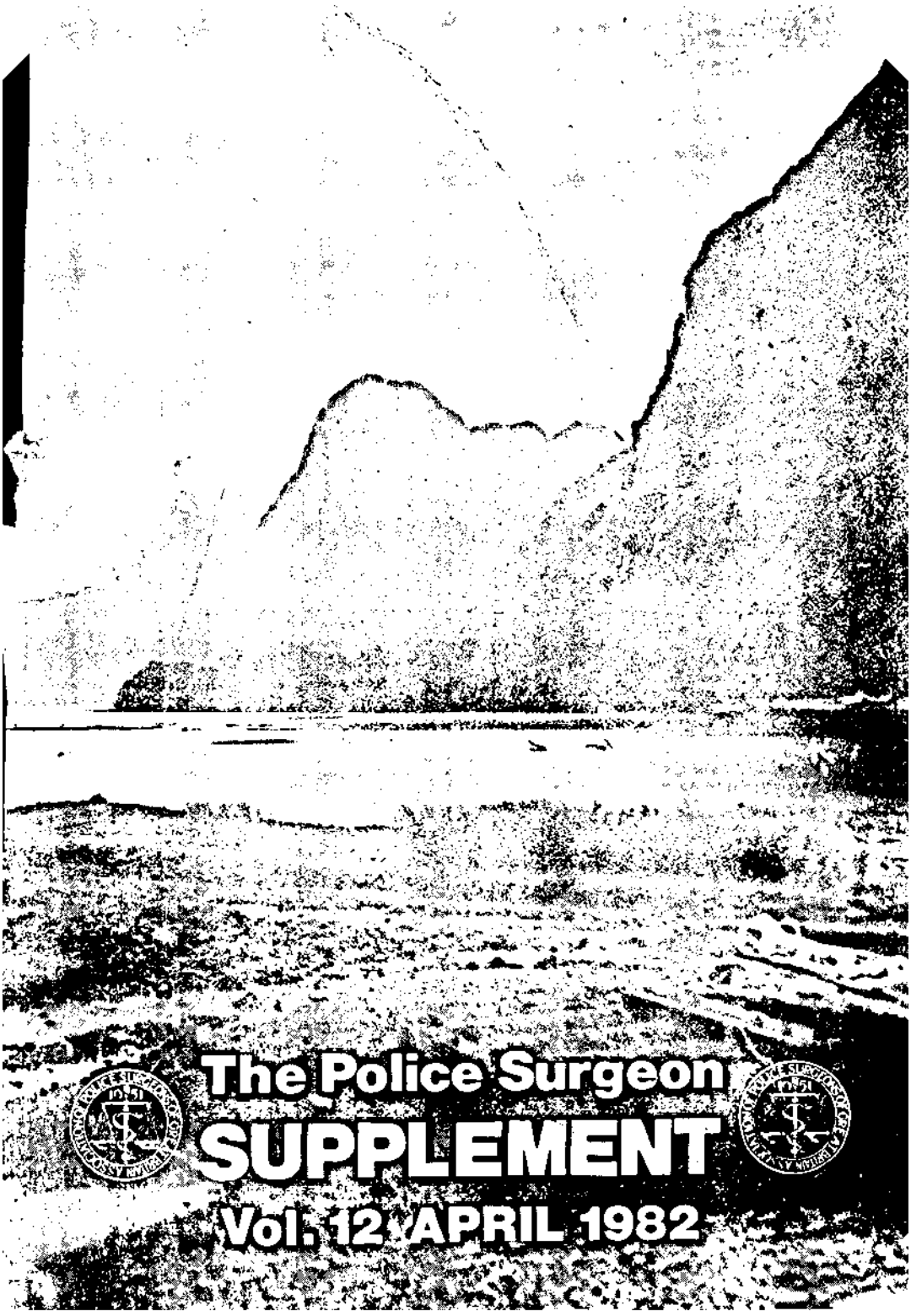

The Police Surgeon

SUPPLEMENT

Vol. 12 APRIL 1982

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.

Editor: Dr. DAVID McLAY,
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. See Page 74.

AN ATLAS OF NON-ACCIDENTAL INJURIES IN CHILDREN

A collection of illustrations from past issues of 'The Police Surgeon'.
Price including p. & p.: Members £3.50, Non-Members £4.50. See Page 9.

THE POLICE SURGEON SUPPLEMENT

Published bi-annually, and distributed free to all members of the Association and to subscribers to 'The Police Surgeon'. Additional copies available £1.00 each + p. & p.

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ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN 1951

The Police Surgeon SUPPLEMENT

Vol. 12 APRIL 1982

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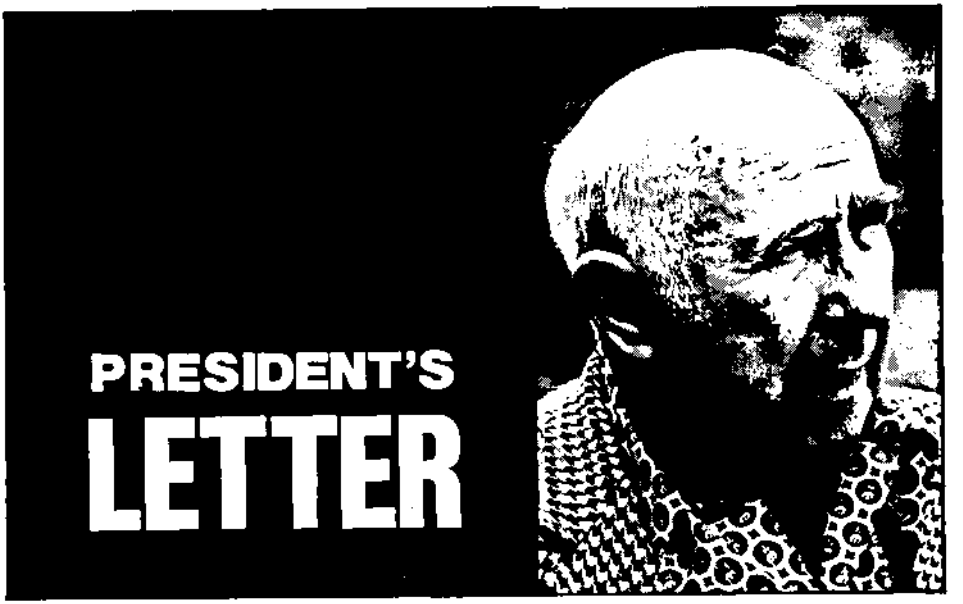


PRESIDENT'S LETTER

During the past year events have occurred which have brought into the foreground the possible future of the Police Surgeon. Of great importance was the acceptance by the Home Office of the principal that Police Surgeons may give evidence either for the prosecution or for the defence. This will enhance our position in court as more credibility will be given to evidence devoid of bias or prejudice.

Another factor to consider is the vast difference of earnings. In the large cities it is possible for Police Surgeons to earn around £20,000 a year, whilst in really rural areas remuneration would be at the £2,000-£3,000 level, and in urban areas the average amount is about £4,000-£8,000.

What will these levels be when the blood alcohol examination is eliminated? It has been said again and again that when one door closes another door opens. Is this really true or just jargon?

There may be various alterations to the method of remuneration. The retaining fee may be larger, but how much larger? Will the responsible authorities be agreeable to a uniform fee when the work load in some areas may be minimal?

Following on the question of fees, the question of the number of Police Surgeons in the Association will follow. One way to ensure the acceptable number of members is the idea of a "closed-shop", that is all appointed Police Surgeons must become members of the Association. However, this is a procedure unlikely to be insisted upon by the appointing authority and we could not insist upon it being carried out. We will then see a situation forming in which those Surgeons doing little work may decide to resign from the Association although remaining Police Surgeons. Indeed, some may even consider giving up this type of work as the liability of being aroused from sleep in the early hours of the morning for an insignificant yearly remuneration is unwelcome.

Another aspect to be considered is the type of work involved. If we exclude the drawing of blood under the Road Traffic Act, the main work is concerned with cases of assault, sudden deaths, examination and treatment when necessary of detained prisoners and on occasions, the examination of bones. Most of the sudden deaths are of natural causes in persons

who have not had recent medical attention. The deceased's own doctor could well certify that the patient is dead and a post mortem examination should find the actual cause of death. This will reduce further the work load, which will call ultimately for less Police Surgeons.

Some apparent dismay and disunity among our members may be due to the different attitudes of groups of members. There are those who believe we should become Forensic Science practitioners. That this is so is shown by the tendency for conferences and symposia to have more lectures and talks on Forensic Science subjects rather than the more mundane Police Surgeon's work and problems. Other groups preach the gospel that only those with the DMJ will make good Police Surgeons, forgetting that practical experience cannot be absorbed from text books. There is no doubt that theoretical knowledge added to practicality is ideal.

How does one obtain experience of giving evidence in court when Police Surgeons are called less and less in disputed cases?

Too many controversial opinions are given to the press without full discussion with the Council members. The size of the Council could be reduced and this would allow for more frequent meetings with smaller agenda and greater discussion in depth. Our division into Regions cover too large an area. It is possible that members would have more say and be more involved in the Association if small meetings could be held in each Police Authority district. These meetings could "feed" information to a smaller council.

In concluding this letter, I would point out that we face a difficult period during the years 1982-1986 and it is imperative that we decide – where do we want to go and how do we get there and finally, what do we do on our arrival?

HENRY ROSENBERG

Views expressed in the Police Surgeon Supplement are not *necessarily* those of the Association of Police Surgeons of Great Britain.

ALLEN ILLUMINATED MAGNIFIER

P.W. Allen & Co. have for some time supplied the well-equipped Police Surgeon with portable ultra-violet lights and hand-held magnifiers. A recent addition to their range of magnifiers is the type M-4 illuminated magnifier. This is a 12.2 cm. (4.8 ins.) lens which gives distortion free magnification of X 2 linear (X 4 area). Lighting is provided by a circular 22w cool white fluorescent tube mounted around the lens. There is no discomfort from heat or reflected glare and the light is essentially shadowless.

The lens is mounted on an anglepoise type fitting with control assisted by two knurled nuts. The M-4 magnifier is available supplied either with a free standing base or with a table clamp fitting.

The M-4 magnifier appears to have been originally designed for use in one locality. However, for the last year I have carried one complete with free standing base and the table clamp mounting in a holdall in the boot of my car, together with a 15 ft. extension lead, for use at a number of police stations. In spite of the frequent knocks the lamp receives in its holdall, I am still using the original fluorescent tube. I hope that P.W. Allen will eventually produce a robust carrying case for the magnifier.

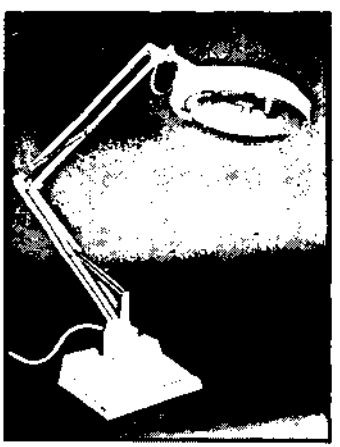
It is not light to carry with its heavy free-standing base and it takes two or three minutes to assemble at the point of use. Condensation on the lens is occasionally a problem when the car boot is cold but this can be easily overcome. Its value in use overcomes the shortcomings of logistics. The illumination provided by the fluorescent tube is bright and virtually shadowless. Because of the diameter of the lens binocular vision is possible and there is an excellent depth of field. I have used the M-4 magnifier in searching for minor injuries, the examination of injuries and in local examination in cases of sexual assault. Once the lens has been adjusted to the correct position, incomparable results can be obtained. In addition, the size of the lens facilitates the demonstration of findings to others. Although not cheap, the P.W. Allen illuminated magnifier is perhaps the best illuminated magnifier of its type on the market and should be considered by any Police Surgeon wishing to improve his equipment.

The present cost is as follows:—

M-4/TC table clamp model £59.00*
M-4/FS free standing £65.00*

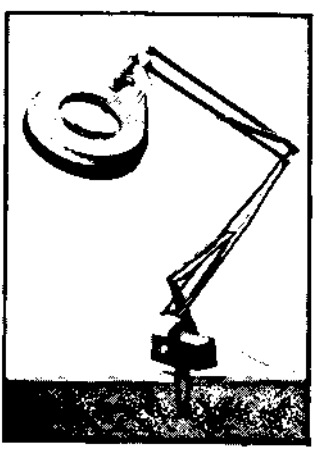
Further information may be obtained from P.W. Allen & Co., 253 Liverpool Road, London, N1 1NA.

* *Prices Nett ex works*



Left: Freestanding Magnifier

Right: Table clamp model



ASSOCIATION OFFICE

AMENDMENTS TO MEMBERSHIP LIST

We regret to record the following deaths:

Area 2	D.W.A. Byers	Belford
Area 5	K.A. Tariq	Margate

NEW MEMBERS

Area 1 (Northern Ireland)	M.T.A. Kemp	Omagh
	P. McConnell	Craigavon
	J.E. Smyth	Cookstown
Area 2	S.M. Amin	Barnsley
	G.A. Crouch	Harrogate
	I.M. Quest	Leeds
Area 3	D.R. Lawrence	Malvern
Area 4	R.K. Dutta	Coventry
	R.J. Williams	Thetford
Area 5	A.P. Lees	Bracknell
Area 6	J.E. Flood	Devizes
Area 8	N.B. Farrier	Staines
	H.U.S. McMichen	London
	C.H.F. Morrish	Sittingbourne
	L.K. Phillimore	London
	N. Raj	London
Area 9	H.B. Gate	Strathpeffer
Associate Members	H.J.H. Dunn	Blackwell
	M. Glanvill	Chard

RESIGNATIONS (See also Associates)

Area 2	M. Eve	Wakefield
Area 3	R.K. Tandon	Tipton
Area 4	A.G. Reid	Hitchin
Area 6	M. Glanvill	Chard

TO BE PUBLISHED IN 1982

An Atlas of Non-Accidental Injuries in Children

A collection of 87 illustrations, mostly in colour, with descriptive legend from past issues of *"The Police Surgeon"*.

Editor: DR. WILLIAM THOMAS

Contributors:

DR. M.H. HALL	Consultant in Charge, Emergency and Accident Department, Royal Infirmary, Preston.
The late JOHN FURNESS	Forensic Odontologist, Liverpool.
DR. JAMES HILTON	Force Surgeon, Norfolk Constabulary.

An essential handbook for Police Surgeons, General Practitioners, Casualty Officers, Child Care Officers, Social Workers, Probation Officers, Health Visitors, N.S.P.C.C. Officers, Community Nurses, Police Officers and all concerned in Child Welfare.

Cost:	Association Members £3.50 inc. p. & p. Non-Members £4.50 inc. p. & p.
From:	**Association of Police Surgeons of Great Britain,** **Creaton House, Creaton,** **Nr. Northampton, NN6 8ND.**

ASSOCIATION EMBLEMS

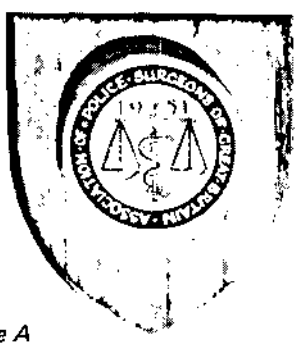
The following articles bearing the Association motif may be obtained from the Hon. Secretary at the Association Office:

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

Office Address:	Office hours:
CREATON HOUSE, CREATON, NORTHAMPTON, NN6 8ND.	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. *(Prices subject to alteration)*



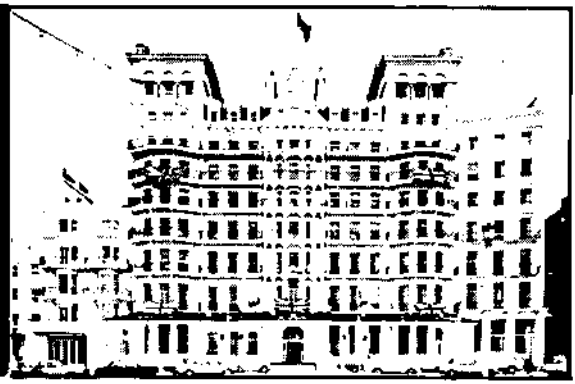
Style A

Style B

Order with remittance direct from:

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

30th ANNUAL GENERAL MEETING



MINUTES OF THE 30th ANNUAL GENERAL MEETING HELD AT THE GRAND HOTEL, BRIGHTON ON 17th JUNE, 1981

The President, Dr. Henry Rosenberg, O.B.E. was in the Chair.

1. The Hon. Secretary read the notice convening the meeting.
2. Apologies were received from 16 members.
3. The minutes of the 29th Annual General Meeting were received, proposed by Dr. M. Clarke, seconded by Dr. I. Craig.
4. In the temporary absence of the Hon. Treasurer who was attending Court the Hon. Treasurer's Report was presented by Hon. Sec. together with the Balance Sheet which was received after a proposal by Dr. S. Burges and Dr. C. Lund. Hon. Secretary intimated on behalf of Hon. Treasurer that Council would almost certainly put a proposal before the A.G.M. of 1982 that the subscription be raised to £50 for full membership and £15 for Associate members.
5. The Hon. Secretary's Report was received after a proposal by Dr. I. Craig, seconded by Dr. Hannah Striesow.
6. Dr. Ralph Summers presented the report of the Trustees of the W.G. Johnston Trust Fund which now had a credit balance of £6,500. The report was received on the proposal of Dr. H. Kean, seconded by Dr. M. Knight.
7. Hon. Secretary reported 15 members had resigned from full membership during the year, of whom two had become Associate members and one had become a Life Associate.
8. The meeting confirmed membership of 64 new members who had been approved by Council. In recognition of his services to the Association the meeting requested that Professor David Bowen be invited to accept Honorary membership.
9. Election of Officers. The Hon. Treasurer, Hon. Secretary and Assistant Hon. Secretary were re-elected nem comm. and the two scrutineers of Accounts, Drs. Ivor Doney and W. Crosbie also elected. The President announced that Dr. W.M. Thomas was resigning from the editorship of the Journal and in thanking him paid tribute to his work in producing 20 issues. Dr. David McLay was elected as editor.
10. Motion presented by Dr. David Filer re change of Constitution. A motion, which in accordance with rule 12 of the Constitution had been duly signed by 10 ordinary members and the requisite 2 months notice having been given to the Hon. Secretary, was amended with the consent of the proposer Dr. David Filer to read that: Rule 8 subsection (a) be amended to "That the President of the Association

will be elected annually and will not be eligible for re-election". In presenting the amended motion Dr. Filer stated that although it had been signed by 10 people it was representative of many people not only in the Metropolitan & City group, but from people representing all areas of the United Kingdom. He said there had been a welcome change in the character of the Association which had been accelerated in recent years. From a craft union involved mainly with Trade Union activities we had developed into a true medical Association of scientists interested in clinical forensic medicine. We had made vast strides in our education programme and a research programme had been initiated. The changes that he was proposing would reflect these changes and advances that had been made. The President would be a representative who would not only reflect the prestige of the Association but would also produce a public address at the end of his year of office. The President would be expected to undertake many more duties such as making contact with other Police Surgeons all over the world and his work would be much more time consuming in his public relations duties than in previous years. Other academic organisations such as the British Academy of Forensic Sciences and the Royal College of General Practitioners had recognised the onerous nature of a President's work and followed the pattern of appointing a Chairman of Council who may or may not be the President. Regarding possible objections to his proposals he did not consider this a devaluation of the office of Presidency, indeed it was a revaluation and should not result in extra cost to the Association. He would also remind members that the Chairman of Council would not be a self-perpetuating appointment because Councillors were restricted to serving on the Council for a maximum of 3 years. Several members spoke in support of the motion, but Dr. S. Burges in opposing the motion reminded the meeting that they had already elected a President Elect who was expecting to serve for 2 years and that if the meeting passed this motion it would immediately become policy for this coming year. There was considerable discussion on some form of constitutional procedure which would mean that if the motion was successful it could be adopted as policy procedure to be available at some time in the future. Dr. Filer in answering various suggestions stated that unfortunately he had no mandate to alter the terms of the amended motion to such a form that this could be achieved. A vote was taken in which the amended motion was defeated. (22 in favour: 24 against: 13 abstentions). After the vote the President intimated that the proposers should re-submit the motion to the next A.G.M. as he could not foresee any procedural difficulties in the motion being approved next year, if the feeling of the meeting was similar to this present occasion. Dr. David Filer withdrew the second part of his amended motion "That at their first meeting after each A.G.M., a Chairman of Council will be elected by the members of Council from among the members of Council"

11. After a show of hands the Hon. Assistant Secretary was instructed to explore the possibility of arranging a meeting in Holland in conjunction with the Forensisch Medisch Genootschap to take place probably in the late Autumn or early Spring of next year. He was also instructed to proceed with the printing of anatomical diagrams suitable for charting marks of violence, etc. to be used in conjunction with the Association aide memoires.
12. The next Annual General Meeting would take place during the annual Conference next year to be held at the Palace Hotel, Torquay on Wednesday, 19th May, 1982 at 4.45 p.m.

XTH INTERNATIONAL ASSOCIATION OF FORENSIC SCIENCES
Clarke House, 18A Mount Parade, Harrogate, England, HG1 1BX

Dear Colleague,

Xth MEETING OF THE INTERNATIONAL ASSOCIATION OF FORENSIC SCIENCES TO BE HELD IN OXFORD, ENGLAND, 18th to 25th SEPTEMBER, 1984

Our dates for the Xth International Meeting are now fixed and are shown above. The meeting sessions will be held in the University of Oxford Examination Schools. Accommodation has been reserved in Christ Church (a University Residential College), in other Colleges and in local hotels.

We shall now embark upon the compilation of an address list of interested persons who wish, individually, to receive further information as it comes to hand. If you desire your name to be placed on this list would you please complete and return the form at the foot of this letter. It would be helpful if at the same time you outlined any suggestions you may have about the organisation and design of the meeting.

You will be pleased to know that Professor W.J. Tilstone, Professor of Forensic Science in the University of Strathclyde has agreed to accept the office of Vice President during my Presidency.

Yours sincerely,

STUART S. KIND

President of the Xth International Association of Forensic Sciences,
Past President of the Forensic Science Society,
Director of the Home Office Central Research Establishment,
Visiting Professor in Forensic Science, University of Strathclyde.

To: **The Secretariat, Xth I.A.F.S.,**
Clarke House, 18A Mount Parade,
HARROGATE, England, HG1 1BX.

Date 1981

Please place the following name and address on the circulation list for the Xth I.A.F.S. Meeting, Oxford, 1984.

Title and Full Name: Prof./Dr./Mr./Mrs./Miss/Ms/ / . . . . . .

Address . . . . . .

. . . . . .

Professional Position(s) held: . . . . . .

Work Address if different from the above: . . . . . .

. . . . . .

Subject(s) of Professional Interest: . . . . . .

. . . . . .

Do you contemplate offering a scientific paper to be read at the meeting? YES / NO

NEW ZEALAND CONFERENCE

It was by any standards a remarkable Conference. The programme was full, varied and excellent. The lectures, without exception, held our attention despite the brilliant sunshine, which lasted throughout the meeting. The social arrangements ensured that we were fully occupied and entertained throughout the week.

In addition to New Zealand Police Surgeons, the fifty or so delegates included representatives from Australia, Hong Kong, Fiji, New Caledonia, Holland (Dr. & Mrs. Barend Cohen) and England (Dr. & Mrs. Stan Burges, Dr. & Mrs. Myles Clarke, Dr. & Mrs. Ivor Doney, President-elect Dr. & Mrs. James Hilton, Dr. & Mrs. Tim Manser and Professor and Mrs. Alan Usher).

Away from it all

It cannot be denied that the thought of spending February away from the climatic and political miseries of England had an attraction which overcame the darkest forebodings of the bank manager. However, any idea that we were to spend much time soaking up excellent New Zealand wines and sunshine was soon dispelled when we discovered that breakfast was served at 7.00 a.m. The shutter in the cafeteria descended so promptly at 7.30 a.m. that delegates could be seen setting their watches by it. First lecture was at 8.30 a.m. and tea and coffee breaks were not infrequently abandoned to fit in extra items.

It was tempting to skip lectures – the weather was glorious – on the second day the temperature reached 32°C – the hottest day in Wellington for 87 years, an interesting contrast for U.K. delegates who had recently endured the coldest weather since the end of the 19th century before leaving (escaping?) home. Many U.K. delegates rapidly adopted the New Zealand fashion of short sleeve shirt, shorts, knee length socks and comfortable shoes or sandles. Standards were preserved by Bristolian Ivor Doney, who could be observed on most occasions in a navy three-piece suit, although on one occasion he was observed to remove his jacket and place on his head a handkerchief knotted at each corner – one felt that the Empire would never be quite the same.

Impeccable standards

The New Zealand Police College at Porirua, near Wellington, has recently been opened and is built to impeccable standards. Monastically single, but comfortable, rooms surpassed those available at modern U.K. universities. Excellent gymnasium, squash and swimming facilities were available to all. The canteen food (if you were on time) was tasty and in vast quantity. There is a post office, a bank, a shop and a bar. The College is the pride of the New Zealand Police and would be the pride of any U.K. force.

Following welcoming addresses by the Mayor of Porirua, the Commissioner of the New Zealand Police, the Commandant of the College and Bill Treadwell, President of the Australasian and Pacific Areas Police Medical Officers Association, the Conference was introduced by Detective Chief Inspector Emmett Mitten to the Crime House. This was the first occasion that most Police Surgeons had any experience of this type of training. The Crime House is a large room. Occupying the major part of the room – in the

AAPAPMO President, Dr. Bill Treadwell.

centre – was the framework of a single storey house, complete with lounge and dining area, bedroom, bathroom and closet. On this occasion a young man lay on the lounge floor. He had serious head injuries. The Officer-in-Charge of the scene had already marked off with tape a path by which the body might be approached.

Life Extinct

D.C.I. Mitten, as the Officer-in-Charge of the investigation, called for a Police Surgeon to perform the initial medical examination. Dr. Burges was fortunately to hand and, as the fascinated delegates watched from the observation areas around the house, pronounced life extinct. Commenting on the head injuries, Dr. Burges advised the police that they would be well advised to obtain the services of a Forensic Pathologist. With remarkable alacrity, Professor Alan Usher appeared in the doorway to the murder scene. He examined the body and the scene with expected thoroughness, maintaining a commentary with Emmett Mitten throughout. His detailed approach was appreciated by all and even the corpse registered a frisson at the suggestion of a rectal temperature reading.

Crime Room Scene.

Stan Burges examines the body.

The death scene was a reconstruction of an actual death solved by the New Zealand Police, modified to suit the layout of the Crime House. The house was furnished with bedding, clothing, kitchen implements, half-consumed food, liquor — all that was required to test the observation of both detectives and medical investigator. For some reason police forces appear to believe that Police Surgeons on appointment know exactly what to do when called to the scene of a sudden death. If he is fortunate an experienced detective will guide the tyro but this is not always the case. The future training of Police Surgeons would benefit by including sessions in a Crime House, with subsequent vigorous appraisal by experienced officers and colleagues.

Prof. Usher confers with D.C.I. Mitten.

Barend Cohen — recently successful in the D.M.J. — gave a paper on the Dutch Coroner System. The Dutch Coroner relates closely to the English Police Surgeon in the examination of bodies. When the family doctor is unable to certify, the Coroner examines the body externally, questions witnesses, may take blood samples or order x-rays and will eventually issue a death certificate without a post mortem in most cases. (The rate for post mortems per head of population is 60 times higher in England and Wales than it is in Holland.) The Dutch Coroner is, in addition, responsible for checking the contents of the coffin before the lid is fastened. No medico-legal system in the world is perfect but, in view of discrepancies revealed in the various studies on death certification before and after autopsy, the Dutch system appears less perfect than others.

A series of papers on "The Role of the Expert" (an expert — a man with grey hairs for dignity and piles for a look of concern) covered familiar but interesting ground. The need for objectivity was stressed and comment was made on the increasing frequency of attacks on the integrity of expert witnesses by the legal profession. There is an increasing challenge to scientific evidence: criminals complain that they are "verballed" — how long will it be before they claim that they have been "forensiced"? Discussion was at times heated on the role of the expert and on what conclusions the expert can properly state in Court and what has to be left to the Judge and jury.

The blood alcohol limit for drivers in New Zealand is 80 mgm per 100 ml. For some time substantive breath-testing machines have been in use in police stations (the results being given in mgm per 100 ml. blood). Drivers, on failing the substantive breath-test, can opt for

a blood test (no matter what the level indicated) and at present some 18% of drivers request blood tests. In Australia, where legislation is similar, only 5% of drivers opt for blood tests after failing the breath test.

Superintendent I.L. Mills describes the operation of New Zealand "Shadow Patrols". Gangs of "bikies", spurning plastics (Japanese motor bikes) in favour of English models, roam New Zealand at weekends and some 16 patrols, consisting of a sergeant and two constables, follow by car the several hundred bikies. Bikies are noisy, aggressive and have committed a wide variety of offences. Ethnic gangs have developed and gang battles have followed. The patrols do not take action but record and photograph events and can summon help from the local police. From time to time gangs of bikies are stopped and searched for weapons, but now the weapons are sent ahead by cars driven by accomplices and so, although the patrols have all but eliminated public complaints, gang clashes still occur.

The South African rugby tour of New Zealand gave the New Zealand Police a prolonged and difficult problem. Chief Superintendent B.R. Davies told of the immense demand on the resources of the Police. At one time two-fifths of the entire Police Force were involved and, because the Springboks visited 15 districts in both Islands, this necessitated a total of 880 flights to transport the Police Officers.

Dr. Stanley Burges reviewed 1981, a year of great medico-legal significance in the United Kingdom. He referred to the cases of Dr. Arnold Mendoza and Dr. Alan Clift, the trials of Dr. Leonard Arthur and of Paul Vickers, the trial of Mark Lyon, the member of EXIT, and of Peter Sutcliffe, the Yorkshire Ripper. Dr. Burges expanded on the Sutcliffe case in a second lecture. Dr. Burges paid particular attention to the difficulties encountered by medical experts in two of the cases, Professor Alan Usher in the Arthur trial and Dr. Hugo Milne in the Sutcliffe trial. Stan Burges concluded his paper with a review of the recent riots in the United Kingdom.

A full afternoon was devoted to the Mount Erebus DC10 disaster, which resulted in the death of 257 people. Following a brief introduction by Chief Superintendent B.R. Davies, the film "Operation Overdue" was shown (seen at the 1981 APSGB Annual Conference). The film graphically describes the discovery of the crashed aircraft, the recovery of the bodies, the transportation to Auckland and the various methods used to identify the bodies. Following a film, a number of papers expanded on the problems posed by recovering the bodies, the mortuary identification procedures, dental and pathological methods of identification of victims.

Erebus Stress

Professor A.J.W. Taylor (in conjunction with Dr. A. Fraser) gave a fascinating paper on the psychological sequelae affecting the recovery personnel on Erebus, those at the ice strip from whence the bodies returned to New Zealand, and those in the Mortuary. 228 personnel were involved in the recovery and identification processes and 182 people took part in the study. Of these 145 reported sleep changes and 38.5% of those taking part in the study were adversely affected. Their symptoms were of cognitive, emotional and behavioural disturbance, most of which diminished over a period of three months. Eight people required treatment. It became evident that these eight could have been identified before they were chosen to take part in the disaster victim identification teams.

Professor Taylor's paper was the second paper to refer to stress amongst personnel. Reference was made during the paper on the South African rugby tour of the need to provide adequate physical and psychological relief from the stress engendered by the riots. Pathologists, Forensic Dentists, Embalmers and Morticians all took part in Professor Taylor's study and, despite their familiarity with dead bodies, stress symptoms were detected amongst them.

An unusual feature of the Conference was an Evening Oration delivered in the

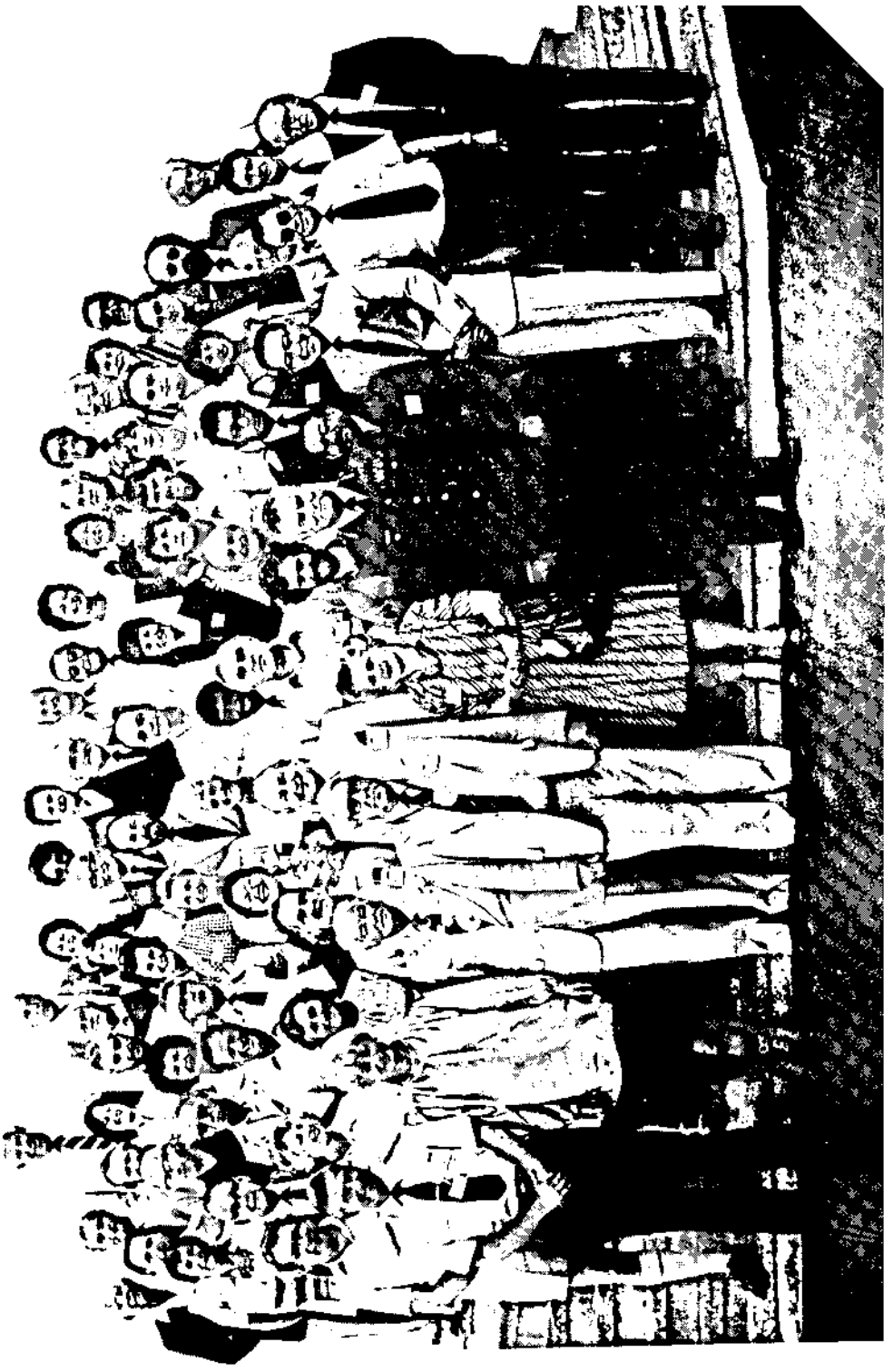


Photo: New Zealand Police.

Past President Burges (left) and APSGB President-Elect Hilton.

Legislative Chamber, Parliament House, Wellington, by Sir Randal Forbes Elliott, former Chairman of the Medical Association of New Zealand. Sir Randal took as his theme "Medicine, Morality and the State" and described the development of the medical ethical code over the last 4,500 years. He then discussed the problems of modern day New Zealand – alcoholism, violence, particularly in relation to deaths in the under 40's, and sexual offences and attendant difficulty in obtaining convictions. Groups of violent young males who associated with impunity in the streets hazarded the freedom of the individual to walk without fear in the cities and should be disciplined.

Child Abuse in the U.K.

Dr. James Hilton spoke on "Child Abuse: The Role of the Police Medical Officer". He referred to nearly 5,000 cases believed to occur in England each year (including 70 deaths). He then outlined the features which might indicate that a child's injuries were non-accidental and the type of injuries which may be seen in these cases. Dr. Hilton's slides were exceptionally good and well illustrated various aspects of the problem.

Dr. Hilton concluded by defining the ways in which the Police Surgeon can assist in these cases – making the diagnosis, by presenting evidence in court, by seeing the case at an early stage and thus keeping the clinician free from court proceedings and allow him to maintain good relations with the patient. The Police Surgeon should maintain and foster liaison with professional colleagues in practice and in hospital and draw together the various elements that make up a case conference. He can nurture the confidence of the Police, who may see all these injuries as cases of assault and other criminal acts. Police involvement in the case does not automatically mean prosecution. The Police Surgeon can also provide an independent voice of reality during esoteric case conferences. It is at times necessary to bring everybody down to earth and remind them of the only subject that matters – the child.

Professor Alan Usher gave two papers. The first was on "Sex and Sudden Death", a theme which he has developed in the U.K. The connection between sex and sudden death may be close in time and obvious or less so. Professor Usher surveyed the various types of cases where death may be related to some form of sexual activity, and then went on to discuss in more detail sexual asphyxias and homosexual deaths. The problems in recognising the signs of acute buggery and chronic buggery were discussed.

Pickled Ape

Professor Usher's second paper was an entertaining resume of 25 years as a Home Office Pathologist. Professor Usher described a few of the very many cases he had been involved in, which were interesting, bizarre or in other ways instructive. Perhaps the most bizarre body was that apparently of a child found in Leek in a pickle jar in Leek Institute, with the head, arms and legs missing. It became apparent to Professor Usher that the body was not that of a human but probably of an ape. The question was then put to Professor Usher by the Detective Chief Superintedent investigating the supposed crime, "How did higher ape come to be in a pickle jar in Leek Institute?" But Professor Usher felt that this was not a problem upon which he was able to shed any light.

A paper by Dr. Margaret Lawton of the New Zealand Department of Scientific & Industrial Research discussed

President Treadwell with AAPAPMO Hon-Secretary Peter Bush.

the forensic science investigation of sexual assaults. A sexual assault kit is now in use and the procedures and sample taking are virtually the same as in the United Kingdom. One point of interest was that chewing gum is used to collect saliva samples. The saliva donor chews chewing gum for about one minute. The saliva dries quickly on the chewing gum thus reducing bacterial degredation. The chewing gum is preserved in a small bottle in the refrigerator until required. This seems an excellent method of collecting saliva particularly in those persons whose mouth is dry for any reason. Several doctors commented afterwards that victims of sexual assault had reported that the chewing gum left a much refreshed feeling in the mouth and helped them after the twin ordeal of assault and examination.

A representative of Syva Company, U.S.A., demonstrated a drug detection system, which gives results remarkably quickly. It takes just 90 seconds to obtain a "read-out". Tests can be carried out for opiates, methadone, barbiturates, amphetamines, cocaine, banzodiazepine, cannibis derivatives, alcohol and other drugs. The machine is widely used in the United States particularly in drug abuse testing.

Dr. Peter Bush, Secretary of the AAPAPMO, described the workings of the Melbourne Referral Centre for sexual assault at the Queen Victoria Hospital. Great care is taken to reduce the psychological trauma to the victim without jeopardising the recovery of forensic evidence. Following the examination, victims are encouraged to rest and even sleep. The facilities at the examination suite include a shower and fresh clothing, so that the patient's rehabilitation starts immediately at the end of the examination. Counsellors, Social Workers and medical specialists are to hand if required.

Not all the papers have been commented on in this short resume. It is equally impossible to comment on all the social activities but mention must be made of a free day when delegates and wives were taken first to the magnificent Southward Car Museum, then to a display of sheep shearing and of sheep dogs at work – quite fascinating in temperatures of about 100°F, and finally to the Otaki Maori Marae, where delegates were challenged and welcomed to the Maori meeting place in the traditional manner. There was then a church service in an historic and beautiful Maori church and finally a magnificent meal accompanied by joyous singing by our Maori hosts and hostesses.

The delegates from abroad were overwhelmed by the hospitality and generosity of our New Zealand hosts both before, during and after the Conference. This excellent Conference in ideal surroundings will long be remembered by those who attended.

The next Conference of the AAPAPMO will be held either in February or March 1984 in Melbourne – make it a date.

Ivor Doney.

POLICE SURGEON RETIRES

In all the gefuffle over retirement, it is sometimes forgotten that there are different reasons for it, apart from reaching the statutory age, or disablement. I prefer the term "change of lifestyle".

Graduation from Melbourne University in 1950 was followed by a fairly thorough preparation for a career in forensic pathology. In fact, a post-mortem examination still appeals rather more than a meal, though I haven't performed one since 1955. For various reasons, I finished up primarily with pathology of the living not with that of the dead, as I did a stint of 20 years as Victoria Police Surgeon. I started in August 1957 when things were a little chaotic. No self-respecting Victorian doctor would take a blood test or examine an allegedly drunk driver. It soon became obvious, while driving a radiocontrolled police car, that the roads and traffic crashes were rife with drinking and very drunk, drunk drivers. Those 20 years were full of incident, not always pleasant, but rewarding in the sense that Victoria eventually realised that there was a problem and produced the so-called "05" legislation with a mandatory cancellation of the driving licence for refusing a Borkenstein breathalyser test.

Dr. John Birrell testing coin in the slot breathanalysis machine.

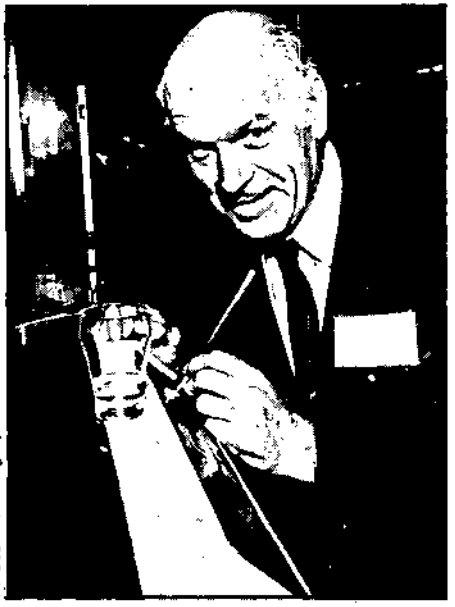


Photo: 'The Age', Melbourne.

Compulsory wearing of seat belts in 1972 produced most dramatic changes in the traffic injury pattern. How any motorised community can do without such an approach today defies imagination. Pupils are taught driving in seat belts now so the legislation is virtually self enforcing. Somehow, Victoria had compulsory crash helmets for motorcyclists as far back as 1962 so that when bikes became a plague head injury was not such a problem.

* * *

Maltreatment of children is not such a happy story. Virtually nothing has been done at the political level but at least the problem is recognised. Maybe it is a sad commentary for we have a Royal Society for the Prevention of Cruelty to Animals but only a Children's Protection Society. The position of the victim of rape, both immediately after the offence and during the subsequent court appearances has improved no end, though there is still some way to go. Mental illness had become a mess and just when it was starting to be accepted as an ordinary illness. There now seems no such thing; all mental patients today are not mentally ill, simply eccentric, and it is too bad if they kill a policeman or murder their whole family. My 20 years as a Police Surgeon were interesting, busy, and I think fruitful, but in the end I became a little frayed at the edges. I stopped being angry and articulate. I snapped at people. I was irritable. At age 52 it was time to go.

This article first appeared in The British Medical Journal, Vol. 283, 10th October, 1981 and is reproduced by kind permission of the Editor.

Hospital Fete.

My wife and I were fortunate for we had no superannuation, that anchor that keeps so many workers chained to a job they hate. The three boys had grown up. So, with the swan song of running the 7th International Conference on Alcohol, Drugs, and Traffic Safety in Melbourne in January 1977, we got out.

Since 1971 we had been proud co-owners of 20 acres of bushland on Cape Liptrap on the South-eastern tip of the Australian continent. I keep my bees there in company with echidnas, six-foot goannas, wallabies, and grey kangaroos, ring-tail possums, tiger, brown and black snakes, gang gang cockatoos, friendly little yellow robins, and even the occasional koala. I finished a book over one week-end with the rain pouring down on our corrugated iron-roofed shed – Gippsland's annual rainfall is some 40 to 50 inches. In the process of camping and exploring the area, we had come to know the local GP who kindly agreed to take me on for an indefinite period immediately after the conference. This, despite the fact that I was continually driving back to Melbourne for court cases which had accumulated over the years.

* * *

A year before our move, on the spur of the moment, we bought a fibrocement farm house, on top of a rather bare 250-foot knoll, with five acres of land. I shudder now at the offhand manner with which we bought, for our view is priceless. Wilson's Promontory, Corner Inlet, the Yanakie isthmus, Barry Beach oil-rig platforms, and South Gippsland dairy farms all lie in full view of our lounge and bedroom windows. Certainly we had to paint, for wet fibrocement is dank and cold and our view demanded larger windows. It took 18 months to get over that sinking feeling every Sunday night that we had to pack up and return

to that smoke-laden, foul-smelling city.

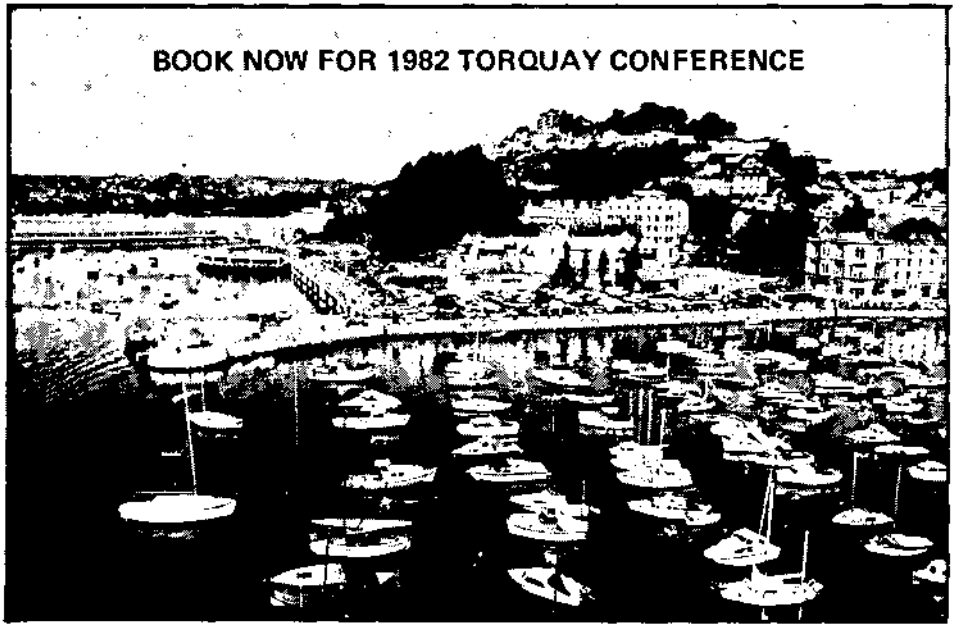
General practice is a delight. While perhaps a majority of patients are not physically ill, most need help — the lesbian seeking an identity, the farmer's wife petrified of further pregnancies, the battered wife coming back for more, the mothers who can't cope, even a rape case — in an area served by three former forensic pathologists. It was pleasing to find that babies still arrived without drips and after five o'clock. Rarities are commonplace, such as the pulseless syndrome, a meningioma of the spinal cord, two athyroid babies in six weeks, and unexpected twins in a tourist. The argument about 245T and fetal deformities is always on; blackberries are a curse in Gippsland as is ragwort, both being imports from the UK. The builders of the Bass Strait oil rigs continue to get foreign bodies in their eyes — grinding inside large iron pipes ensures this — while the carpal tunnel syndrome and leptospirosis seem to be epidemic in this dairying area.

Much enjoyment, however, stems from the extracurricular activities, for which there was never time in the city, such as the local drama society whose interest in plays is catholic, and a film society which we have just got started. There is space and time for growing trees and vegetables and the fun of exhibiting at the various shows — with some success as a beginner. We have a small flock of predominantly black sheep — essential for mowing the grass, but more particularly for a wife who spins, knits, and dyes the wool when she is not painting, golfing, attending art classes, bush walking, acting as part-time receptionist, or playing bridge. There are disasters, of course. Our matron, who is a pearl beyond price and is married to a dairy farmer, is pregnant; the latter state being epidemic at the moment. Some sad deaths, carcinoma of the lung and smoking to the fore, but death with dignity. Judgment of when not to interfere seems to us very important.

* * *

All in all, I couldn't at 56 be happier, though I must admit to already planning my next change in life style. I may become a tree planter for if human life is to persist on this planet we need more trees. I suspect I shall be just as busy after my next "retirement".

JOHN BIRRELL
Victoria, Australia



POLICE SURGEON'S EMERGENCY GUIDE

In past issues of the Supplement there have appeared extracts from "The Diary of a Police Surgeon" by Charles Graham Grant.* This was published in 1910 and gave a racy and entertaining account of some of the cases he had dealt with as a Police Surgeon for the then H. Division of the Metropolitan Police Force.

Grant was born in 1864, the son of an Edinburgh Advocate. He qualified at the University of Edinburgh in 1885 but spent most of his working life in London. For the first 25 years he was a General Practitioner and, in addition to his post as Police Surgeon, he was also Medical Officer to the Eastern District of the Post Office. In the First World War he served in the Territorial Branch of the Royal Army Medical Corps, eventually retiring with the rank of Lieutenant Colonel having been Principal Medical Officer at the camps at Richmond Park, Wimbledon and Padworth.

In 1910, after he had practised for 25 years as a doctor, he was called to the Bar by Gray's Inn and appointed Clerk of Arraigns in the Central Criminal Court, a position which he held for the following 25 years.

In addition to his "Diary of a Police Surgeon", he also published a small textbook on clinical forensic medicine. This first appeared in 1907, contained 77 pages, priced 2s. 0d., and was entitled "Police Surgeon's Emergency Guide". Two further editions appeared in 1911 and 1924, both with revisions. The 1924 edition was retitled "Practical Forensic Medicine" with the sub-title "A Police Surgeon's Emergency Guide".

* *Police Surgeon Supplement, Vol. 7, Autumn 1979, ibid., Vol. 10, Spring 1981.*

I have been lucky enough to obtain a copy of the third edition. It measures 6½" x 4½" x 3/8" and has expanded to 98 pages, including the index. In the preface to the first edition (reprinted in the third) the author made no claim to being an authority on forensic medicine. The aim of the book was to *"indicate unwritten laws, supply hints, fact and inferences which the text books do not deal with"*. The author also suggested that the book *"may rest unseen in the pocket"* and could thus be referred surreptitiously when the going got tough down at the nick.

The "Police Surgeon's Emergency Guide" gives an interesting insight not only into the state of clinical forensic medicine at the time but also into the social conditions prevailing.

Rough Neighbourhood

Grant commences with basic information for the tyro Police Surgeon, *"If you pass through a rough neighbourhood, go to the station by one route and return by another, with variations. You don't want to be stopped on the way either by an ungrateful patient or for any other reason". "On entering the station, go at once to the Officer-in-Charge; he is responsible for all that happens and will note the time of your arrival, as well as give you the history of your case. It is usual to shake hands with the Inspectors and those of higher rank. Remove your hat; it would be in your way. If you have a hook — such as ladies have for their dresses — sewn one inch up the inside of your coat sleeves, you can keep your shirt cuffs out of the way of blood".*

Police Surgeons of the day were obliged to supply any dressings that they might require. Grant devised a surgical emergency box, available from Messrs. Matthews Brothers, Oxford Street, London W, which contained the usual requirements for the Police Station. Grant recommended that a box of dressings should be kept at the station both *"for your own use and for any other medical man who may be called in your absence". "Do not quarrel with the authorities for the sake of an occasional dressing which facilitates their business and costs you a few pence; but if you find any medical man abusing your courtesy, ask him either to take his own dressings or send you the fee".*

When a prisoner was charged with being drunk and denied it, the Divisional Surgeon was called in to certify him to be drunk or sober but when it was a question of whether a member of the Police Force was drunk or sober, this was determined by his superior officers and the Surgeon would not be required to see the offender unless he was suffering from some injury.

Whistle for your fee

Not all calls were to Police Stations. *"If you are called to a case in the street by someone other than the Constable, ask the Constable who is probably on the spot when you arrive, before you attend to the patient, if he wishes you to do so. Otherwise the patient or the person who called you is liable for your fee, for which you may whistle, that being as reliable means of collection as any other".*

Grant advises a bottle of strong smelling salts as part of the Police Surgeon's equipment as *"a wonderful revivier for persons who are in fainting fits or feigning fits"*, a piece of advice perhaps applicable to this day.

A Constable who was unfit through illness or accident not sustained on duty had a shilling a day stopped from his pay. However, as he usually belonged to a Sick Club which paid him 14s. 0d. a week, the Constable was usually 7s. 0d. better off at the end of each seven days. Grant evidently had Constables who attempted to extend their sick leave. He first advises persuasion to get them back to duty. If this fails to work, he advises an iron tonic so the Surgeon could see by the tongue and teeth whether the medicine is going down to gullet or the sink. *"If the latter, a foradic current is generally corrective".* Grant does not elaborate as to where he applied the foradic current.

Advice is given on attending Court and giving evidence. *"Squeaky boots are an abomination in the hearing of the Court, and it is not good form to read a newspaper during the proceedings".*

Intoxication

Grant recognised the difficulty in diagnosing intoxication. He recalls declining to certify a prisoner as drunk. The prisoner was then told to leave the Police Station, he fell down the steps, was unable to get up and had to be brought in and was charged. Grant devised his own test for the diagnosis of intoxication, which he described in a letter to the British Medical Journal of 7th March, 1903. Grant felt that the test, for incoordination was a physical impossibility for many nervous men and *"as for 'truly rural' and 'British Constitution', I cannot say them without taking careful aim when I am sober. The only occasion which I remember being sufficiently otherwise, I did not think of trying".* Grant's own test was to ask the prisoner to estimate the time and he would judge from the degree of accuracy or lack of it the sobriety of the prisoner. This test was described by various colleagues as "worse than useless", "Quite superfluous" and "Invaluable". Grant himself had some doubts as to the wisdom of publishing his test. He was subsequently frequently telephoned in the middle of the night by some medical man who had heard of the test but did not fully understand it. Grant ends with a word of caution, *"This test must not be applied to women, because their ideas of time are often vague apart from the question of sobriety".*

Grant described an occupation known as "sucking the monkey". A cask containing alcohol was selected and a hole bored with a gimlet. A straw was then

inserted, to which the lips were applied until insensibility ensued. Grant noted that the profoundest coma was produced when the cask contained rum. A prisoner remarked, *"It keeps coming up and down, and you get your money's worth".*

Grant was aware of the problems presented by the unconscious patient who had been drinking and advised removal to an appropriate institution. At times he was evidently at loggerheads with the institutional authorities for they would send cases back to the Police Station. Grant would then make it clear to the institutional doctors that the responsibility for returning the patient rested with them.

Hysterical women

Hysterical women who stripped themselves in Police Stations were apparently not uncommon and attempting to replace the clothes was an impossibility. Grant advised that a blanket be used *"and with safety pins form it into a sack open at each end. Make a serious and powerful Constable stand with his arms extended in front of him, run the sack on them, and then make him grip the patient by the ankles. The blanket can then be run up to the patient's axillae and secured with a bandage".* Grant then advised the administration of a dose of diarrhoea mixture containing a narcotic as a suitable sedative for such cases.

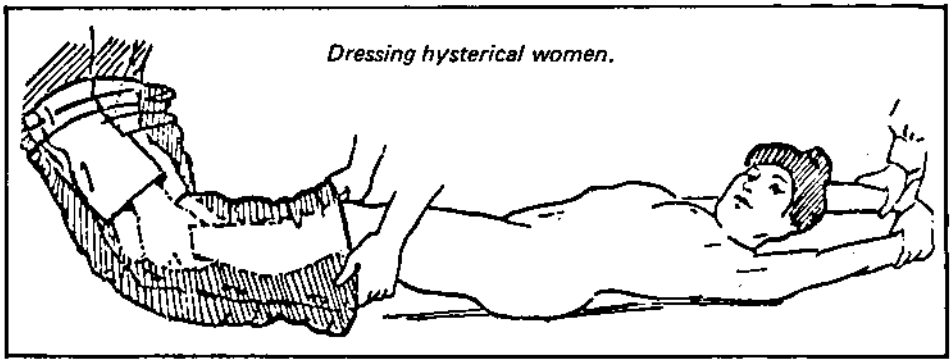
Grant considered that rape, whilst frequently alleged, was very rare and he stated that in all his years as a Police Surgeon he had seen only one genuine case of rape and it was evident that he expected the victim to resist.** Swabs were not used but Grant advised that *"the contents of the vagina be removed with a bone egg-spoon and preserved between microscope slides for further examination".*

Eleven pages of this short book are devoted to poisoning and the Police Surgeon was evidently expected to render first aid in the form of a stomach wash-out. Advice was given to the various antidotes which might be administered and to the specific treatment of certain types of poisoning. In cases of carbolic acid poisoning, Grant advises that strychnine should be administered instead of morphine, *"as the patients have an irritating way of dying from collapse when least expected".*

Grant concludes his book with reference tables including the development changes in the foetus and the differential diagnosis of unconsciousness.

It is evident from this little book that Grant was a Police Surgeon with much practical experience. He was not afraid to admit to and learn from his mistakes. In his obituary it was said "He maintained a solid standard of technical efficiency directed by sound judgement and unruffled presence of mind". He would have approved of the Diploma in Medical Jurisprudence.

** *"The resistance of the woman must be to the utmost of her ability, when she is in a position to oppose the act". A Handbook of Medical Jurisprudence and Toxicology, W.A. Brend, published 1924.*



Dressing hysterical women.

Photograph: Courtesy of the Royal Netherlands Embassy.

CROSS CHANEL CONFERENCE ON CRIMINALISTICS AND FORENSIC MEDICINE

University of Rotterdam, Holland. Provisional dates: Thursday, 17th March to Sunday, 20th March, 1983

In 1983 the Association of Police Surgeons of Great Britain, The Forensic Medicine Society (London), the Forensisch Medisch Genootschap (Dutch Medico-Legal Society) and the Belgian Society for Forensic Medicine, are joining forces to hold a two-day Conference at the University of Rotterdam.

The theme of the Conference will be various aspects of clinical forensic medicine. The Conference language will be English.

Delegates will be accommodated in the Rijn Hotel. Delegates will arrive on Thursday, 17th March, and there would probably be a social get-together on that evening.

The Conference would last two full days with tours and other activities arranged for those accompanying delegates. Delegates would disperse on Sunday, 20th March onwards, but tours would be available for those delegates who were able to take part on that day.

Principal organiser is Barend Cohen, Secretary of the Forensisch Medisch Gennotschap, p/a G.G. & G.D. Oosthaven 68, 2891 PG Gouda, Holland. Further information is available from Dr. M. Clarke, Association of Police Surgeons of Great Britain, Vine House, Huyton Church Road, Huyton, Near Liverpool, L36 5SJ, Merseyside, and Dr. Peter Vanezis, Department of Forensic Medicine, London Hospital Medical College, Turner Street, London, E1 2AD.

DIABETIC DRUNK

David Filer's article in the Autumn 1981 issue of the Supplement, Vol. 11, page 51, on the hazards of the diabetic patient who smells of drink but who is in fact suffering from hypoglycaemia, appears to have been underlined by a tragic case occurring in late 1981 at Bethnal Green Police Station.

A diabetic prisoner was described as being aggressive, abusive, with slurred speech, glazed eyes, smelling of alcohol and with inability to walk. He was seen by a doctor (not an Association member) who said at the Coroner's Court that the man appeared to be drunk and did not display other symptoms associated with diabetes. The doctor was unable to get nearer than five feet to the patient but could smell alcohol.

Causes of irrational and violent behaviour in police cells include alcohol, hypomania, hysteria, hallucinogenic drugs and diabetes. In the absence of some indication as to the man's past medical history or clues in his property, the only way to confirm the diagnosis of hypoglycaemia is by a blood test and using Dextrostix. The change in behaviour of hypoglycaemic prisoners, following intravenous glucose, can produce dramatic effects on police officers initially convinced that they were dealing with nothing more than yet another drunk. If in doubt it is worth while considering intravenous glucose.

David Filer recently reported in the magazine "General Practitioner" seeing a man in his mid-30's who was behaving in a very odd manner for a "drunk". He was an alcoholic and had had an implant to stop him drinking. During the previous night he had drunk excessively and, when David saw him, he was extremely unhappy realising too late that the form of treatment he had been given was indeed working, although he had previously though it ineffective. David explained that the feeling of nausea and general wretchedness was the effects of alcohol and Abtabuse.

COUNCILLOR MOFFAT

The 1981 Annual General Meeting saw the election of Robin Moffat as the Metropolitan & City Area representative. He is perhaps the only member to have shared a magazine cover with a lady's abdomen (see Supplement, Vol. 11, Autumn 1981, page 22).

He was educated at Whitgift School and London University. Following two years National Service in the Royal Navy, he entered Guy's Hospital and qualified in 1954. After house appointments at Guy's and elsewhere, he went into general practice in Croydon in 1958.

He was appointed Police Surgeon to 'Z' Division of the Metropolitan Police in 1959. He took the D.R.C.O.G. in 1958 and the M.R.C.G.P. in 1962.

He has been Medical Officer to the Whitgift Educational Foundation since 1960 and was President of the Medical Officers of Schools Association (founded in 1884) from 1979-81, after ten years as Treasurer.

He is Chief Medical Officer to the Trustee Savings Bank and Visiting Lecturer to St. George's Hospital (Department of Forensic Medicine). He is a member of the British Academy of Forensic Science and the Croydon Medico-Legal Society and a Liveryman of the Society of Apothecaries, London.

His hobbies including writing controversial articles for the medical press and collecting Parian porcelain and books of all kinds.

He is an occasional but keen attender of race meetings at Lingfield Park and Cheltenham. He says he is "A simple but happy punter".

Robin may be contacted at:—

"Winsley",
180 Brighton Road,
South Croydon, Surrey.
Tel: 01-688 1389

or:

10 Harley Street,
London, W1.
Tel: 01-580 4280.

Council members for Area 7 (Wales) and Area 9 (Scotland), Dr. L.S. Addicott, D.M.J. of Glamorgan and Dr. A.J. Dunbar, Dundee. Further details in the next issue of the Police Surgeon Supplement.

Dr. J.A. Dunbar

Dr. L.S. Addicott

WINTER SYMPOSIUM

The January meeting of the Association was held once more at the Metropolitan Police Forensic Science Laboratory. The subject was the investigation of the disastrous fire and murder of 37 people at two unlicensed clubs in Denmark Place, London WC2.

Attended by more than 70 delegates, this was perhaps at first sight not a subject of deep interest to Police Surgeons and indeed no Police Surgeons were involved either at the scene or during the subsequent investigation. However, it is easy for Police Surgeons to become isolated and insular and to overlook the fact that the work of other specialists frequently overlaps the work of the Police Surgeon. This meeting was an ideal opportunity to discover how other specialists, with whom the Police Surgeon may become involved with in future investigations, go about their work.

Dr. Elliot M. Gross, Chief Medical Examiner for the City of New York, U.S.A., hopes to see a steady stream of visitors to his department at the Milton Helpern Institute. Due warning of any planned visit to the Institute should be given to Dr. Gross in advance.

B.M.A. RESEARCH AWARDS 1982

The C.H. Milburn Award for research in medical jurisprudence and/or forensic medicine, value £500, is being offered again by the British Medical Association.

Further particulars and application forms may be obtained from:

R.L. Weston,
Secretary,
Board of Science and Education,
British Medical Association,
B.M.A. House, Tavistock Square,
London, WC1H 9JP.

Closing date for applications, 31st March, 1982.

CONGRATULATIONS

PROFESSOR OF FORENSIC MEDICINE

Congratulations to Hugh R.M. Johnson, who has been awarded the Chair in Forensic Medicine at St. Thomas's Hospital, London.

Professor Johnson takes an active interest in Police Surgeon affairs and has spoken at Association sponsored meetings. He gave a paper on "Deaths in Police Custody in England & Wales" at the International Association of Forensic Sciences meeting in Bergen in 1981.

DIPLOMA IN MEDICAL JURISPRUDENCE

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

B.A.J. Cohen, Rotterdam.
J.E. Simon, Oxford.
J. Rodger, Glasgow.
J. Rodger, Glasgow,

and to P.G. Jerreat (London) who has passed the D.M.J. (Path.).

EXECUTION BY INJECTION

Some time this year it is planned to carry out America's first execution by intravenous injection. Into a saline drip sodium thiopental will be injected followed by lethal doses of pancuronium bromide and potassium chloride. Death is expected to follow in two minutes.

However, there is a not inconsiderable ethical dilemma for doctors. In 1980 the American Medical Association issued a statement barring doctors from taking part in an execution except to certify death and many prison medical staff appear unwilling to participate.

The Oklahoma state electric chair, disused since 1972, is rotting. A new gas chamber would have cost $250,000.

Medical News

LIVERPOOL SUPERINTENDANT

In 1878 the Watch Committee of the Liverpool Constabulary held an Inquiry into the health and efficiency of Superintendent Lawrence Kehoe, head of the Detective Department. Exactly why the Inquiry was held is not clear but Mr. Kehoe may give us a clue — "I have lost the activity I used to have and I don't think I shall ever have it again". Superintendent Kehoe was then 69, partially deaf and admitted that he found himself weaker on the foggy days.

Mr. Kehoe's job was subsequently upgraded to Chief Superintendent and advertised. There were 77 applicants including three Chief Constables, a former Chief Constable, a Deputy Chief Constable, one Prison Governor, a Deputy Prisoner Governor, one Barrister, three Solicitors and innumerable Officers from the Navy, Army and one from the Merchant Navy.

Merseybeat

Noel outside Cromwell Hospital.

NOEL PEARSON

After the New Zealand Conference Ann and I toured both Islands. We knew that Natalie and Noel Pearson, formerly of Porthcawl, had left England some years ago and settled in the South Island. We tracked them down to Cromwell, a small town in Otago province, formerly a centre for gold mining. The Pearsons have now spent six years in New Zealand, with the last 3½ years in Cromwell. Noel is in a partnership of two, with a working relationship with another partnership of two at nearby Wanaka. He is also the Medical Superintendent of Cromwell Hospital, which has 29 ordinary beds, 11 maternity beds and an intensive care unit. The hospital has an operating theatre, x-ray, physiotherapy and other facilities.

Although now an appointed Police Surgeon in the U.K. sense, Noel undertakes about 60 calls a year for the police. Police cases include drinking drivers and the victims of gunshot wounds. He sees very few sexual assaults.

Noel enjoys an excellent doctor-patient relationship and now derives a far greater satisfaction from his medical work than he ever did in the United Kingdom. Although they have no wish to return to work under the National Health Service, Noel and Natalie miss the Police Surgeons Annual Conferences and perhaps will visit the U.K. and renew old friendships at a future Conference. In the meantime, they send their best wishes to all their friends in the Association of Police Surgeons.

UNITED STATES MEETINGS

SACRAMENTO, CALIFORNIA

The first International Congress of the Pan American Association of Forensic Sciences will be held at the Sacramento Convention Centre, Sacramento, California from 2nd-5th November, 1982.

A full programme of technical sessions in the major forensic disciplines will be highlighted by general sessions on such topics as "Mass Homicide" and "International Terrorism". Some 40 representatives from all areas of Scientific Instrumentation and Publications are expected for a three-day exhibition.

The main resident hotel and meeting headquarters will be The Capital Plaza Holiday Inn, just a few blocks from the Convention Centre in downtown Sacramento. This hotel will offer room rates of the order of $48-54 per night and excellent food service and is within easy walking distance of shopping and sightseeing. Further information from John D. Dehaan, President first Inter-american Congress, California Department of Justice, P.O. Box 1337, Room 237, Sacramento, California 95813.

NEWPORT BEACH, CALIFORNIA

The annual meeting of the National Association of Medical Examiners will be held on 9th-12th November, 1982, in the Marriott Hotel, Newport Beach, California. Further details from Dr. Thomas Noguchi, Medical Examiner's Office, 1104 North Mission Road, Los Angeles CA 90033.

Further information on both these meetings may be obtained from Dr. Ivor Doney, "Hazeldene", Hazel Avenue, Chapel Green Lane, Bristol, BS6 6UD, Tel: 0272 733110.

Customer: "You advertised your dog as a well-trained police dog. It looks to me as only a blooming mongrel".
Salesman: "Ain't you ever heard of the secret service".

FORENSIC MEDICINE STALL

The Great Hall of B.M.A. House, Tavistock Square had never seen anything quite like it. Usually dignified, traditional even a little austere, on February 23rd 1982, it looked more like a bazaar or a jumble sale.

It was the first Careers Fair for medical students held in London.

Have you ever stopped to think how you got your present job? Have you ever thought you might have liked some other branch of Medicine?

Most probably you were never told what else was available and never told how to pursue a career.

Last year a survey of 100 medical students revealed that 61% only found out about future careers by hearsay. No one ever told them what careers were worth pursuing and which were over-loaded.

The B.M.A. put on the Fair and asked all disciplines to set up stalls and provide experts to give information to enquiring students. Well over 400 students turned up at Tavistock Square and there were stalls with information about almost every medical speciality: General Practice, Opthalmology, Geriatrics, Orthopaedics, Obs & Gynae were all there. So too were the Services. They provided very elegant and attractive Stalls – the Navy, Army and Air Force all showed attractive medical careers in the Services.

Dr. Reg Bunting from Bristol set up the Forensic Medicine Stall at the request of Hon. Sec. Hugh de la Haye Davies. It proved an enormous success. Joined by Dr. Ivor Doney they told about careers in Forensic Pathology, Forensic Psychiatry and Tania Doney told them about Forensic Odontology but students showed the greatest interest in the work of the Police Surgeon. Few medical schools teach forensic medicine these days and that means less teachers are following on. So the Forensic Medicine Stall was something new for them. Scenes of crime work fired their imagination, they were shown sexual assault kits, breathalysers were demonstrated, descriptions of wounds, medico legal problems and they were particularly interested in the D.M.J. qualification, details of which were available at the Stall in the form of the standard Syllabus.

Altogether it was a great day for Forensic Medicine and particularly for the A.P.S.G.B.

If enthusiasm was anything to go by Constabularies shouldn't be short of Police Surgeons in the London area. Plenty of students will be wanting to know more about forensic medicine.

Reg Bunting's forensic stall got a special thank you from the B.M.A.

Ivor Doney in action at B.M.A. House.

GUINNESS RECORD?

A 59-year old Danish man drank 2½ bottles of whisky over a few hours in a suicide attempt. When he was admitted to hospital, his serum ethonol concentration was 1127 mg/dl. He was put in a ventilator and survived such complications as haemorrhagic pancreatitis, pneumonia, bleeding gastric ulcer and renal failure.

On discharge, one month later, the patient showed no signs of physical or intellectual damage.

The Lancet, August 22nd, 1981

A TOUCH OF THE CELTS?

Two young male prisoners sprinted from a prison van at Swansea Magistrates Court in January. They were handcuffed together. They failed to escape because a lamp post came between them – one ran to the right of the post and the other to the left. Both suffered broken wrists.

ELECTION OF COUNCILLORS

In accordance with the Rules of Constitution, Councillors for Areas 1, 2 and 3 will retire at the next Annual General Meeting. Nominations for Councillor should be made by an ordinary member supported in writing by four ordinary members together with agreement of the nominee to serve if elected.

Nominations should be received by the Hon. Secretary before 1st May, 1982.

Note:

Area 1 (North-West): retiring Council member — Dr. R. Choudhury, D.M.J.

Area 2 (North-East): retiring Council member — Dr. Saul Veeder, D.M.J.

Area 3 (Midlands): retiring Council member — Dr. J.G. Chitnis.

Old Forensic Proverb — "If your wife insists on driving you home — don't stand in her way".

RETIREMENT INSURANCE

Police Surgeons, whose earnings from police work form a significant part of their income, become increasingly aware as they move towards retirement that police work does not attract any superannuation. On retirement the Police Surgeon may find that his National Health Service pension is insufficient to enable him to maintain his pre-existing standard of living. It is, therefore, worth while exploring the possibility of private pension funds, the premiums of which are allowable against tax.

Further information on this and other matter may be obtained from the Medical & Professional Insurance Bureau, whose advertisement appears below.

Guide to the legal profession — A lady lawyer with briefs is a barrister; a lady lawyer without briefs is a solicitor.

HOLIDAY HOMICIDES

23 people were killed in New York City during the three-day 1981 Christmas holiday. The police described the bloody rash of killings in New York as "unusually high" for a Christmas period and said that the toll of murders almost certainly would exceed last year's record of 1,821 killings, about five a day in a city of 7.5 million.

Some of the motives for the killings were bizarre. A young woman was murdered in a bar on Sunday when she took a cigarette without asking permission. "It sparked something that had been brewing for a long time", said a detective.

Two brothers were shot to death in Brooklyn after arguing over who would buy a set of stereo components. A man travelling on the New York underground on Christmas Day was shot to death by three gunmen when he refused to give them some jewellery he was wearing.

Nine people were killed on Christmas Day, 11 on Boxing Day and three on the Sunday.

A total of 309 people died in highway accidents over the three-day holiday period, compared with 494 traffic deaths during Christmas 1980.

Daily Telegraph

CROCODILE JAILED

A dozen policemen battled for more than four hours with a 16ft. long crocodile named "Old Saltie" and tossed the one-ton creature into a jail cell yesterday for eating the constable's dog.

"It was a hell of a fight and she's still going hell for leather in the police station compound, despite being wrapped in a net", said Constable Hank Brady. "I'm bloody glad I don't catch them for a living".

Brady said: "Old Saltie won't get lonely during her temporary confinement at the Bumaga Jail. Another crocodile caught earlier in the week is serving time in a nearby cell".

57 POLICE SURGEONS 57

Like Mr. Heinz's products, Police Surgeons come in a variety of shapes and sizes. But the doctors can be divided into just four basic products:

THE WHIZ KID is in it for cash. He can race around the sub-divisions, taking enough blood samples at £18.30 a stab to start a black pudding factory and bring beams of pleasure from his bank manager. He is not really interested in any other aspects of the job.

OLD FAITHFUL has been doing the job for 40 years as part of his civic duty and because he golfs with good old Bill.

Experience he has — but what he has not is any interest in developments in forensic science. The 40 years may well have been spent in a wilderness — doing things the wrong way.

DR. BUGGINS works in a practice of eight or more doctors. They agree to provide cover for a sub-division.

With their on-call rota, who could gain useful experience? When his turn is called, Dr. Buggins sighs and does the job. What chance does he have to sustain a flicker of interest?

Then we come to the category where most like to place themselves. **THE WORKER** gives the same concentration to his work as a Police Surgeon as he gives to his general practice.

One even complements the other, because the same sort of patients are involved in both. And the satisfaction he finds is in the unravelling of the hidden intricacies of pure clinical forensics. He is probably a dedicated Conan Doyle fan.

Stephen Hempling in 'Doctor'

BACK NUMBERS

Back numbers of the following issues of "The Police Surgeon Supplement" are available from the Editor, price £1.00 each, post free.

Vol. 6	Spring, 1979
Vol. 9	Autumn, 1980
Vol. 10	Spring, 1981
Vol. 11	Autumn, 1981

BOOKS BOOKS BOOKS BOOKS

VERBALS IN FOUR LANGUAGES

A second edition of a handbook for Policemen, entitled "Conversation Handbook for Policemen", has recently been published. Dr. Hannah Striesow of Forest Gate, London, reports that she assisted the publishers in the preparation of the second edition. She says it may be of value to any Police Surgeon who has to deal with foreign offenders.

The book is published in English, French, Italian and German by Paul Haupt in Berne. The book is available from Eddington Hook & Co., 406 Vale Road, Tonbridge, Kent, TN9 1XR.

D.M.J. MULTIPLE CHOICE QUESTIONS

A handbook, which may be of some value in preparing for the D.M.J. Multiple Choice paper, is "Self-Assessment of Current Knowledge in Forensic Pathology and Legal Medicine" by Joshua A. Perper, Chief Forensic Pathologist at Allegheny County Coroner's Office. It contains 1,100 Multiple Choice questions and referenced answers. It is available from Medical Examination Publishing Company Inc., 65-36 Fresh Meadow Lane, Flushing New York, U.S.A. or order from H.K. Lewis, Gower Street, London.

RECORD HEROIN SEIZURES

1981 was a bumper year for seizures of heroin by the Customs and Excise. A record 86.79 kilograms (about 190 lbs.), with an estimated street value of £16,500,000 was recovered by Customs Officers.

More than half the heroin originated from Pakistan, which has replaced south-east Asia as the major source of heroin smuggled into Britain.

Also seized in 1981 were 3.65 kilos of opium, 13.5 kilos of cocaine, and 21,438 kilos of cannabis.

BUTANE ADDICT

In December 1981 a Glasgow motorist admitted driving whilst under the influence of cigarette-lighter fuel. The police had found 17 empty butane gas refills in his car.

The prosecutor said that if the case had gone to trial, the Crown had intended to prove that butane gas was a narcotic. He said that the police became alarmed at the motorist's driving and when he stopped at traffic lights they saw him appear to sniff something.

The defending solicitor said that the motorist had started by sniffing petrol and then became addicted to the lighter fuel.

He was fined £50 and banned from driving for 18 months.

Daily Telegraph

CONTAMINATED DRESSINGS

First aid dressings imported from India have been suspected of being contaminated. The suspect dressings were labelled BPC Standard Dressing, with no brand name or manufacturer's name, or bearing the brand names Safa Limited, Liverpool, Sells or BCB.

Dressings of this type have been found in Merseyside Bridewell Medical Rooms and have been removed.

POLICEMAN'S HEEL

A painful heel condition often seen in people who walk and stand a good deal is variously described as Planter Fasciitis, Calcaneal Spur, Painful Heel Syndrome or Policeman's Heel.

Conflicting views exist both as to ethiology and treatment. Most patients appear to get better with rest and protection from direct pressure on the affected heel.

British Medical Journal 1981: 283

Overseas visitor to A.P.S.G.B. meeting: "The U.K. is the only place I know where you can get all four seasons in one day".

WEALTHY DOCTORS

A network of "Stress" or "Insomnia" centres has recently been established in New York, Los Angeles, Chicago and other major American cities. At these centres the drug methaqualone is made available, trade name Quaalude. It is an hypnotic sedative, which regular users say prdouces a relaxed state and heightens sexual responsiveness.

The drug is being prescribed in staggering quantities by doctors associated with the "Stress" centres and a federal grand jury in New York is investigating whether this is the sole reason for the establishment of the centres.

The drug's popularity has grown despite medical warnings that methaqualone can cause a psychological and perhaps even a physical dependency. It is particularly dangerous when taken with alcohol.

Investigators have been told that doctors can make at least £526.00 for a day's work and one centre in New York puts the potential income as high as £1,315.00 a day for each doctor. Patients are charged £66.00 a visit and receive prescriptions for a month's supply of Quaaludes, 30-60 tablets.

Quaaludes sell for between $8 and $7 a tablet on the illegal black market. With a prescription a person can buy them for about $1 a tablet.

Methaqualone was formerly found in the anti-obesity agent Durophet-M produced by Riker Laboratories but is now no longer available in the United Kingdom.

Daily Telegraph

Liverpool solicitor (getting into Rolls) to Police Surgeon (getting into Volkswagen Polo), "You can't have your report fee — the legal aid hasn't paid me yet".

Jokes (?) in this issue have been exhumed by Ivor Doney to whom all complaints should be addressed.

POLICE REPRESENTATION TO A SURGEON

On Saturday last a deputation of the L, or Lambeth division of police, waited upon Mr. Wagstaffe, the divisional surgeon, for the purpose of presenting him with a splendid silver testimonial, subscribed for by the sergeants and men of that division. The testimonial, which was manufactured by Messrs. Dobree and Tomlinson, consisted of a magnificently chased silver salver, and two beautifully embossed silver and gilt spoons. The salver bore a suitable inscription, which set forth that the testimonial was presented to Matthew French Wagstaffe, Esq., of 10 Walcot-Place, West lambeth, by the officers of the L division of Metropolitan Police, as a mark of respect for his uniform kindness during their sickness; he having been their surgeon for twenty years.

The Lancet, 1856

The opposite of a cleptomaniac is a maniocleptic. He walks backwards into shops and leaves things on the counter.

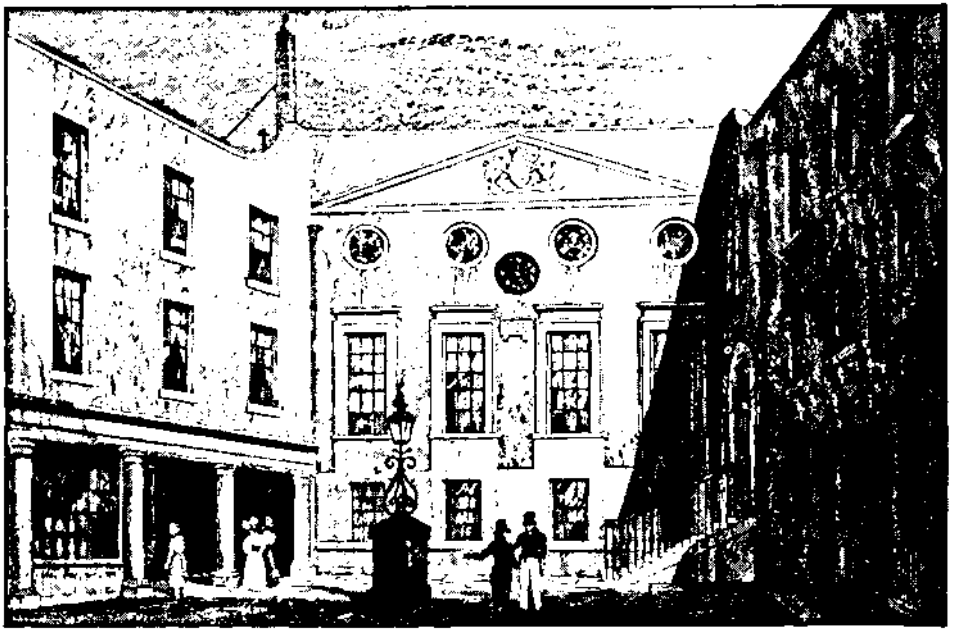
METROPOLITAN PRESENTATION FRED AND BETTY SHEPHERD

On 29th January, 1982 at the Annual Evening Soiree in the Innholders' Hall, a presentation of a cut glass decanter (engraved with the A.P.S.G.B. Crest) and glasses were presented by Guest Speaker, Dr. C. Clark, H.M. Coroner for Sussex, to Fred and Betty on behalf of the Metropolitan Group.

Fred has been a Police Surgeon for 18 years, and Assistant Secretary for 8 years (with Conference responsibilities). He was also Chairman of the Metropolitan Group for 9 years. During his term of office as Chairman he was responsible for helping to promote better relations with the Metropolitan Police and with Frances Lewington of the Forensic Laboratory in improving and upgrading Police Surgeons' Examination Rooms in Police Stations.

On behalf of friends in the Association and of the Metropolitan & City Groups, may we wish them both well and assure them of a warm welcome at any functions they may wish to attend in the future.

The Courtyard, Apothecaries Hall, 1830.



IS SEX CRIME REALLY ON THE INCREASE

Donald West, Professor of Clinical Criminology, University of Cambridge, examines the reality behind the sexual offence statistics.

SEXUAL OFFENDERS: the words call to mind Ripper murders, disappearances of young children and women pounced upon by marauders. Such things happen, of course, but thankfully they are rarities. The everyday crimes dealt with by the courts are less dramatic; they are usually more pathetic than vicious.

A large part of what counts as sex crime is illegal only because one or more of the participants is under age. A systematic survey has been carried out by investigators at the Home Office Research Unit. They looked into the offences of all persons convicted of serious crimes in the adult courts of England and Wales in the year 1973.

A majority of the victims, about 61 per cent, were under sixteen years of age. Excluding those convicted of the common offence of homosexual indecency – which usually involves adult men misbehaving together in public conveniences – the proportion of offenders convicted for acts with persons under sixteen was even greater – over three quarters.

The survey showed that many of the so-called victims of sex crimes were willing participants. Discounting the 18 per cent of offenders who had been involved with children under 10 – considered too young to be in any way responsible – and discounting cases in which victims may have complied out of fear or obedience, this still left 43 per cent of the offenders convicted for acts with fully consenting participants.

All this comes as no surprise to criminologists. Illegal sex acts between children and older youths or men tend to be discovered by others rather than reported by the child, who may keep up friendly contact with the offender for a long time before the sexual nature of the relationship comes to light. A recent survey by David Finkelor among American students revealed that 11 per cent of the women and four per cent of the men said that, as children, they had had some sexual contact with a much older person.

There is no evidence of any great increase in sex crimes. According to the Criminal Statistics for England and Wales, the number of serious crimes of violence recorded by the police in 1979 was more than twice what it had been in 1969, but the number of serious sex crimes actually went down slightly. The one sex crime which self-evidently involves an unwilling victim, namely rape, represented a quite small proportion: 1,170 out of the total of 21,843 sex offences recorded in 1979.

Not always dreadful

Even rape is not always quite so dreadful a crime as it sounds. Richard Wright of the Cambridge Institute of Criminology recently completed an analysis of some 300 incidents, classed as rape by the police, in six English counties over a five year period. Although physical force was used in four fifths of the attacks, only about five per cent of the victims received an injury severe enough to require medical attention.

In a third of the cases the incident took place in the room of either the victim or the offender. In about three fifths of the cases the victim knew and could name her assailant. The commonest sequence was a social encounter between

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a couple who may or may not have known each other before, followed by an evening drinking. After that they would go off together for a walk or to the room of one or the other. This would provide the man with the chance to insist on sexual intercourse, using threat of force if he was refused.

Apart from the offences classed by the Home Office as serious, the courts also have to deal with many minor matters such as indecent exposure by males (commonly known as "flashing") and soliciting by prostitutes. This further indicates that the bulk of the business of the courts, in relation to sex offences, concerns relatively innocuous activities.

The persons convicted for sexual offences other than soliciting by prostitutes are nearly all males. No doubt cultural and biological factors cast the male more often in the role of sexual predator and aggressor. But at least part of the difference is due to the way sex laws have been framed so that some offences, such as indecency between males, are defined in such a way that only males can commit them. It is often said, for example, that if a naked man at a window is seen by a female passer-by, he is guilty of indecent exposure, but if their positions are reversed he is still blamed, this time for being a Peeping Tom.

Men under suspicion

Then again, although women in their maternal roles have more opportunities for sexual molestation of children, it is nearly always men who, rightly or wrongly, are under suspicion.

One might imagine that most sex crimes are committed by over-sexed unrestrained but otherwise morally inclined men forcing themselves upon unwilling women. In reality, a majority of convicted men are guilty of sexual behaviour which most people consider deviant, such as indecent fondling of sexually immature girls in parks, playgrounds and other public places, having homosexual relationships with boys or youths, or masturbating other men in public lavatories.

Some of the men who behave in these ways desire mature women, but are too shy or socially incompetent to find them. Others, who are compulsively attracted to forbidden forms of sex, would like to be able to change their sexual preferences. In either case, psychological treatment may help them to achieve more socially acceptable forms of sexual fulfilment, and thus to reduce the risk of re-offending.

One may conclude that the reality behind the statistics of sexual offences in this country does not justify the alarm and despondency that some commentators express. At the same time one ought not to be too complacent. Aggressive, persistent and dangerously violent offenders do exist — I have had occasion to examine about forty such men. Many of them bore a grudge against women, whom they blame for their own confusion and lack of satisfaction in love and sex. Explosively aggressive, especially after drinking, they would relieve their feelings in vengeful attacks upon innocent strangers. They were motivated more by a desire to make women suffer than to obtain sexual pleasure.

Some of these men can be helped by psychological treatment to gain insight into and control over their feelings, and to find happiness in normal relationships. Where treatment for the offender is feasible, it provides a more effective protection against repetition than long terms of unconstructive confinement in prison.

Ivor Doney reports that his local Police Stores ordered some camouflage suits for undercover duties but when they wanted them they couldn't find them anywhere.

Ivor claims that there is no truth in the rumour that the A.P.S.G.B. contingent to the New Zealand Conference had so much to drink on the plane going over that their wives had to pay Duty on them to get them through customs.

Prisoner in clink for assaulting his wife: "She's always out on the loose. She dresses to kill and she cooks the same way".

REPORT FROM THE WEST COUNTRY

REVIEW OF THE TAUNTON SEMINAR

BY PAUL PAYNE

It was a rather damp cold afternoon when the Police Surgeons from Avon and Somerset gathered, at Cannonsgrove Police Training School near Taunton during the last weekend of November. This was the second, of what we hope will become an annual seminar when the Police Surgeons are hosted by the Avon & Somerset Police to discuss mutual interests, as well as learn from more formal speakers.

Cannonsgrove is a delightful country house a few miles outside Taunton and lying in the charming Somerset countryside between the Quantocks and the Blackdown Hills.

Following an excellent lunch, Mr. David Shattock, Assistant Chief Constable (Crime), welcomed the delegates and expressed his hope that both Police Surgeons and Police Officers would feel the benefit from the meeting and consolidate their working relationship. He also expressed his encouragement for delegates to work towards acquiring the D.M.J.

With Det. Chief Supt. George Barton in the chair the meeting started with Chief Inspector Tony Smith, entitled "Preservation of the Scene of the Crime"; his talk was illustrated by a Video film made by the Scenes of Crime Department in the grounds of Kings Weston House, Bristol. The Video demonstrated the events following the discovery of a murdered girl (represented by a realistic dummy). For those not routinely involved in this type of enquiry, several salient points came out of the film. The need for all those concerned in the investigation, including the Police Surgeon to work as a team, pooling their expertise and working in a slow methodical way. The surrounding area should be protected, and all members of the team should approach the scene along the same route. Certification of Death by the Police Surgeon should be made with the least disturbance of the body, time of death at this stage is probably best estimated by the degree and distribution of rigor mortis. It was an excellent production and will fill a useful gap in the education of those involved in murder investigations.

Fight, Flight or Fright

Following this Dr. Hugh de la Haye Davies, who had made the long trip down to the "Wooley West" for the second year running, addressed us in his usual enthusiastic way. His talk was entitled "The Police Surgeon and the Scene of Crime", and was a natural sequel to the Video we had just seen. His talk was illustrated by some of the slides of cases in which he has personally been involved. Many important points arose, especially that one should be prepared at all times for the unexpected, always to be suspicious and when any doubts arise stop, and await for the arrival of the C.I.D. — look for signs of "Fight, Flight or Fright". We were encouraged to attend Post Mortems, and assist the Pathologist as much as possible.

A point regarding estimation of the time of death by rectal temperature aroused much discussion. The general feeling was, due to the inaccuracies of this method, and the disturbance caused to the scene, especially where a sexual motive is possible, that it is probably best avoided; and if it is felt necessary for any specific reason, then rectal swabs should always be taken first.

After tea Dr. H.W.H. Kennard, Home Office Pathologist, talked on the role of the Pathologist in relation to Police

Surgeons and Police. He again emphasised the theme of Teamwork and encouraged the Police Surgeon to follow through each case to the Post Mortem. His humorous address was illustrated with a collection of fascinating slides, each one demonstrating the need for a methodical and careful approach, guarding against contamination of the victim, the scene, or indeed the suspect.

Legible Certificates

The afternoon was then broken by an excellent High Tea when we again received the attention of the catering staff, before we returned for the final session of the day. Mr. Douglas Hawkins, the Coroner for the City of Bristol, in addition to being a Barrister and Recorder, addressed us on the role of the Coroner in relation to Police Surgeons and Police. His direct comments on certification of death, and the issuing of certificates, was probably more appropriate to us as General Practitioners. He made a desperate plea for signatures on Death Certificates to be made legible, as there is no place on these forms for the address of the practitioner, and that this can cause problems, should the need for contact be necessary at a later date. His explanation of Inquest Procedure was of extreme interest to those of us not normally involved in these.

After a summary of the day by Det. Chief Supt. Barton, the assembled company retired to the bar and recreation room where we played, what seems to be the traditional game of Skittles, to decide who should be responsible for the next round! It is amazing what one learns about one's colleagues when involved in a "needle match"! However, around midnight it all became too much and we retired for the night.

At 8.15 a.m., any intentions of a lie in, were quickly squashed by Ivor Doney's now infamous "bleeper" summonsing us all down to a first class breakfast of bacon and eggs. There were however a few long faces, indicative of the merriment of the night before.

At 9.30 a.m. Dr. Stephen Hempling, D.M.J., from Woking, had kindly joined the seminar to enlarge on the brief paper he presented at Brighton. He talked to us on the application of Ultraviolet Photography in Clinical Forensic Medicine and illustrated this by showing slides clearly demonstrating bruising easily visible on the UV photographs despite being barely visiblé to the naked eye, which can be of great value when considering non accidental injuries to children. He explained the equipment required and his interest in the accumulation of as much material as he can from others who felt they could become involved in this type of photography.

After coffee David Reade, Forensic Scientist, addressed us on certain bio-

Photo: Avon and Somerset Constabulary.

logical aspects appropriate to Police Surgeons. He emphasised that as far as trace evidence was concerned, that within 1 hour there is a 40% loss of fibres and within 4 hours 80% have been lost. This led on to discuss the obvious need to use different surgeries and if possible two different Police Surgeons and Police Officers for the examination of the victim and suspect to reduce to a minimum the transfer of fibres. The discussion of "Modesty Pants" in rape victims showed that there was some difference of opinion in the use, and David Reade pointed out that the material found on these paper pants from vaginal drainage was of far more use than the pants worn at the time of the alleged offence, which may have been several days old and show trace of semen from other partners. It was felt that the sooner the victim was able to put on these pants the more information could be collected providing the W.P.C's could be sufficiently educated to indicate on line diagrams any stains or tears found on the victims clothing as she undressed and then show them to the Police Surgeon prior to the examination. Alan Scaplehorn then gave us a brief summary of the International Congress at Bergen before briefing us on the changes to expect in the switch from Alcotest to the Alcometer.

New Breathalyser

This theme was then expanded by Supt. David Elliott in his address on the new breathalyser and other aspects of Alcoholism and the law, incorporated in the new Transport Act. It was suggested that the Alcometer may be in use in the West by December 1982, when it was hoped there would be 19 breath testing centres over Avon and Somerset, each of which would have the "Substantive Device". The 80 mg Alcohol/100 ml of blood would be equivalent to a reading of 35 microgrammes of the new analyser, but the suspect would have the right to ask for a blood analysis in addition when readings of between 30-50 microgrammes occur.

Finally, Mr. Oliver Lovibond, Prosecuting Solicitor, gave us some invaluable advice regarding presentation of statements and appearances in court. He made the point that as Section 9 statements from Police Surgeons are now accepted by the courts, many of us have failed to gain experience in court procedure and in facing cross examination, and he emphasised the need to know the case thoroughly, and that an accurate record of the original examination should always be made.

The last item on the programme was an Open Form when all the loose ends from the talks were tied up. The question of standing as an expert witness for the defence was briefly discussed before Mr. David Shattock formally closed what was universally agreed an interesting and useful weekend. Our thanks go out to our hosts Mr. D. Shattock, A.C.C., Det. Chief Supt. George Barton, Supt. Alan Elliot, Supt. David Elliot and Chief Insp. Tony Smith, and the staff at Cannonsgrove who gave up their weekend to arrange the meeting.

THE DMJ CASEBOOK

by JONATHAN SIMON

I have recently completed The Diploma in Medical Jurisprudence. During my preparation for this examination there was one area of the syllabus requirements that had not really been explained very clearly. I am referring to the requirements for the casebook. Using the guidelines that were available, I attempted to produce a casebook that gave an account of the broadest possible spectrum of the clinical work that I undertook in my capacity as a Police Surgeon. In the hope this article may be of some help to those preparing for this examination or considering taking it in the future, I am going to describe how I went about the preparation of the casebook, the selection of the cases and the documentation that I attempted to collate.

My approach to the casebook was guided by two things: First and foremost, the requirements as stated in the syllabus. Here, under Section 1, it states: "A casebook of 7-10 cases covered by the candidate, illustrating the different aspects of forensic medicine, the history to include the final assessment of the post mortem or the result of a pathological investigation if need be . . . and will be referred to in the oral examination".

The other article that I read with great interest was written by Dr. S.H. Burges in the *Police Surgeon Supplement*, Volume II, Autumn 1981, page 34. In his article describing the examination he states the following with reference to a casebook. "The casebook is 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". It was obvious that what was required were cases selected from your practice caseload which represented as broad a cross-section of the syllabus as possible, with as full a documentation as possible. I, therefore, referred myself back to the syllabus, which has sixteen headings for the Part II examination. Looking at this in combination with reading the individual chapters in the New Police Surgeon I began to see a framework in which I could write my casebook.

Over a two year period I had already been selecting cases which I felt illustrated particular points, either clinical, medical or legal points, and by the time I came to write the casebook these had accumulated to about 10 cases. Before trying to string the cases together into a coherent whole I though it was important to ask a fundamental question of myself. In order for the examiners to be able to assess my range of experience I felt they would not only need my case studies but would have to know something about the population of cases from which the individual reports were derived. I, therefore, started off the casebook with a general introduction: the first part was purely descriptive and it described the city in which I work; the population at risk, for whom we were on call as Police

Surgeons, the structure of the city from the point of view of population distribution and employment and, also, particular characteristics of the city, e.g. the two hostels in the city, the number of night clubs, and the problems generated by these. The next consideration, having considered the city, was the distribution of the Police Stations and the cross-section of work encountered by the two Police Stations in differing parts of the town. In order to further clarify the situation I had a photocopy reduction done of a map of the city, which showed the boundaries of the two Police Stations, of the practice area, and the relationship of the practice premises to the two Police Stations. The last consideration in the introduction was the characteristics of the practice itself, i.e. how many patients we looked after, how many partners there were, and how many were involved in the Police Surgeon's work. As we are also Force Surgeons for the Thames Valley Constabulary there was a short note made of the content of this work and how it was distributed. In order to produce further clarification of the population of cases that we saw at large, from which the case-book population was derived, I undertook a practice activity anlaysis over a two year period between October, 1979, and October, 1981. Because of the particular from of remuneration for Police work it is easy to look at the different categories of work undertaken over any period of time. It was also facilitated by the fact that we have, over the past year, been producing the figures for the Association of Police Surgeons' study as well. As a result of the case analysis I was able to prepare a simple, graphical, table to demonstrate the distribution of cases. There was then a general discussion about these figures and their interpretation and, also, a specific discussion about the Fitness for Detention category, which was not considered specifically in the casebook. The points which were brought out concerned the management of drug addicts, the differential diagnosis of alcohol intoxication and, as was pointed out in an analysis of the Fitness for Detention category, the fact that there was an overwhelming preponderance of severe personality disorders and chronic alcoholism amongst those detained. They were in sharp contrast to those patients whom we were requested to see, by the Police, specifically under the Mental Health Act, and the difference was interesting inasmuch as the Fitness to Detain category seemed to represent the neurotic disorders/personality disorders whereas the detentions under Section 136 of the Mental Health Act represented more closely either bizarre inappropriate public behaviour or more frankly psychotic behaviour.

After the initial introduction, which I hope set the general scene and described the physical environment, the Police environment, the practice environment and the population of cases in general, I proceeded to six sections:

Section 1	Sudden Death.
Section 2	Assault.
Section 3	Sexual Offences.
Section 4	Road Traffic Act Offences.
Section 5	Mental Health.
Section 6	Non-accidental Injury to Children.

Before considering the individual sections, again I would like to consider the factors which determine the choice of cases:

1. The general category of the case.
2. Points of particular importance, e.g. clinical, forensic, legal, etc.
3. I tried to maintain an emphasis on the examination of the living and not to have a casebook full of cases of sudden death.
4. I aimed for completeness of documentation of cases and their outcome, i.e. photographs; post mortem reports; forensic scientists' statements; original forms, e.g. Mental Health Act, 1959, Children and Young Persons Act; inquest findings; newspaper cuttings; Court appearances; and finally, in the case of hemlock poisoning, a specimen of the pressed hemlock leaves.

In the end I chose eleven different cases, and shall give a brief resume of each case in the different sections.

Section 1

Case 1 was the case of a man with a twenty-five year history of schizophrenia, who had intermittently been an in-patient at a mental hospital. A month prior to his eventual suicide he had been committed to a mental hospital, and became an informal patient. He went out for a walk one afternoon, went home, into his basement, and cut this throat with a carving knife.

Case 2 was a case of a 28 year old man, again with a long psychiatric history, although his problems were more those of social isolation, who for two months prior to his death had been busy researching various forms of plant poison. Eventually his researches led him to take an overdose of chopped up Conium maculatum (Hemlock) and, knowing this would cause a progressive paralysis leaving clear consciousness, he also took an overdose of Valium.

Case 3 was the study of sudden death with natural causes and it was chosen for inclusion because the Police felt it was "death in suspicious circumstances", as he was a 21 year old boy who went to watch television at 2 o'clock in the afternoon and was found dead in front of the television two hours later. When I was called to see him he was sitting in his chair with his trousers and pants around his ankles, a seminal stain on his thigh, and a sub-conjunctival haemorrhage. This illustrates a common cause of sudden natural death in the young, an interesting physical sign, i.e. the sub-conjunctival haemorrhage, and my assessment of the situation was that he had had a sub-arachnoid haemorrhage whilst masturbating. The subarachnoid haemorrhage was confirmed on post mortem.

Section 2 — Assault

There were two cases of alleged assault by the Police, both of which showed the difficult position that all Police Surgeons are put in when these allegations are made. Both cases were fully documented.

Section 3 — Sexual Offences

Three different cases were chosen for this section; each, I hope, represents a different aspect of sexual offence problems. Case 6 was the case of a 20 year old girl who was walking on a towpath by a river and was raped by a complete stranger. The physical findings revealed a tear in the posterior fourchette and forensic examination revealed semen in the vagina, the same blood group as the assailant, who was also examined, and the statement of his examination was also submitted, along with the statement of the forensic scientist linking the two together.

Case 7 was a case of alleged rape: A young girl arrived home late, having been at a Disco, and when her parents asked her why she had returned late she said she had been raped. When the two alleged assailants were arrested there was found to be a gross disparity in her story and she then withdrew all accusations. This is a common reason for alleging rape; therefore it was an interesting illuminative case.

Case 8 was the case of a husband and wife who were not legally separated. The wife returned to the marital home to collect some possessions, with a friend of hers, when the husband raped her. As they were not legally separated this did not constitute rape. He was prosecuted under Section 47 of the Offences Against Persons Act and imprisoned for six months. As this category of sexual assault is under consideration by the Criminal Law Revision Committee, I felt this represented an interesting talking point.

Section 4 — Road Traffic Act Offences

There was one case submitted here, which was an examination, under Section 5 of the Road Traffic Act, of a living person to determine whether or not he was affected by drugs or drink. It is not a very common examination for us to perform but represents a very important examination that Police Surgeons are called upon to perform from time to time.

Section 5 — Mental Health

There was one case included here of a patient who was admitted to a mental hospital under Section 25 of the Mental Health Act 1959. This man had been seen, in custody, on a number of occasions

previously and the discussion of the case was geared towards the consideration of the different forms of disposal of patients detained by the Police under Section 136 of the Mental Health Act 1959.

Section 6 — Non-accidental Injury to Children

We are not often involved in the management of non-accidental injury to children but, again, as it is an examination that requires the combination of many of the skills of a Police Surgeon, I felt it was an important case to include in the casebook. It was a case of a 7 year old girl who had been found wandering down a street and who refused to be taken home when stopped by a stranger. When she was seen in the Police Station she had obviously been beaten with a cane on the back of her legs. She had four populations of injuries on her body and, being Chinese, spoke no English, which made the situation far more complex. It was decided to detain her on an 8-day Police Order, under Section 28 (4) of the Children and Young Persons Act 1969, following which she was admitted to hospital and a case conference convened. All documentation of this was included in the casebook.

As well as the general Introduction, each Section had an introduction which was basically a review of all the literature in Medicine, Science and the Law and the back numbers of The Police Surgeon, also the individual chapters in The New Police Surgeon. The object of these introdutions was to put the cases into a much broader perspective. So, particularly if other studies using large numbers of people were looked at, e.g. rape, indecent assault, or the paper where over 500 people were examined under Northern Ireland's Road Traffic Act, the wider experience was used as a yardstick against which I could compare my results. Also, in the case of any areas where legislation was under review, e.g. sexual offences and the Mental Health Act 1959, these could also be discussed in general to try to add a finer perspective to the individual cases shown. With the sexual offences, again it was easy to represent these graphically, which give a very easy reference to the examiners to see how much work is being done in the practice over the study period.

I suppose the biggest shortfall in this casebook was that a case of homicide was not included. The situation was remedied but, unfortunately, after the casebook had been completed.

Finally

Of the many examinations I have taken to date, I found that the preparation of the casebook for the Diploma of Medical Jurisprudence an absolutely fascinating and absorbing task and I found, inadvertently, at the end of completing the textbook I had, in fact, completed my revision for the examination as well.

Dr. Jonathan Simon did extremely well in all aspects of the D.M.J. examination. His Case Book was quite exceptional. He was, therefore, asked to prepare this article.

Whilst hand-written Case Books have been accepted by the examiners, typewritten work is preferred if only for legibility. Case Books have been presented in document folders but this may lead to the papers getting out of order. Ring folders are preferable, keeping the pages in correct order. The cases can then be preceded by an index indicating the type of case.

Whilst photocopies of statements, reports, etc., may add to the completeness of the presentation, candidates should avoid the temptation to overwhelm the examiners with papers and documents, which may serve to pad out the case presentation but which add little to the content.

Whilst ring folders are perfectly adequate for the examination purposes, Dr. Simon had his Case Book professionally bound. Both the presentation and content of the Case Book were most impressive and it is hoped that Dr. Simon's Case Book will be available for inspection at future Association meetings.

THE WORK OF THE POLICE SURGEON

The second of two articles by
Dr. K.F.M. POLE

An increasing proportion of the Police Surgeon's case-load is concerned with violence, much of it committed, or afterwards claimed to have been committed, under the influence of drink and sometimes drugs. These crimes of violence often occur in the street during and for the purpose of snatching a handbag.

In other cases they do not seem to have any purpose at all but to have been committed just out of boredom, usually by juveniles. The mugging of strangers comes into this category, like a recent case when an off-duty ambulance man, walking across a green in broad daylight was attacked from behind. He did not see his attacker (who was never found) and all he remembers is that he came to with a broken nose and multiple superficial injuries.

Vandalism and Violence

Some of the senseless destructive acts are quoted under the name of "vandalism" which sounds relatively harmless. However, they can, and often do, cause considerable harm in their consequences. Damaging bus shelters can lead to old people getting rain-drenched and contracting pneumonia; smashing street lamps may provide opportunities for others to commit break-ins, sex offences or mugging in the darkened road.

Other cases like throwing stones from a road bridge might lead to death of a driver and passengers in cars on motorways passing underneath and sleepers placed across a line can cause serious railway accidents involving many people. And, of course, the cost to the economy in psychological consequences and in money is very great.

Acts of violence during demonstrations or in the course of terrorism are a comparatively recent phenomenon and, thank God, not — or at least not yet — a very frequent occurrence in England. When they do occur they differ in extent from other violence which has been with us for many years, but not usually in the clinical situation facing the Police Surgeon.

Fights inside, or immediately outside, public houses are a common occurrence, the injuries usually being inflicted by the naked fist, hard implements like "knuckle dusters" or suitable equivalents, broken glass or knives. Occasionally it is important in such cases not only to treat and describe the injury in an "aide mémoire", but also to estimate its age. This can be very difficult and may indeed be impossible in an older wound the original

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extent of which is not known, but it is usually not very difficult to estimate the relative age of several injuries seen.

In one such case a man hit another with a beer glass which broke in his hand and he cut himself as well as the intended victim. When located three days later he resisted arrest and sustained scratches. He then denied that he was the man who had attacked with a glass and claimed all his injuries were sustained during the arrest.

It was easy to see that some cuts were older and only some fresh and I demonstrated and explained that to the accused. "One can see which side you are on" he remonstrated, but obviously accepted my explanation and pleaded "guilty".

Interpretation of Injuries

Injuries sustained during — some prisoners claim after! — arrest have often to be examined by the Police Surgeon and need great care and detailed description, as they may form the basis of later complaints against the police. If any major injury is found it is up to the police officer to explain to his superiors and then in court how they were inflicted and if and why they were unavoidable. The Police Surgeon's task is to describe and interpret what he sees without bias. However it is wise to hear both sides before interpretation.

In one such case a prisoner with blood smeared all over his face claimed that he had been injured by being rubbed under strong pressure against the cell wall. There was no blood on that wall. The constable told me the man, apparently unsteady on his feet after drinking, had fallen against a radiator in the outer office and his nose bled afterwards. There was some blood on the floor near the radiator of which I collected a sample for grouping. It was the prisoner's blood, a fact which sustained the history given by the police.

I always clean the prisoner up so that the full extent of the injury is seen and demonstrate and explain my interpretation — sometimes in front of a mirror — and read my notes over to him recording in them that I have done so. A frequent complaint is that the handcuffs were put on too tightly — "look at the marks!" I am asked. There are often several marks from the wrist upwards which show that the handcuffs were moved up and down while the prisoner strained against them. When I point this out nothing more is heard of that particular complaint.

Injuries do, of course, occur occasionally but it is of interest that in most cases when I see one inujred prisoner I also see several injured police officers, there having been a struggle in arresting the man or putting him in a cell. Some prisoners, particularly under the influence of drink or drugs, seem to possess superhuman strength and I have seen as many as five police officers struggling to get them as gently as possible through the cell door.

This gives the lie to Mr. Meacher, M.P. who was quoted to have spoken in the Home Affairs Committee (House of Commons, March 1980) of the "unarmed, defenceless and unresisting person in custody".

Assaulted Doctor

I was probably very fortunate in never having been assaulted by a prisoner but my technique might have some bearing on it too. I remember a European Doctors' Congress which was held under the title "The Doctor and the Law". I had spoken on the task of the Police Surgeon in England and a Police Surgeon from higher up North said to me during the discussion "You must have all gentlemen in your area".

He explained that he had been assaulted several times and even been pressed against the ceiling in a cell. He was entering a cell always with two police officers at his side.

"That's I think where you make your mistake" I replied. "You are immediately identified with them and the wrath of the prisoner is usually reserved for the police. If the prisoner appears violent I send two police officers in first to try and calm him and chat him up. Then I go into the cell on my own and thus when he turns to me the police officers stand behind the prisoner ready to restrain him if need be".

Many acts of violence are committed in a domestic environment and may lead to the examination of non-accidental injuries in children or battered wives. I have not seen a battered husband yet! It seems that women "get their own back" rather by malicious allegations which I have seen not infrequently. However, domestic trouble might end in killing and that may affect both sexes and all ages.

Injuries to Children

Non-accidental injury or neglect in children may be difficult to diagnose conclusively and it is usually wise in cases of doubt to send the child on some pretext to the hospital for full examination for illness, bone abnormality or previous injuries of varying ages. The local consultants have always accepted such cases when I asked them. On the other hand, when a case has been first seen at the hospital the consultant has occasionally called me in to examine the case together with him and, being brought in early, I am then able to take over the legal side including the court procedure, which consultants frequently try to avoid.

At times difficulties of diagnosis are presented by mixed injuries as many children have accidental bruising anyway. I remember a case in which cigarette burns inflicted by the mother were identifiable between bruises and scratches sustained by the child in a fight with his elder brother.

For a long time non-accidental injuries were rarely reported, because doctors were reluctant to believe that their patients were capable of such acts and, even if a bit uncomfortable about it, felt bound by professional secrecy towards the parents. This I believe is an erroneous attitude as the child in such cases is the principal patient and must be the main consideration.

At present the suspicion is almost too readily voiced and it is forgotten that real accidents still occur. I had such a case in which a young woman was told by the consultant she would never have a child of her own and managed to adopt one whom she brought up in such exemplary fashion that the adoption authority agreed to let her have a second child. She was preliminarily fostering him when she found that, against all expectations, she herself was pregnant. She had in the meantime grown fond of the new foster baby, they could afford several children and as she said one cannot return a baby one has come to love like a parcel. She had been such a perfect mother that the adoption authority agreed to make a rare exception and let her keep the baby even under the new circumstances.

Accidental Death

Then, one day, the woman slipped over the food the dog had spilled from the plate on to the floor and the baby hit his head on the dining table. However, he was easily calmed and seemed to go nicely to sleep. Only when awoken, after some two hours, and refused his food the couple noticed an unusual drowsiness and called the doctor. The woman and her husband were patently genuine in their worry, the child was sent to hospital at once but died.

Post mortem confirmed that there was nothing to suggest non-accidental injury and the inquest ended with accidental death being pronounced, the natural mother and the prospective adoptive mother comforting each other and the coroner comforting them both.

Cot deaths present a peculiar problem because in spite of intense research their cause is still unexplained. The distress of the parents is often very great and special care must be

taken not to aggravate the grief. On the other hand the diagnosis should only be made if no cause is found at the post mortem examination which always has to be performed and, according to circumstances, the possibility of unnatural death must be kept in mind, particularly if the baby was found face downwards. When pressure is applied through a pillow external findings might be nil, but bruising of the lips and gums often amounting to no more than slight red marks on the nose and around the mouth may be found and occasionally counter pressure on the back of the neck.

In a recent article (*Medicine, Science and the Law*, April 1981) Dr. Vanezis stressed accordingly that an early examination and a detailed knowledge of the circumstances at the scene of death are essential to the pathologist.

This leads to the often difficult question the Police Surgeon is asked to answer when faced with a dead body under more or less suspicious circumstances: has death occurred naturally, is it an accident, suicide or foul play? A few cases may illustrate the difficulties.

Cantankerous Husband

A wife, at the end of her tether with a chronically sick and cantankerous husband hit him with a tin she held in her hand. She did not think she hit hard, nor was there any evidence of it, but the man collapsed and was dead. The post mortem examination confirmed a heart attack as the cause of death.

A man was found dead in his room which looked like the scene of a fight with overturned chair and table. There was however no sign of any break-in or anybody else having been present. Post mortem revealed that a cerebral haemorrhage had been the cause of death and in clinging on to a chair the man evidently turned it over, the chair brought down the table and everything on it slid to the floor and it was a death by natural causes which resulted in the suspicious scene.

Three cases of hanging had each a different history which might be illustrative. In one the man was found hanging with his feet touching the ground on the damp floor of a cellar. There was no letter left nor anything else to suggest suicide, which was anyway unlikely as the man was young and had everything to live for. He was newly married, had a good job and his own house. However, he was known as a practical joker who liked to frighten people and after thorough investigation nobody was in doubt that he had intended to frighten his young wife, slipped on the damp floor and was accidentally killed. He was actually found by his wife's 10-year-old sister who went to the cellar to collect something.

Body Tidied Up

Another case was that of a man hanging in the garage of his house in front of a ladder on which he had evidently been standing. His neck was protected by a cloth and these findings suggested that it might have been a case of so called sexual asphyxia, death occurring accidentally during the execution of perverse activities. The one thing against this was the fact that the young man was not found exposed which is usual in such cases. On my advice this question was however followed up and it emerged that the elder brother had found the young man first and had "tidied him up" to save, as he thought, the parents some distress.

The third case was of a man who was found hanging from the ceiling in his flat. Behind him was a chair he had knocked over as he jumped from it. I had no doubt that it was a case of suicide and careful examination confirmed that the arms had been fettered in a loop with a sliding knot, a well-known practice in people who want to make certain of the suicide succeeding.

There is on the other hand the famous case of Emmett-Dunne in which the victim was killed by a karate blow and then hung up to suggest suicide. The plan nearly succeeded

and it was only when exhumation and a second post mortem examination was ordered and carried out by Prof. Camps after suspicion was aroused — in Prof. Camp's words by "the unforgivable mistake of having married the victim's widow" — that the diagnosis of murder was made.

Blood Handprints

A particularly interesting case concerned a woman in her seventies who was found dead, her head in a pool of blood, lying on the carpet of her sitting room, face downwards. There was a trail of blood leading from the entrance passage into the room which against the door and one of the walls showed multiple "bloody" handprints. After the obligatory photographs had been taken I obtained permission from the officer in charge of the case to turn over the body as far as I needed for more thorough examination. I found that the blood had come from the nose and there was no sign of injury suggesting foul play.

On further questioning the rather vague aged husband — in his eighties — the history presented itself as follows. The woman had a nose bleed in the passage and the husband helped her into the room. However she got too heavy for him to support and after trying to brace himself against the door and then the wall (his hands being blood-stained at the time) he had to let her slide to the ground where she died of a coronary thrombosis as confirmed by the post mortem examination.

There are countless combinations of post mortem injuries sustained in the final fall, killing and suicide in suicide pacts, shooting incidents often combined with intoxication and others — all needing careful analysis. Also the timing of death may be of importance.

Injuries are occasionally sustained in robberies with violence, but occasionally such allegations are proved false, the injuries either being purposely self-inflicted or involuntarily sustained in a phase of unconsciousness as in a case of hysterical fugue which I described in detail (*Medicine, Science and the Law*, January 1981). However in genuine cases it might be necessary not only to examine the patient and treat him or her, but also to give some lead as to the likely weapon used.

Robbery and Murder

Robbery and even burglary may lead to unlawful killing in an attempt to avoid identification. These cases don't always show up in murder statistics, but are often classed as manslaughter. This may well be justified, as in one of my cases when a middle aged woman was pushed out of the way by a fist blow on the lower jaw. The assailant could not know that this woman had an impacted wisdom tooth which had weakened the jaw, it broke, the jaw shifted somewhat and the woman died from asphyxiation. That this was not done in order to make good the two burglars' unidentified escape was evident by the fact that the old father was also pushed out of the way but did not sustain any injury beyond a bruise on the temple. They were caught and convicted of manslaughter.

I believe however, that the plea to manslaughter instead of murder is today all too readily accepted, with provocation or diminished responsibility being claimed. In one such case of a rather horrific murder of a young girl by husband and wife, the man committed suicide and thus never came to court, the wife claimed diminished responsibility having acted under the influence of her husband and the plea was accepted.

A rightful plea of provocation and lack of intent to kill was, I believe, made by the wife who in an argument with her husband, while she was cleaning vegetables with a knife, stabbed him in the right side of his chest. The most unlikely thing happened in the short knife blade just reaching and puncturing the aorta as the man leaned forward, he collapsed and died almost instantaneously. Nobody who intended to kill with a knife would stab into the right side of the chest.

The task of the Police Surgeon in case of suspected murder can be very involved if he is allowed to deal with the scene of the suspected crime, which depends solely on the officer in charge of the inquiry; otherwise he is only asked to pronounce death and leave the remainder to the Home Office pathologist who is being called. However, if he has worked for the same police force for considerable time the Police Surgeon usually conducts the whole preliminary examination and then meets the pathologist at the post mortem examination furnishing him with every detail he wants to know.

Professor Camps

I graduated to this some years ago when the late Prof. Camps, who knew me, on two occasions — when phoned during the night — said to me "Go ahead, I shall come in the morning for the post mortem".

I can however recollect a case in which I asked Prof. Camps to attend and help me with a puzzling case. When I told him the circumstances he not only came almost at once but also brought a ballistics expert with him and I left everything untouched until his arrival.

The scene was a small house which had been divided into two flats. The front door was ajar, a body was lying on its side on the stairs leading to the upper flat, a wound on the right temple looked like the exit wound caused by a bullet. On the right wall of the small square at the foot of the stairs was some adherent brain substance visible. No weapon was seen. Everything seemed compatible with murder.

However, when the body was moved a revolver was found underneath, the bullet was evidently fired in contact with the skin as the entrance wound showed and the case turned out to be a very unusual suicide. Without closing the front door fully the man must have pulled the trigger with his left hand facing the stairs, the gun dropped, his body spun partly round and he fell on to the stairs covering the weapon, his head pointing up the stairs.

Scene of crime officers are usually most helpful and carry all the equipment to prevent blurring or loss of evidence and the Police Surgeon will be wise to concentrate on the medical aspect and occasionally give advice in the form of leading questions. On the other hand he should be ready to accept advice from the detectives who are specialists in their field. Defence wounds should be looked for, any spilled blood preserved for examination and the whole lay out of the scene with any sign of disturbance of a normal pattern carefully noted.

Photographs taken at the scene make excellent illustrations which the Police Surgeon can refer to in his later evidence. They are very superior to mere description of the scene and, if there is any picture which the doctor thinks will be particularly valuable for this, the SOCO will always oblige by taking such an extra photograph.

Examination Without Delay

If an assailant is known or suspected and has been apprehended he should be examined without delay as soon as the scene of crime has been dealt with. If the suspect refuses examination or part of it (his consent is needed for everything) he can anyway be observed as to his mental state. Conclusions as to that can be given in court at the direction of the judge.

However, usually there is no difficulty in getting consent and the examination will involve taking samples of any blood stain on the skin, to match against the victim's blood, also nail-scrapings and cuttings for the same purpose, wounds sustained by the suspected assailant will be looked for and examined and blood and saliva samples taken for grouping and sometimes also for alcohol tests. Clothing will be secured by the police and also fingerprints are in their department.

If no suspect is immediately known, it may be necessary to screen a great number of

people who have become more or less serious suspects because of their car believed to have been seen in the vicinity; or blood being seen on their garments; the description seems to fit them; they gave an alibi which did not stand up to inquiries made or because anything found at the scene of crime seems compatible with them being the assailant.

As the house to house inquiries proceed the Police Surgeon might be kept busy with "screening suspects" for a very long time, but it should be mentioned here that if only one victim and one assailant exist, I for one counted such a case for my statistics as one, how ever many people I might have thus screened.

Sex offences, which averaged in the last year a little over 15 per cent of my cases, fall mainly into two groups — those against adults and those against children and young persons below the age of consent.

The victims are most frequently female and in adults come usually under the headings of rape, attempted rape or indecent assault. Girls under the age of consent, which is in this country 16, may occasionally be victims of rape, but an offence has been committed — unlawful sexual intercourse — even if the child was a willing partner, as they all too often are.

This is borne out by the heated argument whether doctors should prescribe the pill to girls under 16. The discussion spread even into the *Police Review* (March 20th, 1981, p.560), when a correspondent took the view that it was a case of "criminally wrong but morally correct". Without going into details, for which this is not the place, I would say that while not everything the law permits is morally right, I cannot think of a single instance in British law when anything forbidden by it is morally right.

The cases which come to the notice of the police and consequently to be examined by the Police Surgeon, come usually to light when a girl goes missing and is found in circumstances which suggest that intercourse has taken place. Though many young girls do not see anything wrong with a more or less steady relationship with a boyfriend and regard the proceedings as an invasion of their privacy, they can, if rightly handled, usually be persuaded to co-operate. I can only recollect a single case in which in spite of help from the policewoman and the family I failed to do so. Some girls "split" on others at such times: "Why me? — Betty and Susie do the same", and then Betty and Susie too are interviewed and examined.

Blackmail

As the most bizarre way in which a case came to the knowledge of the police, I remember what I have always called "my strangest blackmail case". A girl of 11 flaunted provokingly in front of a mentally retarded youngster who eventually was roused to have intercourse with her. A girl of nine who was with her liked what she saw and demanded the same, with the threat that she would tell mummy what had happened if he did not do it. The young fellow did not feel able to "oblige" and she told mummy!!

The attitude of many modern girls towards sexual intercourse is also illustrated by the case of three schoolgirls who were suspected to have been the victims of a sexual offence. All three admitted to intercourse but one of them was found to be a virgin. On questioning she explained that she had made up the story to be in line with the others, who would have ridiculed her innocence.

In this connection it is important to remember that children might be in error when they tell of intercourse as they may not be able to distinguish between penetration and a sort of simulated intercourse between the tops of the legs or between the genital lips outside the hymen.

In order to establish rape it is, of course, not sufficient to verify that intercourse has taken place but there must also be evidence that it did so, without the woman's consent. Ideally it should be possible to find signs of violence and struggle but often intimidation by threats is used and failing medical evidence, the police have often to rely on other factors supporting the story in order to let the case proceed to court.

However, careful observation may confirm a victim's allegation as in a case where a small, little more than a pinpoint, was found on the back of a woman who had stated that the assailant had raped her at knife point. When a suspect was later arrested with the help of a policewoman acting as decoy, a sheath knife was found strapped to his leg as the victim had described and a guilty plea followed.

Even if violence can be established – though without local injury – the prima facie suspicion of rape may prove to be wrong. In one such case a woman was found half dead by strangulation and tied to a bed. She was taken to hospital but I was called in to perform the necessary examination there as she claimed that she had been raped.

The assailant, when apprehended, told a different story. According to him, after a party, when the guests were leaving, the girl had voluntarily returned to his home and intercourse took place with her consent. However, during the act she reminded him so much of his wife who had deserted him, that in a rage he attempted to murder her and actually had believed her dead when he left. He was willing to plead guilty to attempted murder but did not want it said that he was a "sex maniac".

Honour Preserved

The accused story sounded genuine, particularly as the girl did not give any satisfactory explanation why she had returned with the man when the other guests had departed. The court accepted his evidence and convicted him of attempted murder. The sentence was probably the same as it would have been for rape, but honour was preserved!

Examination in cases of suspected sex offences must be very full including clothing and behaviour according to the circumstances of the alleged crime, which the doctor must be aware of. However I differ from many of my colleagues in that I don't take a full history myself, but base my examination on the story given to the police asking only occasionally a supplementary medical question. After all I consider it my task to tell the police officers whether my findings are compatible with, suggestive of or incompatible with what was told to them. If I were to take a history myself and in confidence were given a different story, I would experience a conflict of loyalties, the duty to professional secrecy on the one hand and my duty to the police on the other.

Behaviour of victims after rape might vary widely, just like after any other "shocking" experience (as some road accidents); they may be highly emotional and distressed, but they may also be very factual, the dammed-up emotion often breaking through later. However, the trained "third ear" will often penetrate the surface, and some reactions it would be hardly possible to fake, as in one woman who exhibited shock reaction mixed with obvious relief that she had escaped being murdered.

The importance of securing all clothing and sending it to the laboratory was brought home to me by a case of which I was told in Scotland many years ago. A young woman alleged she had been raped on a railway embankment. A suspect was traced and denied having been near the embankment. However, when his shoes were examined, soil was found on them which in that particular district was only present on that embankment as the soil had been brought from afar. The accused was found guilty.

Victim Support

In his examination the Police Surgeon will assess the mental state, inspect the whole body of the alleged victim for injuries, and, like in any other case of assault, ask himself whether they could be self-inflicted. However, it cannot be over-emphasised that to be the victim of rape is a most terrifying experience, the psychological consequences may last during the woman's whole life and the police, the Police Surgeon, and later on family, friends and Victim Support Schemes, can do much to alleviate the consequences by showing their sympathy. In case of real need a psychologist at a rape advice centre may be of assistance.

Some women's organisations claim that the victims are often treated badly by being questioned as if they were criminals and that their story is disbelieved. I would say that to show any disbelief unless and until one is convinced that the story is fabricated shows gross incompetence on the part of the interviewer and the doctor – one will never get a full story under such circumstances and the full story is needed to draw conclusions. The impression of disbelief is often created by the fact that a genuine case might not be brought to court, but the reason may not be disbelief but the simple fact of not sufficient evidence having been found to support the allegation.

Court Experience

I argued that, with a woman psychologist after a recent lecture and afterwards a woman from the audience came to me saying that a friend of hers had been raped in this neighbourhood and could not say enough of the kindness and sympathy shown to her by the police officers and the Police Surgeon, but the court experience was terrible, defence council putting her through the mill. However, the evidence was such that the assailant was convicted; it is easy to imagine what the court experience would have been like if a case had been brought without convincing evidence.

How carefully and sympathetically we follow up every clue can be seen from the fact that among the cases we brought to court successfully involved a prostitute.

Detailed inquiry into each case of alleged rape is essential, because we must also think of the accused whose liberty is at stake and false allegations do occur and for many reasons. People use them sometimes as excuse for coming home late or to shield a boyfriend if pregnancy should occur (or to qualify for legal abortion) and women sometimes do not want to admit that they were willing partners. In one such case the woman admitted to it when she was assured the husband would not be told and when the next day the policewoman called at her house to see how she was getting on, she found the supposed victim lying in bed and the worried husband sitting at her side comforting her.

False Allegations

False allegations are not a new phenomenon. In the foreword to a new edition of Thomas More's "Utopia" I found reference to an epigram by him describing such a case (Epigrammata 1520, p.70, no.149). In it the lady protests so much that finally the ravisher loses patience. "Now I warn you" he said, "if you don't shut up and lie down at once I am off". Cowed by this fearful threat, the girl lay down. "All right, go ahead" she said, "but remember you forced me into it". As the principal law officer under Henry VIII, Sir Thomas certainly knew what was going on and he is not known as a man given to levity.

In young girls sexual development should be noted, otherwise examination is much the same for any sexual offence. After noting any external injuries, examination is continued under the ultraviolet light which will show up semen by fluorescence. Unfortunately most washing powders are fluorescent as well and therefore all one can be certain of is that there is no semen when there is no fluorescence, but where fluorescence is present it may or may not indicate semen. However the distribution will usually give some guidance to the experienced doctor and in cases of doubt an external skin swab should be taken.

Sex Investigation Kit

A SOCO with a sex investigation kit should be at hand and will be very helpful in securing the required specimen the doctor collects. Semen in the vagina will be looked for if intercourse has taken place within a week prior to the examination because according to the literature this is the time limit at which one can hope to get positive results. I have never seen semen later than after three days in the living woman. In the

dead, semen can be identified very much longer as was evidenced by Prof. Camps' well-known case of the Rillington Place murder.

After the specimen has been collected, I continue the examination with a set of Glaister rods, or rather with the Keene's modification of them, which allows examination under direct light — the rod fitting on to a torch — instead of in reflected light. The ball-shaped end of the rod will show up any tear in the hymen, its length and direction and allow for a conclusion if full or partial penetration has occurred. In my experience the situation and extent and shape of hymenal tears will allow a conclusion whether they are due to intercourse, manual interference, or internal sanitary tampons. Also signs suspect of habitual masturbation may be seen in the good direct light.

Manual examination with a glove follows in suitable cases to establish or exclude pregnancy and any abnormality. Also the anal opening should be inspected. Finally a blood and saliva sample is taken for grouping and sometimes for alcohol estimation.

Where a suspect assailant has been arrested any examination should be done soon if found necessary at all. Semen on penile swabs does not mean anything, but vaginal cells, discharge or blood which can be grouped may be of essential value; it will have to be looked for early.

Blood and saliva samples for grouping are, of course, needed in such cases and often a test for alochol content, if only to disprove a defence of having acted under the influence. Whenever the woman has been made drunk for the purpose of giving in to intercourse without resistance or when the assailant has purposefully made himself drunk before the offence, he is guilty of it.

Unnatural Offences

Of the sexual offences classed as unnatural, cases of buggery are seen not infrequently. Though generally no longer illegal between consenting male adults, the age limit is 21, there are certain restrictions as to professional relationships and an act commited on females is an offence under all circumstances and also a ground for divorce if performed in marriage, sometimes as a primitive form of contraception.

As in all sexual offences, specimens are taken to be examined for semen but in females it must be remembered that semen might trickle down to the anal opening from the vagina. Clinical examination is important but interpretation is very much a matter of experience, taking all features found into consideration. Any single feature can be deceiving as proctitis may occur as an unrelated illness, ordinary piles may obscure the picture and neither fissures nor the so-called gaping anus sign is reliable by itself. However in my experience fresh acts or habitual acts can usually be diagnosed with certainty, but isolated incidents in the earlier past can often be neither confirmed nor concluded.

In fresh cases; the active agent should always be examined and penile swabs may reveal faecal matter. In cases of suspected mutual masturbation, swabs should be taken from the hands and occasionally the axilla may show semen as evidence of homosexual practice.

Oral sex which seems to occur more frequently than in former days may show semen, but only up to nine hours and in the assailant, saliva of the victim may be found and identified by grouping. Saliva specimens should also be collected from bites which may accompany other offences, even murder with sexual background and in some cases it will be advisable to call for dental opinion on such bites.

Bestiality and indecent exposure do not usually concern the Police Surgeon except if it is a question of assessing the mental state of the offender.

Venereal disease should always be remembered as a possibility and if evident may provide a valuable clue in any sexual offence. However, it will be rarely so obvious that it can be established on the Police Surgeon's examination.

BLOOD IN MY EYE AND IMMUNOGLOBULIN IN MY GLUTEUS MAXIMUS

A cautionary tale from H.B. KEAN

He was a tall, thin, pale young man with long untidy hair. He had been arrested under the provisions of the Road Traffic Act and had, on request, offered a blood sample. I asked his permission to take a blood sample from his arm. He refused and said he thought it was a pin prick. He was taken from the Police Surgeon's room but, before I could pack my case, he reappeared and offered to provide blood from his arm.

The usual forms were completed. The veins of both his antecubital fossae were thrombosed. Some showed evidence of phlebitis with overlying cellulitis. Most of the small veins of his forearms and wrists were thrombosed and the veins around his lower legs and ankles had been abused. He said he used Diconal, Palfium and Morphine. The Police Officer then produced dirty disposable needles, a filthy metal spoon and a dropper bottle for eye drops which had been found in the man's car.

I looked again and decided there were one or two small patent veins on the front of his wrists. I needed a small bore needle and there were none left in my bag. I went off to the local hospital and collected some suitable needles, returned to the Police Station, and withdrew 5 ml. of blood from the client. I carelessly used too much pressure on the syringe and the nozzle came away from the needle in the sample bottle. About 3 ml. squirted out and most of it into my face, onto my lips and into my eyes.

I washed my face and cleaned the bottles. 1 ml. of the retained blood was replaced in each bottle and the usual procedure followed. A prominent note was attached to each sample "Hepatitis risk". I cleaned up, packed all the disposable towels and soiled materials in a plastic bag and took them for incineration.

The following day I telephoned the forensic laboratory giving details of the case. The chemist said some of the sample had to be retained by the lab. in case retesting was required, but agreed to send .3 oz or .4 ml. to the Public Health Laboratory Service. From this laboratory I obtained 500 mg. of human anti HBs immunoglobulin. A colleague gave me a rather large (5 ml.) I.M. injection.

Three weeks later I received a letter from the P.H.L.S.:—

"Dear Dr. Kean,

I am sure you will be glad to know that the sample of blood with which your face was splashed has been tested for B. Surface Antigen and found to be negative by radio immunoassay".

I learned some lessons from the incident.

If a small bore needle is used to take blood, either change the needle for a larger one before pushing the blood into a closed vial or pierce the cap with another needle to allow the air out. Make sure the Police Surgeon's room has adequate and appropriate cleaning material.

The client's blood alcohol was eventually reported as 1 mg. per 100 ml. The Home Office replied to my notification — they had no prior knowledge of this addict.

Is it worthwhile taking blood from a main lining addict who may well be a hepatitis B. antigen carrier? Should I have suggested to the Police that the risk to the people involved was small but real and outweighed the desire to see justice was done, especially as there was no traffic accident and no injuries had been caused?

Postscript

When taking blood from very small veins it is useful to use a piece of apparatus called a wing infusion set. This is normally used for scalp vein drips by the paediatricians. It has the advantage of a very small bore needle attached to a few inches of flexible tube which allows manoeuvrability. The end of the tube fits tightly onto the Luer syringe nozzle.

MEDICO-LEGAL SOCIETIES

BRITISH ACADEMY OF FORENSIC SCIENCE

Friday, 2nd April to Sunday, 4th April, 1982
Stamford Hall of Resident, the University of Leicester.
Symposium – "Topical Problems in Forensic Medicine".
The care of the Psychiatric Prisoner
Artificial insemination by donor
The moment of death
The cause of death
The problems of presenting blood group evidence in the witness box
Coroner or Procurator Fiscal?

Friday, 30th April, 1982
The first Lund Lecture.
To be given by The Lord Chancellor, Lord Hailsham of St. Marylebone.
Subject: "Legal Aid".
Venue: The Law Society, 113 Chancery Lane, London, WC2A 1PL, at 5.30 p.m.
Admission ticket only.

Wednesday, 26th May, 1982
Presidential Address and Annual Dinner.
To be held at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PN.

Wednesday, 23rd June, 1982
Annual Scientific Meeting.
Symposium: "This Age of Violence" and Annual General Meeting.
Venue: The London Hospital Medical College, Turner Street, London, E1 2AD.

Further information on all these meetings may be obtained from:–
The Secretary General,
The British Academy of Forensic Sciences,
Department of Forensic Medicine,
The London Hospital Medical College,
Turner Street,
London, E1 2AD.

THE FORENSIC MEDICINE SOCIETY

Friday, 16th April, 1982
"Recent Trends in Poisoning".
Dr. P.A. Toseland, Toxicologist, Department of Clinical Chemistry, Guy's Hospital, London.

Friday, 14th May, 1982
"Head Injuries in Infancy and Childhood".
Dr. M. Rufus Crompton, Senior Lecturer in Forensic and Neuropathology, St. George's Hospital Medical School, London.

The Forensic Medicine Society (Cont.)

Friday, 11th June, 1982
"Medical Hazards of Flying".
Group Captain A.J.C. Balfour, Consultant in Pathology in Charge of the Department of Aviation and Forensic Medicine, R.A.F. Institute of Pathology and Tropical Medicine, Aylesbury.

Friday, 9th July, 1982
"Problems on Death Certification".
Professor B.H. Knight, Professor of Forensic Pathology, Welsh National School of Medicine, Cardiff.

August
No Meeting.

September
Meeting in Copenhagen.
Exact date and further details from the Secretary.

Friday, 8th October, 1982
"The Usefulness of Blood Grouping in Identification".
Dr. P.J. Lincoln, Senior Lecturer in Blood Group Serology, The London Hospital Medical College.

Friday, 12th November, 1982
"Inhalant Abuse".
Mr. J. Ramsey, Toxicologist, Toxicology Unit, Department of Clinical Chemistry, St. George's Hospital, London.

Friday, 10th December, 1982
"Forensic Applications of the Scanning Electron Microscope".
Mr. Robin Keeley, Scanning Electron Microscope Department, Metropolitan Police Forensic Science Laboratory.

All meetings will be held in The Newark Lecture Theatre, The Newark Building, The London Hospital Medical College, Turner Street, London, E1 2AD, and will commence at 4.30 p.m.

Further information from:–
Hon. Secretary, Dr. Kevin Lee,
Department of Forensic Medicine,
London Hospital Medical College,
Turner Street,
London, E1 2AD.
Tel: 01-247 7808,
01-247 5454, ext. 360.

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

MEDICO-LEGAL SOCIETIES

THE FORENSIC SCIENCE SOCIETY

1st-3rd April, 1982
Spring Scientific Meeting to be held at Trevelyan College, University of Durham.
Subject: "Public Order, Violence and Terrorism".
Sessions will include "Fire Investigation", "Work of the Police Surgeon and Pathologist" and "Consultant Forensic Sciences in Britain".

24th-25th September, 1982
Christ Church, Oxford, local meeting.
Subject: "Use of Information in crime detection".

Further information on these meetings may be obtained from:—
The Forensic Science Society,
Clarke House, 18a Mount Parade,
Harrogate, England, HG1 1BX.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: The Rt. Hon. Lord Justice Jones

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.

THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

All meetings are held at the Law Courts, Crown Square, Manchester, at 7.30 p.m.
For further information please write to:—
Dr. G. Garrett,
Hon. Secretary,
Manchester & District Medico-Legal Society,
Pathology Department,
Oldham & District General Hospital,
Rochdale Road,
Oldham, OL1 2JH.

THE MEDICO-LEGAL SOCIETY

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.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Wednesday, 31st March, 1982
'The Recognition of Child Abuse'.
Dr. James Hilton, President Elect,
Association of Police Surgeons of Great Britain.

Wednesday, 5th 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.

SECRETARY'S OF MEDICO-LEGAL SOCIETIES ARE INVITED TO SUBMIT THEIR PROGRAMMES FOR INCLUSION IN FUTURE ISSUES.

MEDICO-LEGAL SOCIETIES

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

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.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

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.

BRISTOL MEDICO-LEGAL SOCIETY

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.

ULTRA VIOLET PHOTOGRAPHY

Surrey Police Surgeon, Stephen Hempling, created considerable interest at the Association's 1981 Annual Conference in Brighton, with his paper on "Ultra Violet Photography".

Ultra violet lamps, as supplied by P.W. Allen & Co., have been used for some time to pick out bruises not clearly visible to the naked eye. However, the observer is using the presence or absence of visible light to make his observations.

Injuries may be detected using ultra violet flash photography from two weeks to four months after the injury. Using Ilford HP5 (ASA 400) film and a Wratten 18a filter or equivalent, Stephen Hempling has been able to demonstrate injuries no longer visible to the unaided eye. Electronic flash provides a constant source of ultra violet radiation. Melanocytes, the pigmentated cells under the surface of the skin, absorb ultra violet radiation. These cells migrate to the edges of a wound and thus concentrations of melanocytes can show the outline of an injury.

If you require further information regarding ultra violet photography, or would like to take part in forming a central catalogue of results in order to determine the ultimate interpretation of UV photograph results, please send a large stamped-addressed envelope to Dr. Stephen Hempling, 2 Onslow Close, Woking, Surrey.

Wratten 18a filters or equivalent may be obtained by sending a filter holder of the appropriate size to Precision Optical Instruments (Fulham) Limited, 158 Fulham Palace Road, London, NW6. Approximate cost of the filter including VAT, postage and packing, is £8-9.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

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

22nd-27th August, 1982
9th International Congress of Hypnosis and Psychosomatic Medicine, University of Glasgow.
See Page 40.

3rd-5th September, 1982
APSGB, Autumn Symposium. Stirling, Scotland.

24th-25th September, 1982
"Crime Investigation — Art or Science". An assessment of past and current practices and forecasts for the future. Christ Church, Oxford.
Sponsors: I.A.F.S., F.S.S., A.P.S.G.B., B.A.F.S. and Thames Valley Police.
International Association of Forensic Sciences, Forensic Science Society, Association of Police Surgeons of Great Britain, British Academy of Forensic Sciences, Thames Valley Police.

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

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

18th-25th September, 1984
Conference of the International Association of Forensic Sciences, Oxford. See Page 13.
President: Professor Stuart Kind.

INTERNATIONAL MEETINGS

13th-14th May, 1982
Western Conference on Criminal and Civil Problems, Holiday Inn Plaza, Wichita, U.S.A. The Conference will cover Homicide Investigation from Medical, Legal and Law Enforcement aspects.

Inquiries to W.C.C.C.P. Box 8282, Wichita, Kansas 67208, U.S.A.

University of Stirling — A view of the residences. Good trout fishing in the loch.

INTERNATIONAL MEETINGS (Cont.)

17th-22nd May, 1982
International Academy of Legal and Social Medicine, Vienna.

Further details from Prof. Holezabek, c/o Institute of Legal Medicine, Sensengasse, 2, Vienna IX, Austria.

22nd-27th August, 1982
9th International Congress of Hypnosis and Psychomatic Medicine, Univeristy of Glasgow.
See Page 40.

27th-30th September, 1982
Congress of the International Association of Forensic Toxicologists.

This meeting is organised by the Instituto Nacional de Toxicologia of Seville and will be held at the University. The Conference language will be English.
There will be a full social programme.
Further details from:—
Viajes Alcalá,
Edificio Sevilla-2,
Sevilla, Spain.
Telex: 72855-JBB-E.

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, see Page 37.

17th-20th March, 1983
Cross Channel Conference on Criminalistics and Forensic Medicine, jointly organised by Forensisch Medisch Genootschap, Association of Police Surgeons of Great Britain and Forensic Medicine Society.
Venue: Rijn Hotel and Medical Faculty of Erasmus University, Rotterdam, Holland. See Page 30.
Working Language: English.

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.

February/March 1984
Conference of Australasia and Pacific Areas Police Medical Officers, in Melbourne, Victoria, Australia.

18th-25th September, 1984
Conference of the International Association of Forensic Sciences, Oxford, England. See Page 13.
President: Prof. Stuart Kind.

To the Editor of THE LANCET

Sir,

Perhaps you are not aware that the Commissioners of Police (of course with the sanction of Mr. Peel) have determined to send their sick men to the dispensaries and hospitals, for medical assistance, instead of appointing district surgeons, as was at first contemplated.

This information was communicated to me by a surgeon of great respectability, who had an interview with one of the commissioners a short time since.

Can anything so fragrant and unjust be permitted to pass, without the censure which it merits? Can the sacred name of charity be thus perverted? What will the dispensary system next bring upon the profession?

I suppose Mr. Peel will, ere long, for two guineas per annum, supply his family and servants with medical attendance and medicines, as I believe the physicians and surgeons from these establishments attend patients at their own houses.

Without your continued support and powerful exertions to repress these growing evils, and a determination on the part of the general practitioners, to unite and assist you in your laudable endeavours, I predict that this industrious and meritorious class of men, will soon be deprived of more of the emoluments which they have hitherto received, and to which they are justly entitled.

I am, Sir, your well-wisher,

A SURGICAL REFORMER

London, February 29th, 1830

ESTIMATED AND COMPARATIVE VALUE OF A SCOTCH DOCTOR'S SERVICES

Sir,

Has any of your numerous correspondents called your attention to the high eulogium passed on their surgeon by the Commissioners of Police, at a meeting lately held by them in Edinburgh, after his decease from "fever, caught in the arduous discharge of his duties"? The salary for these "arduous duties" is £180 per annum, subject to an annuity of £80 for life to a former superannuated medical attendant. At the meeting above referred to, the Commissioners, in the plenitude of their liberality, unanimously increased, unsolicited, the salary of their clerk from £250 to £300; and at the same time resolved, that, on the death of the annuitant, their surgeon's salary should be reduced to £150, so that the "arduous services" of a Police Surgeon, though he should lose his life in the performance, are valued at just one half those of a police clerk, who sits securely at his desk.

How long will members of the medical profession continue to submit to such degrading subjection? — give their strength of body and mind away on such servile and unappreciated conditions? — and immolate their lives on such an inglorious altar?

I am, Sir, your very humble servant,

A PROVINCIAL SURGEON

The Lancet, 1848

THE SPECIAL TESTS FOR DRUNKENNESS

Sirs,

In a recent case of alleged drunkenness one of the magistrates asked a witness, "Did the doctor in your presence apply any of the special tests for drunkenness?" I should be glad if you could inform me what the special tests for drunkenness are.

I am, Sirs, Yours faithfully,

BACCHUS

November 28th, 1900

***We know of none. There are certain shibboleths which, if police-court reports are to be trusted, are applied by Police Surgeons, such as the ability to articulate clearly the words "British constitution" or "literary abilities". Some 25 years ago at Oxford no man was considered to be drunk at a "wine" until he attempted to light a cigar with a fork. — Ed. L.*

The Lancet.

The Lancet, December 8th, 1900.

CORRESPONDENCE

"Hazeldene",
Hazel Avenue,
Chapel Green Lane,
Bristol, BS6 6UD.

Dear Sir,

I was delighted to read Professor Kind's letter inviting Association Members to attend the International Forensic Meeting in Oxford in 1984. This is a wonderful opportunity for all of us to meet top figures on the world forensic scene.

However, and more important, it is a great chance to show the high standard of papers given at Association meetings, if members can be urged to submit them (see David Filer's article "Police Surgeon", No. 20, November 1981, Page 60). Could Council be asked to consider appointing a small sub-committee to select a sort of "top twenty" from the past few years and request them to submit their papers to Professor Kind for consideration?

It would be tragic to let this great opportunity to display our wares slip by, but I fear it may happen unless members are given an encouraging push!

Yours faithfully,

IVOR DONEY

Dear Sir,

re: **Importance of attending Police Surgeon's Conferences and International Meetings of Forensic Science Societies**

When the Police Surgeons of Reading resigned in June 1980, the Thames Valley Police approached the Local Medical Committee and requested assistance. Interest was lukewarm as nobody was very keen to take on the job. However, I applied, making it clear that I would only cover Reading police Station, half a mile from my surgery. Subsequently, the Police Authorities appointed three Police Surgeons to cover Reading, with a population of 250,000.

As my medico-legal experience was limited, I was very nervous but determined to make a go of it. From a very busy and demanding general medical practice, I landed into an equally busy and demanding medico-legal practice. When I took over from my predecessors on a Saturday afternoon, I had to tackle a mentally disturbed patient, a suspected death, scores of shop lifters, drunken drivers, drug addicts and a victim of rape. All this was in addition to my weekend duties for four other general practitioners in the town.

By the following Monday morning, I thought I had had enough, and went to say thank you to Chief Superintendent Webb and ask him to find someone else. But John Webb said, "Don't despair. Go and see Uncle David Paton, who is a veteran Police Surgeon of some 30 years. He lives at Maidenhead. He will be able to give you expert advice and guidance". Thus persuaded by Chief Superintendent Webb, I met David Paton, who disarmed me immediately and showed me the brighter side of the work. He gave me ample courage and confidence and even offered to be available any time I needed any help. It was David Paton who urged me to join the Association of Police Surgeons of Great Britain, and also the Forensic Medicine Society and Medico-Legal Society. He also told me to buy a copy of "The New Police Surgeon" and said that I should read it with reservations but I should be prepared to be on my own, to defend myself and stick to my "guns" when it came to a "ding-dong" in the Court. I shall never forget David Paton's advice because it meant a lot to me during my formative months in this speciality.

I acquired Keith Simpson's "Forty Years of Murder" and "Forensic Medicine" (8th edition), Bernard Knight's "Legal Aspects of Medical Practice" and other

text books. I returned to my old Medical College at Nagpur (India) in 1981 and found that two of my senior colleagues had become Professors of Forensic Medicine at Phepal and Bombay, and they urged me to carry on and gave me useful tips.

Having read all the suggested books and listened to all the knowledgeable chaps in authority — I still felt that there were lacunae in my knowledge as yet unfilled. I started attending conferences and meetings. I went to the Autumn Symposium of the Association of Police Surgeons at Bristol, which was organised by Ivor Doney and his lovely wife, Tanya, and his partners. As this was my first conference attendance, I really enjoyed it most. I met the flying Dutchmen, who have formed their own Association in Holland.

I also attended our Annual Conference at Brighton and the International Conference of Forensic Sciences at Bergen. Their contributions to our understanding of forensic medicine has been excellent. I have met not only my own colleagues and members of the Forensic Medicine Society, but also Professor Bernard Knight from Cardiff, Bill Eckert of U.S.A., Professor Negucki of California, Professor Suzuki of Japan, Professor Chao of Singapore, and Dr. Alan Currie, Director of Forensic Science Laboratories in the U.K. among others.

There I was, a humble general practitioner from Reading talking to top men of Forensic Sciences in the world. My wife and I enjoyed their hospitality, sincere fellowship and desire to help fellow colleagues devoted to the same cause.

There is no doubt in my mind that the only way to learn practical forensic medicine is to go to these meetings and conferences where one meets our esteemed peers. I recommend this to any one who wants to advance further in our speciality.

Yours faithfully,

R.P. SHUKLA

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The Revised Syllabuses

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H.M. Constabulary.
Academic Centres of Forensic Medicine.
Medical Defence Societies.

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