importance of detail observation and a collection of uncontaminated scientific samples. It is upon this varied standard of expertise that the conviction of the guilty or the acquittal of the innocent may depend".

Whether or not David Paul is correct in thinking that this serious problem applies to current events, there is no doubt that many Police Surgeons are content to bumble along with little or no attempt to reach the standards required for the Diploma in Medical Jurisprudence and will present a sorry spectacle in Court when rigorously cross-examined by a defence primed by an experienced and well-qualified forensic clinician.

ALAN CLIFT

A long running affair has been the Alan Clift matter. We are not qualified to weigh the evidence in this case. Suffice it to say that many of his colleagues, particularly in the Forensic Science Society who are undoubtedly better able to judge the facts, gave Alan Clift their full support.

That the inquiry into Alan's work should take four years before a decision regarding his future was made appears to us to run contrary to natural justice. Those of us who attended the Bergen International Association of Forensic Sciences meeting earlier this year, were able to see and admire the fortitude with which he stood up to the inquiry and the media harrassment which continued even in Norway.

One wonders if we could face with equanimity the prospect of a long-drawn out inquiry into some cases we have each dealt with in the past. Would our notes, particularly those made in the early hours of the morning, stand up to critical appraisal years later?

Alan has now accepted early retirement. Police Surgeons who have had the pleasure of knowing him have long regarded him as a friend.

We wish him well.

PRESIDENT'S LETTER

I suppose when one writes a letter it is for the purpose of giving some other person information which may be useful or indeed useless. However there are also letters which one writes reflecting on the past and on the possibilities of future events.

At the Annual Conference many of the older members remarked on the changes which have occurred at the A.G.M. during the past five or six years. No longer is it fashionable to have a Presidential Address in which views and future possibilities are revealed. No longer, under "any other business" do members mention various topics for general discussion and exchange of ideas to give the new Council thoughts for future consideration leading perhaps to progressive developments. By these means the Association advanced slowly but steadily. Non councillor members played an important active part in the consolidation of our progress.

In 1980 an article appeared in one of the medical papers headed "Whither Police Surgeons?" with a play on the word wither!

It is certain that there has been a gradual movement for our secretariat to take on more and more of the day to day running of the Association and in this, I hasten to add, we are fortunate to have Hugh de la Haye Davies, in whom we have great confidence.

The ever rising costs of Council meetings have modified the number of such meetings where policies could be thrashed out.

At the moment there are about 550 appointed Police Surgeons in the Association but we have no knowledge of the number of appointed Police Surgeons who are not members. The majority of our members are in full time National Health Service general practice and of necessity the time spent in forensic medicine is part time. On contemplating this, and with the closer interest shown by various forensic science bodies, we should be asking ourselves some questions. Are we drifting or being pushed into becoming akin to the forensic medical examiner and vanishing from the position of the Police Surgeon as understood in England. Sometime in the future, and if or when a National Forensic Medicine Service is set up by Parliament, our position may be made clearer.

Such a service could be set up readily in the larger cities with full time clinical forensic physicians being attached to each unit. Along these lines, suggestions have been made, that the Association should become a teaching body. The subject of forensic medicine is no longer taught in Medical Schools apart from the occasional lecture. I can understand that theoretical knowledge could be passed on but how will practical application be acquired? Can this be done through departments of practical forensic clinical medicine? It is possible that these ideas could mean wither not whither Police Surgeons!

During the past year opinions and articles have appeared in our own journals and in the medical press. Some of the views expressed appeared to annoy or distress certain members and a considerable amount of time has been spent in advising and molifying those who felt they had been criticised unfairly.

If any member has views on some of the matters upon which I have written please let me know and this could be a means of policy discussion.

I thoroughly enjoyed the Autumn symposium in Derbyshire. Congratulations to the organisers. I look forward to seeing many members at the Winter Meeting both at Innholders Hall and the Metropolitan Police Forensic Science Laboratory.

HENRY ROSENBERG

HONORARY SECRETARY'S REPORT FOR 1980–81

Once again I am indebted to Bill Thomas and Myles Clarke who in the "Police Surgeon" and the "Supplement" have provided a very full diary of the events since we left Peebles. The foregoing is therefore only a summary of the activities during the year.

There have been four meetings at National level.

The Annual Conference at Peebles in May.

The Autumn Symposium at Bristol in September.

The Metropolitan meeting held this year at the Metropolitan Police Forensic Science Laboratory in February.

The Charing Cross day workshop in Forensic Medicine held in April.

We are grateful to the various organisers and those who lectured for their contributions to what were very successful meetings.

At local level there were two evening meetings at which the Association was represented, namely:

The Durham Constabulary Police Surgeons meeting in June and the Northamptonshire Police Surgeons meeting in February.

I am always pleased to hear of the smaller local meetings which apart from being an opportunity for doctors, Police and laboratory staff to get together do provide an opportunity for members of Council to meet their members in convivial surroundings.

The Association co-operated in conjunction with the Police and laboratories concerned in staging the following two-day courses.

Devon and Cornwall Constabulary July 5th and 6th 1980 at Exeter.

Home Office Forensic Science Laboratory, Birmingham, 4th and 5th July, 1980. 3rd and 4th October 1980.

Metropolitan Police Forensic Science Laboratory 18th and 19th November 1980.

Avon and Somerset Constabulary, Taunton, 22nd and 23rd November 1980.

THE DIPLOMA IN MEDICAL JURISPRUDENCE

The following members have been successful in obtaining the Diploma during the year:

July 1980

George Francis Birch (Clin) Lincoln.

Timothy Ivor Manser (Clin) Totnes.

David John Osborne (Clin) Neath.

January 1981

Michael John Heath (Clin et Path) Metropolitan.

Peter Robin Acland (Path) Birmingham.

REPRESENTATIONS & PUBLIC RELATIONS

In July the Association was invited to send a delegation to the Home Office to discuss changes in the Road Safety Act. The suggestion of the Association that a person who is found to be in the borderline range of 40-50 micrograms/100 ml of breath will be allowed the option of providing blood *after* the breath test, will I understand be written into the legislation. The proposed legislation originally intended that the person once having elected to give breath could

not then elect to give blood. Although legislation is expected to be passed this session of Parliament, the practical application of evidential breath tests will not be operational for some time yet because of delay in providing the proper machines and training the staff to use them (at least 18 months is my estimate).

SEXUAL OFFENCES KIT

I attended a meeting with the Director and representatives of the Home Office Forensic Science Service following the pilot study of the use of the Sexual Offence kits. It was hoped that the Home Office would provide such kits on a National basis, but the expense and cutbacks in the department budget precluded this and Police Forces have been advised to make up their own kits based on the Home Office recommendations which have been approved by this Association.

The Hon. Assistant Secretary (Scotland) Dr. Peter Jago compiled a report which after discussion by Council was submitted on behalf of the Association to the Scottish Law Commission in reply to their invitation for comment on their memorandum No. 44 "The Law of Incest in Scotland".

A small sub-committee consisting of Dr. S. Burges, myself and Dr. Myles Clarke drafted comments on the Criminal Law Revision Committee working paper on sexual offences which were submitted through the B.M.A.

METROPOLITAN SURVEY

At the invitation of Mr. J.H. Gerrard, O.B.E., M.C., Q.P.M., Assistant Commissioner 'D' Department, Metropolitan Police the Association is pleased to co-operate with Miss Marion Havard of the Management Services Department, Metropolitan Police on a comprehensive survey of the Police Surgeon Service in the Metropolitan Police area. Apart from meeting members of the Metropolitan branch Miss Havard has also visited several members and Police Forces outside London. The terms of reference are very wide namely:

> Surgeons appointed by the Metropolitan Police, covering all aspects including qualifications, selection, training, administration and organisation communication and finance and to make recommendations".

Apart from ten per cent of our membership being directly affected the results of this study could have far reaching effects on the Police Surgeon service nationally. We are both pleased and grateful to be invited to co-operate at an early stage in the first comprehensive survey of its kind — long overdue in the opinion of many. Hopefully the results will benefit Police Surgeons and the study of clinical forensic medicine in general.

LECTURES AND HOSPITALITY

As part of my public relations duties I visited other organisations during the year.

In November I spoke on Alcohol & Crime to a Seminar organised jointly by the Society of Community Medicine and the Medical Council on Alcoholism. "Rape" was the subject of my talk to the Oxford Regional Venerealogist's annual Clinical meeting also in November. I have visited several other organisations during the year to talk about Police Surgeon work. I would especially mention the generous hospitality shown by the London branch of the Overseas Doctors Association; it was a pleasure to meet some of our Association members who decided to compensate me for being unable to attend their National Dinner to which I had previously been invited as a principal guest.

VICTIMS OF ASSAULT LEAFLET

The leaflet designed by Stan Burges "A message from the Police Surgeon" intended especially for victims of assault, has been well received by Police Forces. The original order for 5,000 copies were sold almost overnight and to date 12,500 copies have been dispatched with orders still coming in.

I attended the Annual Representative Meeting of the B.M.A. at Newcastle. Although I did not speak to the meeting

I achieved much in making contact with various members of the B.M.A. Secretariat and staff together with many other contacts among colleagues of varied disciplines but with whom it is my duty to meet or correspond with from time to time on behalf of the Association.

ETHICS

In respect to other B.M.A. matters – the new edition of the Handbook of Medical Ethics to be published shortly contains some alterations following comments submitted by the Association. The sub-committee on fees and terms of service held a meeting at B.M.A. House on 8th January 1981 and Mr. Andrew Bosi, Secretary to the Private Practice Committee attended the meeting, a report of which will be circulated to members attending the annual Conference.

POLICE SURGEON WORKLOAD

It is well known to the Police Authorities that Police Surgeon work fits into two categories. The first, numerically greater requires no more expertise than can be given by any available registered medical practitioner. The second category requires special expertise in Clinical Forensic medicine; it is not only more time consuming but also forms a smaller but nevertheless important part of the workload of most of our members.

In the whole exercise of restructuring the fees the B.M.A. Private Practice Committee will be briefed by our Association and in turn our own sub-Committee will be helped by the case analysis returns currently being submitted by members. For those who have not yet submitted returns it will still be appreciated if figures for the past six months and the next six months could be sent monthly or in bulk to the office.

MEMBERSHIP

There have been 64 new members during the year, 6 have retired from full membership and accepted Associate or Life Associate membership. There have been 20 resignations and 2 deaths.

The total list is as follows:–

	1980/81	1979/80
Full membership	550	510
Associate	46	46
Life Associate	54	57
Corresponding	24	21
Honorary	16	14
Total	690	648

The size of the postage and telephone bills reflects the amount of day-to-day work carried out at the office. It now costs £79 to circulate the whole membership at second class rates (which is why most material is saved for the Journal or Supplement).

I am grateful to the President and members of Council for their support during the year and to Ron Taylor for his painstaking attention to the work in the office which ensures not only that we are up to date with our membership subscriptions but that in their turn the members receive prompt and efficient service.

BILL THOMAS AND THE "POLICE SURGEON" JOURNAL

Owing to printing difficulties the No. 19 issue of the Journal is a little late in reaching us but a glance at the page proofs has reassured me that "what's worth while is worth waiting for", the content of articles, the high standard of colour reproduction and the fact that this is really Bill's final production is reason enough for us to be patient. There is an error which has never been corrected – although the issue is labelled "Police Surgeon No. 19" the very first "Police Surgeon" appeared in August 1971 (some 20 issues ago) and ran to 19 pages! The bulletin, as it was then called was intended to appear twice a year regularly and replaced the previous Newsletters that appeared sporadically (usually one about every 2 years!) After the bulletin came the Journal as we know it today. The first two Journals, March 1972 and October 1972, had no numbers, the numbering starting with No. 3 in April 1973. The reason for this diversion into history is to put the record straight that Bill has produced and edited (if one

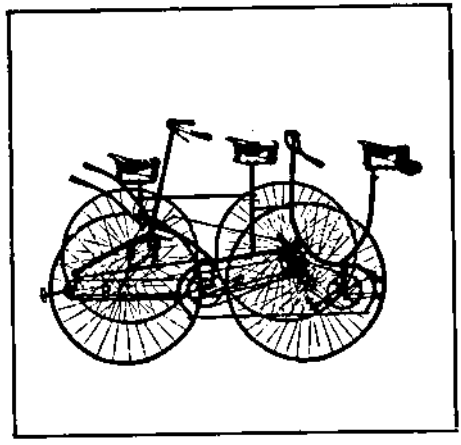
includes the August 1971 bulletin) 20 issues. He has well earned the right to lay down his pen which he does with our sincere thanks for a job well done and with our best wishes to his successor Dr. David McLay.

COUNCIL

This year Drs. M. Watson, Dr. Neville Davis, and Dr. Colin McKelvie retire from Council under the three year rule and we are grateful for their contributions in many fields during their time on the Council. We welcome and look forward to new blood with Dr. Lawrence Addicott, Dr. Robin Moffat and Dr. James Dunbar, who have been duly proposed and seconded on behalf of areas 7, 8 and 9. As no other nominations were received from their areas they are elected "nem comm".

Finally, the activities of the Association increase each year and it is inevitable that as Hon. Secretary I have to delegate more and more to other members of Council – one particularly, the Hon. Assistant Secretary is the willing horse that carries the heaviest load – Editor Supplement, Conference organiser, official photographer, purveyor of mugs and tiles, etc., etc.! – in fact all jobs no one else wants. On behalf of us all I extend our gratitude to both Myles and Anne for all their efforts during the past year which will culminate in the success of this 1981 Brighton Conference.

HUGH DAVIES



ASSOCIATION EMBLEMS

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

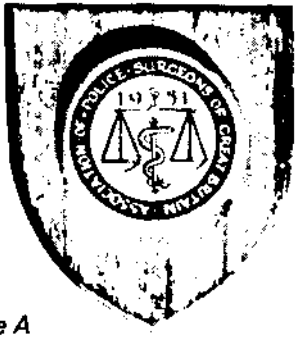
1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents . . . . . packets of 50 . . . . . **£2.50**
   Postage charge on Aide-Memoires 87p (one packet), £1.43 (two packets).
2. **Sexual Assault Leaflets.** Packets of 100 . . . . . **£2.00**
   Postage 87p (one 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.

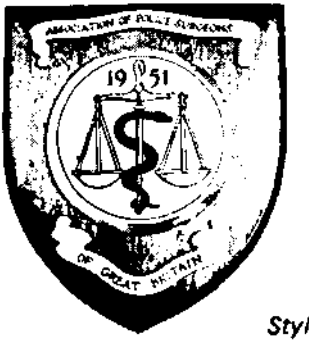
Office hours:
2.00 – 6.00 p.m. Monday–Friday
Telephone: (Creaton) 060-124 722

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 **£9.50** including postage. Time between receipt of order and delivery will be approximately twelve weeks.



Style A



Style B

Order with remittance direct from:

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

HONORARY TREASURER'S REPORT FOR 1980-81

Mr. President, Members of the Association of Police Surgeons of Great Britain and Forensic Medical Officers of Northern Ireland.

I am pleased once again to present the accounts of the Association to the year ended 31st March 1981.

The thing you will note immediately is that last year the Association was in deficit to the sum of £3,556 and this year is in credit to the sum of £4,411. This represents within the year a total turn around of our fortunes of approximately £8,000 and this is largely due to the increase in subscriptions that was necessary.

You will be pleased to see that all Conferences and Symposium meetings have been run at a profit, and general expenses in some cases have risen which must account for a steady rise in cost of materials and services throughout the year.

I am pleased to be able to tell you that the whole of the annual subscription paid by a member of the Association qualifies as a liable deduction thus gaining relief from Schedule E. Income Tax. We must expect, in the current economic situation income from advertising is likely to fall and, therefore, I would not like the Association to depend too much upon income from the medical firms. Our grateful thanks go to Geigy Limited for their past support and since these accounts were prepared have sent a donation of £1,080.

Once again, I would like to express my thanks in this report to all the Officers of the Association and particularly the Clerk to the Association, Ron Taylor, for his unstinting help throughout tne year.

My thanks, too, to Mr. Maurice Orton, Desborough & Company who, as usual, provides impeccable advice concerning the affairs of the Association, and finally, my thanks to the two auditors, Doctors I. Doney and W.E. Crosbie.

ARNOLD MENDOZA

W.G. JOHNSTON TRUST FUND
COMBINED ACCOUNTS 5th APRIL 1980 – 5th APRIL 1981

1979/80	RECEIPTS	£
	Balance as at 5th April 1980	
2153	Deposit Account	3791.72
41	Current Account	5.53
211	Interest on Deposit Account	521.75
	Sale of "New Police Surgeon"	
2621	Per Trust Fund	1937.04
726	Per Hutchison Benham	226.09
		6482.13

1979/80	EXPENDITURE	£
26	Travelling	–
140	Postage	143.82
4	Stationery, Printing	135.99
19	Advertising	–
1700	Hutchison Benham	–
19	Book Refund	–
46	Bank Charges	3.52
	Repayment of Loan to A.P.S.G.B.	500.00
	Grant to President for Inauguration of Australian Police Surgeon and Lecture Tour of Australia	500.00
	Balance as at 5th April 1981	
	Deposit Account	5276.60
		6559.93
	Debit Current Account	77.80
		6482.13

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 1981

1980	EXPENDITURE	£	£
447	Stock of Goods - April 1980	329	
305	Goods purchased	2253	2582
1004	Diaries	1050	
(600)	(Less Grant from Gegy Limited)	–	1080
419	Printing and Stationery, etc.		527
649	Telephone		695
–	Repairs to Equipment, etc.		111
1029	Postage		1135
3403	Conference Expenses – Peebles		1908
2207	Symposium Expenses – Bristol		6183
1413	Symposium Expenses – Metropolitan		1139
505	Council Meetings		88
240	(Northern Ireland Expenses)		–
419	Conference Facilities Preview		299
98	Sundry Publications		196
300	(Presentations of new Police Surgeon Books)		–
5282	Police Surgeon Journal		4988
1824	Police Surgeon Supplement		2725
7	(Donations)		–
308	(Donation – W.G. Johnstone Fund)		–
370	Book-keeping and Accountancy		453
126	Miscellaneous Expenses		111
14	(Bank Charges)		–
248	(Presentation to Metropolitan Police)		–
129	Depreciation – Equipment		106
61	Expenses etc. Honorary Treasurer		72
180	Presidents Expenses		350
641	(Typing)		–
	Expenses – Hon. Secretary:		
472	Travel and Subsistence	371	
715	Locums and Attendance	466	837
	Office Expenses:		
2640	Assistant's Salary	3300	
1001	Assistant's National Insurance and Expenses	1185	
688	Rent and Rates	704	
64	Heat and Light	88	5277
–	Excess of Income over Expenditure		4411
26617			35273

1980	INCOME	£
13438	Subscriptions	18329
261	Bank Interest	371
2849	Conference Receipts – Peebles	2707
2918	Symposium Receipts – Bristol	7813
1221	Symposium Receipts – Metropolitan	1573
300	Symposium Receipts – (Ipswich)	–
480	Sale of Goods, etc.	855
591	Sale of Books, Journals, etc.	859
577	Advertising – Supplement	1119
15	Sundry Receipts	9
83	(Collection by Metropolitan Group)	–
329	Stock of Goods – March 1981	1638
3556	(Excess of Expenditure over Income)	–
26617		35273

BALANCE SHEET: AS AT 31st MARCH 1981

1980	GENERAL FUND	£	£
	Balance 1st April 1980	3295	
	Add Excess of Income over Expenditure for year	4411	7706
	CURRENT LIABILITIES		
	Sundry Creditors	400	
	Bank Overdraft	604	1004
			8710

1980	FIXED ASSETS	£	£
	Office Equipment		
	At cost	1155	
	Less Depreciation to date	675	480
	Photographic Equipment		
	At cost	425	
	Less Depreciation to date	315	110
	Medallions – At cost		41
	CURRENT ASSETS		
	Stock of Goods	1638	
	Cash in Building Society	6441	8079
			8710

ACCOUNTANTS REPORT

We have prepared the above Balance Sheet and annexed Income and Expenditure Account, without undertaking an audit, from the books and information supplied to us and we certify that they are in accordance therewith.

40 York Road,
Northampton.

ORTON DESBOROUGH & CO.
Accountants

NEWS AND VIEWS

CHARING CROSS MEETING

The future of Police Surgeons was discussed at the Spring Forensic Medicine Workshop held at Charing Cross Hospital and was of particular interest in view of the current investigation into the Metropolitan Police Surgeon service. David Filer pointed out that most countries manage without Police Surgeons, the work being undertaken by others, but he suggested that the standard of hospital reports in this country was abysmal. There was a place for full time Police Surgeons possibly with supporting part time Surgeons as well. Police Surgeons could also undertake the examination of Police Officers and recruits and act in an occupational health capacity to the police. Police Surgeons should also be included in the battered baby team.

Dr. Frances Lewington, Forensic Biologist from the Metropolitan Police Laboratory, reported dramatic and welcome changes in the standards of Police Surgeons since 1976, when training courses were introduced at the Metropolitan Laboratory. She anticipated that training courses would be accepted as the norm for all Police Surgeons and that all Surgeons would be expected to take the Diploma in Medical Jurisprudence or an equivalent examination. There should be specific training in report writing and giving evidence in court.

During the subsequent lively discussion, Dr. Hugh Davies, Association Hon. Secretary, suggested that there should be two tiers of Police Surgeons, the one to do the work within the capabilities of the ordinary General Practitioner and the other to undertake those examinations requiring forensic knowledge and expertise. The final comment came from Professor David Bowen, who suggested that membership of the Association of Police Surgeons should be compulsory.

Police Surgeon 1984?

By permission Pulse.

FORENSIC SCIENCE SOCIETY

At the Spring Meeting of the Forensic Science Society, Dr. Jim Robinson of the Department of Forensic Science, University of Strathclyde, spoke on the transfer and retention of textile fibres. Some materials accepted and retained fibres more readily than others. Fibres may become redistributed from the initial point of contact and transferred to other items of clothing; findings should, therefore, be interpreted with caution.

SIDE EFFECT

A drug addict sleeping at his home in Faizabad in Central India was bitten by a poisonous snake. The man lived. The snake died.

PRESIDENT-ELECT

Dr. James Hilton moved to Norfolk after service in the Royal Army Medical Corps in Italy, Palestine and Cyprus. For 34 years he has worked as a general practitioner on the outskirts of Norwich but has recently retired. However, he plans to continue working as a Police Surgeon.

He is particularly interested in the problems of non-accidental injury to children, work he has been involved in for the last 14 years. In July of this year he was appointed Clinical Assistant to the Norwich Health District, Adviser in Non-Accidental Injury to Children. James believes this to be the only appointment of its kind in the United Kingdom.

He was Assistant Editor to the mammoth production "The New Police Surgeon" and is still sending copies all over the world. He pioneered the Association's Autumn Symposia in 1970.

His retirement from general practice will enable him to devote much of his time to the work of the Association during his forthcoming years of office. He plans to visit New Zealand in February 1982 and address the meeting of the Australasian and Pacific Areas Police Medical Officers.

ASSOCIATION RESEARCH

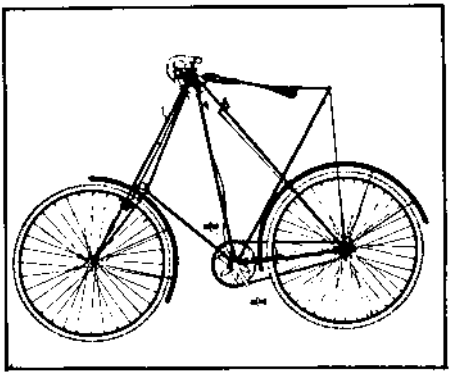
Letter from the Association reseach co-ordinators

So far regular returns of monthly work loads are being received from 150 members. A detailed analysis has just begun and it is hoped to present a preliminary report at Torquay next year. May we please make an appeal to any colleagues who have not sent in monthly returns but have their own method of statistical analysis of their workload, to contact either of us. It is very important that when negotiations are undertaken regarding retaining fees etc., when Section 6 cases disappear, we are aware of the workload of Police Surgeons throughout the U.K.

There has been, we are happy to report, a paucity of referrals relating to deaths in police custody. We would like to remind colleagues that in addition to actual deaths, we are also interested in 'near misses'. Ivor Doney from Bristol has sent us an interesting case of a completely unexpected suicide bid in one of his police stations.

Finally, if any colleague has any ideas or would like any assistance in any research project, linked to police work, we will be only too happy to help in any way.

DAVID FILER
FRED SHEPHERD



HAZARDOUS REVIVER?

Advertised as "The reviver for the imbiber", Revive is a fructose-based drink which, it is claimed, increases the destruction of alcohol when absorbed into the blood stream. Its active ingredients appear to be fructose, dextrose and sucrose.

When tested on journalists in a Fleet Street pub, whiskies or beer being followed by Revive, the journalists found to their surprise that they passed a breath test.

Enquiries were made of the distributors — Ethical Research Products of Rusthall, Kent. The company claims that Revive will "keep down the alcohol content to a minimum" if taken before, during or after a drinking session.

Revive is clearly directed at the drinking driver ("Revive can make you a safer person") and the implications of this are alarming. The evidence provided by the company to support their claims is extremely limited. In the absence of proper trials, this product must be viewed with concern.

HAZARDOUS HOLIDAY?

Britons considering going on holiday in Miami may have been tempted to think again following an article in the Daily Telegraph, which appeared on August 7th, 1981. Miami's crime wave is such that a large refrigerated lorry has been pressed into service outside the Miami morgue to accommodate the overflow of bodies. Since the beginning of the year 1,305 bodies have been taken to the morgue, where there is refrigerated space for only 30 bodies. Of these corpses, 374 were murder victims, 163 were suicides, 255 had died on the highways and 180 were victims of other accidents. At least 45 of the bodies were believed by the Police to be related to a series of drug-linked killings among Columbians, who controlled a multimillion dollar cocaine and marihuana smuggling operation, which uses Miami as its major distribution point.

FORENSISCH MEDISCH GENOOTSCHAP

A meeting of the Netherland Forensic Medicine Society (FMG) will be held on Friday, 19th March, 1982, in Utretcht, Holland. Papers will be given on "The External Examination of the Dead", with particular emphasis on fire disaster victims. There will also be a paper on "Mass Disasters" and one on "The Identification of World War II Aircrew". Speakers will include Dr. Alan Watson from Edinburgh.

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.

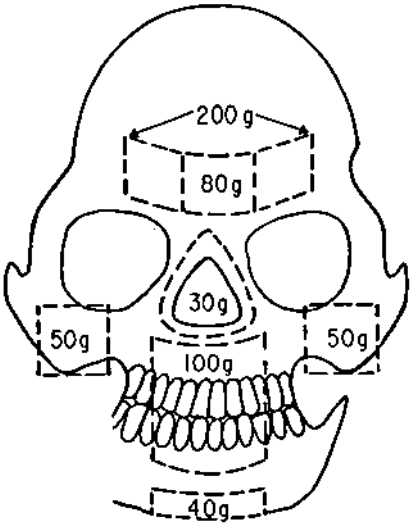
Doney's Dutch Experience

If you are thinking of going to Holland for the next meeting of the Forensisch Medisch Genootschap you might be interested to hear how Ivor Doney fared in September 1980, when he went to Utrecht for the FMG Autumn Symposium.

Leaving Harwich at 10.00 p.m. and travelling by boat and train, Ivor was at the Conference Hall by 8.25 a.m. well on time for the 9.30 a.m. start of the meeting. The return journey was equally simple, leaving Utrecht at 9.00 p.m. and arriving in Harwich at 6.30 a.m. the following morning.

Ivor found that he did not know much Dutch but most of the Dutch speak good English and some of the lectures were in English.

Forensic Odontologist, Squadron Ldr. Ian Hill gave an excellent lecture on "The Pathogenesis of Facial Injuries". If G is the gravitational force, it takes 150 to 200G to fracture a frontal bone,



100G to break teeth, but only 40G to fracture the lower jaw.

For further information on attending FMG meetings, please contact Dr. Ivor Doney, "Hazeldene", Hazel Avenue, Chapel Green Lane, Bristol, BS6 6UD (Telephone: 33010).

TELEPHONE NUMBERS OF THE NATIONAL POISONS INFORMATION SERVICE CENTRES

Belfast	0232 40503
Cardiff	0222 492233
Dublin	0001 74 5588
Edinburgh	031 229 2477
London	01 407 7600 (Laboratory analysis available)

These centres share a common data base and operate 24 hours a day. In most instances, the information is given by non-medical personnel, but in all cases a medical opinion is always available and facilities for transfer of the patient may be available.

AUTUMN SYMPOSIUM

I was, unfortunately, unable to attend the Association's Autumn Symposium in Derbyshire but by all accounts it went well. The "Pulse" representative paid particular attention to the evening entertainment. According to the cartoon describing the incident, a lady of Wagnerian proportions caused considerable disruption with her rending of "Spanish Eyes" with castanet accompaniment. A Berkshire doctor was so overcome that his bladder proved unequal to the strain and he is liable to receive a bill for regrassing a significant area of lawn. A Hull consultant, previously highly aritculate, was rendered speechless as tears poured down his face.

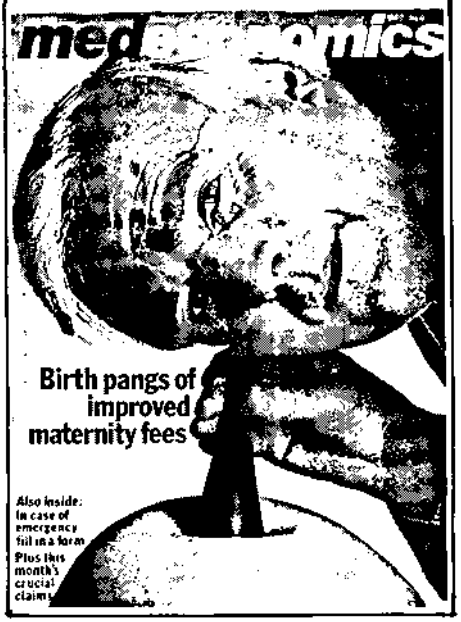
A prize casualty was Alf Parrish, Chief Constable of Derbyshire, who was rescued by an escape committee of staff officers and given urgent attention in the bar.

Association Secretary, Hugh Davies, apparently has given serious thought to the effects of the latest Road Transport Act; his performances on the spoons promises well for when he takes up busking professionally. One wonders what instruments other members of the Council will take up during the next 12 months!

Symposium photographs opposite

The mileage allowance for attendance at Courses arranged under Section 63 of the Health Services and Public Act 1968, was raised to 11 pence per mile from **1st June, 1981.**

Cover boy representative
Dr. Robin Moffat



DIPLOMA IN MEDICAL JURISPRUDENCE

We extend our heartiest congratulations to the following, who have recently obtained the Diploma in Medical Jurisprudence:—

G. Burges	Ellesmere Port
H.B. Kean	Liverpool
S.J. Parker	South Wales
P.J.H. Tooley	Twyford
Amoury de Courcy Vane	Australia

D.M.J. COURSE

The 1982 D.M.J. Course at the London Hospital Medical College will be held from Monday, 1st March, to Friday, 12th March. Fee £135.00.

Application forms may be obtained from:—

Dr. A.D.M. Jackson,
Postgraduate Sub-Dean,
The London Hospital Medical College,
Turner Street,
London, E1 2AD.

This Course has been approved for Section 63 expenses.

Photos: Ralph Lawrence

CHESHIRE CONSTABULARY SEXUAL ASSAULT KIT

A sexual offences examination kit has been produced by Cheshire Constabulary. It has been issued as a stop gap until the Forensic Services in the north west undertake the supply of such kits.

A trial of a Forensic Kit was undertaken by the Forensic Services in the north west, which contained a greater variety of items than the kit at present issued by Cheshire Constabulary.

The Cheshire Constabulary kit includes the following:—

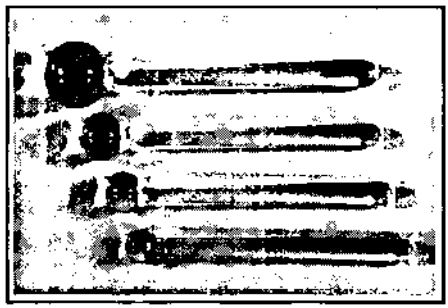
1. Guidance notes by a Senior Police Surgeon and a Forensic Scientist.
2. Two copies of the standard sexual offences form issued by the Home Office Forensic Science Laboratory, on which the Police Surgeon records details of the offence and notes regarding the samples collected by the Surgeon.
3. Four sterile 20 ml. universal containers.
4. 10 ml. syringe with very large needle.
5. Linton medical cleansing towelette.
6. Two combs in plastic bags.
7. Four sterile plain Exogen swabs.
8. One pair sterile latex medical gloves.

A covering letter stresses that one kit should be used per person but it is difficult to understand the instruction that "left over items should not be used for any other person". It is not suggested that unused items should be returned to central stores for recirculation. I can see no reason why an unused universal container should not be used, e.g. for a sample of blood from a burglary suspect when traces of blood have been left at the scene of the broken window. Further the pair of gloves supplied in the kit I examined was for size 6-7 (small). As most Police Surgeons are male requiring medium or large sized gloves, presumably these gloves must be recycled directly into the waste bin.

The first sexual assault kits made their appearance in the 1970's. The unquestioned leaders in their production is now the Metropolitan Police Forensic Science Laboratory and any organisation contemplating producing their own kit, must either produce a kit as comprehensive as the Metropolitan Laboratory kit, or ensure that the items not included in the kit are already available at the Divisional Bridewell Surgeon's Medical Room.

Cheshire County's kit is an extremely limited step in the right direction. One hopes that future kits supplied by Cheshire Constabulary will be more comprehensive.

GLAISTER'S GLOBES



½" ⅝" ¾" and 1" spheres on 4" rod. £5.00 per set, inc. pop. PERSPEX from Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside, L36 5ST.

BREATH OF AIR

Changes in the law which deprive Police Surgeons of their breathalyser income could prove a boon in the long run, according to association secretary Dr. Hugh de la Haye Davies.

"As one door closes, another opens. It will give us time to devote our energies to the clinical forensic medicine we enjoy. As we get known as independent clinical experts, the civil lawyers are going to use us more and more for compensation claims", he said.

Reported in 'Pulse'

SPREADING THE NEWS

At the end of this academic year, the Bristol members of the A.P.S.G.B. were invited to contribute a Forensic Medicine stand at a careers exhibition organised by Bristol medical students. Most branches of Medicine and Surgery were represented in the lecture hall of the Bristol Royal Infirmary School of Nursing.

Our presentation was organised by Dr. Ivor Doney. A photographic exhibition of recent cases involving the Bristol group was arranged by Dr. Reg Bunting. The show was also manned by Dr. Tony Smeeton, for Roger Phillips and Dr. Paul Payne.

We attempted to present Forensic Medicine, not as a narrow speciality, but a subject involving all doctors at all levels, while promoting the A.P.S.G.B. on the side. As the crowds of students thinned towards the end of the day, Ivor Doney took to diving into groups of students sounding his rape alarm, and inviting them to "join us and learn something about Forensic Medicine".

We were pleased to receive the invitation from the Bristol students. The Forensic Medicine stall never lacked an interested audience, and was rivalled only by the stand of the General Practice group. Judging by the response, we could have contributed to ending the shortage of Police Surgeons in the future. I am sure that similar exhibitions could be profitably exploited by members in other areas.

R.A. Bunting

GARDENING MADE EASY

London Police dug up the back garden of an east-end surgery after an anonymous telephone call said the body of a woman was buried there. However, nothing was found and no further enquiries were made.

Professor David Gee, when lecturing to the Merseyside Medico-Legal Society, described how Police dug up a garden looking for a missing wife. As they were turning the last sod, the missing wife reappeared alive and well.

Ivor Doney demonstrates the breathalyser to students.

RAPE COUNSELLING

A counsellor from the North London Rape Crisis Centre is reported to have said about false allegations of rape "There may be some, made by the very disturbed, but I have never come across a woman who said she had been raped when she hadn't". (Doctor, July 23rd, 1981), probably had not seen an article printed in the Daily Telegraph in March 1981. A 19-year old girl had claimed that she had been raped to cover up for her late arrival home after having sex with a man she had met in a pub in Lancashire. The man was arrested and subjected to a five hour police interrogation but it was 17 hours later before the girl admitted making up the rape story as an excuse for being home late. The girl also said that she had been raped on waste ground rather than admit that intercourse had taken place in a flat.

Rape Crisis Centres do play an important supportive role for the victims of sexual assaults. It is not their duty to collect evidence to put before a Court. But if these well-meaning people wish to be heard and taken more seriously, they must be prepared to admit that most Police Surgeons do a difficult job reasonably well and that women, like men, have been known to fantasize and lie for various motives.

INSIDE EVIDENCE

It was reported in the Telegraph of 25th September, 1981, that a Sheriff at Stornoway has ruled that a stomach x-ray produced in court to be inadmissible evidence "because it had been obtained without a search warrant".

This reminded me of two cases reported by Dr. Douglas Robb in Medikasset magazine —

A supermarket robber in the U.S.A. was wounded during a gun battle at the scene but managed to escape. He was later taken into custody and found on x-ray to have some metallic fragments in his buttocks. The police obtained a search warrant. As a result the patient was compelled to undergo surgery under local anaesthesia. The fragments removed proved to be pieces of police bullets and the man was later convicted of murder. On appeal, however, it was held that such an extensive intrusion into his body, without the patient's authority, amounted to an unreasonable violation of his constitutional rights and the conviction was reversed.

On the other hand a hashish peddlar who swallowed 15 balloons filled with the drug, was convicted when the evidence was recovered from the bed pan. The Supreme Court ruled that as there was no actual intrusion into the body, the balloons and their contents were admissable evidence.

INCREASED FEES

Doctors who attend "Child at risk" case conferences are entitled to claim a fee from the Social Services. For cases lasting up to one hour a fee of £14.30 may be claimed, more than one hour the fee is £22.10.

The fee is not only payable to the GP of the subject of the Conference but to any medical practitioner who is asked to attend.

The fees for examinations made under the 1959 Mental Health Act are now £17.60, and for doctors approved under Section 28 £21.30.

RUBBER AND PLASTIC BULLETS

According to an August issue of the Guardian, about 55,000 rubber bullets, the predecessor to the plastic projectile, were fired between 1972 and 1975 in Northern Ireland, resulting in three deaths, a fatality ratio of 1 to 18,000. Between 1st January and 16th July, 1981, the army had fired 8,242 plastic bullets and the police had fired 16,588 plastic bullets up to 23rd July. There were five deaths in that period, giving a fatality ratio of nearly 1 to 5,000.

VICTIMS OF SEXUAL ASSAULT

Dr. John Marr, Middlesborough Police Surgeon, found his way barred by female pickets when attempting to attend a Symposium on "Victims of Sexual Assault". Dr. Marr explained that he wished to attend the meeting in his official capacity and not just as a male voyeur, but there were some very determined feminists among the group who prevented him attending, even though others wanted him admitted.

One Police Surgeon who did attend the meeting (advertised in the Spring 1981 issue of the Supplement) was past-President Mollie Cosgrave.

Mollie commended a number of the speakers, particularly Mr. Harry O'Reilly, a former New York Police Sergeant, who is now a consultant in setting up rape speciality departments in the United States, and works at the John Jay College of Criminal Justice, New York City.

Two speakers roused Mollie's wrath – one was Dr. Richard Wright, Cambridge Institute of Criminology, whose topic was "Policemen or Physicians?: Police Surgeons and Rape". Dr. Wright received the Association's hospitality and support when compiling a questionnaire during the 1977 Cambridge Conference. According to Dr. Wright, Police Surgeons are pro-police, antagonistic to the rape victim, would not co-operate with rape counsellors and, in his opinion, were no better than any ordinary general practitioner. He went on to say that they were not necessary, they did not advise victims regarding the risk of pregnancy and venereal disease and they did not have them in America.

Mollie was able to champion the cause of the Police Surgeons and told the assembled audience that Dr. Wright was not competent to speak for Police Surgeons, having never been one, and she waved an Association Sexual Assault Advice Leaflet like "a banner with a strange device". Dr. Wright was forced to admit that he had seen the leaflets and thought them very good. Mollie Cosgrave then handed all the leaflets she had with her to an interested audience.

The other speaker to arouse Mollie's ire was one Kathleen Barry of the Department of Sociology, University of Massachusetts, whose topic was "Female Sexual Slavery". Miss Barry was such a bitter ardent feminist that Mollie wondered who or what had put her off men.

The Association of Police Surgeons is prepared to listen to the views of feminists, rape counsellors and others with a viewpoint on this emotive subject. Not only listen but take action should it be necessary. To prevent a Police Surgeon from attending a meeting by the means of pickets or failing to include a Police Surgeon as a contributor in a long programme on rape, is not the way to bring about changes.

The opportunity to criticise should not be taken as an opportunity to abuse.

FATAL FUNGUS

The beginning of September brought a number of fatalities in West Germany from mushroom poisoning. Included among the victims were an entire family of four. Many of the mushroom deaths are caused by a particularly lethal variety known in Britain as "the death cap". There is a treacherous resemblance to an edible variety of field mushroom and every year people fall victim to it.

Unless identified and treated very early, mushroom poisoning follows an inevitable lethal course. Death can occur up to a week after ingestion.

Deaths from eating wrongly identified fungi are not unknown in Britain.

MERSEYSIDE RIOTS

The Merseyside Riots, the near Civil War in Toxteth, have been the subject of considerable media coverage. Merseyside Police Surgeons played a small but important part in dealing with the incredible number of casualties which resulted.

The scenes of the worst rioting were in Upper Parliament Street, conveniently close at hand to the new teaching hospital, The Royal Liverpool Hospital. Ambulances ran a shuttle service carrying the injured to the Casualty Department, more conveniently placed than local Police Stations. Taxis also provided an additional service conveying those suffering lesser injuries; they also played a useful role in providing a back-up radio service monitoring the movements of rioters and transporting exhausted Police Officers back to Police Stations. One taxi driver suffered serious head injuries at the hands of the rioters.

The casualty department at the Royal Liverpool Hospital was overwhelmed by the volume of cases and back up facilities were provided by two other Liverpool hospitals. A hospital for the chronic sick lay in the centre of the worst riot scenes and the inmates were evacuated when the riots were at their height to outlying hospitals, fortunately without injury.

Police Surgeons manned the Medical Rooms of Police Stations closest to the riot scenes and treated a number of cases both amongst the Police and those arrested. After the first night of the riots both Bert Kean and I found it necessary to visit local hospitals to obtain additional medical supplies, to replenish normally well stocked medical room cupboards.

On the second night of the riots it seemed likely that the Police Station I was at would be attacked by rioters and, indeed a gang of rioters, looting and burning premises, came within a few hundred yards of the Station. At this time, the Police were exhausted from the previous night's riots and had not yet been substantially reinforced by outside constabularies. For some time the situation was very tense and Police Officers and Policewomen could be seen in the Police Station arming themselves with make-shift weapons with which to defend themselves and the Police Station. We were very much aware that the relatively new Police Station had not been designed with defence in mind. Most of the large windows, overlooking the surrounding streets, were unprotected by netting.

Although my Medical Room overlooks the street, I drew some satisfaction from that fact that it was protected on the outside by close-mesh steel netting placed there some time ago, not to prevent missiles coming in, but to prevent prisoners escaping from the Medical Room.

As it happened, the Police Station did not come under direct attack but I had some insight into the feelings that must have existed in medieval castles when friendly troops withdrew to the protection of the castle walls as marauding hordes looted and burned the surrounding countryside. Some Police Stations were attacked with extensive glass damage but fortunately no petrol bombs appear to have been used. One Police Surgeon was beseiged in the Station he was working in for some time.

After the first, worst night of the riots, at 6 o'clock in the morning, I drove from one Police Station to another along the full length of Upper Parliament Street, where several hundred Police Officers had that night been injured. The road was littered with debris and burned out vehicles. A number of buildings were still blazing, many had collapsed. The fires I had seen burning during the previous night had reminded me of watching Merseyside burn during the May blitz.

As already mentioned, the scene of the most serious disturbances in Liverpool was close to the Royal Liverpool Hospital.

I did see a continual stream of Police Officers and some prisoners in the Police Station Medical Rooms suffering from a variety of injuries, mainly due to bricks and other missiles. Many women and children were arrested in possession of property looted from shops. Most prisoners arrested during the rioting were taken directly to the Main Bridewell, a fortress-like lock-up capable of holding several hundred prisoners, built by the Napoleonic prisoners of war. It is perhaps the only Police building on Merseyside capable of withstanding a siege. Here the Medical Room is buried in the middle of the building and the Police Surgeons there worked without fear of a brick or petrol bomb hurtling through the window.

We are fortunate in Merseyside in having well equipped Medical Rooms in most Police Stations. Most of the injured prisoners and Police personnel treated at the Police Stations did not need referral to hospital. This, of course, considerably eased the workload on both hospitals and the Police; the latter would otherwise have had to detach officers for escort duty. The equipment of Medical Rooms includes all the materials required for the investigation of serious assaults, including sexual assaults, together with dressings and suturing material. This appears to be in contrast to the situation reported by Dr. Michael Heath, Lecturer in Forensic Medicine at the London Hospital and Police Surgeon to Brixton Police Station. With his deputy, Dr. Peter Green, he attended about 100 officers and a number of prisoners in one session during the April Brixton riots. Injuries included bites, burns and the effects of missiles. A significant proportion of the cases seen were sent to hospital, as Brixton Police Station had no facilities for suturing or giving anti-tetanus injections.

An additional advantage not overlooked on Merseyside of well equipped Medical Rooms, is that the Police Surgeon is able to keep good and impartial records of all prisoners treated. They are often of great value in the event of subsequent allegations against the Police.

MYLES CLARKE

RIOT ROUND UP

"Right in the middle of all the bricks and bombs, I was dodging about with a shield in me left hand and me staff in the other.

"I looked around and there was this little old woman. She sticks the cup of tea in me left hand and the butty in me right. I was completely immobilised".

There is no doubt that we live in a violent society, where those who shout loudest are most likely to get what they want.

The Victims of Violence Organisation has helped 1,500 victims, mainly elderly, in Toxteth alone in the past five years.

The saddest thing is that the victims of much of the destruction were ordinary citizens of the area. Most of the shops destroyed or looted were owned by local people living on the premises and struggling to make a living.

"Nobody wants a war. The victors become complacent through success, and the vanquished nurse their grievances for ever".

"We don't like the fighting. But how else do you get them to take any notice".

I think the best piece of heroism I saw was the Manchester (Police) van that came straight down Upper Parly straight through the line of bobbies, right into the middle of it. They're all shoutin' and screamin' in the back of the van; they get out, boom-boom-boom with their staff; then they get back in, turn around and out again. The courage! And somebody, amazed, said to the sergeant driving the van, who's white as a sheet now, "How did yer do that?" And he said, "I'll have to get the . . . brakes fixed on this thing".

(From the Guardian, Daily Telegraph, B.M.J., Liverpool Daily Post, Police Review, Observer, Sunday Times)

"Have you got a light, please mate?" A polite request from a young girl with a cheerful, smiling face. No more than 12-years old and no taller than a large teddy bear, she looked the personification of Liverpool street life innocence.

As I was about to hand her my matches I joked that she shouldn't be smoking at her age. "Oh, I don't smoke, it's to light my bottle with", she replied with a blank expression.

He was treated by a Dr. Owen for a two-inch long cut to his penis — deep enough that it nearly exposed the small bone, and the wound required six stitches (Sunday Times).

"When it got dark, they just went berserk. They were rolling cement mixers at us to break the cordon. "I was hit on the head but I don't know what with. It smashed my helmet. I remember coming round about 30 feet away from where I had been hit. My colleagues were dragging me away".

RIOT STRESS INQUIRY

A police inquiry into riot stress suffered by hundreds of officers during the summer of unrest has commenced, headed by Leicestershire's chief constable Mr. Alan Goodson.

The probe will start a programme of research into the physical and mental stresses encountered over two weeks of rioting, in which many officers worked long hours under conditions of great duress.

"I would deprecate any suggestion that, as a Police Surgeon, your testimony is reserved for the prosecution. It is available, in appropriate cases, for defence and prosecution alike. The only cause your testimony should properly service is that of justice".

Mr. John Calladine,
1981 Autumn Symposia, Derbyshire.

THE DIPLOMA

S.H. BURGES

The examination for the Diploma of Medical Jurisprudence is a continued topic of conversation — and argument. Long may it remain so!

However, I find it increasingly difficult to reason with the — "I have been a Police Surgeon for 30 years and probably know more about forensic medicine than the examiners — (but my principles prevent me from taking it)" brigade. As for the — "Having the D.M.J. does not mean much and certainly should not entitle the holder to increased remuneration — (Yes I did have my rupture repaired by a chap with an F.R.C.S. and yes, his private fees are higher than mine)" — faction; it seems they are impossible to placate.

On the other hand, the genuine enquirer with an interest in what is involved is always received with enthusiasm by all who are convinced that, though experience counts for much, experience plus learning counts for much more.

Let us not pretend: the examination is not easy, the standard required for a pass is now far higher than in the early days of the examination. To be awarded the D.M.J. (Clin.) is an achievement of which to be proud.

Candidates (often government sponsored) from the Middle East, Sri Lanka, Nigeria, South Africa and Australia, regularly present themselves with candidates from the U.K. (regrettably unsubsidised) knowing that the D.M.J. (Clin.) is the best single yardstick of expertise in the field of clinical forensic medicine. How can this be so in an academic examination? What about experience? Does this count for nothing? Of course it does and, most important, the examination is geared to seek out experience.

Agreed, Part I is predominantly a test of basic knowledge. But it is knowledge that unless possessed, no candidate is entitled to any pretentions of being regarded an expert. Part I is, of course, an examination common to both the pathologists and clinicians.

Part II emphasises the distinction between examining the living and the dead, and it is at this stage that experience really counts — for both disciplines.

The examiners are readily able to discern from the papers — (the questions are carefully formulated to allow reasonable latitude in answering) — who really knows his way about a police station (or forensic psychiatric department, or coroner's court, or criminal court, and etc.) and who has not. The Case Book is now a well established part of the Part II examination and is viewed with great importance in assessing a candidate. The examiners look for a case history folio which is well documented and demonstrates a personal involvement with as wide a spectrum of the syllabus as possible. The editors of our journals would weep if they were aware of the existence of such first class unpublished copy. Perhaps this aspect may be explored further.

It is a simple truism that anything worth having has to be worked for. The D.M.J. is no exception: but, personal contact with many Association members over a period of some 20 years convinces me that there are many who undervalue their ability. With a little concentrated book work; attendance at meetings of the Association, the British Academy of Forensic Science, the Forensic Science Society, and like bodies; a final revision and consolidation at the London Hospital under the tutelage of Professor Cameron; many practising Police Surgeons would qualify for that badge of authority which laywers and police increasingly recognise as something special — the D.M.J.

Members of the Panel of Examiners who are also members of the Association include Dr. Hugh de la Haye Davies, Dr. David Jenkins, Dr. Arnold Mendoza, Dr. James Hilton, and Dr. Myles Clarke. Seek them out at Association functions for any information you require about the examination.

Dr. Burges is Senior Examiner for the D.M.J.

THE DIPLOMA IN MEDICAL JURISPRUDENCE

The Revised Syllabuses

The Diploma in Medical Jurisprudence is administered by the Society of Apothecaries of London. Before entering the exam, candidates must be fully registered and qualified at least three years. Before taking the second part of the examination a candidate must submit evidence of having spent not less than three years in an occupation requiring the practical application of criminal and/or civil law to a degree unusual in normal medical practice.

The more obvious examples of such occupations include appointments as H.M. Coroner (or deputy) or with the following institutions:

H.M. Prisons and like establishments.
H.M. Constabulary.
Academic Centres of Forensic Medicine.
Medical Defence Societies.

It is recognised that other medical practitioners may qualify by virtue of their familiarty with judicial procedures, e.g. doctors in Emergency and Casualty Departments, forensic psychiatrists, doctors advising the Courts or the legal professions, and certain advisory posts in the fields of occupational medicine and insurance.

Those wishing to enter for Pathology in Part II of the exam must submit evidence of having satisfactorily completed at least three years' approved training in a recognised department of pathology or forensic medicine, and personally performed autopsies, including examples of the various forms of trauma and unnatural deaths.

Part 1 (General) of the examination is taken by all. The examination consists of a multiple choice question paper, an essay and an oral. The syllabus includes the history of medical jurisprudence, the legal system, medical aspects of the law, methods of medico-legal investigation, sexual offences, interpretation of wounds and injuries, poisons, and the collection of medico-legal evidence.

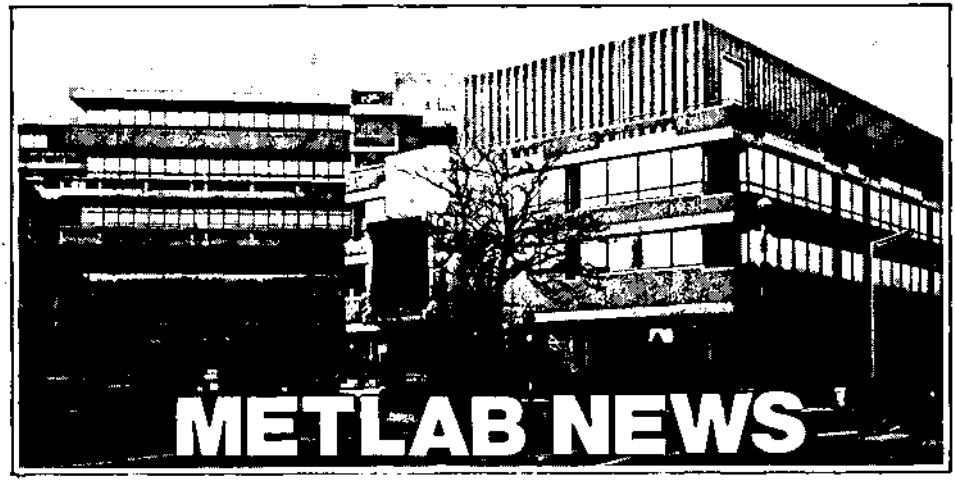
Candidates may take either the Clinical or Pathological section of Part II, or may take both sections. The final clinical examination includes a case book of seven to ten cases, a question paper, an essay, an examination of a living patient and an oral. Questions cover lialsing with professionals of other disciplines, examination of police personnel, examination of the living, scene of crime, injuries, sexual offences, non-accidental injury, drug abuse, alcohol intoxication, mental illness, poisoning, industrial injuries and diseases, collection of specimens, criteria of death and estimation of time of death, and reports.

The final pathological examination consists of a casebook of 20 cases, a question paper, an essay and a practical. The questions cover medico-legal autopsy including examination at the scene, unnatural deaths, interpretation of injuries, poisoning, identification of human remains, major incidents, forensic odontology, and the use of modern laboratory techniques.

The fee for the Primary examination is £60.00 and for the Final Examination £30.00 for each part. There is a Diploma fee of £20.00. The re-examination fee is £37.50.

For further details please write to:

The Registrar, The Society of Apothecaries of London,
Apothecaries Hall, Black Friars Lane, London, EC4V 6EJ.



Hepatitis B Virus

In a survey carried out at this Laboratory, the frequency of HB_sAg positive blood samples being submitted for grouping purposes, was estimated to be 1.6%. This figure is significantly higher than that quoted for the general population. (Ref. Martin, P.D., D'Mello, L.Z. and Dulake, C. Forensic Science International, *17*, 1981, 1-3).

Following requests from Police Surgeons the supplies for taking blood samples for hepatitis B testing have been modified. Individual packs, to be used one per person, are being issued. The packs will contain:

1 blood bottle,
1 stout polythene bag, marked with hepatitis warning tape,
1 pair of disposable polythene gloves,
1 disposable paper face mask,
1 x 10 ml disposable syringe and needle pack,
1 elastoplast,
1 medical cleansing towelette,
Extract from General Orders giving instructions for use.

Individual packs will be stored in large glass jars with a distinctive black and yellow label. A disposable polystyrene rack will be placed in each jar.

A paper on the taking of blood from persons with hepatitis B was published recently in the British Medical Journal (Welsby, P.D., 1981, B.K.J., *282*, 1052).

Treatment of Drug Addicts

Under the Misuse of Drugs (Notification of and Supply to Addicts) Regulations 1973 (Statutory Instrument 1973 No. 799), certain information must be notified in writing to the Chief Medical Officer, Home Office, Drugs Branch, Queen Anne's Gate, London, SW1H 9AT, by the attending Police Surgeon within 7 days, even if the addict has been previously notified within the last year by another medical practitioner (not being a partner, assistant or locum, whether paid or otherwise, of the Police Surgeon) and is already known to the drugs branch at the Home Office. In the Metropolitan Police area forms listing the information required are usually kept in the surgeon's room.

Human Placental Lactogens in Bloodstains

The physiological role of Human Placental Lactogen (HPL) is not completely understood but it is common, in hospital laboratories, to monitor levels in the maternal circulation as a measure of placental activity during pregnancy.

This work was originally started at the Metropolitan Police Laboratory in response to a request from a Police Surgeon to investigate the levels of HPL in post-natal blood and urine samples in order to determine whether a woman had recently given birth. Many problems were encountered with the availability of post-

pregnancy blood samples but preliminary results indicated that because of the large variation of HPL concentrations in the maternal circulation at the time of birth it would be impossible to extrapolate back to the date of birth with any degree of accuracy.

However it also became apparent that this peptide hormone was relatively stable in bloodstains and would therefore provide a good marker to determine whether the bloodstain originated from a pregnant woman. During the experimentation it was established that the presence of haemoglobin did not interfere with the assay and also that the HPL was not grossly denatured when a bloodstain was formed. It was also confirmed that HPL levels in stains made from blood taken during the second and third trimesters of pregnancy were far higher than those obtained from blood samples taken from non-pregnant women and men.

The assay method involves the use of a radio-immuno assay kit which is commercially obtained and is rather expensive. Also, due to the half life of the isotope used, the kits cannot be stored for long periods. Therefore, although it is a relatively simple assay to perform (provided the relevant controls are available), it is expensive and can be rather time consuming.

For these reasons it is proposed to explore other avenues of detection which do not rely on the presence of a radiolabel and in which the reagents can be easily stored ready for use. Such methods would probably include the formation of antigen-antibody precipitates or the use of Enzyme-linked Immunosorbent assays (ELISA).

More evidence from hairs

When hairs are removed with force the rootsheath can remain attached to the hair. This is likely to occur when hairs are pulled out during a struggle or with impact from a weapon or a vehicle in a road traffic accident. It has been shown[1] that certain of the polymorphic enzymes used for typing blood can be detected in hair root sheaths and we are now using three polymorphine enzyme systems, namely PGM, GLO and ESD, in case work samples. Successful grouping is partly dependent on the time interval since the hairs were removed, and this can be up to 7 weeks for the PGM system and 3-4 weeks for GLO and ESD systems.

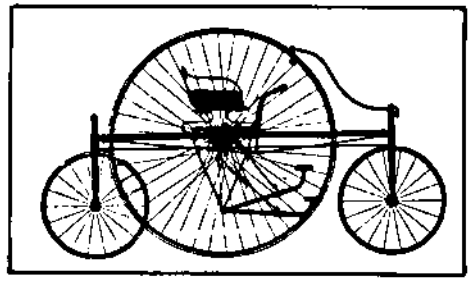
1 Whitehead et al., Proc. 1st International Congress Hair Research, Hamburg, March 1979.

Swabs in Sex Cases

1. A recent problem regarding samples in an alleged rape has highlighted the fact that not all Police Surgeons are aware that the presence of semen on vaginal swabs can be confirmed even if the swabs are heavily stained with menstrual blood.
2. When semen is present on vaginal swabs it may be found on the corresponding anal swabs even when there is no allegation of buggery.[1,2] This suggests that vaginal drainage can contaminate the anal area.
   Therefore when samples are taken from female complainants of buggery, vaginal swabs should be taken *in addition* to anal and rectal swabs. The finding of semen on anal swabs can only be taken as indicating that buggery has occurred if:
   1. There is no semen on the corresponding vaginal swabs, or
   2. Seminal staining on the inside back of the pants indicates drainage from the anal area. It is therefore important that pants are submitted in these cases.

1 Anne Davies. Journal of Forensic Sciences, *24*, 1979, 541.

2 Geoffrey Willott, Annual Conference, A.S. P.G.B., Brighton, 1981.



POLICE SURGEONS IN NEW ZEALAND

The third meeting of the Association of Australasian and Pacific Areas Police Medical Officers will be held at the New Police College Campus, Porirua City, 20 miles from Wellington, the capital city of New Zealand.

A.A.P.M.O. was formed in Australia in 1978, membership includes doctors and others working with police agencies, in particular in the fields of the medical care of police officers, police medical services, forensic medicine and preventative health education.

Emphasis will be given in this Conference to practical demonstrations, which will include the role of the expert witness in criminal court proceedings, disaster victim identification procedures, homicide scene examinations, care of sexual assault and rape victims, drug related deaths and other topics of general interest to medical practitioners associated with police and forensic sciences. The film "Operation Overdue", shown during the Brighton Annual Conference of the A.P.S.G.B. on the Antartica Air Disaster in 1979, will be shown as part of a session on the identification of disaster victims.

Accommodation will be at the Police College Campus. There will be only a limited number of twin rooms but ample single accommodation in new chalets. It is hoped that all those attending will be accommodated at the College but this may mean husband and wife being accommodated in adjacent rooms. Alternative motel-type accommodation within reasonable travelling distance of the College will be available.

Sightseeing trips during and after the Conference will be available provided sufficient interest is shown among the delegates.

Air fare to Wellington will be approximately £750 per person, travelling via Singapore, with a stopover at Singapore on either the outward or return leg. Alternatively, flights may be arranged from London to New Zealand via Los Angeles, Hawaii, Fiji, Tahiti or Cook Islands. To obtain the most economical fares, early booking is essential.

For further details regarding travel arrangements and air fares, please contact Mr. Bernard Tyson, H.G. Tyson & Co., 53 Long Lane, London, EC1A 9PA.

Further details regarding the Conference may be obtained from the Conference Secretary, Chief Inspector Holland, Police National Headquarters, Private Bag, Wellington, New Zealand, or from Dr. M.D.B. Clarke, Vine House, Huyton Church Road, Huyton, Liverpool, L36 5SJ, Merseyside.

ASSOCIATION OF AUSTRALASIAN
AND PACIFIC AREAS POLICE MEDICAL OFFICERS

Conference and 3rd Bi-annual Meeting

BOOK NOW!

8–12th February, 1982
Wellington, New Zealand

THE POLICE SURGEON

March 1972 saw the first appearance of "The Police Surgeon" in the form in which it has appeared twice yearly ever since. Strictly speaking it was not the first issue; *that* was a duplicated endeavour containing a handful of articles. The March 1972 magazine, issued unnumbered, but now referred to as No. 1, set the standard for the 18 subsequent issues. The Editor, of course, was William Thomas of Preston.

Prior to 1972, the Association published newsletters, for which Bill was in part responsible. Some of the gems from the old newsletters were published in the spring 1981 issue of "The Police Surgeon Supplement". The proceedings of the Annual Conferences were published prior to 1972 in "The Blue Books", so called from the colour of the covers. Lectures were published word-for-word, with little suggestion of any form of editorship. 1972 changed all that. Contributions still were drawn from conferences and symposia but the strict editorial control exercised by Bill Thomas ensured that the contributions were knocked into shape suitable for an academic journal.

Two contributors to the first issue were Stanley H. Burges and Hugh de la Haye Davies, two ordinary Police Surgeons. A third contributor was Dr. John D.J. Havard — whatever happened to him?

Photographs soon occupied an important part of the magazine and Bill has been rightly proud of the many colour illustrations which have appeared, particularly those on non-accidental injuries to children. Reprints of the issue on battered babies ran into thousands.

Bill has not been content merely to accept the contributions arising from conferences and other meetings, but has encouraged the production of original papers, although he has lamented from time to time that articles have been slow in appearing.

Each issue has carried examples of Bill's wisdom and wit, both in his editorial and in the column "Bee in my Bonnet", which he signed Panjandrum. During his term as Editor, Bill was also Association President — a most successful term of office. Bill, now an Honorary Member of the Association, has resigned as Editor and his place has been taken by David McLay in Glasgow. No doubt, in time to come there will be changes in the magazine but David will have a rock solid foundation on which to build.

For many years "The Police Surgeon" has been the bright star in the Association galaxy. The Association acknowledges its debt to Bill Thomas.

POLICE SURGEONS IN USA

MAURICE KIRWAN INVESTIGATES MEDICO-LEGAL WORK

It has always been my intention to visit the United States and to examine at first hand the methods used by the American Police in obtaining medical evidence in all types of criminal cases. I also felt that it would be of interest to describe the role of the Police Surgeon in England and our involvement in the numerous facets of medico-legal work.

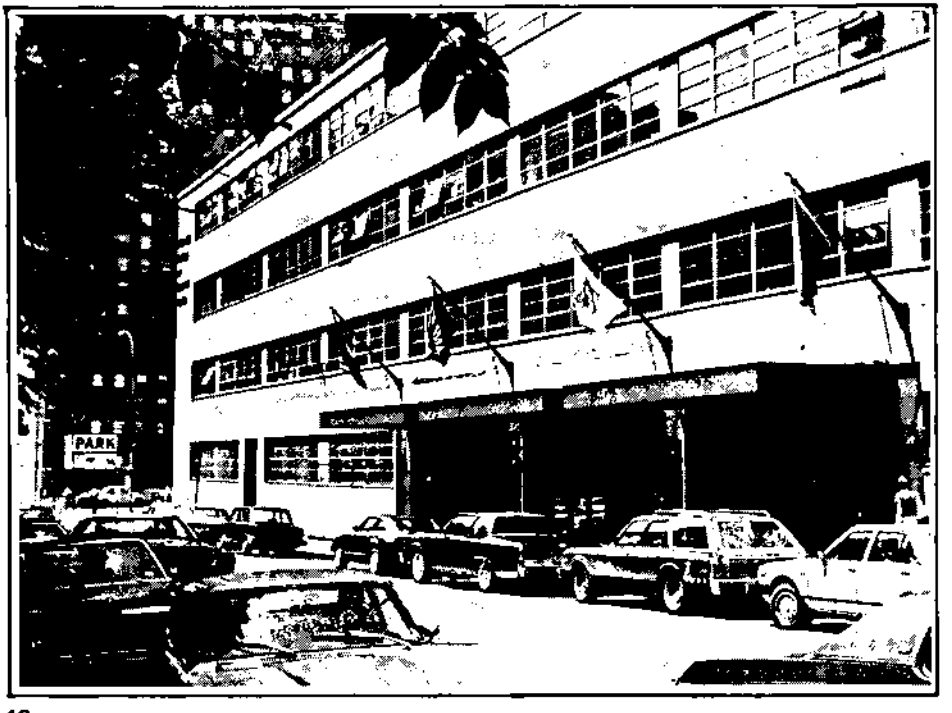
I was fortunate in having the co-operation and kind assistance of Mr. Kenneth Oxford, the Chief Constable of the Merseyside Police, and his Headquarter Staff in arranging my introduction to New York.

John Jay College

On Monday, 13th April, 1981, I attended the John Jay College of Criminal Justice in West 56th Street, one of the Colleges of the City University of New York. I was met by my host, Professor Philip John Stead, Dean of Graduate Studies at the College. He will be remembered by many senior police officers in this country as he was in charge of studies at Bramshill seven years ago. The College has many educational resources available including laboratories, classrooms, study areas and library facilities. Catering for over 7,000 students, the College also has a programme of higher education for New York City Police Officers.

Police Academy

My next port of call was the relatively new Police Academy building at 235 East 20th Street. This is an eight storey air-conditioned structure covering 42,412 square feet. The building contains the College of Police Science and also serves as the New York City Police Academy.



It includes an open-air campus, gymnasium and drill floor, luncheon and recreation area, twenty-four classrooms, closed circuit television studio, lecture rooms, swimming pool and firing range. Of particular interest is the Police Museum, which is maintained by Detective Alfred J. Young, an authority on New York Police History. Detective Young's conducted tour of the Museum was most interesting. Amongst the exhibits he kindly removed from the enclosed cases was the actual machine gun used by Al Capone.

The Commanding Officer of the Police Academy, Deputy Chief Michael J. McNulty, was most helpful in allowing me free access to all the departments.

Chief Surgeon

Dr. Clarence Robinson is the Chief Surgeon to the New York Police Department and has his office in the Academy. He is a full time employee but there are also about twenty part-time physicians who usually work a daily morning session at the Academy. Dr. Robinson explained that his department is concerned with the examination of new applicants to the police force, and with the examination of officers who have been ill or injured and are unfit for duty. This latter duty would appear to be rather onerous in that due to a peculiar ruling, a police officer can stay off duty for an indefinite period. This generates a great deal of unenviable work for the medical profession in trying to determine fitness for work. In disputed cases there is an appeal board which includes, in addition to the medical examiners, union representatives who may argue the case for the member.

On Tuesday, 14th April, Professor Stead and I visited The Milton Helpern Institute of Forensic Medicine at 520 First Avenue. This imposing building was the result of attempts over many years to form a co-ordinated department of Forensic Medicine. The first department of Forensic Medicine in any U.S. Medical College had been established at the New York University School of Medicine 1932 under Professor Norris. He had been greatly impressed by the Medico-Legal Institutes

Professor Philip John Stead.

on the continent, especially in Germany and Austria. Dr. Norris was succeeded as chief medical examiner by Dr. Gonzales, who was appointed Chairman and Professor of the department.

Dr. Helpern succeeded Dr. Gonzales in 1954. At this time the Office of Chief Medical Examiner and the New York University Schools of Medicine were firmly united by the gift from the University of the corner plot of land adjacent to the University, where the present building now stands. The Department of Forensic Medicine is also in this building. It is equipped with offices, ample mortuary rooms, laboratories for forensic pathology, histology, serology and microbiology. It also houses a library of legal medicine and a large forensic pathology museum.

Chief Medical Examiner

The present Chief Medical Examiner is Dr. Elliot M. Gross, who is also the Coroner. (Dr. Gross and his professional staff are full time and teach undergraduate and post graduate medical students). It is interesting to note that the position of Coroner was a politically appointed post and was held by laymen until the New

York State Legislation enacted a Law in 1915 which abolished the office of Coroner and established in its place the municipal Office of the Chief Medical Examiner for New York City.

Milton Helpern Institute

The Milton Helpern Institute must surely be the envy of any forensic pathologist. There would appear to be nothing comparable in this country.* One of the autopsy rooms resembled a "production line" with about six tables and as many pathologists and assistants working at the same time. To walk down the "line" and discuss each case with the individual pathologists was a lesson in itself. On the first table was an infant who had died after operation for a heart condition. On the second table was a male with knife wounds to neck and abdomen, on another a male with a gun shot wound to the head. On another floor there were various departments with technicians preparing frozen sections of tissues for histology, grouping blood, making toxicology tests and undertaking the other forensic science tests vital for a full and complete investigation. On yet another floor there were numerous cold containers for bodies to be stored for possible future examination.

I found the large Forensic Pathology Museum to be most interesting. Normal pathological specimens were intermingled with a bizarre collection of specimens

Dr. Maurice Kirwan, D.M.J.

illustrating violence and accidents. In charge of the security of the Institute and the forensic exhibits was a Detective N. Procto. He recalled the tragic shooting of John Lennon and the reception of the body at the Institute, where the post mortem took place.

Horrific Crime Rate

The crime rate in New York is horrific by any standards. Over 1,500 deaths per annum are due to murder and manslaughter, three times the annual rate for the whole of England and Wales. Two thirds of these deaths involve the use of hand guns; the next commonest cause is due to cutting or stabbing. According to statistics of the U.S. Department of Justice, the black population appear to be involved in more than half of these violent crimes.

The Helpern Institute handles all the cases of homicide, deaths occurring after operations, and all other sudden deaths where no doctor has been in attendance. The Medical Examiner usually attends the scene in cases of homicide only.

The Precinct, or Police Station, has no medical facilities or medical room and it is unusual for a doctor to attend for the purpose of treatment or any Forensic investigation. All cases are referred to the local hospital, where the doctor on duty will deal with the problem. In cases of

* *The author does not appear to have visited the Sheffield Medico-Legal Centre — See Supplement Vol. 3, Autumn 1977.*

The Editor met Dr. Elliott Gross at the International Association of Forensic Sciences Meeting in Bergen during June 1981. Dr. Gross extended a cordial invitation to all Police Surgeons to visit the Milton Helpern Institute, New York, the only proviso being that Dr. Gross receives due warning of the impending visit so that he may ensure that the visitor is properly welcomed and shown the full facilities of the Institute.

rape, the doctor makes use of a "rape kit". The Police Department has to pay the hospital for services provided. There are no Police Surgeons as one understands it in Britain.

I was honoured to be given the opportunity of lecturing to the Medical Staff at the Helpern Institute on the role of the Police Surgeon in England. I illustrated the lecture with slides demonstrating the organisation and involvement of Police Surgeons, not only in homicide cases, but also in the numerous other aspects of medico-legal work, such as suspicious deaths, suicides, sexual offences, psychiatric disorders, drug offences, injury to Police Officers, treatment of persons in custody and Road Traffic offences. I felt that some useful discussion followed my lecture.

Orange County Sheriff

I rounded off my U.S.A. tour by visiting the Orange County Sheriff's Department in Florida. Deputy Sheriff Harry Park was most kind and helpful. We had a long discussion about police investigation and medical involvement in forensic matters. The Coroner dealt with homicide and all other unnatural deaths; other cases were referred to the local hospital.

The visit was most enlightening and instructive. It confirmed my impression that, whilst there is a high degree of forensic expertise in the investigation of deaths, there is no proper system of experienced doctors assisting the police in the many other situations which, in Britain, are normally dealt with by Police Surgeons.

I wish to acknowledge and express my sincere thanks to all the persons mentioned and many others who, during a busy schedule of manual work, were kind enough to take time off to help me understand their system.

Reporters — Ivor Doney, Stan Burges

James Hilton, chairing one of the sessions at the Annual General Congress at Brighton, June 1981, said he thought that 1981 would go down as a Vintage Year for the Association.

Such is the frame of the Association that delegates found it worth attending from Eire, Australia, New Zealand, The Netherlands, Nigeria, the United States of America and South Africa. The press were well represented and included a reporter from "The Times".

There were some thirty speakers with a host of fascinating subjects of high academic standard, the hotel was good and well situated and finally the atmosphere was one of real enthusiasm. Even the weather was good!

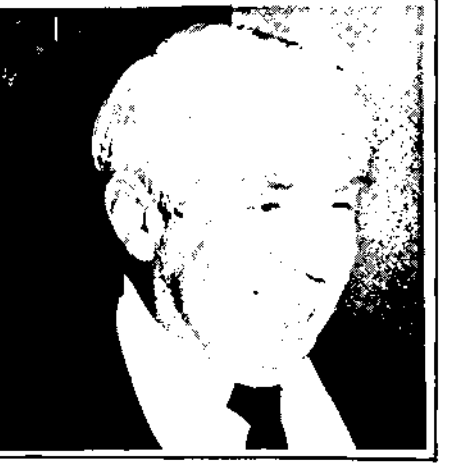
Hon. Secretary, Hugh de la Haye Davies, beaming with pride over his 66 new members this year, acknowledged Ron Taylor's diligent help in roping them in, and gave his usual individual welcome to everybody. Under his influence, people were quick to mix, they sat at different tables for meals, talked to each other in the corridors. There was no doubt about the enthusiasm and over the whole proceedings, President Henry Rosenberg's quiet charm and gentle discipline kept the whole thing graceful and shipshape.

Details of individual papers will be given in our journal, "The Police Surgeon" (n.b. a new Editor David McLay).

However, two outstanding items deserve special mention and by doing this, it doesn't detract from the excellence of all the other papers. Firstly, New Zealander, Dr. Bill Treadwell's report on the Mount Erebus air disaster. He showed a film which chilled and stunned the audience with the horror of it all. No-one can say Police Surgeons are not used to the seamy side of life nor, for that matter, to hearing about mass disasters, but at the end of this film some found it difficult to decide whether to applaud or 'shed the manly tear' at this terrible tragedy.

The second was from a smart confident

Dr. William Treadwell



Miss Helen Reeves

young lady, Miss Helen Reeves of NAVSS (victim support) whose group remind everybody to spare a thought for the victim. It was an oration, not simply a talk. She said, counsel criminals by all means (and Henry Rosenberg gave a humane and thought provoking talk on that subject) but Miss Reeves' message was — why not also counsel the heart-broken and frightened victims of crime? She held her audience spell-bound. Everybody remembers the pretty Portia captivating the court in "Merchant of Venice". She couldn't have beaten Helen Reeves.

In general the other papers covered a great variety of subjects so make sure you read them in the Journal. The Association's members' papers were excellent and as Stan Burges is always emphasising — there is a vast ocean of talent waiting to be tapped in the Association. Just think about the enormous bank of data you have in your own aides-memoires and tattered notebooks. It's almost a crime to waste it, so even if you are not unusual like Dr. Smart, a single handed GP who is also a Police Surgeon(!) or like Dr. Drew who from time to time faces the risks of a trip down the sheer face of Beachy Head on a rope to help accident or para-suicide victims, why not write a paper on a case of your own and send it to Myles Clarke? (address on page 2) or David McLay.

Some said there was too much pushed into the 2½ day academic session and there should have been more time for questions. That's one side of the coin but on the other hand, question time can be boring, irritating, self-glorifying and everybody groans at the so-called questioner who tells his own long, often irrelevant story. There's a lot to be said for asking questions in the bar afterwards!

There were very good talks by Dr. C. Lund describing the AA Patrol man case, Dr. Cole on rural forensic medicine, whilst Robin Moffatt broadcast on the local Brighton radio after his talk on "sudden death and the absent GP". Psychologist Dr. Glenn Wilson, talking about sexual deviants said that whilst males might get fetiches and join the leatherites, the rubberites or the steal-a-pair-of-panties brigade, females don't get turned on by pictures or objects at all. Their fantasies are about individual males, love play patterns and stable relationships. So buying shares in female porn seems a pretty poor gamble!

Hard work by Sussex forensic team (Supt. Eady, Dr. I. West and Dr. B. Domoney) produced a fascinating report on the Brighton murder case. Special thanks too to the Sussex police not only for their excellent video display films but also their exhibition and display in the Hall. Such things take hours of work to prepare. Psychiatrist Dr. Tony Flood talked about vagrants and had actually taken the trouble to live with some of them.

There were other papers from Dr. K. Dalton on premenstrual tension and crime, Dr. Hubert Cremers on ethics and it was nice to hear Ian Craig back at the microphone again — this time a careful and delicate report on bestiality. Dr. Hempling called for anyone interested in ultra violet light photography to contact him.

What superb support we always get from the Metropolitan Forensic Science Lab! Following on from their successful February hosting of the Association in London (1981 again!) they came to

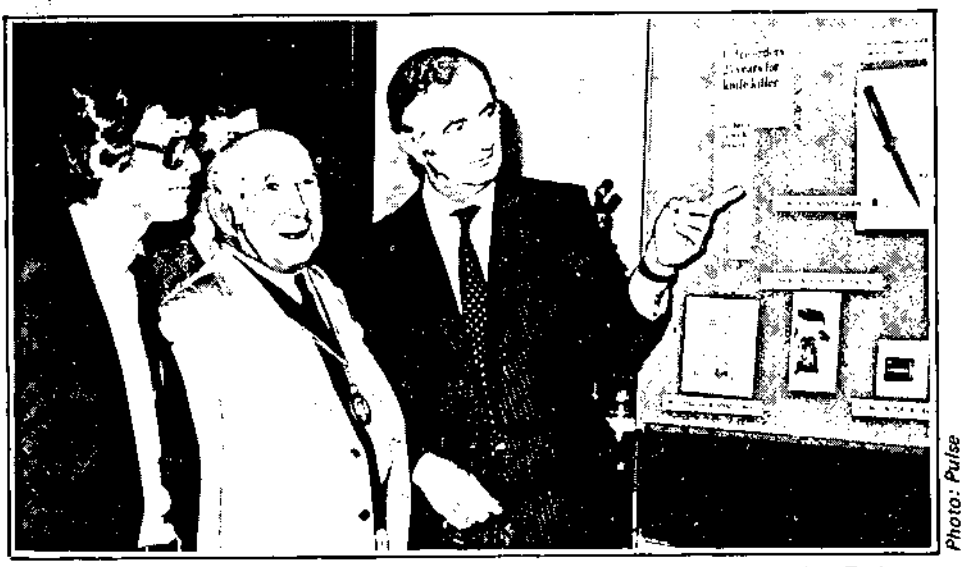


Photo: Pulse

Dr. Stuart Domoney, Dr. Henry Rosenberg and Detective Chief Supt. Ian Eady.

Brighton in force. Headed by Ray Williams himself there were reports by Mr. Cook, Mr. Willott and two Dr. Wilsons, and an unusual one by Dr. Sanson on lubricants.

From Ireland, Dr. C. Stewart gave a studied report on his crime rates and everybody's friend, Jack Harbison, left us all wondering how he can always be so cheerful with the work load he has. From further afield a welcome return from Dr. Peter Bush, Australia, who showed his modern police examination rooms and forensic set up and made everybody envious of the luxury. Two distingiushed speakers from the United States (and incidentally both welcome second timers to the Association's meetings) were Dr. William Eckert and Dr. Marvin Aaronson who both gave witty and instructive lectures. Dr. Eckert's talk was on yet another aspect of injuries — self-inflicted injuries and Dr. Aaronson on forensic aspects of cunnilingus.

Dr. Jack Harbison

It was a great honour for the Association to have Lord Belstead J.P., Under Secretary at the Home Office to close the

Councillors Ian Craig (S.E. Area) and Michael Glanvill (S.W. Area) with Association Hon. Sec. Hugh de la Haye Davies.

Photo: S.H. Burges

Conference. If it was an embarrassing surprise to discover his wide knowledge of our work and what we do, it was nevertheless ennobling and heartening to hear how much Parliament appreciates the aims of the Association.

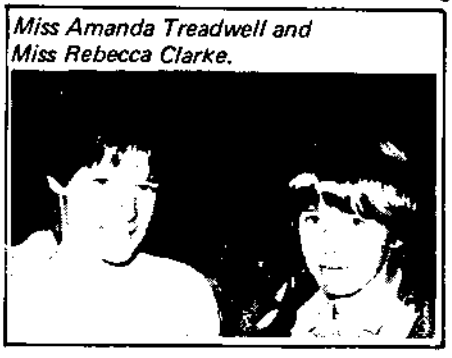
Two New Committees

A meeting, as yet unreported, was held during the closing hours of the Brighton Annual Conference. This was between representative members of Council and delegates from abroad, including New Zealand, Australia, the United States and the Netherlands. The purpose of the meeting was to discuss ways and means of improving international co-operation and the dissemination of information regarding clinical forensic medicine without involving the representative organisations in substantial expense.

Also formed at Brighton was the Association's new Ethical Committee. Its first task has been to work out a code of practice for Police Surgeons who act as expert defence witnesses. The results of their deliberations will be known in due course.

Social Programme

The social programme proved almost as crowded as the academic programme. The Tuesday tour included a visit to the extraordinary "House of Pipes" with an incredible array of memorabilia, and then briskly on to the National Butterfly Museum hardby, housed in a black and white building dating from the 15th century. Then to Sheffield Park for lunch, a basically Tudor house with re-modelling some 200 years ago. After lunch and a tour of the house, the party divided some to walk round the exquisite Sheffield Park Gardens and others to remind themselves of the bygone era on the Bluebell Railway line.



Miss Amanda Treadwell and Miss Rebecca Clarke.

A problem for the President and Dr. Hilary Jarvis.

Other tours during the week included a visit to Firle Place, Home of Viscount Gage, who introduced the greengage to Britain, a guided tour of the bizarre Royal Pavilion and an exclusive visit to Arundel Castle.

The Mikado

One evening during the week many of the delegates and their wives, a party of more than 100, visited the elegant Theatre Royal in Brighton for a sparkling performance of "The Mikado" given by the D'Oyle Carte Opera Company. It was a brilliant performance to a packed house but we were saddened to learn at the end of the performance that the D'Oyle Carte Opera Company faces closure unless they receive substantial financial support.

The Brighton Borough Council entertained us to a Civic Reception in their brand new Brighton Centre, conveniently next door to the Grand Hotel, and also gave us free passes for many of the town's facilities.

Photo: Dick Marsh

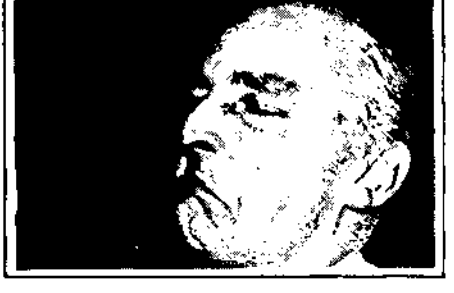
Dr. W. Crosbie proposed 'The Guests'.

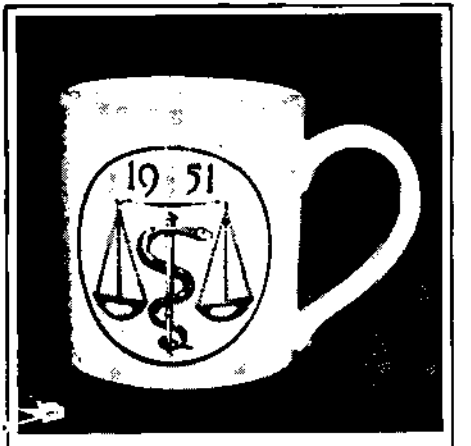
The Coral Squash and Badminton Club generously allowed members to make use of their facilities for the Annual Squash Tournament. The tournament was won by Hubert Cremers from Holland, Jo Ciappara runner-up.

The competition for the Ulster Cup was played on West Hove Golf Course. The Cup has returned to Northern Ireland once more in the capable hands of Bertie Irwin from Belfast. Jim Hine from Ely was close runner-up. We have lost track of the number of times that Fraser Newman has won the wooden spoon. We suspect that the Ulster Cup competition has provided him with his only opportunity to win anything at golf.

A final word of thanks to the Grand Hotel and its staff. The elegant hotel lent itself extremely well to the demands of the Conference and throughout the meeting the staff were most courteous and helpful. An hotel to recommend to your friends.

Fraser Newman Savours the Spoon!





IDEAL FOR CHRISTMAS

Had a hard night (or day) at the nick? Fancy a cuppa – but not in those stained pint size pots? Give A.P.S.G.B. beakers for Christmas – price specially reduced for the festive season – £1.00 each, any quantity plus postage & packing. Hurry – order now from:

Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside, L36 5SJ.

THE CHRISTMAS GIFT FOR THE DISCERNING POLICE MAN!

PERSONALISED DENTURES

In future all dentures made in Sweden must now be marked with the owner's name and personal identity number. The new rule is designed to eliminate mix-ups in hospitals and in homes for the aged and to help to identify dead bodies.

KINDLY LEAVE THE ROSTRUM

Two speakers at the Police Surgeons' gathering were comparing notes before mounting the rostrum.

"I'm going to make an Irish joke", confided the pathologist Alan Usher.

"But *I'm* Irish", objected feisty accident/emergency consultant David Ferguson.

"Oh, don't worry, I'll tell it slowly", reassured Professor Usher.

Reported in 'Pulse'

DIABETIC DRUNK

I am writing this part of the column with a profound sense of relief, having successfully coped with one of the nightmare situations in clinical forensic medicine — a diabetic 'drunk'.

I was called urgently to the local police station just after midnight to see a young male who had been brought to the police station because both he and his girlfriend appeared to be very drunk. On his arrival at the station, the man had behaved like a 'normal' drunk but then suddenly fell to the ground and became semi-conscious. It was at this stage that his girl-friend announced that he was a diabetic and consequently I was called.

On my arrival, I found an apparently very drunk young adult who was lying on the charge room floor. It was impossible to have a coherent conversation with him, since he was rambling and crying out for his girlfriend, who was sitting only a few inches away from him.

There was no evidence in his possession that he was a diabetic except for the remnants of a packet of glucose sweets but I did learn that he took two different types of insulin each day — the dosage and times not known — from my patient's girlfriend. Using a Dextrostix I found that his blood sugar level was between 25-45mg per cent and I made the tentative diagnosis that here indeed was a drunk diabetic subject.

Unlike the last time I discussed the management of hypoglycaemia, when I referred the patient urgently to hospital, I was able with the physical support of police officers to administer some IV glucose stat. My patient came round very quickly and said that he had no idea what had been happening. Since he had not yet been charged and it was difficult to assess how much of his original behaviour in the street had been due to his diabetes, it was decided to allow him to go home.

I find this case very disturbing because, quite honestly, if I had not had the information from the girlfriend I do not know how his clinical condition would have been discovered.

I feel very fortunate and lucky to have spotted the problem.

DAVID FILER

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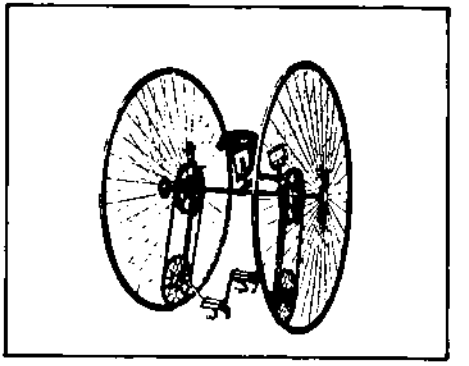


POLICE DOCTORS TOP THE LOT?

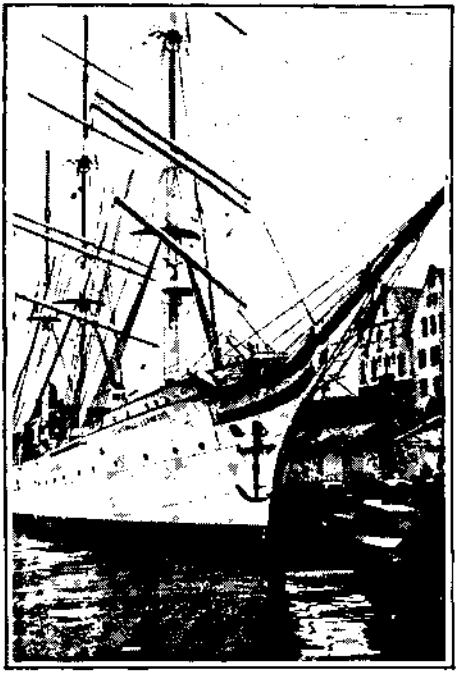
A Gallup poll published during June 1981 on "The Most Useful Members of the Community" placed doctors first with 39% and policemen second with 21%. Solicitors obtained 1% support.

BERGEN INTERLUDE

The 9th Meeting of the International Association of Forensic Sciences was held in the beautiful city of Bergen, Norway, in June 1981. Delegates numbering about 350 from many countries throughout the world included some 70 professors. Approximately 150 people accompanied the various delegates.

Association delegates included, Dr. & Mrs. Lawrence Addicott (Bridgend), Dr. Peter Bush (Melbourne, Australia), Professor & Mrs. David Bowen (Charing Cross Hospital), Dr. & Mrs. Myles Clarke (Liverpool), Dr. & Mrs. Ivor Doney (Birstol), Dr. & Mrs. Alan Easton (Great Bookham), Dr. & Mrs. David Filer (London), Dr. & Mrs. Bert Kean (Liverpool), Professor & Mrs. Tom Marshall (Belfast), Dr. Peter Nwanzi (Lagos), Dr. Fram Patuck (Barnet), Dr. & Mrs. Fred Shepherd (London), Dr. & Mrs. Peter Vanezis (London) and Dr. & Mrs. Ray Williams (London). Papers were given by Dr. Shepherd, Dr. Williams and Dr. Vanezis.

Most of the delegates were accommodated in the Fantoft Summerhotel, five miles from the centre of Bergen. The Summerhotel is a student's residence during term time; single and double rooms were available as were apartments with three and four beds. The cost of accommodation included a spartan breakfast available in a self-service cafeteria. There are several summerhotels in Norway and in a very expensive country the cost of accommodation in the Fantoff was quite reasonable. Each room or apartment had a shower.



The hotel arrangements gave plenty of opportunity to meet delegates from all over the world informally. Alcoholic drinks are prohibitively expensive in Norway but most delegates shrewdly imported sufficient duty-free liquor to last the Conference.

Drs. Shepherd, Bush and Johnson.

Professor Chao (Singapore), Professor Chandra (India), Dr. Eckert (U.S.A.)

A fleet of single decker buses collected delegates at 8.00 a.m. from the Summerhotel in time for the 8.30 a.m. commencement of the daily sessions at the Bergen University Students' Union. The papers were divided into a number of sections, including forensic medicine, toxicology, serology/immunology, forensic odontology, methodology, mass disaster and questioned documents. Apart from the opening on the Monday morning and a plenary session on the Thursday morning, there were usually three sessions of lectures proceeding at the same time in various parts of the Student's Union. Most papers were restricted to 15 minutes.

The standard of the papers varied enormously. English was the language of the Conference; most Norwegians speak English well. Some papers were a mere presentation of statistics accompanied by slides of varying quality. A few of the papers were excellent; outstanding among these was the paper presented by Dr. Tzee Cheng Chao, who was promoted to Professor of Pathology at the Department of Pathology in Singapore, during the Conference. His paper was on "The Medico-Legal Investigations into the Spyros Disaster", a tanker on which there was a disastrous fire with many casualties during repairs in Singapore Harbour. Brilliantly presented and beautifully illustrated, Chao's paper was spiced with an exhuberance and wit which made his lecture, for me, the outstanding feature of the Conference.

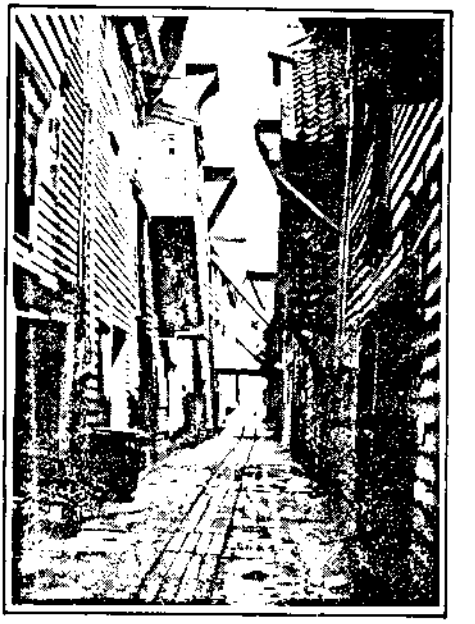
Each 90-minute session was controlled by a secretary responsible for locating the speakers, ensuring their slides were available for the projectionist and so on, and a chairman. Peter Bush and I were honoured to be selected as secretary and chairman respectively for the session addressed by Fred Shepherd, talking on "The Work-Load of the Metropolitan Police Surgeon in 1980". Fred's paper was pithy and his police work obviously includes a wide variety of forensic medicine cases. Unfortunately, his presentation was marred by poor overhead projector films, for which there can be no excuse. Professor David Bowen of Charing Cross Hospital has offered Metropolitan Police Surgeons facilities at the hospital for the preparation of slides and overhead

projector films — all that is required is sufficient time for the material to be prepared.

Professor Malik from Riyadh University, Saudi Arabia, gave a dramatic dissertation on "Medico-Legal Problems in Islamic Law" — one was left with the impression that forensic medicine paid little part in the solution of Islamic medico-legal problems. Dr. Elliott Gross, Chief Medical Examiner from New York, described the development of the Medical Examiner's office. Professor Jorgen Dalgaard from the University of Aarhus, Denmark, discussed the death of Helen Smith in Jeddah in 1979, raising questions which do not yet appear to have been satisfactorily answered.

Dr. Penttila from Helsinki spoke on "Drinking and motorboat driving in Finland". Finland is the only country in the world with a statutory blood-alcohol limit of 150 mgs. % for motorised water traffic. Three surveys of motorboat drivers by the police with breath analysis equipment found that on each occasion more than 20% of the boat drivers had significant alcohol positive readings. Dr. Richard Totty, question document examiner from the Birmingham Home Office Forensic Science Laboratory, described two cases of murder where messages had been written on the victims abdomens, and in which he was able to deduce useful information. Dr. Totty's motto is "Always examine the original document".

Professor Sognnaes of the University of California, described some absorbing forensic odontological detective work in relation to the alleged remains of Hitler's mistress, Eva Braun; her alleged body contained a dental bridge with intact white plastic teeth said to have survived an intensive fire. A fascinating paper on the Markov case was presented by Mr. Robin Keeley from the Metropolitan Police Forensic Science Laboratory illustrated by excellent electron microscope photographs of the 1.5 mm pellet recovered from Markov's thigh.



Those accompanying delegates were

Professor Giertsen, President of the meeting, addresses delegates as they dance on the ferry to the midnight sun.

not forgotten and a variety of tours was arranged for them. The City of Bergen entertained all those attending the Conference at the Greig Music Hall, a magnificent modern building, first to wine and then to a piano recital — naturally enough of Grieg's music. Midsummer's night was celebrated on board a car ferry hired for the occasion. We wined and danced and watched the bonfires along the coast, traditionally lit on this day. Regrettably, the midnight sun was obscured by cloud.

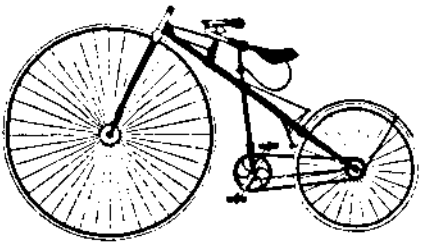
The final entertainment was a banquet held at King Haakon's Hall in the City of Bergen, an impressive building restored after a devastating explosion in the harbour during the Second World War. The splendour of the occasion was marred only by the undistinguished banquet provided.

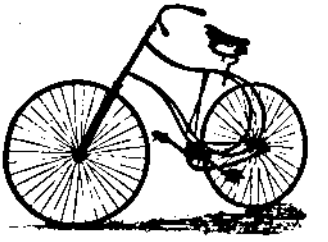
For those able to stay on after the Conference for a few days, tours by bus and ferry were available through quite remarkable scenery, breathtakingly beautiful in a country which is virtually vandal and litter free.

The 1984 International Association of Forensic Science meeting will be held in Oxford, under the auspices of the Forensic Science Society. The Association of Police Surgeons will be supporting the I.A.F.S. and this meeting will take the place of the Autumn Symposium. The standard of papers presented as Association meetings ranks with the best of the papers presented at Bergen. It is hoped that as many Association members as possible will take the opportunity to deliver short papers at the 1984 meeting, enabling a session to be set aside entirely for clinical forensic medicine.

M. CLARKE

The line drawings of bicycles appear in this issue by kind permission of the Manager of the Museum of British Road Transport, Coventry. The display in the Museum is a fascinating collection of cars, commercial vehicles, motor vehicles, cycles and related artifacts reflecting the major contribution that Coventry and the Midlands area have played in the development of the road transport in this country. Police vehicles are included. Whilst your wife visits the beautiful cathedral and does some shopping — this is the place to take the children and yourself.





MEDICO-LEGAL SOCIETIES

THE MEDICO-LEGAL SOCIETY

Thursday, 12th November, 1981
"Sexual Offences — The Problems Arising on Reform".
The Rt. Hon. Lord Justice Lawton.

Thursday, 14th January, 1982
"Icarus Anatomised".
Group Captain A.J.C. Balfour, M.A., M.B., B.Chir., F.R.C.Path., D.C.P., D.E.M. & H., L.M.S.S.A., M.R.A.C.S., R.A.F.
R.A.F. Institute of Pathology & Tropical Medicine.

Thursday, 11th February, 1982
"Dialect and Voice Identification".
Stanley Ellis M.A., M.I.L., Senior Lecturer in English Literature in the University of Leeds.

Thursday, 11th March, 1982
"Criminal Investigation in the hands of Lawyers".
A.F. Wilcox, Esq., C.B.E., Q.P.M., formerly Chief Constable of Hertfordshire.

Thursday, 15th April, 1982
"The Scott-Elliott Murders".
R.C. Adams, Commander, Metropolitan Police.

April/June 1982
Annual Dinner (date to be announced).

Thursday 13th May, 1982
"Medical Records: Computers and the Patient".
Professor Neil McIntyre, B.Sc., M.D., F.R.C.P., Academic Department, Royal Free Hospital.

Thursday, 10th June, 1982
8.00 p.m. Annual General Meeting.
8.15 p.m. "Crime and Mental Disorder: Daniel McNaughton, a case in point".
Mr. H. Rollin, M.D., M.R.C.P., F.R.C.Psych., D.P.M., Consultant Forensic Psychiatrist.

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

Further information from:—
Mr. J.F. Barnes,
The Honorary Legal Secretary,
71 Lincoln's Inn Fields,
London, WC2A 3JF.

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

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

Monday, 9th November, 1981
"Consent to Medical Treatment".
Professor B. Hogan, LL.B., Head of the Faculty of Law, University of Leeds.

Monday, 7th December, 1981
"Multi-Disciplinary Researches on Egyptian Mummies at the Manchester Museum".
Dr. A. Rosalie David, Egyptologist, University of Manchester.

Saturday, 6th February, 1982
DINNER DANCE to be held at the Parkway Hotel, Leeds.

Monday, 8th February, 1982
"Science Crime and the Courts".
Mr. P.G.W. Cobb, Director, Home Office Forensic Science Laboratory.

Monday, 8th March, 1982
Joint Meeting with the Leeds Division of the British Medical Association.
"A Miscarriage of Justice — English Style".
Mr. L. Blom-Cooper, Q.C.
Coffee available after each meeting.
Meetings will be held at 8.30 p.m. at the Littlewood Hall, The General Infirmary, Leeds.
Guests accompanying a member 50 pence.
Application for membership to the Society should be made to:—
Mr. J. Fairhurst, 30 Park Square, Leeds, 1.

Group Captain Balfour addresses the Medico-Legal Society in January.

MEDICO-LEGAL SOCIETIES

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

Thursday, 12th November, 1981
"The Rising Tide and Cost of Violence".
Sir Richard Denby, Member of the Criminal Injuries Compensation Board.

Thursday, 10th December, 1981
"Reminiscences of a Forensic Pathologist".
Professor A. Keith Mant, Professor of Forensic Medicine, Guy's Hospital, London.

Wednesday, 13th January, 1982
"Your Child or Their Child? Parents and Children in Care".
Brenda Hoggett, M.A., Barrister, Senior Lecturer in Law, University of Manchester.

Wednesday, 17th February, 1982
"Bridging the Gap: Medico-Legal Issues Following the Case of Peter Sutcliffe".
Professor Robert Bluglass, Professor of Forensic Psychiatry, University of Birmingham.

Tuesday, 9th March, 1982
"Bullet, Blast and Bomb Injuries".
Professor M.S. Owen-Smith, O.St.J., Professor of Military Surgery, Royal College of Surgeons of England and Royal Army Medical College.

Wednesday, 14th April, 1982
ANNUAL GENERAL MEETING.
Speaker — From our own membership.
Subject — To be arranged.

Thursday, 13th May, 1982
ANNUAL DINNER, Cutlers' Hall, Sheffield.

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.

BRITISH ACADEMY OF FORENSIC SCIENTISTS

Monday, 14th December, 1981
Friends Dinner to be held at the Law Society.

5th & 6th March, 1982
Annual Scientific Meeting. Venue to be announced.

Further details may be obtained from:—
The Secretary General,
Professor J. Malcolm Cameron,
Department of Forensic Medicine,
London Hospital Medical College,
Turner Street,
London, E1 2AD.

THE FORENSIC MEDICINE SOCIETY

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

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: The Rt. Hon. Lord Justice Jones

Tuesday, 24th November, 1981
The Presidential Address.
The Rt. Hon. Lord Justice Jones, The Royal Courts of Justice, N.I.

Tuesday, 1st December, 1981
Annual Dinner.
The McKnee Room, Belfast City Hospital, 7.30 p.m. for 8.00 p.m.

Tuesday, 19th January, 1982
"The Medico-Legal Interpretation of the Shroud of Turin".
Professor J.M. Cameron, Department of Forensic Medicine, The London Hospital Medical College, University of London.

Tuesday, 23rd February, 1982
"Grumbles and Wits".
Dr. John Wall, Deputy Secretary, Medical Defence Union.

Tuesday, 23rd March, 1982
Annual General Meeting followed by "Problems of an Irish State Pathologist".
Dr. J.F.A. Harbison, State Pathologist and Lecturer in Forensic Medicine, Trinity College, Dublin.

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

MEDICO-LEGAL SOCIETIES

THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

Thursday, 19th November, 1981
"The Role of the Pathologist in the Defence".
Professor A. Usher, Sheffield.

Thursday, 17th November, 1981
"The Role of the Police Surgeon".
Dr. M.D.B. Clarke, Liverpool.

Thursday, 21st January, 1982
"The Medico-Legal Aspects of Brain Damage".
Dr. D. Neary, Manchester.

Thursday, 18th February, 1982
Subject to be announced.
Mr. Michael Lever, Q.C., Bolton.

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,
Pathology Department,
Oldham & District General Hospital,
Rochdale Road,
Oldham, OL1 2JH.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Thursday, 19th November, 1981
"Forensic Fokelore".
Professor Bernard Knight, Welsh National School of Medicine.

Wednesday, 10th February, 1982
"The Markov Affair".
Mr. Robin Keeley, Metropolitan Police Forensic Science Laboratory.

Wednesday, 31st March, 1982
Subject to be announced.

May 1982
Annual Dinner. Details later.

Meetings are held in the Liverpool Medical Institute, 114 Mount Pleasant, Liverpool 2. Further details from:—
Dr. M. Clarke,
Hon. Secretary, M.M.L.S.,
54 High Street,
Liverpool 15.

BRISTOL MEDICO-LEGAL SOCIETY

Thursday, 19th November, 1981
"The Royal Commission: Misguided reform of the criminal system?".
Dr. John Baldwin and Dr. Michael McConville, Faculty of Law, University of Birmingham.

Thursday, 21st January, 1982
"The Yorkshire Ripper".
Professor D.J. Gee, Department of Forensic Medicine, University of Leeds.

Friday, 26th February, 1982
ANNUAL DINNER
The Royal West of England Galleries.
Speaker — Richard duCann Esq., Q.C., Chairman of the Bar Council.

Thursday, 18th March, 1982
Armoury of the Terrorist.
Mr. H.J. Yallop, O.B.E., M.Sc., F.R.I.C.

Thursday, 20th May, 1982
Members' Papers.

Friday, 2nd July, 1982
Summer Social Gatherings.

The meetings will be held in the School of Nursing at the Bristol Royal Infirmary at 8.00 p.m. and a buffet supper will be available from 6.30 p.m. Further details from:
Mr. P.H. Roberts,
Hon. Medical Secretary,
Bristol Medico-Legal Society,
Martindale, Bridgewater Road,
Sidcot, Winscombe,
Avon, BS25 1NN.

I'LL GET SOME NALOXONE FOR MY BAG

A two year old child started to vomit and became flushed, drowsy and lethargic four hours after accidentally ingesting 20 Lomotil tablets. Her mother rang the G.P., who recommended immediate hospital referral. On admission, the child was unconscious with a tachycardia and depressed respiration. She improved slightly following treatment with oxygen, but a short time later she had a respiratory arrest. She was immediately intubated and ventilated manually. Naloxone 0.4mg was administered intravenously. The child's respiratory rate improved rapidly, but she remained unconscious. During intubation, gastric lavage was performed to prevent continued absorption. The child was subsequently given two further doses of naloxone (0.4mg) at hourly intervals, by which time she had recovered consciousness and had been extubated. There were no other sequelae, and she was discharged three days later.

* * *

Naloxone (Narcan) has been increasingly advocated as the antagonist of choice in the treatment of overdosage with opium alkaloid and morphine derivatives. Unlike nalorphine, which has been in use for many years as an opiate antagonist, naloxone does not exacerbate respiratory depression. No side-effects have been reported, even when large intravenous doses (more than 5mg) are used. Naloxone acts very rapidly, and the patient's response is often maintained after only one dose. However, the half-life of naloxone is considerably shorter than that of many of the drugs it is used to counteract, and repeated intravenous bolus doses or infusion may therefore be necessary to prevent a relapse. The drug has also been reported to be partially effective in patients who have taken overdoses of alcohol, barbiturates and benzodiazepines, even if no opiate is present. Cautious use of naloxone is advocated in patients dependent on narcotics, because the drug may precipitate withdrawal symptoms.

Clinical Signs and Management

The predominant signs of overdose with opiates are depression of consciousness and respiration, and, classically, pin-point pupils. Convulsions may occur in children. Severe hypertension and hypothermia are often complicating factors. Initial management should be directed towards maintaining respiration, and artificial ventilation may be necessary. Naloxone 0.8 mg (0.4 mg or less in children) should be given *iv* as soon as possible. If there is no response, a further 1.2 mg or 1.6 mg should be given after five minutes. General supportive care may be required in serious overdoses, and gastric lavage should be carried out within four hours of ingestion.

Analgesics containing opiate derivatives are widely prescribed, and include Distalgesic, codeine phosphate, and dihydrocodeine. The number of overdoses involving these preparations has increased, and deaths have occured because an opiate antagonist was not administered. Therefore Police Surgeons should be aware that naloxone is available as an antidote with no inherent toxicity. The drug should be considered as a diagnostic, and sometimes therapeutic, measure in all cases of coma of uncertain diagnosis.

Dr Virginia Murray
Poisons Unit, New Cross Hospital
Avonley Road, London, SE14 5ER

Telephone numbers of the National Poisons Information Service Centres — See page 21

This article first appeared in MIMS Magazine and is reproduced by kind permission of the Editor

THE WORK OF THE POLICE SURGEON

K.F.M. POLE

THE TITLE of Police Surgeon is really a misnomer. The doctor, in fulfilling this task, does not act as surgeon — this is just a time-honoured name like in the Navy where a doctor might bear the title "Surgeon Commander", though he is specialist in medicine or any other often non-surgical field.

The Police Surgeon is not just a functionary of the police, as the title might suggest; he is under contract, advising the police in any of their cases which have a medical aspect, but in his judgement he remains independent and must keep free from bias. All findings must be clearly recorded, and if a case comes before the court the Police Surgeon may have to justify, to the satisfaction of judge and jury, the conclusions he has drawn.

In short he acts in such cases as a professional witness for the benefit of the court and in giving not only the facts but also his opinion about them he has a key rôle to play in the execution of the law so that justice may be done and seen to be done.

Driving under the Influence

As should be clear from what is said above, the wide-spread public image of the Police Surgeon as being preoccupied almost exclusively with drinking drivers is wide of the mark. Though in the last years the number of drinking driver cases was the largest single group of about 40 per cent of my case-load, comprising in all an average of 400 police calls per year, this still left me more than three police cases per week which were of a different kind and medically and legally of much greater interest.

Humanly I have always found them all of great interest and some even fascinating because, apart from the criminal law and justice, I was — as I think the Police Surgeon should be — always concerned with professional ethics and, above all, with human relationships.

Though abuse of drink and other drugs has some part to play, in many other offences it is mainly represented in two categories, that of driving offences and that of being drunk and incapable. The offence of driving under the influence of drink may soon occupy a much smaller part of the Police Surgeon's work when one of the new breath test devices which give results on the spot will be introduced, but even then the present blood test procedure will not become completely obsolete.

Not only will there always be drivers who will object to the police handling and reading the instruments, breath tests — however accurate the instrument — will never

This article first appeared in "Police Review" and is reproduced by kind permission of the Editor.

be as reliable as the blood test. If a person belches just before the breath test some of the stomach alcohol may well return to the mouth cavity and thus produce a misleadingly high reading. Similarly if a person has dentures and food is trapped underneath, this might well have soaked up some alcohol which has little chance of evaporating until it is liberated by forceful blowing into the breath test instrument. Consequently the blood test procedure will always remain available at the suspect's request.

However, the introduction of the breath test will have at least two beneficial consequences. The immediate result will draw the attention to other possible causes of observed bad driving if, being low, this is in obvious contrast to the police officer's observation. observation. Moreover, being done at the driver's request it will end the reluctant and obviously unwilling consent which is now often given only because the driver is aware that an unjustified refusal makes him liable to the same penalty as a positive result. This basic unwillingness is occasionally expressed verbally and in other cases by the driver making the taking of blood as difficult as he can, sometimes quite impossible.

An Unjustified Refusal

In one such case the driver, while saying "Yes" expressing his consent, moved his arm incessantly and jerkily so that I refused after the first skin prick to proceed further, explaining that I did not consider the verbal agreement as valid consent as it was contradicted by the man's actions. The case went to court and my suggestion that the actions constituted an unjustified refusal was upheld by the court. It is only very rarely that the Police Surgeon has to go to court in such cases, as the issue is almost always clear from the result of the blood test. I consider the present legal limit of 80 mgm fair.

There are however two loopholes in this limit. On rare occasions a driver is so intolerant of alcohol that he is well and truly "under the influnece" although he has actually taken a small amount as not to reach the limit. The other is the case of mixed drink with drugs. When this is suspected the old 'section 5 procedure' may still be used, but as the result Is only known when the analysist's report is returned, it is only rarely used.

Change of Mind

At the present time we have in Kent the blood test (or urine test) procedure used routinely. There is little the defence can claim in the case in which the blood alcohol content having been found to be above the legal limit, apart from the occasional procedural slip. Such matters rarely concern the Police Surgeon. There are however some cases in which an attempt is made to play for time by consenting at first to give blood but then saying "I have changed my mind" when the doctor has arrived, "I have decided to give urine instead".

The present law demands two samples of urine which have to be voided within an hour and it is easy to claim at the end of the hour, with seeming regret, that one is willing but unable to pass the second specimen, however one is now willing to give blood. The doctor has now to be re-called and altogether the suspect may have gained about two hours between the first request for a blood sample and the taking of it.

However, most drivers arrested "under the suspicion" are well over the legal limit, and as the blood alcohol level drops on average only by 15 mg per hour, I have known only one case in the many years since the procedure was instituted, in which the manoeuvre of playing for time in that way succeeded. Much more often the attempt is made to delay matters by making the consent dependent on the presence of the own doctor or solicitor, but the time gained thereby is negligible; it takes a short time to see if the doctor is available and willing to come right away, in which case I was always prepared to give him half an hour to arrive.

I make the same offer for the solicitor but usually – particularly at night – the office

number is not answered, the private number not known and often the detainee does not really have a solicitor but wants to contact just anyone, which is impossible within the time limit.

There are occasional cases when the doctor considers that the drunkenness is so pronounced that the consent of the driver would not be valid and in such cases time has to be given for some sobering up before blood is taken.

Consent is equally needed for examination under section 5. In one such case when called to examine an obviously very drunk driver who made only senseless animal like noises I did, of course, a clinical examination, but solely for his own safety. When asked by the duty inspector for my conclusions, I replied, "I can only tell you the man is fit to be detained and unfit to drive, but I cannot tell you why". "What do you mean by I cannot tell you why?" I explained that I had no valid consent to divulge the result and was bound by professional secrecy. "You cannot get old without getting artful" the inspector replied with a smile. Anyway, the next morning the man gave consent to tell the result of my examination, as he was probably aware that the reason for his state had been obvious to anybody.

Occasionally the Police Surgeon is called to a drinking driver in hospital. Though the casualty officer has given his consent to the taking of blood, the detainee may not be in a fit state to give valid consent. Other cases in which no blood should be taken are those in which the patient has been given an intravenous infusion. This will usually only lower the alcohol content of the blood, but as many infusions contain glucose that might lead to fermentation, I for one would not venture to argue in court the ultimate result. Inquiry with the Police Surgeons' Association confirmed my stand in this matter.

Drunk and Incapable

In the case of a person appearing "drunk and incapable" the possibility of other causes for his state have always to be considered, drugs and head injury, being the most likely ones. It is obviously impossible to send every prisoner to hospital in whom no injury is found, but in every case of unconsciousness this should certainly be done.

It is an offence to be drunk and incapable, but strangely it is no offence to be drugged and incapable and therefore once the man recovers nothing can be done to help him with his drug problem. The difficulty of distinguishing between a state of intoxication by drink or by drugs (and on rare occasions head injuries which do not show externally) has in the past often presented problems, particularly if the cause for stupor or coma is a mixed one.

When the new breath test instruments are introduced, the situation for the Police Surgeon will be much better because with a slight adaptation the alcometer can test the blood alcohol level, even in the unconscious patient, and it will therefore be obvious when the content is too low to account for the prisoner's condition. Up to now guidance can often be given only by the smell of the prisoner's breath and, of course, if he is sufficiently conscious, by his own story. Both can let you down badly.

Death in Police Custody

It was in that way that I experienced the one and only death of a prisoner in police custody in the 35 years I worked as divisional Police Surgeon. The man was a psychiatric nurse, his breath smelt very strongly of curry which would have obliterated all smell of alcohol and the absence of this was therefore not considered to be significant.

When interviewed by the sergeant he said he had been drinking all day and had not taken any drugs. He had had a slight driving accident hitting another car and I was called to take a blood test. However, when I arrived I did not consider that he was in a fit state to give valid consent and advised that he was fit to be detained, should be kept in the three-quarter prone position, closely supervised and be asked, when he had sufficiently

recovered, for his consent to have blood or urine taken.

When I was called again as a matter of urgency I was told that my instructions had been followed and on the first visit his condition had appeared unchanged but on the second, about 15 minutes later, he appeared dead. He was.

The post mortem showed that the blood alcohol content was nil and he had taken overdoses of Heminevrin and Propanolol, something which could not have been diagnosed and which only a nurse could, unobserved, lay her hands on. It appears that while the man slept off the Heminevrin, which had simulated alcohol, the Propanolol caught up with him and led to cardiac arrest. The coroner pronounced a verdict of suicide and made it clear nobody was to blame.

Abuse of Drugs

I consider there are other loopholes in the law about abuse of drugs. One is that only the possession of drugs is punishable and a court decision made it clear that swallowed drugs do not come under the heading of "possession". If drugs are found on the suspect the Police Surgeon is usually called to try and identify them, which may be fairly easy. There are, however, three points to be considered:

(1) Is the clinical picture compatible with the drug found?
(2) If not — and that in my experience applies almost exclusively to capsules — is there any likelihood of harmless capsules having been tampered with and filled with a restricted drug?
(3) In cases where drugs have been found — the clinical picture is compatible but the prisoner claims they are not his drugs but must have been planted on him — is he willing to give a blood and urine sample to prove that he has not taken any?

I had such a case and, as I had expected, the urine showed the same drug had been ingested which proved the prisoner's allegation spurious.

Some clinical pictures are very characteristic, particularly LSD, the most dangerous of all, as it may lead to relapses of "trips" and even to the development of a permanent schizophrenic state. There are good and detailed descriptions of the state of intoxication, but one of them had puzzled me for a long time until I came across a very illustrative case. It was the note that LSD leads to confusion of visual and hearing impressions.

One day I was called to see a man who had been arrested for his quaint behaviour and I had no doubt that it was due to LSD. He was in a very happy mood standing in the middle of the cell, the floor of which he had strewn with little paper bits and he told me he was in the garden of Eden and the paper bits were the flowers; the only thing compatible with the garden of Eden was however his state of complete undress as he had shed all his clothing. All the classical symptoms were present and when I shone a light in his eyes to test the pupils he said ecstatically "bells!" This explained the matter fully.

Another loophole seems to me to be the fact that Phenobarbitone is not a restricted drug in spite of its grave dangers — particularly if abused to the extent of tablets being dissolved and injected intravenously (mainlining); only the sale of Phenobarbitone without prescription is an offence, which leaves it to the police to prove that the drug was stolen or the prescription falsified.

Something must be said here about the controversy surrounding the abuse of cannabis. Many people seem to think that it should be made legal as it is one of the least dangerous prohibited drugs. I think that the arguments in favour of that argument are invalid. It is true that cannabis is causing dependence rather than true addiction (which would mean that resistance is being developed and the dosage has to be steadily increased) and that it may take years for a chronic cannabis psychosis to develop. It is also true that cannabis does not necessarily lead to heroin addiction, but as was pointed out by one of the principal experts on drug abuse (Dr. Tylden) this is much the same thing as saying that

somebody who crosses the road outside a pedestrian crossing will not necessarily be knocked down and killed.

Against it is however the observation that the increase in heroin addiction in young people follows the same curve as that of the increase in the number of cannabis convictions. Though hallucinations are not a regular feature they do occur and, of course, present a danger to the taker as well as to other people if they happen in a public place. Whether as driver or even as pedestrian, the seeing of things which are not there or the not seeing of things which are there, may equally lead to serious and sometimes fatal consequences.

The idea of the calming effect of cannabis is also erroneous; it may be calming in a relaxing situation but in an irritating situation the subject may become violently excited and paranoic and the word "assassin" is actually derived from hashish, which is another name for cannabis.

False is also the idea that cannabis is an aphrodisiac; though — taken in a sexual situation — it undoubtedly exaggerates sexual fantasy with all possible consequences of dangers and frustration, long continuous intake diminishes sexual desire in both boys and girls and may lead to premature sterility. Some observations also suggest the possibility of thalidomide-like deformities being caused by it.

Spurious also seems to me the argument that if smoking and the drinking of alcohol are not prohibited, which cause much more damage, cannabis should be freely obtainable too. However, smoking is a danger almost exclusively to the smoker and much has been done recently to restrict its use. Alcoholic drink has some use if taken in small quantities, the safety margin is larger than for drugs, and if any damage is done or sustained in public "under the influence" it is punishable in law. Fortunately the ban of cannabis was introduced under an international agreement and its release therefore is very unlikely.

Sniffing Volatile Solvents

A comparatively new development in this country is that of sniffing glue and other volatile solvents which are widely used in cleaning materials. Luckily most cases are of children who engage in short time experimentation which causes no permanent ill-effect. However, the initial exhilaration and pleasant hallucinations might well result in making it a regular habit — all too often observed in the USA — and then the practice becomes dangerous and may lead to unconsciousness, personality problems and even to death due to renal or liver necrosis.

From what has been said it should have become clear, that alcohol abuse and drug abuse may both imitate psychiatric conditions or actually cause or precipitate them. On the other hand the Police Surgeon — particularly if he is recognised under section 28 of The Mental Health Act — will see numerous cases which are primarily suspect of mental illness. In these cases it is usually a question of diagnosis and, stemming from it, of disposal.

The Police Surgeon, who usually faces a complete stranger, is at a disadvantage compared with the family doctor who knows the earlier medical and psychological history, but all too often he is not available — particularly during the night — and the Police Surgeon has to make the best of the situation as he finds it. It helps, of course, if he manages to be given the ex-directory telephone number of many general medical practitioners so that he can get at least some basic information and I have been entrusted with many of them as I, over the years, have gained the doctors' confidence that I would never misuse them.

A Publically Disturbed Individual

Mental cases are referred by one of two sources. Either they come through the social services who have known the case before or the police have become aware of "a publically disturbed individual" and taken him into custody. If the arrest is in connection with

an offence — the police will call on the Police Surgeon, but if it seems to be a straightforward mental case they will call first on the social services. This is the usual procedure in daytime during the week, and used to be so at weekends and during the night until the stand-by-duty of the social service officers was discontinued. Now the police have to deal with those cases as well.

To pay for "stand-by-duty" might be uneconomical as these cases don't arise very often, but at least it should be possible to make arrangements by which a social services officer is paid when actually called. This is important because the doctor — and even two doctors in consultation — can do no more than give a medical recommendation; the actual application for admission under one of the compulsory sections has to come from the social worker or a near relation.

In this connection I would like to issue a word of warning. On more than one occasion the only relative available — often there is none at all living in the district — is the estranged wife and I have always refused to accept an application under those circumstances. Only too often the estranged wife is very willing and may even feel very happy if her husband is "put away" as a mental case, but by calling on her the Police Surgeon may well expose himself to the later accusation that he acted in collusion.

If an offence has been committed and the offender's subsequent behaviour in the police station arouses the suspicion of the officers that they are dealing with a case of mental illness, the offender has necessarily to be kept in police custody until the Police Surgeon gives his opinion whether the prisoner is fit to be detained or has to be sent urgently into a mental hospital.

In case of doubt it is sometimes necessary to hold the offender in custody until he can be taken to court and remanded for medical report. An added difficulty may be that the law allows only for a maximum of 72 hours in a place of safety, and now with Bank Holidays and statutory holidays there is often a four day period in which only very limited action can be taken.

The detention of mental cases in the police cell should anyway be restricted as much as possible because the cells are not really suitably equipped and if close supervision is needed it is a disproportionate strain on the police manpower which is anyway stretched to the limit. Until recently, however, in our district it was a case of Hobson's choice because unlike in cities where a mental hospital is close and patients taken into custody under section 136 can be off-loaded there, the nearest mental hospital is some eight miles away and to send a patient there it is usually necessary to send two police officers plus the driver on a prolonged journey.

However, comparatively recently, a psychiatric unit staffed with consultants from the main hospital just mentioned has been established in the Medway Hospital and it is to be hoped that arrangements can be made to have suitable cases sent there under section 136.

Any patient who is willing to go voluntarily into a mental hospital must not be sent compulsorily under section except if the doctor has strong reasons to consider his consent as invalid — for example that he might change his mind on the journey and then cannot be held.

Also the doctor must be very careful about prisoners faking mental illness as excuse for the crime they may have committed. On the other hand a mental patient, not necessarily suffering acutely, may commit a minor offence in order to get attention and treatment of which he feels in need but which he (or she) has been hitherto unable to obtain.

One such case I remember is of a woman who recently came to our district, ran out of the tablets she has been given for schizophrenia in the past by her previous doctor and told me that every doctor to whom she had applied here had declined to take her on his list.

She was desperate at the time she arrived at the police station and, very sensibly, asked "Must I break a window here to get attention?" I was called, assured her that there was no need to break a window and gave her some medication to help her over

the remainder of the night. We bedded her down on a bench in the waiting room, so that the police could keep an eye on her without taking her in to custody and I promised to get her a NHS doctor in the morning. A friend of mine living near her took her on his list, arranged for her to get specialist advice, as she had before at her old home, and all was well.

Front Line Psychiatry

The mental cases the Police Surgeon sees in his practice of "front-line psychiatry" are very varied and often very interesting. In one such case I was called to a woman prisoner who had made a shambles of her employer's factory suspected to be a mental case.

"Good evening Dr. Pole" she greeted me, we knew each other slightly as she had been a nurse at one of the local hospitals. She was not only quite normal but actually very shrewd. "It serves him right" she explained to me; they had lived together for many years and now he had given her the "push" and returned to his wife. Being married the man paid for the damage to avoid scandal and the woman went free. "I hope next time she sets a place on fire" the police officer said, "then we can charge her. As it was indoors it is for the owner of the factory to prefer or not prefer a charge".

Another case was of a woman who did not speak a word of English, only Italian. Though she had lived for several years in England, she was all the time in an Italian colony and though the husband mixed at work and spoke a little English, she did not. Luckily an Italian restaurant being quite close the proprietor kindly acted as interpreter.

It emerged that she wanted to return to Italy and was under the impression that any underground train would take her there free of charge. She was obviously harmless and we decided to send her back home. She had told us the place where she lived but gave us a false name and address. However, I suggested that in an Italian colony there should be a priest who would know who she was.

The plan worked and the husband, who at first had volunteered to collect her, decided on second thoughts he would not do so, as he was glad to be rid of her. We succeeded in sending her home with a relay of social service officers.

Feigned Illness and Drunkenness

Occasionally we get tramps who are just in search of a bed for a night and fake mental illness or drunkenness. Drunkenness may also be claimed as an excuse for a crime committed. In one such case a man who had indecently assaulted his niece, a small girl I believe six years old, "zigzagged" into my examination room and claimed he'd had a lot to drink and could not remember anything about the alleged incident.

I had the impression that the man overacted, the physical signs not suggesting a high degree of drunkenness. I told him so and suggested that a blood alcohol test, as given to drivers, would clarify the situation.

He could not very well refuse without making himself even more suspicious. The blood alcohol content was reported as just over 80 mg — too much for a driver — but certainly not nearly enough to support the allegation of amnesia for the incident and with it the claim to mitigation, particularly as the individual was a sailor well used to drink.

There were physical signs of the assault on the girl and when the case came to court a verdict of guilty was returned. "It must be a change for you, doctor to prove that a man is not drunk" the judge said to me at the end of the case.

The Police Surgeon's work is peculiar in so far as he may have to account and justify every step he has taken. This applies to his attendance on a prisoner who complains of any illness as much as to any obvious crime. Whenever a report is made it should be very detailed, anticipating as far as possible any question which might be later asked; such reports will often save attending court.

In statement form, complying with the Criminal Justice Act 1967, they are often

agreed by counsels for prosecution and defence, but — having discussed the matter in detail with the present head of Kent CID — I usually give a report before editing it in statement form, as a report can mention many matters and give guidance to the police in which direction it may be useful to probe further, of matters which must not be included in a formal statement.

Doctor in Court

A similar difficulty may face the doctor in the witness box. It is not always understood that the diagnosis a doctor makes is based on two factors: findings and history. However, the case history must never be mentioned by the doctor as witness, as it comes under the heading of "hearsay evidence" and this is actually how I came to become Police Surgeon. No doctor can avoid being called as witness to court at some time and when I was thus called I committed the above error quoting case history. Having been warned by the judge several times — in the end quite angrily — I decided I must learn how to do things properly, joined the Police Surgeons' Association and read their literature. Having thus become an acceptable witness, I was called to cases and to court more and more and when Police Surgeons were officially appointed, I was an almost natural choice.

The importance of full reports mentioned before — or of equally detailed aides memoires when no report is required — is well-illustrated by one of my cases of a prisoner asking for treatment of migraine. There was no doubt about the diagnosis, he had been treated for it before but had left off the tablets prescribed by his doctor because "they were no good". However, they must have done some good because the prisoner said his present attack was the worst he ever had. I treated him and he improved well.

Many months later I was rung up by a solicitor saying he was acting for a man who had been accused of theft and he understood I had been called to treat him after he was assaulted by the police. I looked up the case and found it was the same man. I then rang back the solicitor and told him I could not let him have a report without the consent of the police, as I had examined the prisoner on their behalf, but no doubt the police would give permission if he asked for it; however I did not think the report would please him.

Time went on and many weeks later I was rung up by the police asking if I could attend Gravesend Court that afternoon. I could not and was not under an obligation to do so as I had no previous warning. However, it was about the same case and I suggested sending a statement. This was agreed and it said that I had attended the prisoner successfully for migraine and that at that time no complaint had been voiced against the police and no injuries were seen. The prosecution handed the statement on to the defence and I was told that nothing was heard of that allegation in court.

The court attendance of the Police Surgeon is usually required in cases of violence — often, but not necessarily, in the course of a sexual offence. Cross-examination by opposing counsel can be very trying, but it is important for the doctor always to remain cool and friendly and never to take offence even if counsel seems to imply that he either does not know what he is talking about or is biased and less than honest.

I had the benefit of being a Police Surgeon at a time before the Present procedure, when most drinking driver cases had to be taken to court and were argued. In one such case counsel, when he could not shake my evidence said, "Doctor, it seems clear you have made up your mind that you want a conviction". "I don't want a conviction", I retorted, "Conviction or no conviction has nothing to do with me and good luck to anybody who is found not guilty. But, of course, I have made up my mind about the interpretation of my findings, that I consider my task and I had plenty of time for it". Counsel had evidently hoped I would say no I had not made up my mind, whereupon his next move would certainly have been to say, "Well, Doctor, so you admit you have not made up your mind about the case".

In sexual offences the argument is usually about the evidence that the victim was unwilling, but if it is strong — and other cases are not usually proceeded with — the

prosecution is mostly successful. The old argument "Doctor, could it not have been the bicycle saddle that caused the injuries?" is not heard of any more.

However I remember a case of rape in which the victim had been blindfolded and a pressure mark was found over one eye. "Surely doctor, if it left a mark the pressure must have been so great that it hurt?" "Not necessarily; think of yourself sitting comfortably on the beach in a wicker armchair, you may be very comfortable, but when you get up the pattern of the chair is seen on your body". "Even so doctor, surely the mark would have been over both eyes?" "Not necessarily" (lovely and useful phrase that!) "If the blindfold was not straight it would have fitted the orbit and left a mark on the soft tissue over one eye, while on the other side it would press on the much more resistant tissue over the bone and not leave any mark". The alleged blindfold was a wide tie.

In one case of robbery with violence I spoke of a blow with the side of the fist. "Doctor, what makes you say it was a fist blow — it could have been anything else, couldn't it?" "Not anything else — it was something not very hard, roundish, about that size — it could have been a tennis ball thrown by a child" — This was not very likely in the middle of the night!

It is very important for the doctor to never overstep his competence, to admit where the conclusions are not conclusive though "beyond reasonable doubt" and to give full reasons for his conclusions. Opposing counsel will sometimes try to cut him short: "Simply answer 'Yes' or 'No' ". This should be resisted whenever necessary and I have always succeeded by appealing to the judge "such an answer might be misleading and I have been sworn not only to tell the truth but the whole truth".

Though most often for the prosecution, I have occasionally also been called for the defence as an expert witness in cases in which I was not previously involved. The police have never objected but rather welcomed it.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

Friday, 29th January, 1982
Winter Reception. Innholders Hall, London. See page 79.

Saturday, 30th January, 1982
Winter Symposium. Metropolitan Police Forensic Science Laboratory.

Tuesday, 30th March, 1982
Postgraduate Workshop in Forensic Medicine, Charing Cross Hospital Medical School.

1st-3rd April, 1982
Forensic Science Society, Spring Symposium "Terrorism and Urban Violence" Trevelyan College, Durham.

17th-22nd May, 1982
APSGB, Annual Conference. Palace Hotel, Torquay.

September 1982
APSGB, Autumn Symposium. Stirling, Scotland.

16th-21st May, 1983
APSGB, Annual Conference. Royal Hotel, Scarborough.

21st - 26th May, 1984
APSGB, Annual Conference. Peebles Hotel Hydro, Scotland.

Autumn 1984
Conference of the International Association of Forensic Sciences, Oxford. See page 70.

INTERNATIONAL MEETINGS

8-12th February, 1982
Third meeting of Association of Australasian and Pacific Areas Police Medical Officers, Wellington, New Zealand.

Further details given on page 39.

2nd-5th November, 1982
First Inter-American Congress of the Pan American Association of Forensic Sciences, Sacramento, California.

8th-12th November, 1982
Annual Meeting of the National Association of Medical Examiners, Newport Beach, California.

Further details of the two American meetings may be obtained from –

Dr. William Eckert,
Forensic Laboratory,
St. Francis Hospital,
Wichita,
Kansas 67214, U.S.A.

or

Dr. Ivor Doney,
"Hazeldene",
Hazel Avenue,
Chapel Green Lane,
Bristol BS6 6UD.
Tel: 0272-33110.

18th-22nd September, 1983
First Asian Pacific Congress on Legal Medicine and Forensic Sciences, venue – Singapore. This meeting will be of interest to Forensic Pathologists, Police Surgeons, Lawyers, Forensic Scientists and Police Agencies. The theme of the Congress will be "Recent Advances", the working language will be English. The British representative of the Congress organisers is Professor A.K. Mant, London.

Further information may be obtained from –

The Congress Secretary,
1st Asian-Pacific Congress on Legal Medicine and Forensic Sciences,
Department of Pathology,
Outram Road,
Singapore 0316.

Autumn 1984
International Association of Forensic Sciences, Oxford, England.

CORRESPONDANCE

OXFORD 1984

The International Association
of Forensic Sciences,
P.O. Box 41, Clarke House,
Harrogate, North Yorkshire.
England, HG1 1BX.

Dear Colleague,

Xth INTERNATIONAL ASSOCIATION OF FORENSIC SCIENCES

It is with great pleasure that I learn from Professor Chris Giertsen, President of the IXth I.A.F.S. Bergen, 1981, that I have been elected President of the Xth International Association of Forensic Sciences. The prospect of three years preparation for the next meeting is daunting but, with the help of my friends and colleagues all over the world, I have no doubt of a successful outcome of the Oxford Meeting in 1984. An added assurance of success is the help pledged by the Forensic Science Society of which I have currently the honour to be President.

In order to optimise preparations a great deal of consultation is required. This letter is in the nature of a first request that, should you have any views on the organisation of the 1984 meeting, I would be most pleased should you acquaint me with them.

Letters should be addressed to me at the above address, to where telephone calls may also be made (24 hour answering service). If you would like a personal talk please ring me at home (Andover [0264] 66527) preferably between 8 p.m. and 10 p.m. but *please* note the difference in the time between the UK and your own country. My enthusiasm can be low at 4 a.m.

With my best wishes to all my friends and colleagues in the Forensic Sciences.

I am

Yours sincerely,

PROFESSOR STUART S. KIND

President Forensic Science Society,
President Xth I.A.F.S.

DISAGREEMENT WITH EDITORIAL

From: DR. KARY POLE, Gillingham, Kent.

Dear Sir,

I usually enjoy the Supplement but in the Spring 1981 issue there is a trend of thought in the Editorial with which I disagree. I realise that in the "New Law Journal" among the five criteria suggested for expert witnesses for the defence in clinical forensic medicine, the Diploma in Medical Jurisprudence is enumerated. I, myself, comply with four of the criteria but, in spite of not possessing the Diploma in Medical Jurisprudence, I have several times successfully acted as an expert witness.

I think that the suggestion of discontinuing additional payment for seniority is unwarranted, particularly as there must be fewer and fewer of these surgeons to which these terms apply.

I disagree with your statement that "authorities can only recognise that a police surgeon has acquired special skills and knowledge when the surgeon has passed the Diploma in Medical Jurisprudence". They are certainly able to assess the capabilities of Surgeons they have been working with for some lengthy time. This is borne out by the fact that the Chief Constable of Kent, when I tended my resignation, asked me to accept the position as Honorary Consultant Police Surgeon to the Force and thus I remain available for special cases.

I value the singular honour thus bestowed on me, which I suggest proves that the authorities can recognise skills and knowledge without the help of the magical figures "D.M.J.".

Yours faithfully,

KARY POLE

Dr. Pole recently underwent surgery, from which he has made an excellent recovery. However, he has consequently been forced to take note of his advancing years and he no longer feels like getting up at night several times a week, sometimes two or three times a night, for police calls.

He is to be complimented on his appointment as Honorary Consultant Police Surgeon to Kent Constabulary. The first of two articles by Dr. Pole, first published in "Police Review", appears elsewhere in this issue.

DEVISIVE ARTICLE

From: DR. J. HENRY, 119 Richmond Road, London, E8. – 1.4.81:

Dear Sir,

Re your editorial in Vol. 10 Police Surgeon Supplement – I take it you are expressing a personal point of view and not an official view of the Association of Police Surgeons re the Diploma of Medical Jurisprudence. To those of us who have been divisional surgeons for over 25 years it is rather galling to hear such views aired of the importance of D.M.J. The figure of 10% of those holding the Diploma amongst all divisional surgeons must reflect the opinion of those who have been in the service for a number of years.

If indeed your proposal that holders of D.M.J. would command separate scale of fees were to become official policy of the Association then I would resign from the Association and indeed seek to re-establish the old Association of Metropolitan Police Surgeons to speak for us in dealings with the Metropolitan Police Authority.

Your comment in the Supplement is one of the most divisive articles I have read. It certainly has not the support of those individual surgeons I have spoken to in the Metropolitan Area.

Yours sincerely,

JAMES HENRY

The Editor remains unrepentant despite the views expressed by two distinguished Police Surgeons. The standard of Police Surgeons across the country appears to vary from the pinacle of excellence to bumbling incompetence. Some of the candidates, on presenting themselves for examination for the Diploma, fondly imagining themselves to be widely experienced in police work, have found glaring lacunae exposed in their knowledge. Fortunate for them, the exposure was made in the comparative privacy of the examination room rather than in Court with the attendant glare of publicity.

Fully qualified Police Surgeons should command higher fees than Police Surgeons without the Diploma.

MEMBERSHIP LIST

Owing to the difficulty in keeping up with changes of address, it is suggested that if members are unable to contact other members at the address shown in the Medical Directory contact may be made through police channels.

The Hon. Secretary requests prompt notification of change of address and ex-directory phone numbers. The Hon. Secretary would also appreciate if any case of serious illness or death of a member would be brought to his notice by neighbouring members.

F = Founder Member
PP = Past President

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L. Caprio	Stockport
J.T. Caramitsos	Burnley
P.C. Chaudhuri	Rawtenstall
G.B. Chaudhury	Prescot, Merseyside
J.H. Clark	Wirral
R.B. Dave	Knowsley
R.C. Das	Warrington
P.L.S. Dixon	Preston
T.M. Doran	Wigan
C. Drouet	Cockermouth
D.C. Fieldhouse	Bradford
A.J. Fraser	Blackpool
H.E. Godfrey	Cheadle
M.A. Gouda	Skelmersdale
H.D. Hall	Liverpool
R.F.E. Harrington	Lytham
A.G. Hick	Stockport
W.P. Honeyman	Carlisle
R.P. Hoskinson	Liverpool
B.D. Jackson	Kendal
I.M. Johnstone	Penrith
H.B. Kean, D.M.J.	Liverpool
K.B. Kenyon	Blackpool
M.A. Khan	Liverpool
M. Kirwan, D.M.J.	Liverpool
M.S. Kukula	Worsley
G.B. Lamberty	Lancashire
B.K.W. Lightowler	Stockport
Lesley Lord	Halifax
J.R.A. Luckas	Manchester
A. Macgillivray	Mellor
R.K.S. Mackay	Wilmslow
K.S. Mackenzie	Oldham
M. Mendick	Liverpool
P.J.M. Milroy	Frodsham
J. Moorhouse	Birkenhead
H.C. Palin, O.B.E.	Burnley
Z.A. Qureshi	Nelson
L. Reece	Salford
E.O. Roberts, D.M.J.	Middlewich
R.E.I. Roberts, D.M.J.	Manchester
S.P. Robinson	Cheshire
A.S. Russell	Manchester
M.J.R. Ryan	Lancashire
N.K. Sharma	Southport
H.D. Sule	Leyland, Lancs.
E. Tierney	Gt. Manchester
A.P. Timney	Whitehaven
A. Whiteside	Cleveleys
D.L. Whitton	Lancaster

Area 1. (Northern Ireland)

Council Member: Dr. W.E. St. C. Crosbie, Bangor

J.D. Adams	Portadown
C. Burns	Ballymoney
B. Bryans	Ballycrochan
T.S. Callaghan	Belfast
J. Crane	Belfast
J.B. Dunn	Larne
A. Darrah	Ballyclare
W.R. Dick	Ballymena
E.M.H. Forster	Enniskillen
J.S. Garvin	Armagh
H.N. Glancy	Bellaghy
C.H.G. Gould	Newtonabbey
R.L. Guy	Belfast
K.J.H. Henry	Dungannon
M.J. Hill	Ballyclare
R.B. Irwin	Belfast
J.C. Jefferson	Belfast
I.H. Johnston	Dungannon
J.H. Kelly	Belfast
T.C.T. Killen	Larne
D. Maguire	Lurgan
W.A. McCartney	Ballymoney
P.K. McAviney	Belfast
E.R. McClatchey	Belfast
M. McVerry	Rostrevor
H. Montgomery	Coleraine
C.K. Munro	Londonderry
P.G. Murphy	Downpatrick
F.J. O'Kane	Ballynahinch
H.R. Ormonde	Lisburn
G. Rowan	Lisburn
S. Sayee	Magerfelt
E.N. Shannon	Londonderry
B.A. Sheils	Londonderry
T.A. Spence	Armagh
C.H. Stewart	Randalstown
J.H.H. Stewart	Randalstown
P.J. Ward	Newry
J. Wilson	Carrickfergus
M. Wilson	Portadown

Area 2. (North East)

Council Member: Dr. S. Veeder, D.M.J., Gosforth

J.G. Ashton	Sheffield
J.K. Barnetson	Sunderland
W.H. Bexon	Durham
D.H. Bottomley	Durham
D.M. Broughton	Dewsbury
J.G.E. Bruce	Selby
D.W.A. Bryers (F)	Belford
R. Carr	Blyth
B.W. Critchlow	Whitley Bay
N.L. Cummins	Hartlepool
D.R. Deacon	Hull
P.J. Dennis	Skipton
J.W.A. Devlin	Leeds
M.D. Eve	Wakefield
P. Gardner	Northumberland
W.J. Glass, D.M.J.	Newcastle-on-Tyne
C.W. Glassey, D.M.J.	Driffield
R.J. Givans	Harrogate
P.K. Goel	Rotherham
J.K. Gosnold	Hull
O.D.E. Herbert	Newcastle-on-Tyne
J.P. Hurley	Felling
A.J. Irvine, D.M.J.	Cleveland
W. Jack	Durham
K. Jepson	Sheffield
B. Kapur	Maltby
T.B. Kember	Sheffield
F.B. Kotwall	Durham
J. Lees	York
J.H. Loose	Hull
J.D. Lucey	Bridlington
J.H. Marr	Middlesborough
A.K. Marsden	Wakefield
N. Maskrey	Scarborough
M.T. Marashi	Tyne-on-Wear
M. McKendrick	Northumberland
J. McKennell	Halifax
J.H. Mitchell	Berwick-on-Tweed
A.E. Meek	Beverley
J.F.M. Newman	Batley
T.M. Ostrowski	Barnsley
A. Paes	Rotherham
K. Ravi	Leeds
R. Rogerson	Hull
I. Rose	Leeds
P.S. Sen	Halifax
J.G. Shores	Hull
K.T. Ulahannan	Halifax
D.W. Verity	Tadcaster
A.J. Wightman	Northallerton
K.M. Wood	Huddersfield

Area 3. (Midlands)

Council Member: D.J.G. Chitnis, Birmingham

M. Allbeson	Penkridge
R.D. Antani	Walsall
L.E. Arundell	Birmingham
C. Bate	Birmingham
C.J. Bruton	Birmingham
V.P. Budh-Raja	Sutton Coldfield
Elaine Charles	Shrewsbury
M.B. Davies	Worcester
R.N. Davies	Kenilworth
K.S. Dick	Newcastle, Staffs.
K.H. Flynn	Nuneaton
K.T. Farn	Atherstone
S.E. Grant	Warley
G.T. Haysey	Market Drayton
K.K.A. Hofheinz	Smethwick
S.C. Hora	Stoke-on-Trent
F. Horsley	Wolverhampton
R. Horton	Burton-on-Trent
G. Hoyle	Tamworth
J.A. Humphreys	Birmingham
P.R.S. Johnson	Worcester
J. Keeling Roberts	Wem
D.W. Kett	Birmingham
A.J. Laidlaw	Worcester
D. Wright, D.M.J.	Birmingham
I.W. Lawrence	Shropshire
E. Leyton	Solihull
R.J. Marsh	Shrewsbury
H. McCollum	Penkridge
P.C. Miller	Kenilworth
L.T.H. Mills	Edgbaston
S.P.S. Oswald, D.M.J.	Solihull
J.A. Patel	Stourbridge
J.P. Paw	Walsall
K.S. Rajah	Birmingham
L.S. Ratnam, D.M.J.	Birmingham
G.A. Readett	Birmingham
P.R. Shaeena, D.M.J.	Coventry
Z.A. Shaikh	Tipton
C.J. Smart	Birmingham
T.B. Stirling	Aldridge, Nr. Walsall
W.N. Stirling	Newcastle, Staffs.
W.R. Sullivan	Kenilworth
M.S. Swani	Birmingham
E.I. Taylor	Birmingham
R.W.P. Terry	Solihull
S.S. Venugopal	Birmingham
G.O. Williams	Warley

Area 4. (Eastern)

Council Member: Dr. J. Nelson, D.M.J., Nottingham

R.P. Anderson	Worksop
G.F. Birch, D.M.J.	Lincoln
M.H. Bletcher, D.M.J.	Derby
J.F. Caskey	Peterborough
T.R. Chandran	Sutton-in-Ashfield
J. Ciappara	Northampton
B.A.G. Clarke	Felixstowe
E.M. Cochrane	Grantham
R.A. Collacott	Leicester
B.P. Collins	Nottingham
D. Connan, D.M.J.	Huntingdon
D.D. Cracknell	Huntingdon
T.F.C. Dibble	Kettering
H.J.H. Dunn	Blackwell
P.A. Eckstein	Cambridge
P.J. Enoch	Ilkeston
A.A. Fairclough	Norwich
R.H. Foxton, D.M.J.	Flixborough
J.R. Freeman	Derby
G.W. Gradduck	Northampton
J.J. Hamill	Leicester
D.J. Henry	Nottingham
J.L. Hine	Isle of Ely
N.M. How	Daventry
P.J. Keavney	Nottingham
J.C. Kennan	Burton-on-Trent
M.A. Knight, D.M.J.	Ipswich
T.R. Lavelle	Nottingham
R.A. Lawrence, O.B.E., D.M.J.	Alfreton
J. Lines	Wisbech
A.D. Lower	Stowmarket
J.L. McDougal	Wellingborough
W. Milburn, M.B.E.	Derby
N.C. Modi	Wellingborough
I.K. Murphy, D.M.J.	Peterborough
P. O'Neill	Chesterfield
R. Pratap	Chesterfield
D.L. Scawn	Corby
R.E. Scott	Bury St. Edmunds
P.R. Shaeena, D.M.J.	Coventry
E.M. Skinner	West Hallam
J.L. Skinner, D.M.J.	Ilkeston
R.J. Smeeton	Leicester
R.V. Smith	Kings Lynn
T.H. Warrender	March
M.J.H.B. Waas	Worksop
J.H. Wallis	Boston

Area 5. (South-East)

Council Member: Dr. I. Craig, D.M.J., Maldon

D.F.W. Adey	Southampton
N.D. Arnott	Sevenoaks
J. Barker	Maidenhead
B. Bendkowski	Southend-on-Sea
J.J. Bourke	Woking
J.L. Bowen	Dover
J.H.M. Buckley	Westcliff-on-Sea
L. Carlyon	Colchester
D. Chastell	Broadstairs
J.D. Clark	Dunstable
G.F. Cocking	Newport Pagnell
D. Constad, D.M.J.	Portsmouth
N.M. Cole, D.M.J.	Hellingley
A.G. Cope	High Wycombe
B. Christopher	East Grinstead
J.C. Cummins	Havant
M.T. Darlison	Wokingham
A.D. Dean	Orsett
S.R. Domoney	Brighton
M.H. Draisey	Seaforth
G.S. Duncan	Ryde
P.K. Durkin	Clacton-on-Sea
A.M. Eastern	Gt. Bookham
C.J. Eaton	Saffron Walden
D.C. Egerton	Liss
L.C. de R. Epps	Chichester
R.J. Farrow	Clacton-on-Sea
G.S. Flack	Wye
E. Ganez	Bexley
G. Gover	Horsham
R. Gray	Brighton
J.K. Guly, D.M.J.	Southampton
C. Harris	Maidstone
S.M. Hempling, D.M.J.	Woking
C.A. Hood	Princes Risborough
H.C.M. Jarvis, M.B.E., D.M.J.	Brighton
A.O.C. Knight	Southampton
D.A. Lamont	Colchester
J.W. Latham	St. Albans
D.A. Lawrence	Dartford
J.H. Lewis	Lancing
J. Llewellyn	Essex
Z. Ludgwig	St. Leonards-on-Sea
C.D. Lund, D.M.J.	Welwyn Garden City
M.P. Madigan	Dunstable
V. Mansueto	Chatham
J. Marriott	Andover
H. McLean	Goring on Sea
A.B. Malik	Gillingham
H.J. Missen	Chelmsford
E.M. Moult	Horsham

Area 5 (South-East) – Continued

I.T. Nash	Kent	R. Shanks	Northfleet
P.C.J. Nicoll	Lewes	R.P. Shukla	Reading
M.R. O'Connell	Wickham, Hants.	J.E. Simon	Oxford
D.F. Parkin	Guildford	P.C. Smart	Farnborough
D. Paton	Maidenhead	P. Snell	Colchester
C. Pickstock	Portsmouth	J.G. Stewart	Maidstone
M.D. Qureshi	Gillingham	J.M. Stewart	Oxford
S.P. Rajah	Northfleet	L. Stone	Hove
T.Y. Rajbee	Hastings	R.A. Stroud	Pangbourne
R.J. Rew, D.M.J.	Eastbourne	K.A. Tarig	Margate
R.H. Reynolds	Crawley	R.J.A. Taylor	Chelmsford
T.E. Roberts, D.M.J.	Basingstoke	G.C.M. Third	Fareham
J.E. Routh	Crowborough	P.G. Thomas	Swindon
M. Saunders	Newbury	R.G. Titley	Shoreham-on-Sea
G. Saraf	Folkstone	P.J.H. Tooley, D.M.J.	Twyford
R. Sarvesvaran, D.M.J.	Surrey	J. Weston	Essex
P.K. Schutte	Ryde	D.G. Yetman	Southampton
S. Shackman	Northwood, Middlesex	T.G. Zutshi	London W1

Area 6. (South-West)

Council Member: Dr. M.E. Glanvill, D.M.J., Chard

R.D. Adkins	St. Austell	R.D. Martin	Newquay
W.R.I. Barrie	Taunton	G.C. Mathers	Gloucester
Gillian Belsey	Bideford	J.C. Merry	Exeter
D.D. Bodley-Scott	Lymington	W.H. McBay	Honiton
R. Bunting	Bristol	K.W. Miller	Bristol
K.A. Clark	Salisbury	P.J. Money	Trowbridge
J.R. Deacon	Bournemouth	J. Wickam New	Devizes
P. Densham	Torquay	P.A.G. Payne	Bristol
I.E. Doney, D.M.J.	Bristol	W.R. Phillips	Bristol
G.M.H. Evans	Trowbridge	H.I. Rein	Poole
N. Fisher	Torquay	T.R. Savage	Plympton
D.M. Garratt	Warminster	D.C. Shields	Okehampton
P.A. Henderson	Corsham	G.H. Smerdon	Liskeard
R.N. Hodges	Cheltenham	A.K. Smeeton	Bristol
P. Holland	Salisbury	C. Sutherland	Devon
R.F. Hunt	Bideford	M. Sutherland	Devon
J.P.H. Jago	Bridgewater	T. Timberlake	Ferndown
D.J. Jeffery	Bristol	A.S. Wallace, D.M.J.	Salisbury
A.J. Jordan	Minehead	M.S. Warwick	Ilfracombe
P.J. King	Chippenham	S.J.O. Watkins	Bodmin
N. Kippax	Glastonbury	D.C. Watts	Yeovil
G.A. Langsdale	Bournemouth	M. Watson	Weymouth
T.I. Manser, D.M.J.	Totnes		

Area 7. (Wales)

Council Member: L.S. Addicott, D.M.J., Glamorgan

D.H. Clason-Thomas	Newport, Gwent	J. Noble	Blackwood, Gwent
E.J.J. Davies	Corwen		
J.V. Davies	Pembroke	K. Nookaraju	Ebbw Vale
M.D. Fine	Cardiff	J.F. O'Connell	Aberdare
K. Gammon	Mold	D. Osborne, D.M.J.	Neath
M. Hopkin-Thomas	Carmarthen	S.J. Parker, D.M.J.	Barry
E.W. Humphreys, D.M.J.	Colwyn Bay	O.C. Parry-Jones	Anglesey
Z. Hussain	Pontypridd	G.H. Peoppinghaus	Anglesey
E.W. James	Llandudno	F.I. Powell, D.M.J.	Carmarthen
H.O. Jones	Hengoed	W.G. Strawbridge	Pontypridd
A. Khallaf	Rhondda	Glenna Thomas	Cardiff
A.M. Lindsay	Carmarthen	W.C. Thomas	Llanelli
N.J. Lupini	Llanelli	H.T. Thompson	Risca
J.B. Lloyd	Aberystwyth	I.S. Toor	Pontypridd
A.G.K. Menon	Merthyr Tydfil	M.W. Watson, D.M.J.	Cardiff
R.N. Midha	Swansea	W.J.B. White, D.M.J.	Cardiff
S.D. Morgan	Barry	R.J. Yorke	Ebbw Vale

Area 8. (Metropolitan & City)

Council Member: R.J.R. Moffat, South Croydon

R. Andrew	Southall, Middx.	S. Lazarus	Ilford
D.J. Avery	London E.16	S. Lewis	London S.W.18
A.H.W. Bain	Beckenham	A.J. Lyons	Surbiton
A.J. Barratt	New Maldon	J. Mangion, D.M.J.	London W.3
J.F. Bray	South Croydon	J.R. Mansfield	Banstead
C.W. Brownsdon	London S.E.21	C.D. May	London S.E.9
S.J. Carne, O.B.E.	London W.12	M.V. Meyer	London E.9
S. Chatterji	London N.W.9	I. Muir	London N.
J.W. Comper	Orpington	M.A. Muhairez	Hillingdon
J. Cowen	London S.W.8	L.A. Nathan	Banstead
D.G. Craig, D.M.J.	Blackheath	G.D.S. Pallawela	Kenton
J. Curley	London	F. Patuck	Barnet
M.L.A. Curtin	London 21	G.M. Preston	London S.E.5
N. Davis	London N.11	A.E. Pruss	Ilford
P.C. Drennan	Ashford	A.S. Rayan	Wanstead
P.S. Durston	London S.E.5	C. Roden	London
G.M. Ferraris	Woolwich	D.I. Rubenstein	Woodford Green
D.S. Filer	London W.6	B.G. Sims, B.D.S.	London E.1
N.L. Frazer	London W.2	B.K. Sinha	London E.11
D. Goldman	Bromley	J. Smallshaw	Banstead
E.M. Gorman	Woolwich	I.A.P. Smythe-Wood	London S.W.11
G.J. Grainger	Streatham	T.H. Staunton	London E.18
P.G. Green	London S.W.17	H.H. Striesow (F)	London E.7
G.I.T. Griffiths	London S.E.22	C. Sudhaker	South Croydon
K. Gupta	London E.8	C.P. Taylor	London S.W.11
A. Haidar	London N.11	H.J.W. Thomas (F)	Barnet
M.J. Heath	Surrey	P. Turvill, D.M.J.	London N.W.3
J.D. Hendley	Middlesex	P. Vanezis, D.M.J.	London E.1
J. Henry	London E.8	C.D. Walker	London S.E.9
P.G. Jerreat	London E.3	J.F.L. Watson	Wanstead
S.E. Josse, D.M.J.	London	I.E. West, D.M.J.	London
D. Keys	Bow	D.M. Wilks	Chiswick
J.I. Koppel	London W.12	M. Woodliff	Ealing
B.D. Lascelles	Hadley Wood	L.J.F. Youlten	London S.E.

Area 9 (Scotland)

Council Member: Dr. A.J.Dunbar, D.M.J., Dundee

D.P. Anderson	Kinross
J.D. Bankier	Glasgow
J.P. Black	Kilmarnock
G. Boyd	Glasgow
R.H. Brown	Bothwell
J.G. Buchanan	Balloch
J.G. Carruthers	Kilmarnock
J.P. Deans	Thurso
J.W. Donnelly	Glasgow
R.C. Dowell	Alloway, Ayr
P.R.S. Duffus, D.M.J.	Aberdeen
D.S. Dummer	Midlothian
J.S. Finnie	Aberdeen
D.E. Fraser	Dyce
G. Frazer	Glasgow
S.M. Garrett	Old Kilpatrick
J.C. Gourley	Glasgow
R.L. Grant	Falkirk
J.N. Gray, D.M.J.	Dalkeith
M. Hamilton	Paisley
R.R. Hamilton	Hawick
T. Hannah	Edinburgh
A.S. Harper	Alexandria
J.H. Hay	Glasgow
G.B. Hutchinson	Dumfries
B.D. Keighley	Balfron
Yew-Nee Lan	Ayr
R. Lynch	Kilwinning
J.C. McBride	Glasgow
N.J. Macdonald	Aviemore
G.K. Macdonald-Hill	Kircaldy
J.D. McFadyen	Stirling
C.S.S. MacKelvie	Glasgow
N.M. Maclean, D.M.J.	Glasgow
D.C. Marshall, D.M.J.	Dundee
J.G. Mather	Glasgow
J.G. Murty	Glasgow
R. Nagle	Edinburgh
D. Paul	Wick
S.S. Parker	Larkhall
J.L. Penny	Crieff
N.M. Piercy	Montrose
A.E. Pitchforth	Aberfeldy
M.A. Pratt	Aberdeen
H.A. Rankin	Larkhall
G.B. Rhind	Aberdeen
J. Rodger	Glasgow
M.W. Smillie	Falkirk
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J.P. Weir	Glasgow
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Associate Members

P.R. Acland, D.M.J.	Birmingham
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P. Brantingham	Newcastle
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J.A. Cockcroft	Huddersfield
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J.C. Corbett	Wellingborough
D.R. Cook, D.M.J.	Harpenden
F. Cramer, D.M.J.	Bromley
G.E. Crawford	Liverpool
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P.G. Dalgleish	Northampton
B.T. Davis	Birmingham
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J.A. Gavin	London
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M.F. Hendron	Preston
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Derek Jackson	Newcastle-upon-Tyne
J. Fraser Kay	Hamilton
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J.M. Kirkwood	Doncaster
K.P. Lees	Dartmouth
E.L. Mommen	Inverness-shire
J.H. Morgan	Brixham
P.J. O'Mahoney	Cheshire
I.W. Parkinson	Glasgow
R.P. Parkinson	Waltham Abbey
T.D. Parsons	Aylesbury
W. Phillips	Whitley Bay
K.F.M. Pole	Gillingham
J. Prentice	Keighley
A.G. Reid, D.S.C.	Hitchin
P. Science, D.M.J.	Hull
J.D. Scott	London N.12
J.R. Sinton	Leeds
H.H. Smith	Rotherham
W.H. Spencer	Ashton-in-Makerfield
J. Stein	London W.6
J.M. Stuart	Birmingham
J. Tarlow	London N.2
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P.E. Turnbull	Dundee
P. Wardlaw	Methven, Perth

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D.L. Bennett	Ilford
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M.L. Blair	Heywood
D.P. Brown, D.M.J.	Eccleshall
J.W. Brown	Sutton Coldfield
J.D. Busfield	Hull
A. Chalmers	Sittingbourne
M.B. Clyne	Southall
M. St. J.U. Cosgrave, D.M.J. (PP)	Gateshead
L.M. Craig	Argyll
A.P. Curtin	Cheltenham
W.A. Eakins	Belfast
J.O. Fitzgerald	Wallsend
G.A. Fowler	Otley
K. George	Maldon
H.J. Gilbert	Gosforth
H.R. Gray	Gravesend
J.A. Grogan	Rothwell
J.F.A. Harbison, D.M.J.	Dublin
C.W. Hall	Ambleside
P. Hopkins (F)	London N.W.3
D.A. Ireland (F) (PP)	Shrewsbury
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P.N. Jarvis	Bletchley
J.E. Keen, D.M.J.	Birmingham
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G.A. Lawrenson, O.B.E.	Lytham St. Annes
W.E. Leatham	Congleton
H.W. Lees	Lancs.
A.B. Lishman	Burnley
F.E. Lodge	Wisbech
S.J. Lundie	Nottingham
A.R. Macgregor	Glasgow
D.R. Martin	Doncaster
D. McBain, D.M.J.	Aberdeen
A.S. Mitchell	St. Austell
A.A. Morgan	Ilford
T.D. Parsons	Aylesbury
J.R. Partridge	Dorking
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D.E. Robertson	Cheshire
C. Rotman	Watford
J.E. Ryner	Lancashire
D. Sandilands, D.M.J.	Birmingham
P.M. Scott	N. Humberside
F.S. Shepherd	Weybridge
W.B.G. Simmonds, D.M.J.	London
J.F.C. Crombie-Smith	Lauder
S.E. Johnston-Smith	Blackburn
G.R. Staley (F)	Hull
S.W. Taylor	Bristol
W.J. Turney	Penzance
R.M. Whittington, D.M.J.	Sutton Coldfield
O.G. Young (F)	Peterborough

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

FRIDAY 29th JANUARY, 1982

Winter Reception: Innholders' Hall, London

Guest Speaker: Sir David Napley
Director General and Past President of
The British Academy of Forensic Sciences

on

"DOCTORS AND THE LAW"

SATURDAY 30th JANUARY, 1982

Winter Symposium: Metropolitan Police Forensic Science Laboratory

Further details available in due course

14 years in jail

IRA doctors face attacks police

SACKED police surgeon Dr Arnold Mendoza has hit out against police press

truth and the defe

Police surgeons to st over deals with defe

Police surgeons

the real controver

Dr Davies plays down

Mendoza incident

Fired surgeon

David P

Police surgeons agree not to tell

Top earnings at call of police

by KEITH MANUEL

FOREN UNDER THE MICROSCOPE

Bestiality law flogs dead horse

WHAT do you know made love to a pig or cow, bot

Absent GP worries police surgeon

Police surgeons fight b over deals wi

ARNOLD MENDOZA, the surgeon who was sacked Scotland Yard for appearing e defence in several Old trials, is likely to be d his job back. Mendoza's advisers hope to meet representatives within the without

police surgeons. His sacking, which he learnt of when a curt letter from the Yard was sent to his home three weeks ago, has stunned him. "I don't want to jeopardise talks between myself, my advisers and Scotland Yard," he said. "I want to keep my options open. I would be

Sacked police surge shunned by colleag

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Police surgeons to protest at sac

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