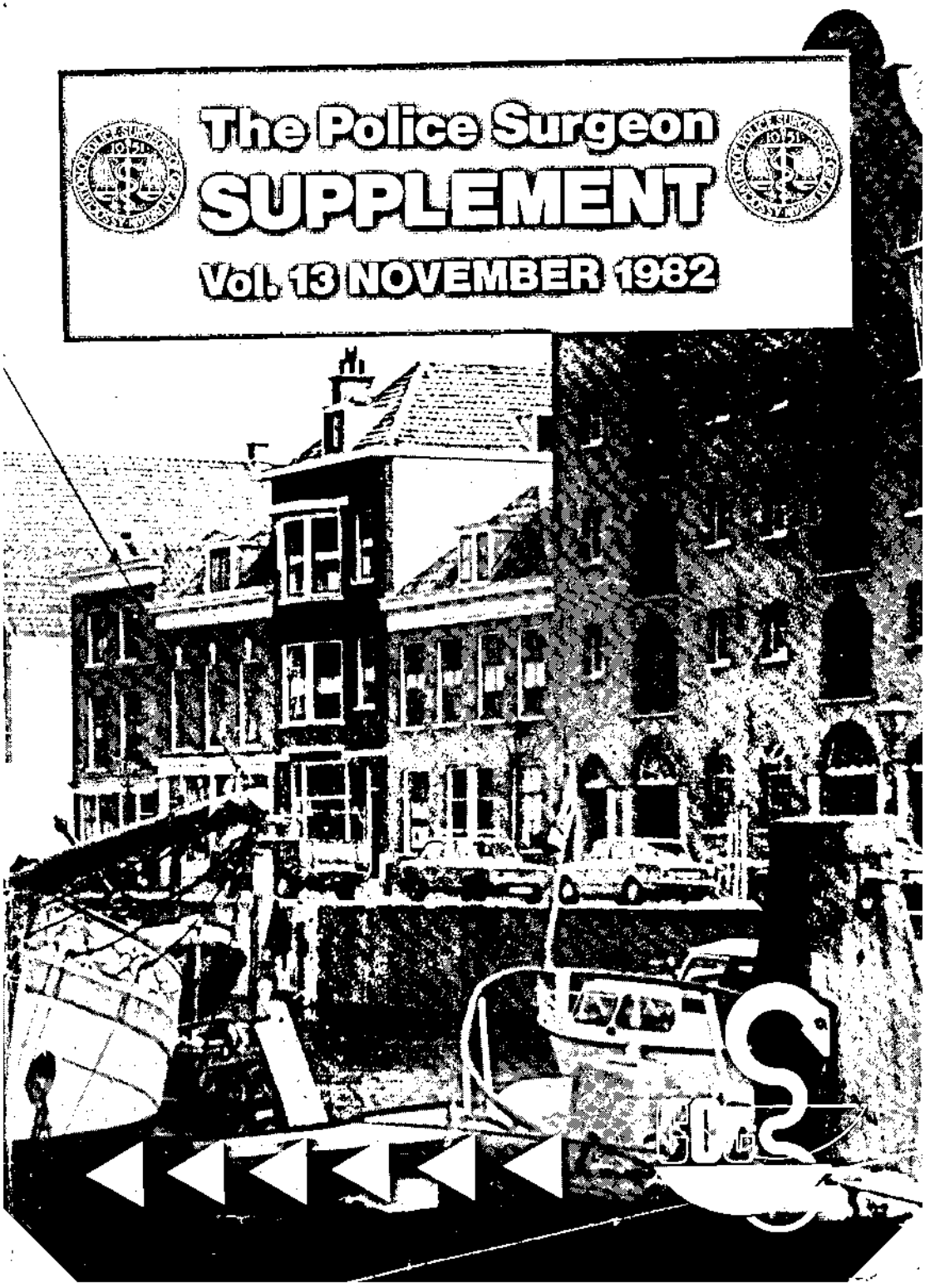
The Police Surgeon SUPPLEMENT

Vol. 13 NOVEMBER 1982



The Police Surgeon
SUPPLEMENT
Vol. 13 NOVEMBER 1982

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ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

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Distributed free to all members of the Association.

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Chief Medical Officer, Strathclyde Police Headquarters,
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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 57.

THE POLICE SURGEON SUPPLEMENT

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HILTON'S LINE

With great sadness I must report the untimely death of our Immediate Past President Henry Rosenberg. Along with Hugh Davies, Lucette Jenkins, Frances Lewington and Pamela Clarke, Mary and I attended the simple ceremony of Rosie's cremation on June 21st. The large attendance by people from all walks of life was indicative of the esteem in which he was held. Inspector Bernard Dean paid a tribute with which we can all associate ourselves — "I never ceased to be amazed by the courage, tenacity and generosity of this quiet and thoughtful man. I have seen him sit quietly and chat to the most violent of prisoners without a thought for his own personal safety. He treated some of the most anti-social members of our society with sympathy and understanding in an effort to give them back their self respect. We are all honoured to have known him: we are all wiser for having worked with him: we are all deeply saddened by the loss of this true and trusted friend. We give thanks to the Lord for a man who was in every respect a true Community Physician".

In the words of the final hymn:

He who would valiant be,
Follow the master.

I am sure you would wish me to extend to Mary and the family, on behalf of all members of The Association our love and deepest sympathy in their sad loss.

It is not without significance that our Autumn Symposium was held in Scotland this year. The event took place in the beautiful surroundings of Stirling University and I noticed that the excellent food was devoured all the more eagerly, the appetite having been sharpened by the walk from residence to dining room. An excellent programme was completed punctually and efficiently and all those "sassenachs" who made the long trip will be much more aware of the problems that our Scottish colleagues have to contend with. Well done, and many thanks to Peter Jago.

I repeat my words at the Annual General Meeting that I am proud to have been born, reared and educated in Scotland. I trust that we will hear more of our Scottish members' affairs in the years to come.

The President of the B.A.F.S., Dr. W.A. Thomson, chose an interesting piece of forensic history for his address by describing an Edinburgh Quintet. This started with the first chair of Medical Jurisprudence, Forensic Medicine, or

Legal Medicine in the English speaking world, occupied by Dr. Andrew Duncan Secundus in 1807, and ended with the great Sir Sydney Smith, appointed in 1927. The history of the development of Forensic Medicine under the brilliant guidance of these famous men makes compelling reading. Of the Ruxton case, the most famous trial of Smith's career, my memories are sharp and clear. The Miss Susan Johnson referred to who first saw the limbs of the murder victims from Moffatt bridge was a near neighbour of mine and I well recall the excitement this caused in the small Scottish community in which I lived. When she described the scene to us we hung on her every word and I can still relive the little thrill of suppressed horror as the gory details were unfolded. I remember my admiration for the brilliant expositions at the trial. The beginnings of a penchant for Forensic Medicine for me? Quite likely because I was already resolved to become a doctor.

Following our hard working Secretary's warning regarding our fees and the Inland Revenue, the excellent Administrative Officer of my Force has kindly sent me a copy of a formal notice sent to him recently. This quotes Section 16 of the Taxes Management Act 1970: Return of Payments for Services Rendered, and requires the Police Authority to make and deliver a return of all payments made to Police Surgeons and their deputies for each of the three years ended 5th April 1980, 1981 and 1982. Commencing 1982/83 the Inspector of Taxes will serve annual returns on the Police Authority.

I note also that similar returns are now being required from funeral directors concerning cremation fees paid to doctors completing the necessary cremation certificates. It is estimated that some £12½ million is earned annually by doctors from cremation fees!

This seems to be part of a general drive to tighten up on tax gathering rather than a direct attack on doctors in general and Police Surgeons in particular. The only good thing I can see in this is that if sufficient money from lost tax from all sources is gathered in, who knows, taxes may be reduced? Meanwhile please ensure your returns are accurate – and say goodbye to those little "loot boxes" kept here and there.

For those who missed the Annual Conference at Torquay the significance of the title of this letter will be found in any good textbook of embryology. Also the answers to the questions what is it? where is it? and what is it used for? I use it as my title in proud defiance of B*** T****s from Preston and his gang of undertakers. If anybody is interested the shingles has gone and left no visible or functional disability. I think you missed a very excellent conference both in clinical content and in its happy family atmosphere. O.K. we have been through a traumatic year and there are likely to be further problems not least in absorbing the changes that will come with the new breathalyser. Your new Council will, I know, serve you well and the process of tightening up our finances has begun. Already this is having a beneficial effect along with the increased subscription. We have managed to avoid reducing any of the services to members, but *remember* it is upon you, the members, that the Officers and Council rely for information. If you have a problem, a grouse, or a good idea don't wait until it becomes lost in the mists of time – don't let it moulder. Write or telephone your Area Council Member, your Hon. Secretary, or myself. We will ensure that it is attended to with expediency. If we stick by each other and keep that same spirit of cooperative effort and tolerance as shown at Torquay our future will be bright.

Looking forwards and outwards our Dutch colleagues have organised what promises to be a most exciting, instructive and entertaining meeting in Rotterdam on March 17th-20th, 1983. If you do not already have details of this write to Myles Clarke. Costs have been kept to a minimum and I hope to see many of you attending. A lot of time and effort has been put into this project so please support it. In any event make sure you come to our Annual Meeting at Scarborough.

JAMES HILTON

DR. H. ROSENBERG, O.B.E., M.R.C.S., L.R.C.P., F.R.C.G.P.

With the passing of Dr. Henry Rosenberg at Worthing on the 14th June this year at the age of 75 years, Worthing has lost a valued senior Citizen who had given his working life to the aid of the sick of the town; and the Sussex Police Authority, a valued teacher in Forensic Medicine. Dr. Rosenberg had been appointed originally to the Worthing Police as their Police Surgeon in 1944. He is remembered now by many Senior Officers of the force with affection, recalling the help he had given them in their early days in the force when he led as Medical Officer, a Mobile Rescue team in Worthing during the War. The members of the Association of Police Surgeons of Great Britain have lost a quiet and unassuming colleague who had just ended his term of their highest office, the accolade of President of that Association.

Our thoughts go out to Mary and her family, daughters Elizabeth, Helen and son Morris at their loss. Rosie, as we all knew him, was born in the Northern Transvaal, being educated at Marist Brothers College, Johannesburg. He entered Witwatersrand University and received a B.A. in Classics in 1925. He was a keen Rugby player and received a trial for Transvaal and South Africa as a scrum half, but an ankle injury on the field in the pre-antibiotic era led to osteomyelitis and an upper thigh amputation of his right leg. With this disability he entered Guy's Hospital in 1925 and with his keen attention to detail gained the Hilton Prize for dissection. He qualified in 1932 becoming the House Surgeon in the Ear Nose and Throat department and locum in the V.D. department. During his time at the Hospital he played cricket as wicket keeper and he also swam.

On leaving the teaching Hospital he was appointed to Worthing Hospital as its Resident Medical Officer in charge of its 70 beds, doing major surgery and work as an anaesthetist for a year. He showed an aptitude for Pathology where his thoroughness for dissection brought the highest praise.

He left the Hospital to set up in General Practice on his own in 1934 and in 1941 he married Mary who with her charm, and devotion to her husband, enabled his practice to grow until there were finally seven partners.

Worthing was his home and Worthing will remember his interest in Sport; he became President of the Worthing Swimming Club, medical adviser to the Boxing events in the town, President of the Worthing Rugby Club and Vice Chairman to the Sussex Rugby Football Union. This interest in Sport naturally produced an interest in First Aid and he became medical adviser to the Red Cross and Divisional Surgeon to the St. John's Ambulance Brigade.

He was appointed by the local medical committee to serve as a member of West Sussex executive council in 1947. He became chairman of the executive council in 1970 and of the family practitioner committee when it was established in 1974. He was President of the Society of Family Practioner Committees in 1972/3 and received the O.B.E. the same year.

H.C.M.J

Henry receiving the Past President's badge at the 1982 Conference.

DR. 'MIKE' CRAWFORD

The Association has lost a fine colleague and a friend with the death in September of Dr. George 'Mike' Crawford, who was for many years a Police Surgeon in Liverpool.

Dr. Crawford became actively involved in medical politics in 1959, when he was first elected to represent Liverpool Doctors at the A.R.M. that year. He became Honorary Secretary of the B.M.J's Liverpool Division and for the past five years had been its President. He was a B.M.A. Council Member from 1966 and on the General Medical Services Committee. In 1981 he was elected Chairman of the B.M.A. Private Practices Committee.

For many years Mike Crawford has represented the interests of the Association in negotiations with the B.M.A. and with local authorities. In April of this year, when concern was expressed at the number of occasions when General Practitioners with no forensic experience had been asked to give a forensic opinion when attending patients in custody, Dr. Crawford warned "G.P's should not get involved in forensic problems. They should leave that side of things to Police Surgeons".

He will be sadly missed by all his many friends.

DR. BRIAN BEESON

Shortly before going to print, we learnt of the tragic death of Dr. Brian Beeson, Home Office Pathologist at Lancaster. An associate member of the A.P.S.G.B., he was for a number of years the Honorary Secretary of the British Association in Forensic Medicine. Our condolences to his wife Barbara and his family.

HON. SECRETARY'S REPORT 1981-1982

HON. SECRETARY'S REPORT 1981-1982

Members are referred to the "Police Surgeon" Supplement Vol.11 Autumn 1981 and Vol.12 April 1982 for fuller details of the events during the past year.

There have been 4 meetings at national level; the Annual Conference at Brighton in June; the Autumn Symposium at Derby in September; the Metropolitan meeting held in January at the Metropolitan Police Forensic Science Laboratory; and the Charing Cross Workshop in Forensic Medicine held in March.

The Association co-operated with the Police and Laboratories concerned in staging the following 2-day Courses:—

Home Office Forensic Science Laboratory, Birmingham 17th-18th July 1981, and October 9th-10th 1981. (a further Course is planned for 16th-17th July 1982)

Metropolitan Police Forensic Science Laboratory 11th-12th November 1981.

Avon and Somerset Constabulary, 28th-29th November 1981.

The Association is grateful to Lecturers and organisers who helped make all the foregoing meetings a success.

DIPLOMA IN MEDICAL JURISPRUDENCE.

During the year the following members have been successful in obtaining the Diploma:

July 1981

Jeffery Burgess	Ellesmere Port. Cheshire
Herbert Kean	Liverpool
Stuart Parker	Barry. S. Wales
Peter Tooley	Twyford
Armoury Vane	Sydney

January 1982

Barend Cohen	Rotterdam
James Rodger	Glasgow
Jonathan Simon	Oxford
Peter Jerreat (Path)	London

I would be pleased to hear from prospective candidates in order to assist them with their preparation for the examination and put them in touch with holders of the Diploma who have volunteered to act in a tutorial capacity.

REPRESENTATIONS AND PUBLIC RELATIONS

I represented the Association at the Annual Representative Meeting of the B.M.A. (Brighton). We are priviledged to be invited by the B.M.A. to send a representative as a minority group, (the others are the Prison Medical Officers, and Civil Service Medical Officers, and the Medical Advisers to the Pharmaceutical industry). There are so many items on the massive Agenda that could directly or indirectly affect the interests of police surgeons that it is important even if one does not speak that a watching brief is kept on our behalf, and we are grateful to the B.M.A. for continuing to invite us to send a representative.

Continued page 12

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PAY NEGOTIATIONS

B.M.A. Private Practice Committee negotiate our fees and conditions of service through the Joint Negotiating Committee for fees of doctors assisting local Authorities, and in doing so the Chairman of the Private Practice Committee invites representation from this Association. Dr. David Jenkins and myself were invited to attend this year and at the first meeting in October the Staff Side were told quite bluntly that the local Authorities refused to accept the present fee structure and also because of Local Authority cutbacks they had no financial resources to finance any increase based on the fee structure. The Staff Side had for over two years been pressing for a review of the structure and recognised that there were anomalies, but better late than never agreed to join in a Working Party to examine the system. It was stressed that this was not a negotiating exercise but a Working Party which would in time refer back to the main Joint Negotiating Committee. Five meetings of the Working Party have been held and there has been an atmosphere of goodwill on both sides but unfortunatley, there are certain areas where the two sides have agreed to disagree. Members who attended last year's A.G.M. will remember being circulated with the report of the subcommittee on fees and terms of service which we sent to the B.M.A. and has been used as guidelines during our Working Party – this of course is a confidential document and has not been published, but members may rest assured that we do work from guidelines!!

Following the Council Meeting at Derby it became obvious that from the way the Working Party deliberations were going that the Staff Side required further guidance and a meeting of the Finance and General Purpose of the subcommittee of Council was held at B.M.A. House in November. While the Working Party has suspended it's activities until the Autumn there has been considerable activity among the Staff Side representatives as a result of which Dr. Mike Crawford (Chairman) and Mr. Andrew Bosi (Secretary) of the B.M.A. Private Practice Committee will be attending our annual Conference to take instructions. In the meantime the members of the Metropolitan group have unanimously passed the following motion which may be taken as the basis of our discussions at this Conference.

1) That the basis of sessional payments of Police Surgeons fees is unacceptable.
2) That negotiations should be reopened on a basis of a two-tier system of item of service remuneration for forensic and non-forensic work.
3) That the present system of remuneration should continue with annual updating by a figure not less than the latest Review Body award, until such time as a different method of payment is accepted by Police Surgeons.

RAPE VICTIMS

Following recent publicity in respect of the treatment of rape victims I have been in correspondence with the Medical Womens Federation and the Home Office during which I reiterated the Association policy which formed the basis of our evidence to the Heilbron Committee in 1976. I do not intend to repeat it in this report, but very briefly we demand that the examination of rape victims should be carried out in proper clinical surroundings and that the doctor carrying out the examination should be competent, impartial and sensitive to the needs of the victim. We do not support the idea of female examiners only being retained for this purpose. Provided the examiner fulfills the foregoing criteria it does not, in the majority of cases matter what sex he or she is. However, there may well be occasions when a female examiner should be called by the Divisional Surgeon and it is to be hoped that all our members will bear this in mind and have no hesitation in obtaining the services of a female examiner if the circumstances warrant it. For this purpose one should review one's own local arrangements to ensure a female colleague would be willing to attend at the request of a Divisional surgeon. Your Council has expressed the

view on more than one occasion that only a doctor whose duties include the whole field of clinical forensic medicine should examine victims of assault whether sexual, physical or both (which is usually the case and quite often with drink or drug involvement also). There has been a good response from Police Forces who have ordered our pamphlet giving advice to victims of assault. However, some Forces (including the Metropolitan Police) have not obtained these pamphlets and it is suggested that Police Surgeons in those areas obtain their own supply from the office. Victims of such offences are commonly very distressed and do not remember the spoken word or advice given in the heat of the moment. The written advice together with tear-off letters which can be given to the victim for delivery either to her G.P. or any other medical colleague is real evidence that the surgeon has advised the victim as to proper actions to be followed after the examination; regrettably failure to do this is still according to the Rape Crisis Centres not uncommon.

MEMBERSHIP

There have been 51 new members during the year, 20 have retired from full membership and accepted either Associate or Life Associate membership, and there have been 3 deaths. The membership now stands as follows:—

	1980-81	1981-82
Full	550	551
Associate	46	48
Life Associate	54	56
Overseas	24	25
Hons.	16	19
	690	699

Under rule 5(b) of the Constitution there were 16 cancellations of membership for non-payment of 2 years subscription.

INTERNATIONAL

In the international field the Association was well represented at the Conference of the Australasian and Pacific Areas Police Medical Officers Association held in New Zealand (see report Supplement No.12). We have been invited to send delegates to the Pan-American Association of Forensic Medicine meeting to be held in Sacramento next November. Arrangements are proceeding for our Spring 1983 meeting in Holland and the Association has promised it's support for the International Association of Forensic Sciences to be held in Oxford in July 1984.

COUNCIL RETIREMENTS

Saul Veeder, Rab Choudhury and J. Chitnis retire from Council having served 3 years and on your behalf I thank them for their active support during their tenure of office.

Drs. A.J. Irvine, Z.A. Qureshi, and R.J. Marsh join the Council for the first time as their replacements and we look forward to them joining us in our deliberations.

Two full Council meetings have been held this year and a full-day Council meeting will be held at the beginning of Conference week. A smaller Finance & General Purposes subcommittee has met on one occasion in London, but most of it's work is conducted between members over the telephone which although increasing the size of the telephone and postage bills — is cheaper and more cost effective than bringing the whole Council to London as we did in previous years.

An Ethical subcommittee has also met and will present to Council a Code of Practice for Police Surgeons in relation to the Defence. Liaison with the B.M.A., the Association of Chief Police Officers and the Metropolitan Police has taken place in respect of this Code of Practice which if accepted by Council will become Association policy.

Finally, I wish to place on record my gratitude to Mary and Henry Rosenberg for all the work they have undertaken on our behalf especially during Henry's Presidential term of office. Henry's quiet but patient and firm handling of Council meetings has been a great asset in ensuring the smooth running of the Association during a very busy two years.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31st MARCH 1982

1981	EXPENDITURE	£	£	1981	INCOME	£
329	Stock of Goods April 1981	1638		18329	Subscriptions	19980
2253	Goods Purchased	834	2472	371	Bank Interest	628
1080	Diaries	1106		2707	Conference Receipts	2925
	Less Grant from Geigy Limited	250	856	7813	Symposium Receipts – Derby	725
527	Printing and Stationery etc.		463	1573	Symposium Receipts – Metropolitan	1047
695	Telephone		966	855	Sale of Goods etc.	558
111	(Repairs to Equipment etc.)		–	859	Sale of Books, Journals etc.	761
1135	Postage		1161	1119	Advertising – Supplement	1111
1908	Conference Expenses		3515	9	Sundry Receipts	3
6183	Symposium Expenses – Derby		222	1638	Stock Goods March 1982	1528
1139	Symposium Expenses – Metropolitan		1581		Grant from Geigy Limited (1981 Diaries)	1080
–	Symposium Expenses – Bristol (1980)		260		Torquay 1982	175
88	Council Meetings		507			
299	Conference Facilities Preview – Torquay		405			
–	Conference Facilities Preview – Holland		242			
–	Conference Facilities Preview – Scarborough		62			
196	Sundry Publications		56			
4988	Police Surgeon Journal		5041			
2725	Police Surgeon Supplement		3531			
–	Donation – W.G. Johnstone Fund		371			
453	Accountancy etc.		500			
111	Miscellaneous Expenses		155			
–	Insurance		155			
106	Depreciation – Equipment		60			
72	Expenses etc. Honorary Treasurer		133			
350	Presidents Expenses (2 years)		400			
	Expenses – Honorary Secretary:					
371	Travel & Subsistence	371				
466	Locums & Attendance	796	1167			
3300	Assistant's Salary	3528				
1185	Assistant's National Insurance & Expenses	1298	4826			
704	Rent and Rates		806			
88	Heating		80			
4411	Excess of Income over Expenditure		528			
35273			30521	35273		30521

BALANCE SHEET: AS AT 31st MARCH 1982

1981	GENERAL FUND	£	£	1981	FIXED ASSETS	£	£
	Balance 1st April 1981	7707			Office Equipment		
	Add Excess of Income over Expenditure				At cost	1155	
7706	for year	528	8235	480	*Less* Depreciation to date	725	430
	CURRENT LIABILITIES				Photographic Equipment		
400	Sundry Creditors		1198		At cost	425	
604	(Bank Overdraft)			110	*Less* Depreciation to date	325	100
				41	Medallions Cost		42
					CURRENT ASSETS		
				1638	Stock of Goods	1528	
				6441	Cash in Building Society	2069	
				–	Cash at Bank and in Hand	5264	8861
8710			9433	8710			9433

ACCOUNTANTS REPORT

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

40 York Road,
Northampton.

ORTON DESBOROUGH & CO.
Accountants

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 94p (one packet), £1.57 (two packets).
2. **Sexual Assault Leaflets.** Packets of 100 . . . . . **£2.00**
   Postage 94p (one packet), £1.57 (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**
7. **Wall Shield** or plaque bearing Association Insignia **£10.50**

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W.G. JOHNSTON TRUST FUND
COMBINED ACCOUNTS 5th APRIL 1981 – 5th APRIL 1982

1980/81	RECEIPTS	£	1980/81	EXPENDITURE	£
	Balance as at 5th April 1981		–	Current Account 5th April 1981	77.80
3792	Deposit Account	5276.60	–	Travelling	21.70
6	Current Account	–	144	Postage	108.20
522	Interest on Deposit Account	600.84	136	Printing, Stationery & packaging	58.24
			4	Bank Charges	1.69
	Sale of "New Police Surgeon"		500	Repayment of Loan to A.P.S.G.B.	–
1937	Per Trust Fund	759.44		Grant to President to attend inauguration of	
226	Per Hutchison Benham	–	500	Australian Police Surgeons Association	–
–	Donation A P S G B	371.00	–	Grant to Dr. J. Simon	50.00
				Balance as at 5th April 1982	
				Deposit Account	6867.88
					7185.51
				Current Account Debit	167.63
		7017.88			7017.88

CODE OF PRACTICE

CODE OF PRACTICE FOR POLICE SURGEONS IN RELATION TO THE DEFENCE.
(as practised in England and Wales; because of differences in the Legal systems parts of this memorandum are not applicable to Scotland and Northern Ireland).

1. The Police Surgeon is a doctor and should have respect for, and abide by, those standards of ethical conduct which have general acceptance in the United Kingdom.
2. By definition, a Police Surgeon is a registered medical practitioner who enters into a contractual arrangement with a police authority whereby he provides readily available medical aid in the investigation of crime and the proper disposal of those detained persons believed to be suffering from either mental or physical infirmity.
3. The forms of contract between the various police authorities and Police Surgeons throughout the U.K. may differ widely and it should be emphasised that any prospective Police Surgeon should be fully satisfied that he or she is prepared to comply with the terms laid down before accepting the position.
4. The particular nature of the work of the Police Surgeon demands special attention to the ethical and legal strictures concerning Consent, Privilege, Confidentiality, and Impartiality.
5. Provided that due consideration is given to those ethical considerations referred to in para. 4 the Chief Police Officer may reasonably expect every assistance from a Police Surgeon within his jurisdiction so that the Chief Officer's duties may be properly discharged.
6. Provided that due consideration is given to those ethical considerations referred to in para 4, it should be assumed that when requested by the police to examine a subject any information lawfully gained from that examination shall be made available to the Chief Police Officer or his agent with the expectation that it may form material evidence in any subsequent prosecution. Any factual evidence or opinion held which is thought may assist the defendant should be made known to the Chief Police Officer or his agent.
7. Appointed Police Surgeons may expect to be recruited to further the cause of a defendant prosecuted by his own employing Police Authority. Invitations should not be accepted without first realising the following difficulties.
   i. The title Appointed Police Surgeon may be exploited by skilled lawyers to indicate to the uninformed the presence of a witness who is necessarily an expert, by virtue of the appointment per se.
   ii. The retention of an Appointed Police Surgeon by the Defence may be interpreted as a lack of confidence by that Police Surgeon in his employing Authority.
   iii. By virtue of his appointment a Police Surgeon may be privy to police procedures which, though lawful, may be used to advantage by defence advocates.
   iv. Appointed Police Surgeons accept financial reward from a Police Authority for their professional duties. For a Police Surgeon to offer either gratuitously or for further recompense information obtained in pursuance of contractual

obligations to adversaries of the employing Police Authority without the approval of that Authority may be considered to be a failure of professional integrity.

v. It known for defendants to offer explanations for their alleged conduct *after* examining exhaustive possible and probable solutions posed by an expert witness. It is reasonable for an employing Police Authority to object to the examining Police Surgeon submitting what is in reality a choice of defence stratagems — well in advance of a trial.

vi. Appearances for the defence in cases in which a Police Surgeon's immediate colleagues are appearing for the Crown in one's own employing Authority area may present obvious difficulties. In order to prevent their occurrence a Police Surgeon would be wise to consider carefully the geographical area in which they are prepared to be retained for defence purposes (see para. 9.i. below).

8. Notwithstanding the considerations in para 7, it would be unjust if the expertise of Police Surgeons was available only to the police. It would appear to have serious adverse affects on the credibility of the Police Surgeon as an impartial witness, but Police Surgeons should not forget that the adversarial system provides for the exhaustive exposure of all relevant evidence of fact and opinion. During the trial no material evidence should be withheld in the gravely mistaken belief that to do otherwise would be failing in one's contractual obligations to a Police Authority, since it would be unethical for a Police Surgeon to allow medical evidence relevant to the case to be suppressed. Opportunities exist for the medical witness to demonstrate honesty and impartiality during the Court hearing. Any experienced Police Surgeon can recall occasions when, during examination or cross examination, professional integrity is maintained to the disadvantage of those retaining him.

9. On those occasions when the proper dispensation of justice requires a Police Surgeon to appear for the defence, the following conditions should obtain:—

i. The relevant Authority employing the Police Surgeon should be informed of the intended appearance.

ii. Whenever possible, professional colleagues appearing for the Crown should be similarly informed as a matter of courtesy.

iii. Under no circumstances should the Police Surgeon be party to the denigration of a professional colleague.

iv. When a Police Surgeon has examined a defendant and the Police Authority has no cause to retain his services as a medical witness for the prosecution, defence solicitors wishing to call the Police Surgeon should expect to make the necessary arrangements through Crown solicitors.

10. Police Surgeons may reasonably expect the approval of the employing Police Authority when:—

i. A doctor, who is coincidentally a Police Surgeon, feels obliged to continue a pre-existing professional relationship in the interests of his patient.

ii. Appearing for the defence outside the jurisdiction of his employing Police Authority.

11. On rare occasions a Police Surgeon may seem to run counter to his contractual obligations by acting in the public interest. When there is prima facie evidence of a suspected assault by a police officer, the Police Surgeon may have to consider very carefully to whom he entrusts this information. Common sense will usually dictate the course of action but in extreme cases the information should be transmitted personally to the Chief Police Officer and duly recorded.

12. Joint examination by experts is not unknown in medical practice and may effect Police Surgeons. The practice is not without its disadvantages, particularly in a field where, more than anywhere, "justice should be seen to be done". Agreed reports and joint consultations in the preparation of reports may be viewed with suspicion by some examinees. In a rapidly altering situation, e.g. the treatment of wounds or autopsy examination, joint consultations may, of course, be unavoidable.

CORRESPONENCE

Study at Grendon

To: The Clerk,
Society of Apothecaries of London,
Blackfriars Lane,
LONDON, EC4.

April 1982

Dear Major O'Leary,

I have been asked by Dr. Fisher to let you know about facilities at Grendon for students for the D.M.J.

Grendon, of course, is recognised by the Royal College of Psychiatrists for 6 months training for the M.R.C.Psych. We have a varied cross section of all offences and sentences from 2 years to Life, with a preponderance of sex offenders, arsonists and drug offences, with a large number of very aggressive people, including all varieties of murder charges. Since they are in our situation they are used to discussing their offences and the mechanisms involved with students.

In order to study this clinical material I would be able to allow 1-4 week placements by arrangement with Head Office. To augment this, one psychiatrist on my staff has a weekly student group and another has a case conference. I, as Chief Psychiatrist, am willing to provide a weekly seminar on some aspects of forensic psychiatry. I would attach a student to one of the psychiatrists for his placement.

Accommodation at our hostel is:—
£3.59 one night
£10.27 three nights
4 nights or more £2.90 per night
plus 15% VAT

All meals can be obtained in the Officers' Mess (about £2 daily) or self-catering and cooking facilities are available.

If there is anything else I can amplify, please let me know.

Yours sincerely,

R.L. JILLETT.

Medical Superintendent/Governor,
HMP Grendon and Spring Hill,
Grendon Underwood, Aylesbury.

BOOK REVIEW

TWO HALVES OF A LIFE
by Doctor Kary Pole

Meresborough Books. 158 pages, 59 photos, hardback. £5.95.

This is the story of a very extraordinary man. His autobiography has material enough for a dozen short stories, plays, musicals or even grand opera. There are threads linking his life with persons as varied as Johann Strauss, Arthur Schnitzler, August Wasserman, Professor Hayek, The Grand Duke Ludwig Victor, Monseigneur Oesterreicher, and the Abbot of Buckfast Abbey.

The early chapters give a fascinating account of the life and times of Karl Frederick Pollsczek, the intelligent and studious son of a Viennese family with affluence and influence enough to enjoy most of the social and cultural delights of a pre-war European capital. Despite the available pleasures, Karl obviously gained the greatest satisfaction from what appears to have been an almost obsessional pre-occupation with the study and practice of medicine. He recalls those days with nostalgic enthusiasm but throughout, one senses a degree of emotional deprivation. Perhaps this is not so surprising in the absence of any deep relationship with his mother and, learning, at the age of six, of his father's suicide. His own sensitivity demanded compensation and this was provided from two major sources. Marriage to his beloved Magdalena and conversion to the Roman Catholic faith.

In the late thirties the notorious storm clouds were gathering over Europe and he describes how these clouds affected his personal life and the lives of his friends. Sacrificing all but his wife, child and religion, he sought sanctuary in England where he arrived in October 1938 armed with a loan from his wife's cousin and a very impressive collection of testimonials. He had two other great assets; some unbelievably kind and influential English friends, and an attitude that "despair was something I was never inclined towards".

In the second part of the book — the other half of his life — he recounts his experiences in England. He makes light of the privations of family separation, internment, and the need to requalify; but is generous in praising those who contributed so much to enable Dr. Pollaczak, the destitute refugee, to become Dr. Kary Frederick Michael Pole, the distinguished general medical practitioner and police surgeon.

There can be little doubt that his theological beliefs have influenced his every word, act and deed, and throughout the book his religious convictions emerge; not as intolerant dogma but as persuasive reasoned arguments.

I have long admired Kary Pole and his biography provides further evidence for believing that he is one of the most under-rated clinical forensic physicians in the U.K. The last chapter is devoted entirely to his work as a police surgeon and this alone makes the book a welcome addition to our personal libraries.

I am sure that many of us share his belief that "it is a reason for gratitude when we have the opportunity to look into other people's way of life". I am equally sure that many of us owe a great debt to our own personal equivalent of Magda, without whose endowments we would achieve so much less.

S.H.B.

WOUND REPAIR

In A. and E. departments, in G.P. surgeries, in factory casualty and police surgeons' rooms adhesive-strip or tape skin-closure techniques are replacing the more traditional suture methods. The long-used butterfly plaster has been replaced by strip closures with a non-irritant adhesive on a strong synthetic (preferably porous) fibre and rayon backing. There are a number of strip designs and a list of manufacturers is appended. I prefer the types that have adhesive along the whole length of the strip rather than those which have an adhesive free central portion which goes over the wound. The latter can allow the skin edges to invert into the wound. This may delay healing and leave a more noticeable scar.

Non-perforating methods of wound repair have obvious advantages. Suturing is a painful procedure and local anaesthesia is usually necessary. Instruments have to be cleaned, sterilised or pre-packed. Suturing is particularly traumatic for children. The suture needle and thread or filament damage the skin and underlying tissue, and can carry infection. The suture material can interfere with the healing process and it is generally agreed that they should be removed as soon as it is practical to do so. Removal of suture can be a painful procedure and more difficult if they have remained in place for a long time. Patients who have not complained when stitched will tell you they have dreaded returning to have the sutures removed. Cross-hatch and punctate scars are avoided and a generally good cosmetic result is achieved with strip closure.

Strips can be used to ensure the integrity of the repair after early removal of sutures or to complete the repair if sutures have not been completely successful and the wound is gaping.

Reproduced by permission of General Practitioner

The strips are obviously more effective when the skin edges are naturally approximated, that is in wounds following the skin fold lines. Cuts with a tendency to gape or open under tension, for example at the knee and elbow joints, can be repaired using criss-cross techniques.

In any case it will be obvious if the closure is unsatisfactory and nothing has been lost in an attempt to avoid the discomfiture of sutures. The strips are of no use on slack or moving skin, for example, on the eyelids, finger webs, near the lips, or behind the knee.

For success preparation is all important:

1) As usual the wound must be cleaned and tidied up and any foreign body removed.

2) Bleeding must be stopped. Pressure and patience usually achieve this.

3) An area around the wound, its size depending upon the length of strip to be used, is cleaned of grease. Acetone or spirit can be used but care must be taken not to contaminate the wound itself. Aqueous Hibitane requires careful drying.

4) Tincture of Benzoin compound (Friar's Balsam) is applied as a tackifier and allowed to dry, again avoiding the wound. Cotton buds are useful for applying this. Alternatively special "crush" release vials holding enough Tinct. Benzoin for one application are available.

5) The strip is removed from the packaging as the edges of the wound are held together by fingers and forceps and the first strip applied at the centre to approximate the edges. Further strips are then applied towards the ends of the wound. One eighth of an inch is left between each to allow exudate to escape and to allow the wound to dry. If, when the closure is complete the centre gapes, strips can be removed and new ones applied. Reinforcing strips are applied parallel to, and one quarter to one inch from the wound.

The ends of the strips should be firmly attached to the skin. If the ends detach the strip will peel off. Holding the strips by the perforated tabs on the card helps as it avoids contamination by grease from finger tips. Over large joints, splints are necessary just as they would be with sutures.

The strips may come off themselves but should otherwise be removed after two weeks. Remove by lifting the ends towards the middle.

Small scalp wounds can be repaired if the scalp is shaved or bald. Finger tip injuries, and I stress finger tip, can be treated with strips. An adhesive mesh is now available which can be applied around the damaged finger tip to hold any separated tissue firmly in place.

The use of adhesive strip dressing extends the field of minor surgery but does not offer an easy option. With care and practice the success rate increases. They can be applied by nurses after supervision and instruction. The method means less discomfort, pain and inconvenience for the patient.

List of manufacturers

1. Steri-Strip Closures, Reinforced Closures and Mesh,
   3M United Kingdom, Ltd.,
   3M House, P.O. Box 1,
   Bracknell, Berkshire, RG12 1JU

   (3M also supply Tinct. Benzoin crush Vials).

2. Clearon Closures and Ethi-strip Closures,
   Ethicon Products,
   P.O. Box 408,
   Barkhead Avenue,
   Edinburgh.

3. First Aid Brand, Butterfly & Neatseal Closures,
   Robinsons of Chesterfield,
   Chesterfield.

These manufacturers will provide instruction booklets and patient instruction leaflets on request.

H.B. KEAN, D.M.J.

GOING DUTCH

The organisation for the Cross Channel Conference on Forensic Medicine is proceeding most satisfactorily in the capable hands of Barend Cohen, Hon. Secretary of the Forensisch Medisch Genootschap. He is leading a team from the four participating Societies — The Association of Police Surgeons of Great Britain, Belgisch Genootschap voor Gerechtelijke Geneeskunde, The Forensic Medicine Society and the Forensisch Medisch Genootschap.

The social programme has now been arranged. The academic programme will be completed in December 1982 and a mailing early in 1983 will give full details of both the social and academic programmes.

Association members who have attended meetings during the autumn will already have received the current Conference brochure, which includes the booking form. Members unable to attend autumn meetings will receive the booking form with this issue of the Supplement. If by chance you have not received a Cross Channel Conference booking form and require one, please write immediately to Dr. Myles Clarke, Vine House, Huyton Church Road, Huyton, Nr. Liverpool, L36 5SJ, Merseyside. Conference booking forms should, on completion, be returned to Mr. B. Tyson, H.G. Tyson & Co., 53 Long Lane, London, EC1A 9PA.

Barend Cohen

A Committee Meeting of the organisers will be held in Gouda, Holland, at 3 p.m. on 10th December, 1982, when the abstracts received from potential speakers will be reviewed and the final selection made. It is, therefore, essential that those members who have indicated willingness to present papers should send abstracts (approximately 100 words) to Dr. Barend Cohen, Secretaris F.M.G., Oosthaven 68, 2801 PG Gouda, Holland, by 1st December, 1982. Unless the abstract is received in time, a potential speaker may be passed over.

The Conference has already received strong support from Association members, intent on saving 15% on Conference Fees. Whilst the Rijn Hotel has reserved rooms for Conference delegates, these cannot be held indefinitely and early booking is advisable. This Conference will be allowable for tax purposes but remember to keep the Conference Programme and receipts for inspection by the Accountant or Tax Inspector.

Come and join us in March in Rotterdam — You won't regret it!

Proceedings commence 2.00 p.m. Thursday 17th March, 1983.

CHARING CROSS CORNUCOPIA

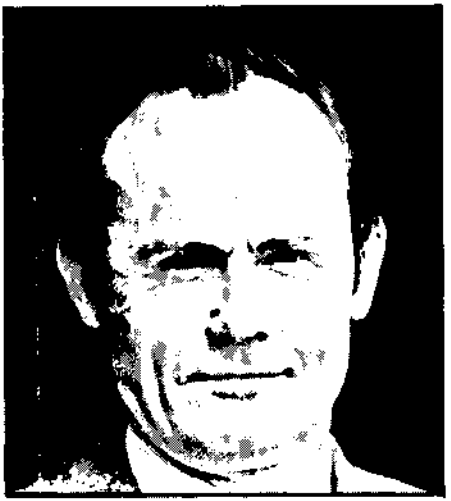
The Charing Cross Hospital Postgraduate Meeting in Forensic Medicine in March was once more a cornucopia of forensic delights and well-attended, not only by representatives from the home counties but from more distant parts of the country.

Like some forensic magician, Professor David Bowen introduced his speakers, each a star turn in himself.

Passing hurriedly over the Medical Defence Union horror movie, "For the Record" — the reminder of the perils of failing to keep clear and concise notes sent a *frisson* down our collective spines — Professor Bernard Knight's paper on "Cot Deaths" dealt concisely with the present state of knowledge regarding Sudden Infant Death Syndrome (SIDS). First recorded in the third chapter of the First Book of Kings, it is perhaps only during the last 20 years that it has been appreciated that such deaths are the result of some unexplained disease process, and not the result of accidental asphyxia by 'overlying', soft pillows or bedding.

1,500 to 2,000 infant deaths are attributed to SIDS in Britain each year, the largest single cause of infant death after the first week. It is commonest during the third and fourth months of life and rare after eight months. It is most frequent during winter months, and male infants are at a slightly greater risk than females. There is little or no warning — prodromal symptoms are minor; death usually occurs during the night and, when the child has been closely observed, it has been noted that death occurs very rapidly.

It has been recently discovered that some infants have "near misses" — they are found inert, apnoeic, white or cyanosed — but recover only to die in many cases within days or weeks. In 15% of cases, significant pathology may be found, e.g. congenital heart disease, but in the remaining 85% of cases, no significant pathology is found. It is possible that the



Professor Bernard Knight

15% are in fact SIDS with coincidental pathology, accepted by the pathologist in the absence of other obvious reasons as the cause of death.

Professor Knight, who is at present preparing a book on the subject, said that there were many theories but no one clearcut cause. Possible factors include, sleep, viraemia or toxaemia producing brain stem depression, oedema and mucous secretions in the narrow infant nasal passages and congenital tendency. A number of factors would probably have to be present before hypoxia and apnoea and ultimately death occurred.

Research has led to the recognition of high risk groups but not high risk individuals. Monitoring infants with machines which ring alarm bells when the infant stops breathing for 15 seconds has been tried, but this is not economically feasible for all infants under the N.H.S.

Professor Knight emphasised that such tragic deaths led inevitably to great parental distress and feelings of guilt particularly for the mother, and suspicion

of non-accidental injury by neighbours. Parents should be given support and such explanations as are possible by their family doctors. (Police Surgeons might consider notifying general practitioners after attending SIDS cases. Ed.).

Teeth marks, like lecturers, come in all shapes and sizes. Mr. Bernie Sims from the London Hospital has investigated the marks left by rodents, pets and saws as well as the more usual human bite marks. He has recently been involved in a case near Alice Springs, Australia, where a dingo was alleged to have carried a baby from a tent to its lair some distance away. The discovery of the child's clothing focused suspicion on the child's parents, who have now been convicted.

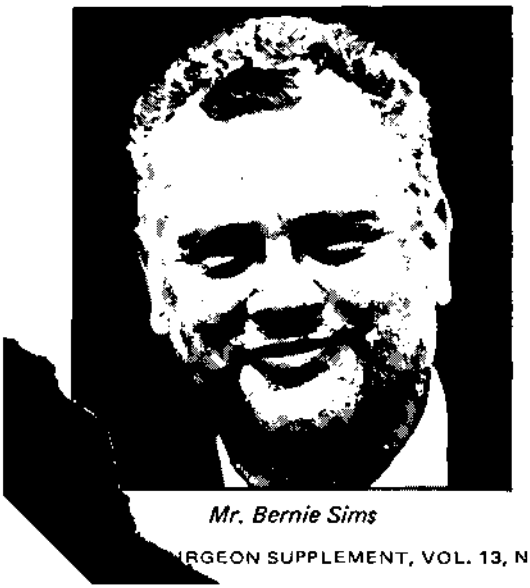
The use of dental records to compare with a deceased's teeth is fraught with some difficulty. Apart from the problems faced by a dentist attempting to retrieve a particular record from many thousands when the victim's name is unknown, patients with criminal records have been known to visit a number of dentists, giving an alias and false address on each occasion. In addition, legal immigrants have recommended dentists to illegal immigrant friends, who in turn visit the dentist giving the legal immigrant's name and address, faithfully recorded in their records.

Mr. Sims described several cases of murder, both homosexual and heterosexual, where the victim had received bites from which were identified those having been caused by the assailant. Perhaps the most unusual case Mr. Sims described was that of a woman killed by her husband. He struck her a violent blow with the butt of his shotgun on the side of her face, smashing several teeth, before shooting her in the back. The base plate was missing from the butt and the imprint of the woman's teeth were found on the butt.

The final paper was intriguingly entitled "Whispering Death" given by Mr. R.C. Menzies, Lecturer in Forensic Medicine at Charing Cross Hospital. Considerable ingenuity was expressed in attempting to guess what this new disease might be. In the event, Dr. Menzies' topic was firearms with silencers and the wounds they cause.

The fitting of a silencer significantly alters the performance of a firearm and the use of a silencer may be deduced from careful examination of resulting wounds.

Because of the proximity of the Rotterdam meeting to the usual date of the Charing Cross Forensic Workshop, there will not be a Workshop in 1983 at Charing Cross Hospital.



Mr. Bernie Sims

City of London police officers have collected for their magazine a series of extracts from crime reports, such as the electrician who was arrested when certain offences came to light.

Others include: the upholsterer who was unable to furnish the details: a drunk who was a "very heavy light ale drinker": a thief who stole a baby's chamber and was described as having a Potteries' accent: a pregnant woman who was carrying a puppy: and a watchmaker who had been sacked for poor timekeeping.

Others mention a mathematics teacher who had "one over the eight" and a woman shoplifter, arrested for stealing a brassiere, who made "a clean breast of it".

DRINK DRIVING CASE DECISIONS

In 1982 a series of 359 cross-referenced decisions in drink driving cases in relation to the provisions of the Road Traffic Act 1972 was published in "Police Review".* The following extracts relate to aspects involving Police Surgeons and other medical practitioners. Also included are decisions of interest of which a Police Surgeon may be expected to have some knowledge. Some sections of the Act are included, but reference should be made to the full Act for clarity.

Reference	Decision	Case
Defendant smoking prior to breath test.	Where the motorist has been smoking prior to the test, the constable's evidence as to the colour of the crystals is of paramount importance (i.e. are they green or brown).	BUTCHER-v-CATTERALL (1975)
	"immediately prior" is undefined and is a matter of fact. Where ample time has elapsed between smoking and the taking of the test, the manufacturers' instructions will have been complied with.	DARNAL-v-PORTAL (1972)
	"immediately prior to the test" is a matter of fact. The only relevance of this instruction is to present a high concentration of tobacco smoke turning the crystals brown. There must be a few cases where this will happen and the instruction is complied with if there is a sufficient interval for a defendant to clear tobacco smoke from his lungs.	ATTORNEY-GENERAL'S REF. NO. 2/1974 (1975)
	Mere proof of non-compliance with the manufacturers' instructions does not, of itself, invalidate the breath test. If it is evident that a motorist had an insignificant amount of smoke in his lungs, the fact of smoking before the test is completely irrelevant.	WATKINSON-v-BARLEY (1975)

5.-(1) A person who, when driving or attempting to drive a motor vehicle on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence.

Reference	Decision	Case
"Drink or drugs".	"Drug" means any medicine given to cure an ailing body, and includes insulin. "Drink" probably means alcoholic drink. (per L. Goddard C.J.).	ARMSTRONG-v-CLARK (1957)
"Attempting to drive".	A person sitting in the driving seat and attempting to insert keys into the ignition switch is guilty of attempting to drive, notwithstanding that he does not have the actual ignition key.	KELLY-v-HOGAN (1982)

5(2) Without prejudice to subsection (1) above, a person who, when in charge of a motor vehicle which is on a road or other public place, is unfit to drive through drink or drugs shall be guilty of an offence.

* *Published by kind permission of the Editor of "Police Review" and Graham Revill, South Yorkshire Police.*

Reference	Decision	Case
"In charge"	Whether or not a defendant is "in charge" is a matter of fact to be decided by the jury.	HAINES-v-ROBERTS (1953) R-v-HARNETT (1955)
	The mere fact that a defendant is in possession of the car's ignition keys is not enough to prove that he is "in charge".	LEACH-v-EVANS (1952) DEAN-v-WISHART (1952) R-v-HARNETT (1955)
	A person is not "in charge" simply because he is seated in the driving seat and the engine is running.	BLAYNEY-v-KNIGHT (1975)

6(3) A person shall not be convicted under this section of being in charge of a motor vehicle if he proves that at the material time the circumstances were such that there was no likelihood of his driving it so long as there was any probablility of his having alcohol in his blood in a proportion exceeding the prescribed limit.

Reference	Decision	Case
Likelihood of driving.	It is not enough for a defendant to allege that he is too drunk to drive; he has to establish that there was no likelihood of his driving in the future as long as there was any probability of him having an excess blood/alcohol level.	NORTHFIELD-v-PINDER (1969)

8(2) If an accident occurs owing to the presence of a motor vehicle on a road or other public place, a constable in uniform may require any person who he has reasonable cause to believe was driving or attempting to drive the vehicle at the time of the accident to provide a specimen of breath for a breath test—

(a) except while that person is at a hospital as a patient, either at or near the place where the requirement is made or, if the constable thinks fit, at a police station specified by the constable;

(b) in the said excepted case, at the hospital;

but a person shall not be required to provide such a specimen while at a hospital as a patient if the medical practitioner in immediate charge of his case is not first notified of the proposal to make the requirement or objects to the provision of a specimen on the ground that its provision or the requirement to provide it would be prejudicial to the proper care or treatment of the patient.

Reference	Decision	Case
"Driving"	Without positive evidence to the contrary, where a vehicle owner is in his car, this will raise a presumption that he is the driver.	BAKER-v-OXFORD (1980)
"At a hospital"	May be anywhere within the precincts of a hospital.	A.G. REF 1/76 (1977)
"A patient"	Is someone who is at a hospital for the purposes of being treated.	A.G. REF 1/76 (1977)
	Where a defendant is at a hospital for treatment, he is a "patient" notwithstanding that he has not yet been seen by a medical practitioner.	R-v-CROWLEY (1977)

	A person will cease to be a "patient" as soon as the treatment contemplated for the visit is over.	A.G. REF 1/76 (1977)
"Medical practitioner"	While the prosecution must always prove their case, it is not necessary to give formal evidence of the qualification of the "doctor".	JONES-v-BRAZIL (1971)
	It is not necessary for the doctor to be called to give evidence that he had no objection to the procedures outlined by sections 8(2) and 9(2); this can be done by the constable in evidence-in-chief.	BURKE-v-JOBSON (1972) BURN-v-KERNOHAN (1973)
	There is no requirement for a constable to state his intention under section 9(2) separately to that under section 8(2). Both may be mentioned to the doctor at the same time and omnibus consent obtained.	RATLEDGE-v-OLIVER (1974)

8(3) A person who, without reasonable excuse, fails to provide a specimen of breath for a breath test under subsection (1) or (2) above shall be guilty of an offence.

Reference	Decision	Case
"Fails"	Where the defendant inflates the bag by several short blows, it may be rightly treated as a "failure" . . .	R-v-LITTELL (1981)
	. . . although a sample provided in a series of short blows by a bronchitic with the permission of the supervising constable is not improper if the constable is acting bona fide.	SHERIDEN-v-WEBSTER (1980)
	A personal inability to inflate the device according to the instructions amounts to a "failure".	R-v-CHAPMAN (1969)
"Reasonable excuse"	A bronchitic condition will be a reasonable excuse for failing to provide a specimen of breath.	HIRST-v-WILSON (1970)
	. . . but where a motorist has a reasonable excuse for failing to provide a specimen of breath, it will not provide a defence under section 9(3).	R-v-KELLY (1972)

8(5) If a person required by a constable under subsection (1) or (2) above to provide a specimen of breath for a breath test fails to do so and the constable has reasonable cause to suspect him of having alcohol in his body, the constable may arrest him without warrant except while he is at a hospital as a patient.

Reference	Decision	Case
	Where a person is physically and/or mentally incapable of providing a breath test, he may be arrested under section 8(5) – the words "without reasonable excuse" are deliberately omitted therefrom.	HIRST-v-WILSON (1970) R-v-KELLY (1972)

9(2) A person while at a hospital as a patient may be required by a constable to provide at the hospital a specimen for a laboratory test—

(a) if it appears to a constable in consequence of a breath test carried out on that person under section 8(2) of this Act that the device by means of which the test is carried out indicates that the proportion of alcohol in his blood exceeds the prescribed limit, or

(b) if that person has been required, whether at the hospital or elsewhere, to provide a specimen of breath for a breath test, but fails to do so and a constable has reasonable cause to suspect him of having alcohol in his body;

but a person shall not be required to provide a specimen for a laboratory test under this subsection if the medical practitioner in immediate charge of his case is not first notified of the proposal to make the requirement or objects to the provision of a specimen on the ground that its provision, the requirement to provide it or a warning under subsection (7) below would be prejudicial to the proper care or treatment of the patient.

Reference	Decision	Case
	When stating his intention to require the defendant to provide a specimen under section 9(2) the constable and medical practitioner should not be within hearing of the defendant when the provisions of section 9(7) are mentioned.	R-v-WALTERS (1972)
	However, the fact that the notice to the medical practitioner under section 9(2) was made within hearing of the patient, does not vitiate the subsequent request.	OXFORD-v-LOWTON (1978)
	There is no requirement for a constable to state his intention under section 9(2) separately to that under section 8(2). Both may be mentioned to the medical practitioner at the same time and omnibus consent obtained.	RATLEDGE-v-OLIVER (1974)
	This conversation with the medical practitioner can be given in evidence by the constable — it is not hearsay.	BURN-v-KERNOHAN (1973)

9(3) A person who, without reasonable excuse, fails to provide a specimen for a laboratory test in pursuance of a requirement imposed under this section shall be guilty of an offence.

Reference	Decision	Case
"... without reasonable excuse, fails ..."	A stipulation that a defendant's own medical practitioner must take the specimen may amount to a refusal without reasonable excuse ...	R-v-GODDEN (1971)
	... or it may be *reasonable*, dependant upon the circumstances.	BAYLIS-THAMES VALLEY POLICE (1978)
	Where a defendant elects to provide a sample only when his solicitor is present, this is a conditional acceptance and can properly be treated as a refusal.	PETTIGREW-v-NORTHUMBRIA POLICE AUTHORITY (1976)

Conversely, where a defendant refuses to supply a sample unless he receives legal advice, this is a "failure".	PAYNE-v-DICCOX (1979)
Any words or action might be a clear indication that a defendant is declining to provide a specimen, and this will amount to a refusal as will systematic prevarication.	R-v-CLARKE (1969) BROWN-v-RIDGE (1974)
But as there is no requirement to give an *immediate* answer, the police should use reasonable discretion.	EDWARDS-v-WOOD (1981)
No offer to supply a specimen constitutes a failure to supply.	WILKINSON-v-BUTTON (1978)
When once a defendant has refused to supply a sample the offence is complete, and it is immaterial that he later relents and offers to supply a sample.	HOSEIN-v-EDMUNDS (1969) PROCAJ-v-JOHNSTONE (1970) LAW-v-STEPHENS (1971)
Where a defendant seeks to impose a different manner for taking the specimen than that required by the police surgeon, then this will be a refusal.	SOLESBURY-v-PUGH (1969) RUSHTON-v-HIGGINGS (1972)
Where the defendant refuses to sign the consent form it is reasonable for the police not to summon the surgeon.	R-v-McALLISTER (1974)
If a constable knows that the surgeon will only take a sample from an arm it will be deemed a refusal for a defendant to specify any other place, without the attendance of the surgeon.	R-v-McALLISTER (1974)
Where a defendant mistakenly urinates into a lavatory instead of the bottle (first specimen) this will not amount to a "failure".	R-v-BECKETT (1976)
. . . but where the second specimen is spilt as it is being handed from the defendant to a constable, this will amount to an offence if a further specimen is refused, as the provisions of section 9(5) have not been literally complied with	ROSS-v-HODGES (1975)
. . . however, if the blood sample is spilt by the surgeon after he has taken charge of it, there is no obligation upon the defendant to provide another sample.	BECK-v-WATSON (1979)
Where a defendant provides a laboratory specimen and then steals it as he is leaving the police station, he is not guilty of "failing to provide a specimen for a laboratory test".	R-v-ROTHERY (1976)

	Mental condition or physical injuries would have to be very severe to constitute a "reasonable excuse".	ROWLAND-v-THORPE (1971) R-v-WALLACE (1972) R-v-WRIGHT (1975)
	Simply because a person is physically and/or medically incapable of providing a breath test, such incapacity will not be a "reasonable excuse" under section 9(3)	R-v-KELLY (1972)
	. . . but an invincible repugnance to supplying blood may be "reasonable" (providing the defendant puts sufficient evidence before the court).	ALCOCK-v-READ (1979)

Reference	Decision	Case
	A "reasonable excuse" as regards urine, may not be reasonable as regards blood . . . or vice versa.	ROWLAND-THORPE (1971) R-v-HARLING (1970) R-v-HARDING(1974)
	One's religious belief is not reasonable excuse for failing to provide a laboratory specimen	R-v-JOHN (1974)
	. . . but emotional stress, physical and mental condition, *may* be	HOLKIN-v-WESTON (1971)
	A desire to wait for a diplomatic representative is not capable of amounting to a "reasonable excuse".	R-v-SEAMAN (1971)

9(5) A person shall not be treated for the purposes of subsection (3) above as failing to provide a specimen unless—

(a) he is first requested to provide a specimen of blood, but refuses to do so;

(b) he is then requested to provide two specimens of urine within one hour of the request, but fails to provide them within the hour or refuses at any time within the hour to provide them; and

(c) he is again requested to provide a specimen of blood, but refuses to do so.

Reference	Decision	Case
"Not be treated at failure to provide"	Where the police surgeon cannot obtain a blood sample, it will not be an offence for a defendant to refuse to provide a urine sample.	R-v-TAYLOR (1974)
	Where the surgeon accidentally spills the blood sample after he has taken charge of it, there is no obligation on the defendant to supply a further sample.	BECK-v-WATSON (1979)
	A defendant may well have a reasonable excuse for not supplying blood, but that excuse might not apply to a urine specimen	R-v-HARLING (1970)
	. . . and the reasonable refusal as regards urine may well not apply to a blood sample.	ROWLAND-v-THORPE (1971)

"Requested"	If a defendant gives a specimen he cannot be required to give another; if he refuses, the procedures under sub-section (5) might have to be applied. However, the police may change their request if done before there has been a compliance or refusal.	R-v-PADUCH (1973)
"Provide"	The mere passing of urine is not a provision of the specimen for laboratory analysis unless and until the constable is given the opportunity of taking charge of it, and he does so. If the sample is spilt before he does so, the provisions of section 9(5)(b) have not been literally complied with.	ROSS-v-HODGES (1975)
"Two specimens or urine"	There is no need for the police to be as pedantic as to request "two specimens of urine within one hour". A request for a "urine sample" is sufficient.	R-v-PURSEHOUSE (1970)
	Where a defendant supplies *three* urine samples within the hour, and the third is analysed, this is a contravention of section 9(5)(b).	GABRIELSON-v-RICHARDS (1975)
"Specimen"	Where a defendant supplies a second sample of urine which is capable of analysis, the police cannot request a blood sample under section 9(5)(c).	R-v-HYAMS (1972)
"Within the hour"	Section 9(5)(b) only requires one request and it is up to the defendant to make the second sample available within one hour. If the police do not ask for the second sample until after the hour has elapsed, it will not be fatal to the procedure.	R-v-REYNOLDS (1976)
	Where the defendant supplies his second urine sample after the hour has elapsed, this *may* be accepted by the police for laboratory analysis. The effect of the one hour limit is merely to enable the police to continue to section 9(5)(c) if they require.	RONEY-v-MATTEWS (1975) STANDEN-v-ROBERTSON (1975)
	But if the specimen which is given after the hour has elapsed is purported to be accepted, it cannot later be discarded and recourse made to the section 9(5)(c) procedure.	POOLE-v-LOCKWOOD (1980)
"Fails to provide"	Where the defendant mistakenly urinates into a lavatory instead of the bottle (first specimen) this will not amount to a "failure".	R-v-BECKETT (1976)
"Refuses at any time"	A defendant does not have an hour in which to make a decision following a request under section 9(5)(b). A refusal is effective immediately.	JONES-v-ROBERTS (1973)

9(6) The first specimen of urine provided in pursuance of a request under subsection (5)(b) above shall be disregarded for the purposes of section 6 of this Act.

Reference	Decision	Case
"The first specimen . . . shall be disregarded"	Section 9(6) clearly provides that the first specimen shall be disregarded for *all* purposes, and there is no need to preserve it as evidence.	R-v-WELSBY (1972)
	Where a defendant urinates into a lavatory instead of a container (first specimen), he shall be deemed to "have supplied" such a specimen; he does not commit any offence and the police cannot proceed to section 9(5)(c).	R-v-BECKETT (1976)

10(2) For the purposes of any proceedings for an offence under the said section 5 or 6, a certificate purporting to be signed by a medical practitioner that he took a specimen of blood from a person with his consent shall, subject to subsection (3) below, be evidence of the matters so certified and of the qualification of the medical practitioner.

Reference	Decision	Case
". . . with his consent . . ."	The warning administered under section 9(7) is not coersive and a sample obtained thereby is not a contravention of section 12(2).	R-v-PALFREY (1970) R-v-SADLER (1970)
10(2)	Where a defendant, who has elected to give a blood sample and then changed his mind, is told by the police surgeon that it is "too late" to give urine, this is not a breach of section 19(2) and evidence can properly be admitted under section 10(1).	ROONEY-v-HAUGHTON (1970)
", , , medical practitioner . . . took a specimen . . ."	It is not correct practice for a police officer to assemble the syringe, needle, and blood capsules in anticipation of the arrival of the police surgeon. This gives rise to doubt whether a proper specimen has been taken (it might have been contaminated).	ROWLANDS-v-HARPER (1973)

12(2) A person shall be treated for the purposes of sections 6 and 9 of this Act as providing a specimen of blood if, but only if, he consents to the specimen being taken by a medical practitioner and it is so taken and shall be treated for those purposes as providing it at the time it is so taken.

Reference	Decision	Case
". . . by a medical practitioner . . ."	The sub-section does not stipulate which medical practitioner shall obtain the sample.	BAYLIS-v-THAMES VALLEY POLICE (1978)

Evidental Matters

	A general practioner may give evidence as to "quantity" (in cases of driving while unfit) based on British Medical Association tables. This will not be "hearsay" but the reference will merely be regarded as use of an "aide-memoire" by an expert witness.	R-v-SOMERS (1963)

Special reasons (for not disqualifying).

Reference	Decision	Case
	"Laced" drink (where the person responsible gives evidence).	WILLIAMS-v-NEALE (1971) R-v-SHIPPAM (1971) R-v-MESSOM (1973)
	But it is for the defendant to prove that the quantity of added alcohol was responsible for his committing the offence.	PUGSLEY-v-HUNTER (1973) WEATHERSON-v-CONNOP (1975)
	Unknowingly inhailing trichoroethylene fumes for several hours.	BREWER-v-METROPOLITAN POLICE COMMISSIONER (1979)
	A sudden emergency may amount to *mitigating circumstances.*	AICHROTH-v-COTTEE (1954)
	The fact that a defendant was suffering, unbeknown to him, from a diabetic condition which rendered him incapable of having proper control of his car after consumption of a modest amount of beer. But for his condition he would have remained capable.	R-v-WICKENS (1958)

Not Special reasons

Reference	Decision	Case
	The defendant is unknowingly suffering from diabetes at the time of the offence.	GOLDSMITH-v-LAVER (1970)
	Due to a liver complaint, alcohol was retained in the defendant's blood longer than was normal.	R-v-JACKSON (1969)
	Where a medical practitioner prescribes drugs and fails to warn the patient of the consequences of consuming alcohol.	R-v-HOLT (1962)
	The defendant did not expect to drive after taking drugs.	BULLEN-v-KEAY (1974)
	The defendant's ability to drive is not impaired, nor is he to blame for a road traffic collision.	TAYLOR-v-AUSTIN (1969)
	Emotional stress, physical or mental condition.	SCOBIE-v-GRAHAM (1970) HOCKIN-v-WESTON (1971)
	Physical incapacity, length of driving, amount of traffic, unavailability of public transport.	R-v-MULLARKY (1970)

The distance travelled, nor the reason for driving.	JAMES-v-HALL (1968) R-v-AGNEW (1969) COOMBS-v-KEHOE (1972)
The physique of the defendant, and his lack of food.	KNIGHT-v-BAXTER (1971)
Fatigue, lack of food, and quantity of drink taken.	ARCHER-v-WOODWARD (1959)
The fact that the defendant is a cripple	R-v-HART (1969) POWEL-v-GLIA (1979)
A nebulous assertion of "medical emergency".	PARK-v-HICKS (1979)
The "public interest" (medical practitioner in an under-doctored area).	HOLROYD-v-BERRY (1973)
A medical emergency (without further corroborating evidence).	BROWN-v-DYERSON (1968)
Where the defendant takes his sample of blood to a hospital for analysis and the sample is lost by the hospital staff.	HARDING-v-OLIVER (1973)

GRACEFUL POST MORTEM

On 29th August, 1882, as Dr. W.G. Grace was about to bat at the Kennington Oval, a spectator collapsed and died. Dr. Grace attended the unfortunate Mr. George Spendlove, but to no avail.

The law at that time required post mortems to be performed on the spot, and the body was, therefore, carried to the pavilion, where Dr. Grace duly performed the autopsy.

The post mortem over, the doctor took his place at the crease but, despite scoring a useful 32, his team lost.

The next day the "Sporting Times" published an obituary notice —

> "In Affectionate Remembrance of English Cricket, which died at the Oval on 29th August, 1982. Deeply remembered by a large circle of sorrowing acquaintances. R.I.P.
> N.B. The body will be cremated and the Ashes taken to Australia".

Cremation first became legal in 1885. Does anyone know if Dr. W.G. Grace was a Police Surgeon?

[illegible]: A. Holden, Sunday Express Magazine.

HEPATITIS RISK

Police Surgeons, who suture prisoners or take blood samples, may be at risk of contracting hepatitis from asymtomatic carrier patients, if the procedure is carried out without the use of surgical gloves.

This warning was given at a recent Dermatological Symposium in Dundee.

Several hepatitis epidemics have already been traced to Dentists, who habitually work ungloved in a mixture of oral blood and saliva.

Disposable plastic gloves should be considered whenever a Doctor may be contaminated by blood or other body fluids.

The possibility that police dogs may become infected with hepatitis virus, after biting drug addicts, and transmit the disease to other persons who may become bitten, was suggested at the Torquay Conference. However, it is now believed that the hepatitis virus is unlikely to survive long on a dog's mouth and that the risk is probably theoretical.

PREPARATION FOR THE DMJ

BY JONATHAN SILVER

Objectives

When I started as an Assistant Police Surgeon, in Oxford, the first thing that hit me was how illprepared I was to do this work. As an undergraduate I had had six hours of lectures on Forensic Medicine but was totally unprepared for the responsibilities required of me in clinical forensic medicine, so my primary objective was to acquire a reasonable degree of competence in the shortest time possible. I could only find one measure of competence in clinical forensic medicine and that was the Diploma in Medical Jurisprudence.

Being intrinsically lazy, I find it difficult to study in a vacuum but if I have some sort of concrete objective, like an examination, I find it focuses my mind and makes it easier to study and acquire the information which I require. In considering my preparation for this examination, I decided to consider it in three phases:

Phase 1 — The overview of what was required.

Phase 2 — The general preparation.

Phase 3 — Looking at the examination itself, working out how best to synthesize the knowledge that I had acquired in the previous two phases.

I shall now embark on a synopsis of how I went about the preparation for the Diploma.

Strategy

Phase 1 — General overview of requirements for the Diploma in Medical Jurisprudence.

The practice that I joined was fortunate in having a good library of clinical forensic medicine. The senior partner had all the back numbers of The Police Surgeon journal and The Police Surgeon Supplement. Reading through these, I could work out an initial plan of action. To gain the overview that I required there were five elements:

1) Obtaining the Syllabus and specimen past Papers from the Society of Apothecaries, in London.

2) Gaining personal Membership of the Association of Police Surgeons of Great Britain. Accompanying all the introductory information was a most important reading list for the Diploma in Medical Jurisprudence, which was comprehensive and extremely useful.

3) There are many articles about the examination in past editions of The Police Surgeon Supplement: I read all these to understand the current controversies about the examination and the definition of it's content and objectives.

4) As suggested in the Association of Police Surgeons' preparation hand... I decided to contact an experi... Police Surgeon to act as tuto... particularly fortunate, living i... that Hugh Davies was n...

Northampton, and I contacted him for some general advice about the examination and preparation.

5) Course work. The introductory reading from the Supplements gave a very good idea of the spectrum of courses that were going to be available. I decided to apply to attend the two-week course at the London Hospital Medical College, which is given annually, in March. Unfortunately the annual meetings of the Association of Police Surgeons and their Autumn symposia clashed with my practice commitments.

Phase 2 — General preparation

There were five major elements to my general preparation for the examination:

1) Reading.
2) Courses.
3) Tutorials.
4) Casebook preparation.
5) Audio-visual aids.

Considering the individual categories:

1) Reading

This divides itself into three sections:

a) Textbooks

The major text that I used for study for this examination was *The New Police Surgeon, edited by Dr. S.H. Burges.* This covers by far the majority of the syllabus for clinical forensic medicine and, as many of the examiners for the Diploma in Medical Jurisprudence are contributors, it is obligatory reading.

Forensic Medicine, by Keith Simpson, is a very readable book; it gives useful extra information, particularly on industrial diseases and poisoning.

Moriaty's Police Law is a useful brief handbook on the Law, which is an important addition to the other textbooks.

During the consolidation phase of revision I found that *Legal Aspects of Medical Practice, by Professor Bernard Knight,* was an excellent summary which was extremely readable.

[redacted] of my general reading I read *The Detection of Secret Homicide, by Dr. John Havard,* an interesting book which is very relevant to Part I of the examination. Also, *Gradwohl's Legal Medicine, published by John Wright,* which is useful additional detailed reading.

b) Journals

As I mentioned earlier, we had all the back numbers of *The Police Surgeon,* going back to 1972, and *The Police Surgeon Supplement.* These are the only journals dedicated to clinical forensic medicine; there are large numbers of important, interesting and well-illustrated articles on the full spectrum of the work undertaken by Police Surgeons. The reading of these two journals was the backbone of my reading, other than The New Police Surgeon.

To read about certain other topics dealt with in greater detail, I joined the British Academy of Forensic Science whilst I was at the London Hospital, attending the course, and received *Medicine, Science and the Law.* Again, this is an interesting journal with many important topical issues discussed in great detail.

The *British Medical Journal,* as a constant feature, has it's Medico-legal Reports in the back but, also, in Volumes 282 and 283, there were a series of articles called *'Law and the General Practitioner',* which acted as useful additional reading.

c) Papers

The main papers and pamphlets that I read were The Findings of the *Royal Commission on Criminal Procedure;* the Report on Medical Evidence, the report of the Joint Committee of the Legal and Medical Professions; the Working Paper on Sexual Offences, prepared by the Criminal Law Revision Committee, issued in October, 1980; and, as there was a topical problem of complaints against the Police, I read the Government White Paper *'The Establishment of an Independent Element in the Investigation of Complaints Against the Police' (H.M.S.O. 8193, 1981).* One extremely important paper that should be possessed

by all General Practitioners is *Medical Aspects of Fitness to Drive,* published by the Medical Commission on Accident Prevention. Another useful paper is *Alcohol and Road Traffic,* the proceedings of a symposium in 1962 on alcohol and road traffic, published by the British Medical Association.

These three sections, therefore, represent the backbone of the reading that I did for the examination.

2) Courses

In preparation for the examination I attended two courses: the London Hospital Medical College two-week course on forensic medicine and a course at the Aldermaston Forensic Science Laboratory, which was organised specifically for Police Surgeons. The London Hospital Medical College course, run by Professor Cameron, is a thorough course consisting of 63 hours of lectures over a two-week period; it is comprehensive and covers much of the syllabus for the examination. The study day at Aldermaston was extremely useful, not only did we learn of the development and applications of forensic science but it gave us the opportunity of meeting the forensic scientists that were dealing with the specimens that we were submitting.

3) Tutorials

As mentioned previously, I contacted Dr. Hugh Davies of Northampton, who gave me two tutorials, one prior to the Part I examination and the other prior to the Part II examination. It was of great use to have contact with an experienced Police Surgeon and, more particularly, an experienced Police Surgeon who was an Examiner, as he could guide one on the appropriatness of one's preparation.

4) Casebook Preparation

I have discussed the Casebook preparation in some detail* but to summarise: suitable cases were collected over a two-year period and during this time all the relevant documents relating to these cases were also collated.

5) Audio-visual Aids

The Graves Medical Foundation do two tape/slide presentations on the Classification and Interpretation of Injuries, both by Dr. Burges, which are interesting and informative and give one the opportunity of seeing the interpretations of injuries from colour transparencies.

Phase 3 — Consolidation for the Examination — Tactics.

The objective of the final phase of any revision is to pass the examination. To pass the examination one has to examine what it consists of and prepare oneself appropriately, bearing in mind the type of examination it is.

D.M.J. examination

Looking at the exam part by part:

Part 1 consists of three elements:

A 1¾ hour essay.

A multiple-choice question paper.

A half-hour oral examination.

Looking at the past papers that were available, it seemed obvious that many of the essay questions were on fairly topical subjects. It was, therefore, important to be up-to-date with all the latest journals, i.e. The Police Surgeon, Medicine, Science and the Law, and recent developments in the national press.

With regard to the multiple-choice question paper, there is only one book that I could find that could give one any experience of multiple-choice questions in forensic medicine. There is an American series of multiple-choice books, which is distributed through Messrs. H.K. Lewis, in Gower Street, London: the general name of the series is *Self-assessment of the Current Knowledge in . . .*, and the relevant publication is called *Forensic Pathology and Legal Medicine,* by Dr. Perpler. The book costs £9.50 and has about 1,600 multiple-choice questio... Not all of them are relevant t... examination but, as I say, th... only book available whi...

* Police Surgeon Supplement Vol.12 April 1982 p.50-53.

idea about multiple-choice questions in examinations in Legal Medicine.

The slides from the audio-visual aids, from Graves Medical Foundation, are quite a good test of one's ability to recognise patterns of injuries and, as colour transparencies are used in the oral examination, these constitute a worthwhile last minute revision.

Part II consists of:

A question paper lasting 2 hours, in which four out of six questions have to be answered.

An essay paper with a choice of one question out of two, to be answered in 1½ hours.

A half-hour viva.

The preparation for Parts I and II is very similar. A broad spectrum of knowledge is required with particular emphasis on topical issues. The Casebook would seem to be a very important part of the preparation for the examination and the presentation is important. The content I have described in a previous article. From the point of view of presentation, there were three major features:

1. A practice activity analysis, extending over a two-year period, with individual tables describing the different cases seen and simple bar diagram-graphs to show the practice experience.
2. The Casebook was typewritten. (A photocopy was taken for revision prior to the Viva).
3. As the eleven cases made quite a bulky thesis, I had my Casebook papers thesis-bound, which enhanced the presentation very considerably.

I am pleased to be able to say that, having done all this preparation, I was successful in the January 1982 Part II examination.

Jonathan Simon was formerly Assistant Police Surgeon, Oxford city. He is now practising in Auckland, New Zealand.

Photographs: Rotterdam Police.

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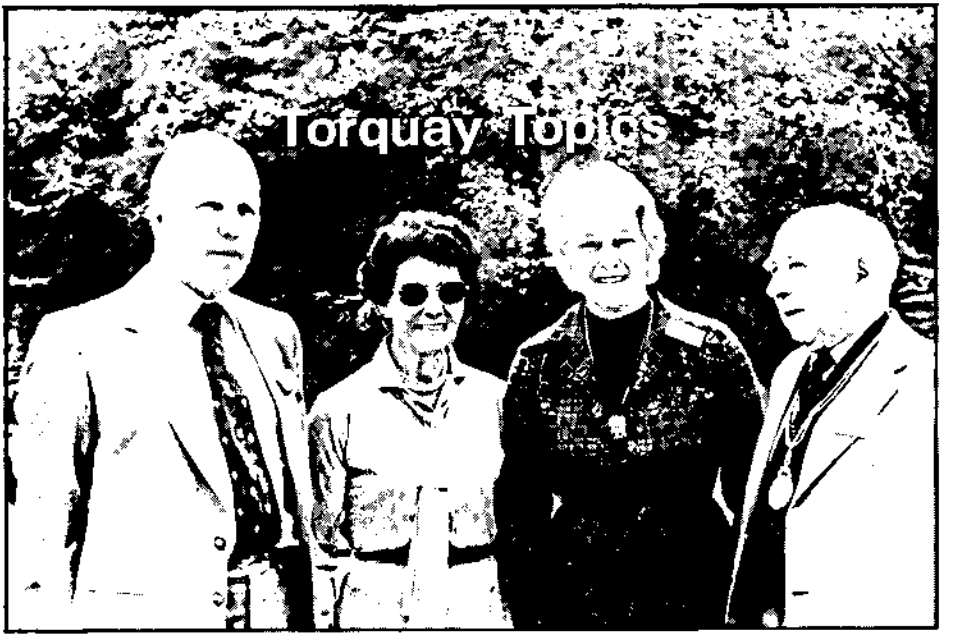


Dr. and Mrs. J. Hilton and Dr. and Mrs. H. Rosenberg.

Each even-dated year the Association's Annual General Meeting is the setting for the completion of one Presidential term of office and the commencement of the next. The sybaritic splendour of the Palace Hotel, Torquay, was the setting for this year's A.G.M. Henry Rosenberg, O.B.E., who had a turbulent but magnificently successful two years, handed over to James Hilton, surely a distinguished successor.

Retiring President Henry was clearly surprised and touched to be presented with an engraved crystal decanter, a well deserved acknowledgement and mark of appreciation by the Association of Henry's work for the Association, not only during his Presidential term but in the years before. Said Henry, "You can rest assured it will be used!" Sadly, Henry had but a brief few weeks left in which to put it to use.

Newly elected, too, as President-elect, Ian Craig from Maldon, Essex. He waits in the wings until Peebles in 1984.

We said farewell to Mary Rosenberg in her role as President's Lady, with warm and sincere thanks, and welcomed another Mary — Mary Hilton — in her new and important role.

For several years various members have attempted to alter the Constitution and reduce the Presidential term of office to one year, thus giving illustrious seniors the ultimate reward for their work. This year David Filer's impassioned appeal once again floundered at the A.G.M., with a clear majority against. It is unlikely to be resurrected.

The Torquay meeting was superb. The hotel was delightful and the food excellent. As one wag remarked, "Even the table napkins are made of better material than my suit".

The Deputy Mayor of Torbay and his Lady hosted a convivial and generous reception — and the Mayor and Mayoress later attended the Association's Banquet and Dance.

Torquay was great value academically. Two local Police Surgeons, Roger Hu[illegible] and Tim Manser, produced star pa[illegible] Roger Hunt's excellent paper [illegible] the attitudes of alcoholi[illegible] after being "saved". [illegible] to the Bands of [illegible]

Honeymooners Ian and Susie Hamilton.

incidentally?). Tim Manser (who also gave an hilarious after-banquet speech) pointed out some of the difficulties in obtaining statistics about incest, which would show the extent of the problem.

Mrs. Val Micklethwaite, a family Social Worker from Great Yarmouth, also talked about incest. She gave a most moving case report on incest in a family, showing how the awful publicity and subsequent punishment devastates not only the family themselves, but innocent relatives far beyond the immediate family circle.

On the subject of lady lecturers, who picks these pretty ladies for the Association meetings? Last year it was Helen Reeves, this year Val; it's nice to know someone in the Association still has their eyesight!

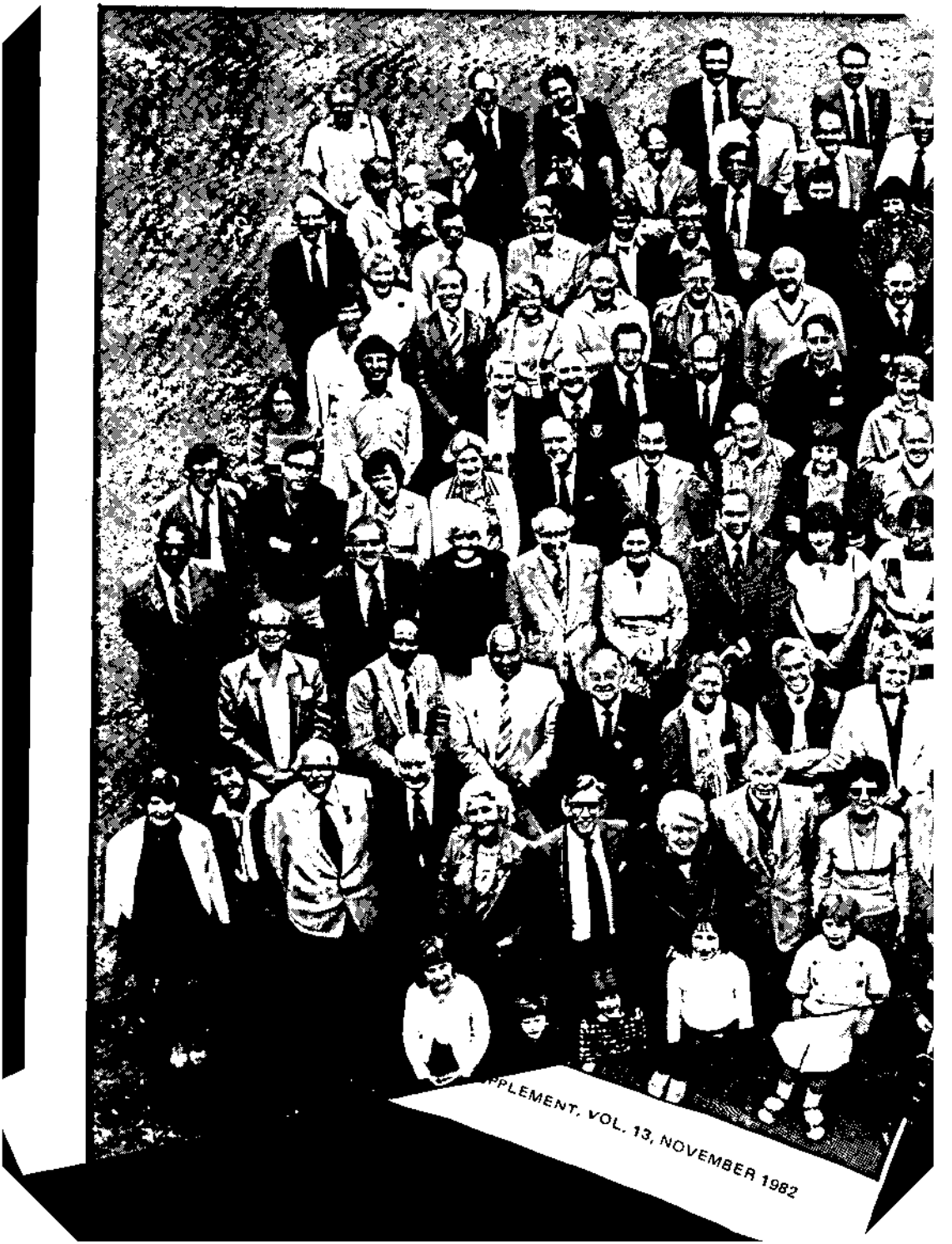
James Hilton further developed the subject and pointed out how the study of battered children often uncovers the hidden spectre of accompanying sexual molestation.

The Devon and Cornwall Constabulary were well represented, led by newly appointed Chief Constable David East, LL.B. As Stan Burges pointed out, our Association has always had a sincere affection for John Alderson but it was obvious at once that David East is going to be a force in his own right and not just "the man who followed John Alderson".

The West Country Police, with Pathologist Bill Hunt and Forensic Scientist David Reade, gave histories of some gruesome murders occurring in the quiet backwaters of the Devon and Cornwall countryside.

A cheerful group at Corn

Marsh.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Photos: Dick Marsh.

A cheerful group at Conference.

Australia's Peter Bush is always a welcome visitor. His message to delegates was to remember that policemen undergo stress just like everybody else and he showed how Australians monitored stress during a recent Royal visit.

Another overseas speaker was ebullient Barend Cohen from Holland. Reporting on the Coroner's role in Holland, Barend weathered the howls of surprise about the Dutch system of declaring certain obvious causes of sudden death without the formality of an autopsy. Obviously enjoying questions about possible medico-legal queries from relatives and insurance companies, he remarked "I think in Holland we may be just as capable of noticing something suspicious as you are over here. In such a case we'd hold an autopsy too".

On the subject of working for the defence, Stan Burges gave a thoughtful and careful assessment of what impartiality should mean to the Police Surgeon. Always a great champion of the bobby on the beat, Stan showed that the prisoner deserved a fair deal too.

Witty lawyers are a rare species. Bath Solicitor, Andrew Macfarlane is one of them. He said he always seemed to have plenty of work – "It will probably continue", he quipped "until honesty and good driving break out! There seems little sign of that happening". He said he could see plenty of scope for Police Surgeons helping the defence, and cited assistance with medical cross-examination, advice to relatives on post mortems, describing wounds and guidance in assessing the prosecution's evidence. On occasions Solicitors found reports from General Practitioners unhelpful and a friendly Police Surgeon could be of great assistance. He felt the police need not object to this dual role; the police are well used to accepting solicitors and barristers acting one day for the prosecution and the next day for the defence, so why object to doctors doing the same thing?

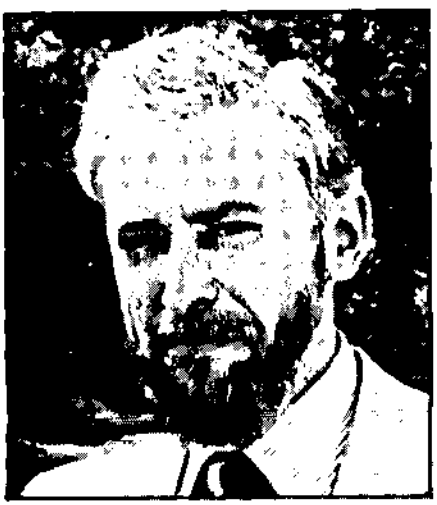
John Stewart, in a fine speech concerning the rights of prisoners, agreed with Stan Burges's stand on impartiality, and exhorted delegates to listen to prisoners' complaints and treat them

Ralph Summers celebrates the foundation of the Circular Saw Association with Bill Thomas.

sympathetically, even if the complaints were only about food or lack of blankets. Police Surgeons should not be reluctant to bring to the attention of the Station Superintendent any aspect of a case of which he disapproves – the attitude of the investigating officer, for instance – such observations help everybody to improve standards. Another useful reminder, the job doesn't end just because a prisoner refuses to be examined. The Police Surgeon is still entitled to observe and record demeanour and even injuries and give an opinion. Consent is not required to observe and report.

David Filer's paper on his research into the work load of Police Surgeons covered the whole of 1981. When the final report is published it will contain some interesting observations. Some members, for instance, carry out 85% Road Traffic Act work whilst the country's average is nearer 40%. Furthermore, the national ratio of Section 5 offences as against Section 6 offences is one to eight, yet many members declared Section 5 to be a thing of the past and reported none. Sexual assaults made up about 6% of the work load, whilst 13% were assaults and 29% fitness to be detained. David's opinion is that different constabularies must issue different instructions on procedure.

Violence in the family was highlighted by Probation Officers Paul Douglas and Ann Markovitch (from OPUS). They stressed the great help families receive from voluntary organisations, who can offer the one thing people want and the professional cannot supply – time to sit and listen. Old timers and hardened policemen in the audience heard Frederick Moorhouse talking about the uncivlised days when children got a clip around the ears for their misdemeanours and how



Conference Secretary nominee Tim Manser.

Banquet reception committee.

horrible it all was! Britain was the only place in Europe where corporal punishment is still allowed. Poland stopped it in 1783, Scandinavia in 1880. What none of the speakers said was whether our children were any worse off afterwards. It seemed too easy to generalise from particular incidents and it did not show which system turned out better citizens.

Social events, of course, were not forgotten during the Conference. Apart from the Annual Banquet, perhaps the highlight was the President's Lady's Reception held in the hotel's exotic indoor swimming pool area. A fashion parade (including, of course, swimming costumes) entranced the ladies, whilst their menfolk were enduring the rigors of the A.G.M. A few men sneaked in towards the end of the fashion show; it cost them dearly as the dresses on display were for sale!

Dr. Charles and Mary Sutherland.

The full day tour commenced with a leisurely boat trip from Dartmouth to Totnes up the River Dart, followed by an excellent lunch at the Cott Inn, Dartington. During the afternoon a visit to the magnificent Craft Centre preceded a visit to stately Dartington Hall, now a centre for many educational and arts activities.

On the following day there was a visit to Ugbrooke Park, remodelled in 1750 by Robert Adam. The park itself was designed by Capability Brown.

The Palace Hotel boasts fine recreational facilities — 9 hole golf course, two swimming pools, tennis courts and squash court. On the latter Hubert Cremers from Holland yet again won the Squash Competition, with Jay Chitnis runner up. The Golf Competition and Ulster Cup was once more won by Bertie Irwin. Someone unkindly said that, as

Charlie Clarke looks penitent on winning the wooden spoon.

one of the Cup's handles had become detached whilst in his possession, Bertie just *had* to win it again to take it home for repair! Ulster Cup runner up was Michael Knight and the Wooden Spoon was won (*won*?!) by Charlie Clark.

If the Mayor and Mayoress of Torbay expected the congress to be quiet and sedate, they were quickly disabused when they attended the Banquet. There was good food and good wine but there was good slapstick too. Ralph Summers, Bill Thomas, Robin Moffat and Fraser Newman appeared in grotesque costumes and masks and assailed the President in the middle of his speech. However, the tables were turned when the President donned protective clothing and helmet and, with other top table diners, repelled the hapless four with multicoloured foam spray. There were excellent and witty speeches and Bill Hunt and his wife picked up a guitar from under the table and sang for their supper. The whole hilarious performance reached a brilliant finale when jovial John Bissett (33 years in the Force) threw away his prepared

President Hilton faces all comers at the Banquet.

sober speech and joined in with a witty address, which delighted the whole assembly.

The Annual Conference is but one of the meetings held by the Association each year, albeit the most important. The number of delegates was slightly down on last year, but the total attending all meetings has been very satisfactory.

Inadequate time was given for discussion during the 1981 conference — this was rectified this year, and many of the lecturers were subject to vigorous cross examination at the end of their talks.

Consideration might be given to assessing lecture topics against the requirements for the Diploma in Medical Jurisprudence — a minor criticism of a successful conference.

IVOR DONEY

We regret to have to record that Mr. Frederick Moorhouse, who addressed the delegates at the 1982 Association's Annual Conference at Torquay, collapsed and died whilst on a sponsored walk in June.

After working in Africa for a number of years, Mr. Moorhouse took up a teaching post at Henbury School, Bristol. He was a Quaker, a representative on the Towntree Charitable Trust and Avon spokesman for S.T.O.P.P., the Society of Teachers opposed to Physical Punishment.

COUNCIL MEMBERS
WHO REPRESENTS YOU?

LAWRENCE ADDICOTT

Lawrence qualified at the Welsh National School of Medicine, Cardiff, in 1961. Following pre-registration house jobs at Cardiff, he moved to Bridgend for a SHO job in obstetrics and gynaecology. This was followed by 5 years in anaesthetics as SHO and registrar.

Following a vocational training year, he joined his present general practitioner partnership in 1969.

Lawrence became a Police Surgeon in 1968 and joined the Association shortly afterwards. He obtained the D.M.J. in 1976. In addition to his G.P. and Police Surgeon work, he continues his interest in anaesthetics at the local district hospital.

He is a member of the British Academy of Forensic Sciences and the Forensic Science Society.

Hobbies include photography, gardening and badminton. He is thinking of taking up golf if only to break one particular member's near monopoly of the wooden spoon in the Ulster Cup competition.

Lawrence can be contacted at:—

Home: Hafod,
Ewenny,
Bridgend,
Mid. Glamorgan.
Tel: Bridgend 56527.

or

Surgery: Riversdale House,
Merthyr Mawr Road,
Bridgend,
Mid Glamorgan.
Tel: Bridgend 4343.

ZAFAR QURESHI

Zafar Ahmad Qureshi qualified at Dow Medical College, Karachi, Pakistan. He came to Britain in 1964.

Before entering General Practice he held Registrar posts in paediatrics and general medicine, obtaining the Diploma in Child Health in 1967.

He joined the practice of Dr. H.C. Palin and was Deputy Police Surgeon to Dr. Palin for seven years, learning much of his forensic medicine from him. Dr. Qureshi was appointed Divisional Police Surgeon at Burnley three years ago.

He is Chairman of the District Medical Committee, G.P. representative in the District Managements Team and a Trainer in General Practice.

His hobbies are gardening and do-it-yourself home decorating.

Dr. Qureshi may be contacted at The Health Centre, Arthur Street, Brierfield, Nelson. Telephone: Nelson (0282) 65175.

ALISTAIR IRVINE

Alistair qualified in Leeds in 1966 and entered general practice in 1968. His interest in forensic medicine was kindled as a student when he had as teachers Professor Polson and Professor David Gee.

He became a Deputy Divisional Surgeon in 1975 and a Divisional Surgeon in 1978, to the Cleveland Constabulary. He took his D.M.J. in 1979. He lectures to the Scientific Aids School at Durham Constabulary.

Among his interests are music, photography, riding and equestrian sports. He may be contacted at:—

Home:
Mickel Hill Farm,
Wolviston, Co. Cleveland,
Tel: 074-04-280.
Surgery:
The Health Centre,
Billingham, Co. Cleveland.
Tel: 0642-531532.

JAMES A. DUNBAR

After a hectic undergraduate career as President of the British Medical Students' Association and President of the International Federation of Medical Students' Associations, James Dunbar graduated from St. Andrews University in 1972 and spent two years in Pathology before entering General Practice in 1975. In 1976, David Marshall set up Tayside-Regional Police Surgeon Service and James joined at its inception. After the minimun three years' experience he took his Diploma in Medical Jurisprudence in 1979.

He is the Coordinator of Tayside Safe Driving Project which studies ways of detecting high risk offenders amongst drunk drivers. A keen member of the TA he serves with 144 (Parachute) Field Ambulance RAMC. He can be contacted at his Surgery, 325 Strathmartine Road, Dundee, telephone: 0382 812111 or at home – The Gables, Drumsturdy Road, Kingennie, DD5 3RE, telephone: 082623 204.

PREVIEW 1984

A Conference on "Crime Investigation – Art or Science?" was jointly sponsored at Oxford by the International Association of Forensic Sciences, The British Association in Forensic Medicine and the Association of Police Surgeons of Great Britain and sponsored and organised by the Forensic Science Society. It was, as might have been suspected from the Symposium title, a philosophical discussion into various aspects of crime investigation and, whilst gently thought-provoking, is not going to lead to any radical alteration in criminology investigative technique overnight.

The two papers which I enjoyed most (perhaps because I was thrown out of my school philosophy classes) were more factual than the others. The first was an exuberant description of New York murder cases given by Police Commissioner Anthony J. Schembri. A short plump man, not as bald as Kojak, he went through several hundred slides with an electrifying enthusiasm reminiscent of Professor Chao of Singapore.

Dr. M.A. Green, from the University of Leeds, Department of Forensic Medicine, spoke on "Is Sir Bernard Spilsbury Dead". Dr. Green dissected away the myth which surrounds to this day Sir Bernard Spilsbury's reputation and exposed a man lacking in broad medical experience, narrow-minded and unwilling to admit that others might be right. It was fascinating stuff. I hope that Dr. Green can be persuaded to dissect and display some of the errors some Police Surgeons make at scenes of crime at the forthcoming Scarborough Conference.

The Oxford meeting was a precursor to the great 1984 International Association of Forensic Sciences Meeting, when it is hoped that up to 2,000 delegates will gather in Oxford. The omens look good for 1984.

Further details of the 1984 meeting may be obtained from Professor Stuart Kind, I.A.F.S., P.O. Box 41, Harrogate, North Yorkshire.

THE DIPLOMA IN MEDICAL JURISPRUDENCE

The Revised Syllabuses

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

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

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

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

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

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

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

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

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

For further details please write to:

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

STIRLING WORK

The Autumn Symposium was held this year at Stirling University. The University is a post-war development built on a beautiful estate in a style which can only be described as Lego Monolithic. The residential block, dining hall and lecture theatre were about as far apart as it was possible to get them. This ensured a healthy walk before breakfast and, as the Scottish monsoon season arrived with the delegates, much brisk jogging was evident.

The meeting was well attended not only by delegates from the Association but by Police Officers and Procurators Fiscal. The introductory meeting was held at Central Scotland Police Headquarters in Stirling. Being one of the smallest forces in the kingdom, this enabled most departments to be centrally located. We were, therefore, able to visit all the major departments and the delegates appreciated the fact that a number of Police Officers had given up their spare time to be on hand and answer questions during the tour of the headquarters. Particularly admired were organiser Dr. Peter Jago's medical room (spotless and well-equipped although a little on the small side) and the cells. The pristine condition of the cells, without even the hint of graffiti, made delegates wonder whether Stirling Police actually ever lock anybody up. We were assured that prisoners in Stirling, unlike other areas, are great respecters of other people's property.

Mr. Ian Oliver, Chief Constable of Central Scotland Police, warmly welcomed the delegates and presented the President, Dr. James Hilton, with the Force Crest to commemorate the visit. It is worth noting that the Association flag flew over the Police Force Headquarters, the first flag from an outside organisation to fly at that station. Surely a measure of the regard Dr. Peter Jago and the Association is held by Central Scotland Police.

A lucid paper from Ian Hamilton of Strathclyde Police Laboratory reviewed the advances made in present day serology. The amount of information which can be obtained from a small blood stain is limited, not so much by the techniques available, but by finance and staffing. Strathclyde Laboratory deals with a population of about 4 million. From 550 serology cases, involving 1,037 blood samples, 4,670 standard determinations were made. Chepstow Laboratory on the other hand serves a population of 6.5 million. From 630 serology cases involving 1,100 blood samples, 6,850 standard determinations were made. Strathclyde utilises four routine systems, Chepstow seven. The reason for this disparity is that Strathclyde had seven biologists and Chepstow 24. In addition, Strathclyde has the extra burden in that evidence for Court under Scottish law requires corroboration from a colleague.

Odontology

Gavin McKay from Dundee Mental Hospital spoke on forensic odontology reviewing the information which can be obtained from teeth and from bites on dead bodies. However, his department appears to be doing little work with bites on living people. Is this because the local Police Surgeons are less aware of the information which can be recovered from such bites and are not referring cases to the department?

A review of the Procurator Fiscal system was made by Mr. Edwin G. Smith, Procurator Fiscal from Edinburgh. He emphasised the importance attached in Scotland to corroboration of evidence — "no man shall be convicted out of the mouth of one witness". Police Surgeons in Scotland have a closer working relationship with prosecuting lawyers than pertains south of the border, which clearly is

of mutual advantage. Mr. Smith voiced concern regarding the future of Scottish Police Surgeons; the proposed concentration of all forensic pathology at four universities will tend to leave Police Surgeons out of it. This will be enhanced when the new breath analysis machine comes into use.

Compulsory Samples

Mr R.N.M. McLean, Q.C., of Edinburgh restated the addage that a good lawyer does not ask a question unless he knows the answer. He was referring to a drink-driving case when an unwise prosecuting lawyer asked the defence doctor called to support the driver "What experience have you?" and was taken aback to receive the answer "I was a Police Surgeon for 15 years". Mr. McLean revealed fascinating differences in evidential law between the English and Scottish systems. One aspect of particular note to Police Surgeons is that in Scotland, when an accused person refuses samples which may be essential to a prosecution case, a warrant may be obtained from the Sheriff to obtain the specimens by force, whether they be blood, hair samples or dental impressions. More of this later.

Peter Jago gave a paper stressing the importance of the impartial Police Surgeon and emphasised the problems which might arise when police rely on non-forensically trained doctors for important evidence.

Peter's paper was followed by a demonstration by the Central Scotland Police Underwater Search Unit in Airthrey Loch in the University grounds. As the monsoon was continuing unabated, the police divers were the only persons properly dressed for the occasion.

Safe Driving Project

A team of three from the Tayside Safe Driving Project — Dr. James Dunbar, Police Surgeon, Mr. James Hagart, Psychologist and Dr. Manjit Devgun, biochemist described the results from this important undertaking. When arrested under the Road Traffic Act, drivers are asked to co-operate in further investigations, which include biochemistry, psychological assessment and obtaining medical reports from the patient's own general practitioner. What has become evident is that large numbers of drivers, some 25% of those arrested under the Road Traffic Act, are high risk drivers due to alcohol. It has been proposed by the Department of Transport that drivers who have two convictions over 200 mgms% should be regarded as high risk drivers and not have their licences restored until there is a clear indication that they are no longer a high risk driver. The Tayside Safe Driving Project has revealed that setting the arbitrary level of 200 mgms. would result in a considerable number of drivers escaping identification as high risk drivers. The research continues but, as Dr. Dunbar pointed out, the introduction of the 1981 Road Transport Act with the breath analysis machine will result in this major research coming to a halt and a useful method of detecting drivers at risk — enzymes — will be lost.

Ethical Problems

The final paper was given by Professor J.K. Mason, Regius Professor of Forensic Medicine at the University of Edinburgh, on "Medical Ethics and the Police Surgeon". Professor Mason felt that Police Surgeons walk an ethical tightrope. When he considered the Geneva declaration there appeared to be a number of clauses which Professor Mason believes Police Surgeons may have difficulty in following to the letter. Professor Mason said that if one is working in a therapeutic role one should be 100% directed towards the patient and, therefore, unable to look for police evidence, because observations made in a criminal situation could well be to the patient's disadvantage. So seriously does Professor Mason regard the ethical risk that, in the case of a sudden death, he advocates that one doctor should establish the clinical fact of death and a second doctor undertake the police investigation side.

However, as the lecturer proceeded, it became apparent that Professor Mason's

interpretation of medico-legal ethics was not as rigid as was first apparent. This did not save him from extensive cross-examination and one question put to him concerned the ethics of a doctor taking a sample from an unwilling patient on a Sheriff's Warrant. Professor Mason's views appeared to differ from his earlier stated opinion for he said that he saw no reason why, for instance, pubic hair should not be taken from an unwilling prisoner restrained by four burly policemen on the production of a Warrant. On the other hand, he felt that the taking of a blood sample under such circumstance might be dangerous and, therefore, should not be done.

The Association's Autumn Symposium was a stimulating and provocative occasion and we left that austere but hospitable campus refreshed and revigorated physically and mentally.

D.M.J. COURSE

The 1983 Postgraduate Course in Forensic Medicine will be held at the London Hospital Medical College from 7th-18th March, 1983. The fee will be £150.00.

In the past this Course has been approved for Section 63 requirements.

Further details may be obtained from the Secretary to the Postgraduate Sub-Dean, The London Hospital Medical College, Turner Street, London, E1 2AD. Telephone: 01-377 8800.

The International Congress on Psychiatry, Law and Ethics will be held in Haifa, Israel, February 20th-25th, 1983. The legal and ethical aspects of psychiatric practice will be the focal point of this international Congress. Topics will include: psychiatry and society; the patient, his rights and hospitalization; the need for special psychiatric legislation; the court.
For further details please contact:
Judge Amnon Carmi, Chairman,
Organizing Committee,
International Congress on Psychiatry,
Law and Ethics, P.O. Box 394,
Tel Aviv 61003, Israel.

THE BRITISH ACADEMY OF FORENSIC SCIENCES

The Annual Friends' Dinner of the Academy will take place on Monday, 15th November, 1982, at the Law Society, 113 Chancery Lane, London, WC2A 1PL., at 7 p.m. for 7.30 p.m. The subject for discussion will be "The Case of R. —v— Arthur" presented by Mr. George Carman, QC.

Further details from Professor J.M. Cameron, Secretary-General, The British Academy of Forensic Sciences, Department of Forensic Medicine, The London Hospital Medical College, Turner Street, Walden Buildings, London, E1 2AD.

1st ASIAN PACIFIC CONGRESS ON LEGAL MEDICINE & FORENSIC SCIENCES

A number of Police Surgeons have expressed great interest in attending the Asian Pacific Congress on Legal Medicine & Forensic Sciences to be held at the Mandarin Hotel, Singapore in the autumn of 1983.

Plenary sessions will be held on Terrorism, Arson and Bombings, Drugs and Alcohol and Homicide Investigations. There will be nine Symposia on Mass Disaster Investigations, Geographic Problems in Sex Crimes, Timing of Wounds, Problems in Forensic Sciences, New Methods in Forensic Sciences, The Expert Witness, Geographic Problems in Drug Abuse, Medico-Legal Investigation of Deaths Associated with Diagnostic and Therapeutic Procedures, and Forensic Odontology.

The Mandarin Hotel is an exclusive deluxe hotel in the heart of Singapore's excellent shopping district and has first class conference facilities.

Further details available from:—
Congress Secretariat,
1st Asian Pacific Congress on Legal Medicine & Forensic Sciences,
Department of Pathology,
Outram Road, Singapore 0316,
Republic of Singapore.

COMPLAINT

Following an examination by a New Zealand Police Surgeon of the victim of an alleged sexual offence, a complaint of professional misconduct was made to the Medical Practitioners Disciplinary Committee. The findings of the inquiry are set out below. The names of those concerned are not relevant — the warning and lesson are.

The Medical Practitioners Disciplinary Committee finds:

1. This was a complaint by the Rape Crisis Collective on behalf of Miss C. against Dr. B in respect of an attendance on Miss C. in his capacity as a Police Surgeon. The complaint was supported by Dr. D. The Committee considers that the complaint contains five specific allegations of professional misconduct, and its findings in respect of each allegation are as follows:

(a) **That Dr. B. did not acknowledge Miss C. at the outset of the examination, was insensitive towards her and provided neither explanations for the steps he was taking nor consolation for her in the circumstances.**

There is no doubt that at the time of the examination Miss C. was distraught as a result of a violent rape. Furthermore the medical examination that inevitably had to follow the sexual assault was most unpleasant for her. It was of course regarded by Miss C., as it would be by all women in that situation as a further degrading experience.

Miss C. in evidence very fairly stated that she had no clear recollection of what the Committee finds was a prolonged examination. In order to comply with the requirements of the examination and to fill in the appropriate forms in the way he did the Committee finds that considerable dialogue must have and did occur between Dr. B. and Miss C. The evidence of Detective E. and Policewoman F. made it clear that Dr. B. was not only introduced to Miss C. but that verbal explanations of steps taken were in fact given during the hour-long examination period. However, due to Miss C's shocked state the Committee does not consider on the evidence that Dr. B. was in any way insensitive or lacking in his attitude to this patient.

(b) **That a vaginal speculum was used brutally and that the taking of evidential swabs was made excessively painful.**

The Committee finds after hearing all evidence there was extreme vaginismus. It notes that this condition was observed by Dr. D. on his examination many weeks after the assault. The Committee also finds that Miss C. could not have seen the examination being in the left lateral position. It accepts Dr. B's evidence that the speculum was not introduced due to the spasm. The alternative procedure used for taking swabs would certainly have been painful but not beyond the degree that was necessary and inevitable in the circumstances.

(c) **That the pubic and head hair samples were taken roughly and without explanation.**

The Committee finds that these samples were properly taken. It notes that Dr. D. was not aware of the necessary

procedures and that he did not inquire of the Police Surgeon he spoke to about such procedures before advising Miss C. to make a complaint. The Committee takes this opportunity to state that it is of the firm view that it is the duty of any doctor making or supporting a complaint to its Committee to seek an explanation that a colleague may have of his actions before proceeding to complain or advising a patient to complain. It is not sufficient to proceed solely on the basis of a patient's condemnation of a doctor's actions.

(d) **That Dr. B. improperly suggested to the police that due to spasm, penetration may well not have occurred.**

The Committee finds that it was Dr. B's duty to convey his findings to the police, to give his expert opinion on his findings and to furnish his report in the way he did. In such examinations a Police Surgeon has not only a duty to the person he is examining but one to the police in the course of investigations of a reported crime that may require his immediate advice of even tentative conclusions. The Committee accepts that this was such a case.

(e) **That Dr. B. should have delayed expressing the opinion referred to in (d) above until he was in possession of the results of investigations by the D.S.I.R.***

The Committee notes that Police Surgeons are not usually given the results of evidential tests which are reported by the D.S.I.R. directly to the police. It considers that Dr. B's conduct was entirely proper in this respect also for reasons discussed in the context of (d) above.

The Committee finds that Dr. B. is not guilty of the charge of conduct unbecoming of a medical practitioner. It makes no award as to costs.

* Department of Scientific and Industrial Research, equivalent to the Forensic Science Laboratory.

AAPAPMO CONFERENCE

The Fourth Meeting of the Australasian and Pacific Area Police Medical Officers will be held at Trinity College, University of Melbourne, Parkville, Victoria, Australia, from 13th-18th February, 1984.

Trinity College, a part of the University of Melbourne, provides comprehensive facilities, comfortable accommodation in single and twin-bedded rooms in an oasis near Melbourne, the capital city of the State of Victoria. The city centre is ten minutes away by tram.

The Conference Programme will include lectures on forensic medical topics, matters which relate to police health and stress in police work. There will be discussions on current or recent Australasian forensic, judicial or police medical matters of interest and there will be demonstrations of police activities of interest and value to Police Surgeons.

There will be a full programme of social activities including opportunities to visit some of Victoria's scenic and historic gems.

Further details from Dr. J. Peter Bush, Hon. Secretary, AAPAPMO, Police Surgeon's Office, Police Offices, 376 Russell Street, Melbourne, Victoria 3000, Australia.

NEW JOURNAL

The Association of Australasian & Pacific Areas Police Medical Officers is now the proud possessor of a Journal. Edited by Bill Daniels of Auckland, New Zealand, it is hoped that the magazine will appear every three months. The first issue contained the oration given by Sir Randal Elliot at the February AAPAPMO Conference on Medicine, Morality and the State. Important changes in the law relating to medical privilege came into force in New Zealand in 1981 and the new law was described in some detail.

A leaflet "A Guide for Bereaved

Families" was published by the New Zealand Police and has been introduced on a trial basis by Auckland Police. It contains basic information relevant to sudden death, the functions of Coroners and inquests and why post mortems are needed. The leaflet, which was reproduced in the Journal, is an excellent and practical aid for relatives, who are frequently stunned by their recent loss.

Other papers in the Journal included a paper on "Science and Sexual Assault", given at the February Conference and a full report on the Conference.

The Journal of the AAPAPMO will rapidly become a most important part of Association life. It has had an excellent beginning — we wish it every success for the future.

CROSS-EXAMINATION

The following is an extract from the cross-examination of Police Surgeon Dr. Roger Bartley of Auckland, New Zealand in the trial of a man accused of sexually assaulting a five year old girl.

Q. Turn your attention to the accused. Did you say that your conducted your examination at the Otahuhu Police Station?

A. Yes.

Q. Whereabouts in the Police Station?

A. Once again I don't recall. But it would probably be in the medical room at the Station, which is by the cell block.

Q. You said, I think, in your evidence, that in your opinion the accused's penis was small. Is that correct?

A. Smaller than average.

Q. Did you make any notes as to the size of his penis?

A. No.

Q. Did you examine him when the penis was flaccid?

A. Yes.

Q. Did you examine him when the penis was erect?

A. No I did not.

Q. Well, what size was his penis?

A. I could only answer this by saying, in an almost facetious way, that you can only have "small", "medium" and "large", and his was small — for an adult.

Q. Would you agree, doctor, that the size of a flaccid penis would depend very much on its environment?

A. Environment?

A well-known Home Office Pathologist is caught in Victoria whilst blowing a P.B.T. puff bag, and subsequently required to perform on the Breathalyser. The results of the tests are state secrets only to be revealed in Court.

Q. Yes. When you go for a swim in cold water, would you expect it to be smaller?

A. Yes. I see what you mean. Yes, this is correct. To a degree. I have no record of the temperature when I examined the accused. The place is centrally-heated and so it would be, I presume, a normal room temperature of around about 60 to 65 degrees. He certainly was not examined in a cold cell.

Q. Are you able to demonstrate to the Court what size you consider a "small" penis to be?

A. I would have said "a little larger than a man's thumb" or than *my* thumb. (Witness indicates thumb).

Q. Is there a relationship between the size of a penis when flaccid, and the size of a penis when erect?

A. Yes.

Q. Would you tell the Court what that relationship is?

A. Well, a small penis, when it is erect, is likely to be a smaller erect penis than a large penis when it is erect.

Q. Are you able to gauge, from your observation of the accused, what the likely size of his penis was when erected?

A. I would not presume to answer that.

Q. Would it be fair to say that when erect his penis would be of normal size?

A. I think I've already answered your question there. A small penis when it is erect is likely to be a smaller penis than a large erect penis. I'm afraid penises are not my speciality.

Q. Are you able to say that his penis is likely to be smaller flaccid than when erect?

A. That is a fact of life . . .

CONGRATULATIONS

Congratulations to Professor Keith Simpson, C.B.E., on his marriage in July to Dr. Janet Thurston, widow of the former Westminster Coroner, Dr. Gavin Thurston. Professor Simpson is an Honorary Member of the Association of Police Surgeons.

D.M.J. SUCCESSES

The following Association members were successful in Part II of the D.M.J. examinations last July:—

Dr. Reg Bunting	Bristol
Dr. Jack Crane	Belfast
Dr. Ling Ping Lam	Hong Kong
Dr. Ian Muir	Metropolitan & City Group

At a recent D.M.J. Part I examination there were candidates from Britain, Ulster, Kenya, Jordan, Australia, Mauritius, Singapore, Hong Kong and Iraq. Truly the Diploma has gained international recognition.

DEATH IN CUSTODY

"Death in Police Custody" will be the topic of the Associations Autumn Symposium. Speakers will include Professor Hugh Johnson, Drs. Ian West, George Grant (Senior Medical Officer, Brixton Prison), Peter Vanezis and Keith Lee.

The meeting will be held at St. Thomas's Hospital on Saturday, 29th January, 1983, commencing at 9.30 a.m. Section 63 approval is being sought and the Symposium fee will be £10.00.

Organiser, Dr. David Jenkins, says that the expense of functions in London virtually rules out a social gathering on Friday, 28th January.

This meeting will be restricted to Police Surgeons and Police Officers.

THE DESIGN OF POLICE SURGEONS' ROOMS

Following a survey for the Chief Medical Officer, of the examination facilities provided for Police Surgeons in Police Stations, the Property Services Department of the Metropolitan Police, have prepared a booklet on the design of Police Surgeons' rooms.

The specification mainly covers the amelioration of existing rooms, but also includes the design of rooms in new stations and larger remodelling projects.

Requests from police forces for copies of the booklet should be sent to:—

Dr. F.R. Lewington,
Metropolitan Police Forensic Science Laboratory,
109, Lambeth Road,
London, SE1 7LP.

This book is a **must** *for any police force designing new Police Surgeons' rooms, or modernising existing facilities. Particular emphasis is made on storage facilities, lighting and working areas. However, I disagree with the statement that a telephone is unnecessary in a medical room. Otherwise this is an excellent production.*

DIABETICS IN CUSTODY

Once more Dr. David Filer has reported in "General Practitioner" on a diabetic patient in police custody. David was called to a police station at 8.30 a.m. to examine a man in connection with being in charge of a motor vehicle whilst drunk. The driver was found asleep across the wheel of his van with three empty lager cans beside him.

David was told, on arrival at the police station, that the man was a diabetic and the patient himself said that he took oral hypoglycaemic tablets twice a day and that he had recently been feeling very thirsty. Before David's arrival at the police station he had been given tea laced with sugar.

It soon became obvious that the driver was suffering from hyperglycaemia and a urine specimen showed glycosuria but no ketosis. The driver became more and more drowsy during the examination and was referred to the local hospital, where a high blood-sugar level was found.

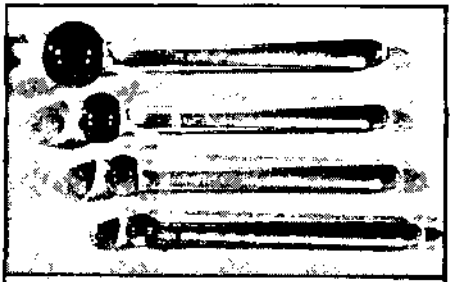
CARBON COPY SUICIDES

Annually in Britain some 200,000 people try to kill themselves. Yearly some 4,000 individuals in England and Wales take their own lives, an average of one every 2½ hours.

There is some evidence to show that however succinctly suicides may be reported (e.g. "Mr. X threw himself under a train" or "Mrs. Y lept from the roof of a building") there will be some risk of imitators reaction among the most vulnerable in society.

In an attempt to reduce "carbon-copy" suicides, the Pharmaceutical Society of Great Britain is campaigning for the exclusion from published and broadcast reports of the name of the drug used and the quantity taken when the phrase "an overdose of drugs" would be adequate for news purposes.

Association members might consider drawing the attention of editors of local newspapers to the risks inherent in reporting suicides in detail.



GLAISTER'S GLOBES

"Have tried everywhere",
"I've been trying without success to find some for years".

Made from Pyrex glass, the spheres measure 1/2", 5/8", 3/4" and 1", on 4" x 1/4" rod.

£6.00 per set, including p. & p. from: Dr. M. Clarke, Vine House, Huyton, Church Road, Huyton, Merseyside, L36 5SJ.

PLASTIC GLOBES

Plastic Glaister's Globes and Twinlight Torches are available from James Hatterick Limited, 170 Archway Road, London, N6 5BE. The cost is as follows:—

Glaister's Globes	£17.40 + VAT and postage
Twinlight Torch	£9.39 + VAT and postage.

GLASS RODS

Sets of 4 glass Glaister-Keen rods, curved and made to fit the Eshermann Twinlight diagnostic Torch are available at £12.50 from:—

Mr. Peter Murray,
S. Murray & Co. Limited,
Holborn House,
Old Woking,
Surrey, GU22 9LB.

Did you know that — sperm travel at 30 to 45 micromu per second, traversing 15 cms of the female genital tract in 60 to 90 minutes.

STUDENT'S CAREER FAIR

Wednesday the 21st April saw another Students Careers Fair at the Bristol Royal Infirmary. The prime mover for the Forensic Medicine Stand – as it was last year – was Ivor Doney, helped in no small measure by Reg Bunting. Because last year's was such a success with many students expressing an interest in all the stands including ours, the enthusiastic Ivor arranged a little quiz. No real forensic knowledge was required but it helped to be a regular viewer of the seamier soap operas/documentaries on television.

Unfortunately the Careers Fair as a whole was not well supported so there were few takers in Ivor's "Win a bottle of wine" contest. I think a large proportion of all the students who did take the trouble to attend at all came to see us on the Forensic Medicine Stand – after all, we did have the best pictures!

W.R.P.

EVIDENTIAL BREATH TESTING EQUIPMENT

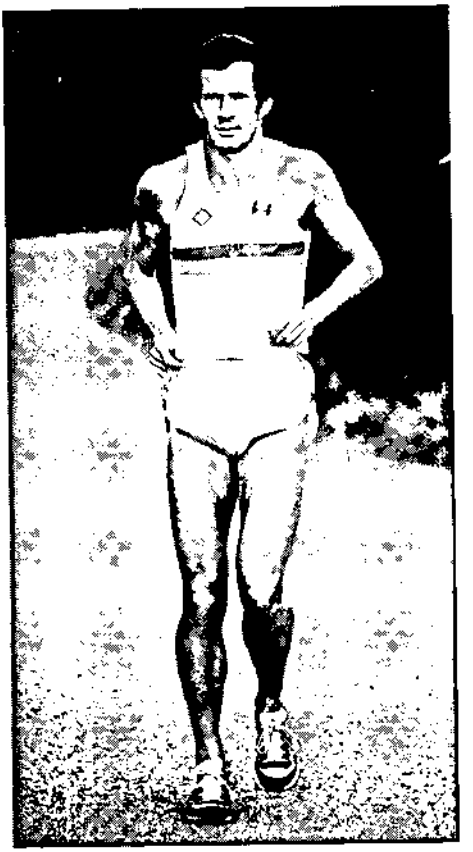
The field trials of three new devices for analysing breath alcohol were completed earlier this year. Based on the results obtained, the Lion Intoximeter 3000 and the Camic Breath Analyser are to be approved for use under the Transport Act 1981.

The date for the introduction of the machines has yet to be announced, but it is believed to be in the spring of 1983.

COLONEL'S CONFIDENTIAL REPORT ON ARMY OFFICER

"He is a very reliable and resourceful officer. He possesses a very wide knowledge of country craft and is a born poacher. He gets on well with people".

Not surprisingly, the "born poacher" became an eminent and well-known Liverpool Barrister.



FITNESS IS ALL

The prize for the healthiest Police Surgeon must surely go to North Cheshire's Patrick Milroy. In June he completed in the World Medical Games held in Cannes, as a member of the British contingent. Winning four medals, two gold, one silver and one bronze, he also received the special prize for the best athlete of the Games. Patrick received the gold for completing 5,000 metres in 15 minutes 49.4 seconds, and the 25 milometre road race in one hour 26 minutes.

A Cheshire Police Officer recalls attending a body inconveniently placed up a steep hillface. By the time the police officers arrived at the scene, they were exhausted and approaching collapse. The

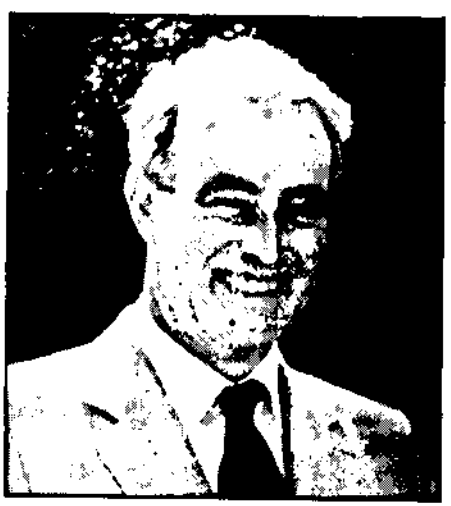
Police Officers's composure was not improved when they observed Patrick Milroy running up the hillface and arriving at the scene cool and undistressed by his exertions. It was generally felt that it might have been more tactful for Patrick to have appeared at least slightly breathless.

FARMER ROGER HUNT

North Devon Police Surgeon, Roger Hunt, received considerable publicity following his paper given at the Torquay Annual Conference on "Alcoholics and their Doctors". Both General Practitioners and Psychiatrists received low ratings for their help from alcoholics.

Recently interviewed in "Pulse", Roger described how, in addition to his busy general practice and his police work, he farms 80 acres in North Devon, looking after up to 350 sheep and some cattle. His expertise is such that he has won two championships at Smithfield for his sheep carcases.

Devon's narrow lanes require care and patience. Roger tells of, when driving a tractor towing a loaded muck-spreader, a driver behind him repeatedly hooted the horn, "After I'd turned the muck-spreader on", reflects Roger, "The driver kept silent at a respectful distance".



Roger acknowledges the help given by his wife, Lois, to him on and about the farm but consequently she is unable to devote much time to her functions as a G.P.'s wife. "This is no bad thing" says Roger, "It means she cannot do what most G.P.'s wives do, which is interfere".

Perhaps the impatient hooting car driver was a G.P.'s militant wife!

'Our television set suddenly stopped functioning. We telephoned the local service depot and were told that it would cost £14 for an engineer to come out – for a one-mile journey – and £6 for every half hour, plus charges of materials and VAT.

'The lesson to be learned from the above is that youngsters should be encouraged to become television engineers, and never advised to become doctors unless they have an overwhelming dedication for medicine'.

Dr. Ernest Want in a letter to
"The Daily Telegraph"

ELECTION OF COUNCILLORS

In accordance with the Rules of Constitution, Councillors for Areas 4, 5 and 6 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 15th January, 1983.

Note:

Area 4 (Eastern): retiring Council Member – Dr. J. Nelson, D.M.J.

Area 5 (South-East): retiring Council Member – Dr. I. Craig, D.M.J.

Area 6 (South-West): retiring Council Member – Dr. I.E. Doney, D.M.J.

Dr. Doney was co-opted as Council Member on the early retirement of Dr. M. Glanvill, and is eligible for re-election.

Notes from the Metropolliton Police Laboratory

CONTAINERS FOR USED SYRINGES

All the cardboard containers for used syringes have now been replaced by plastic containers. Containers must be dated when first taken into use. When a container is three-quarters full, or has been in use for three months, the container is to be sent to the Laboratory for disposal. (The excellent containers in use known as "Sharpsafe" Sharps Disposal Units, are available from Frontier Medical Products, North Black Vane Industrial Estate, Crosskeys, Gwent).

REPORTS ON FORENSIC EXAMINATIONS

Metropolitan Police Surgeons are able to obtain the results of laboratory findings in drink or drug-driving cases by making application for copies of the Analyst's Report to the officers in charge of the administration units at the stations at which they serve.

From July 1982, the Laboratory will supply Police Surgeons with information regarding the findings of samples taken by them in cases of alleged sexual assault. The information will be supplied in a coded form on a quarterly basis to a police station nominated by the Police Surgeon.

CROSS CONTAMINATION

Police Surgeons are reminded of the danger of accidental transfer of contact trace material before items reach the Laboratory. Problems will arise if complainants and suspects in an alleged assault are examined in the same Surgeon's room or indeed by the same Police Surgeon, if he does not change his outer clothes between examination of victim and suspect. Disposable paper gowns are now provided for Police Surgeons.

USE OF INSTRUMENTS IN RAPE CASES

A Police Surgeon was recently criticised in Court for not having used a speculum during the examination of a sexual assault victim. In the Laboratory Newsletter, Association Secretary, Dr. Hugh de la Haye Davies, points out that whilst textbook descriptions of the ideal scheme of examination of a victim includes a speculum examination, this is not always desirable or practicable. Vaginal swabs can be taken without contamination without using a speculum. Indeed the use of a speculum may introduce semen into the vagina. Where serious vaginal injury is suspected, Dr. Davies suggests that the patient should be transferred to hospital, where the patient can be examined under anaesthetic by a gynaecologist, with the Police Surgeon in attendance.

Schemes for the ideal examination of a patient can only be for guidance and must be modified by the Police Surgeon according to the circumstances.

Dr. I.S. Muir of Old Park Ridings, London, N21 2EP, writes when referring to the taking of internal swabs and the risk of contamination:—

"I use a polyethylene tube approximately 1.5cm diameter, which tapers to an opening which will just allow the swab to pass through. I manufacture these from the rigid plastic syringe containers that come with disposable syringes simply by cutting the end off. They are, therefore, disposable and there is no question of contamination or cross-infection from one subject to the next. At the beginning of the examination I very carefully insert the end of the instrument into the rectum or vagina and then pass the swab through, being careful to avoid touching the cotton wool of the swab on any external edge of the polythene 'instrument'.".

SCREW LOOSE

Police in Beverley Hills, California, arrested a self-propelled robot, apparently under radio control by somebody concealed nearby. Plans are afoot to market robots that can more independently and think for themselves. (Daily Telegraph).

"Good morning, Sir. Have a good weekend?"

"Thank you Sergeant, yes. Managed some gardening. Much happen whilst I was off? What's this vehicle damage report?"

"It's all there, Sir. P.C. Huckleberry was patrolling Main Street when he saw a humanoid staggering in the street. P.C. Huckleberry stopped to question it and noted a strong smell of intoxicating lubricant. Before he was able to arrest it, it went beserk, smashed the patrol car windows, tore the aerials and the offside read wheel off. Huckleberry had to use his stun gun. We put the prisoner in the inactivation cell".

"That will have kept it quiet. Expect any further problems with it?"

"Turns out it was a member of the local Area Defence Committee".

"Oh lor!"

"Yes, Sir. Its soliciteroid was in the station within half-an-hour of the arrest. New model with the simulated alligator hide. Rubbed up against the counter and sand-papered half of it away. I've put a chit in".

"Usual complaint from the soliciteroid I suppose?"

"Yes, Sir – Excessive use of inactivation rays, interrogation without allowing the prisoner to plug into the mains, contaminated hydraulic fluid from the canteen. We had to call the Police Surgeon to the prisoner. Nice bit of spot welding".

"The Surgeon takes an exam soon doesn't he?"

"Yes, Sir. Part three of the D.M.J., he said. Advanced robotics and electronic forensics, I think he said. Too fancy for me".

"Can't do without the Surgeon, Sergeant".

"No, Sir. We had to call him in twice more. Driveroids with excess intoxicants in their rationality circuits. The first consented to the sample o.k. The Surgeon's a whiz with the laser needle. The driveroid didn't know he'd done it. The second turned awkward. Switched himself off. Had to use the fork lift to move him out of the medical room into the cells".

"That recent Court of Appeal decision will help there. Did the Surgeon get a V.P. scan done?"

"Vital pathways scan, Sir? Yes, he managed it before it switched itself off".

"Just as well – the Surgeon may have to give evidence. Anything else?"

"There was a self-fusing in Aszimov Close. Deliberate overload of the B-circuit and blew its head off. Left a note in its computer – couldn't face being reprogrammed as a community workeroid after being classed as a social deviant".

"Goes against the electron stream I suppose".

"Yes, Sir. Oh and I nearly forgot. I've sent for the Police Surgeon again. An alleged rape. Complainant's a left hand thread – assailant's a right hand screw".

"Nasty. Could get dismantled for that".

DESMOND BECKETT

POLICE STRESS AND HOW TO COMBAT IT

DR. MAURIE VANE

This article is based on an address by the Senior Police Medical Officer, Dr. Morrie Vane, D.M.J., during a Police Welfare Seminar at Manley Police College, Australia, and is reproduced by kind permission of the Editor of the New South Wales "Police News". The concluding part will appear in the next issue of the Supplement.

I became interested in stress so far as the police industry goes when I began to study the statistics from our medical records of the reasons for which police are boarded out medically unfit or retired from the police service, when, at some stage during their career, their health breaks down and they are unable to carry on. I also looked at the figures for the deaths of serving police.

I feel that you, as welfare people, should have these figures. There is nothing secret about them and I do discuss these boards and deaths of police during my lectures on police health to the NSW Police Sergeants' Course and at the Senior Police Sergeants' Course, where I follow a lecture on stress by Detective Sergeant Nelson Chad — he gives the policeman's view of police stress and I give my view of it.

I won't say I give "the doctor's view of it", because some doctors may not hold the views I do. But there again my views may be different. During 1981, I was in England when the rioting was on; where in two nights, 255 police out of 350, who were deployed at Toxteth, suffered injuries which needed treatment. I studied aspects of police stress in the United Kingdom on visits in 1980 and 1981. Police work itself, as well as forensic medicine and industrial health and safety and workers' compensation, was among many of the subjects I have studied over the last few years for the Diploma in Medical Jurisprudence, which I obtained in London in 1981.

CAUSES OF MEDICAL DISCHARGE OF NSW POLICE 1972–1980

	1972	73	74	75	76	77	78	79	80
Psych. Causes	11	21	14	16	15	10	17	20	21
Heart Attacks	2	8	7	6	7	8	12	8	9
Back Trouble	4	10	16	9	4	5	11	8	14
Cancer				1		1	2		
Strokes & Brain Diseases	3	3	4	1	4	1	1	1	4
All other Causes	1	8	10	10	5	3	6	9	15

Police Discharged Medically Unfit

The above table sets out the number and causes of discharges of New South Wales Police during the period 1972 to 1980 classified by the Police Medical Board as unfit for further police duty.

I shall not comment on all of these but let's look at the number of police retired each year for psychiatric or psychological reasons. I point these out to you because it is here that you, on the welfare side, will have a role and do already have a role, in which you will have to strengthen police, help them so that police work does not take this toll of their health.

From about 1973 to 1980, in New South Wales, around 20 police a year were retiring due to mental breakdown of some sort. Notice the rise around 1974 with 14, through 1976 with 15, 1978 with 17, to 1979 and 1980 with 20 and 21 cases. However, these figures do not show the true state of such breakdowns, for the number of police with mental or nerve problems or stress problems suddenly increased at the end of 1980. This led to a rise of 100% in 1981, from January to October, 115 police have been retired on health grounds and of these, 39 were due to nervous depression or mental breakdown or other mental illnesses and there are several others still waiting to go before the Board.

Now, of the other causes of discharge, you will notice heart trouble and back trouble and back injuries, spinal injuries, make up the bulk. All the other possible illnesses have resulted in Medical Boards in only a few cases.

So the main reason I became interested in police stress was this number of police with anxiety and depression or psychiatric illnesses. But there is another side to the picture and I refer to the deaths of serving police.

DEATHS OF SERVING NSW POLICE 1972–1980

	1972	73	74	75	76	77	78	79	80
Heart Attacks	10	8	7	10	9	9	3	5	7
Road Accidents	3	5	4	1	2	5	3	3	2
Drownings						2			
Suicide					5			2	1
G.S.W.	2		1	1		1			1
Cancer	2	2	2	6	3	5	1	2	7
Strokes		3	1	2	1				
All other Causes		1	2	3	2		1		3

You will see that deaths from **heart attacks** have been less than in the early 1970's, probably due to improved knowledge of dieting and overweight, and the risks of tobacco smoking. From 1975 to 1977 was a period of concern with 9 or 10 deaths a year, that is a fatal coronary occlusion about every six weeks.

Next the **road accidents**. I do not know at this stage whether these deaths were while on duty or not. I will try and find out, because if on duty, then it becomes an industrial hazard if it was in a police pursuit. If it was a fatal collision on the way home from work, it still is on duty but may not be due to actual police work from the industrial hazard point of view.

Police suicides are rather a taboo subject. Usually none, but in 1976 there were five and I have not been able, at this stage, to go into the background of these five, so I cannot say if they were due to mental illness or to depression or if they occurred as a way out of a personal stress situation. We have not studied the problem before. Your welfare role, in suicides, is in the stage before it happens — and you will see that if there is a welfare problem which a police office has and cannot solve, then your role

is to seek it out and to help him. The last suicide prior to the five in 1976 was in 1970, which is before the figures I have studied. Since 1976 there have been three, two in 1979 and the other one in 1980.

You have to remember that in these deaths many details have to remain private. To enquire will not be correct because the coroner will already have done his part and the last thing you want to do is to upset people who may already be deeply grieved by the loss of someone they loved. However, the problem still remains. Especially the year 1976. The question does arise whether during the previous year or so, say from 1974 to 1976, was there some social or criminal change in the usual environment in Sydney or New South Wales, or in the Police Force, in which these sudden five deaths occurred.

These deaths also raise the problem for you as welfare officers, which you are already facing and that is to work out what is your welfare role when a serving police officer does die. Do you know your role? What do you include? Can you comfort? Can you show that the Department does care for its men and women? What of the widows or children? What sudden financial changes do the deaths cause? You can see that you have to know the problem and how to deal with it. You have to be energetic, brave and compassionate in what you do.

Then there are the deaths due to **gun-shot wounds.** It appears in this State, though in some years no one is killed with a gun, that the New South Wales Police industry will expend one police officer each year due to gun-shot wounds.

Stress in the Police Force

How does stress build up in police officers? I believe that stress results from the product of intensity of what happens to you and the duration of what happens and this is illustrated by diagram one.

The diagram does not, however, indicate the personal factor in stress, that is, what one person will take in their stride can make another nervously exhausted. Nonetheless, I do believe that people who handle stress year in and year out, without harming themselves, are really slowly burning up their reserves, their reservoir of emotional capacity.

This is the age of nervous tension, high blood pressure, personality alterations, coronary occlusions and peptic ulcers and other illnesses which occur when our nerves and our bodies cannot adapt any more to the stresses on us.

In diagram two, I have depicted three examples of stress patterns. But there is an infinite combination possible, of course. So these are only fictitious ones. Take the one marked "A". Here could be a young police officer. All goes well until he meets his first, hard, dangerous offender and in the arrest this officer gets hurt. Up goes the first stress peak.

Diagram 1

POLICE STRESS

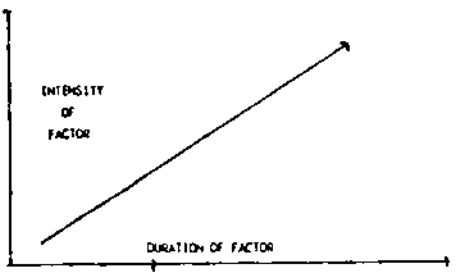
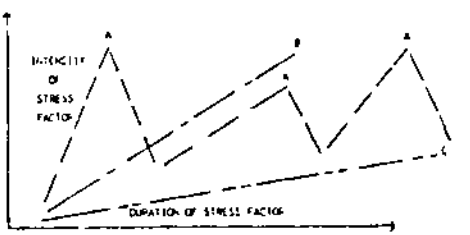


Diagram 2

POLICE STRESS PATTERNS



I believe that life today does not have quite the rough and tumble or the rough edges which it may have had in the past. Plenty of young people today have never been in a fight; plenty of them have never played a body contact sport, such as rugby, nor have they boxed or wrestled, and so there is a lack of awareness of really how physical, how sweaty and bloody a physical confrontation can get. We see plenty of it on the TV. You probably doubt what I'm saying, but it's quite true and we are lucky to have such good police drill instructors, and weapon-less defence instructors, who bring home to the young police that it's a physical game that the violent man will play.

Next look at the second peak. This could be the first taste of "buddy guilt". I will talk about buddy-guilt presently, but here I can mention it is the strain or stress which a police officer suffers when the mate they are working with is injured in a danger situation. Do you think that is real? I will go into it further directly. In the last, the third peak of this officer's chart, you can imagine he has survived the two previous troubles. Now, he does something which is departmentally wrong and away goes his self control and into anxiety and worry he heads. You can imagine the picture, I am sure. Do you have a welfare role in this?

Look at the example "B". What I wanted to show here is the straightout development of controlled stress due to the strain of administration such as a senior police officer will feel as he increases in rank and responsibility as the years go by. No peaks here, you see, because he handles everything in his stride. But the responsibility of administration is a great strain on the person who has to make the decision and give the order. He has to see the job is done and that discipline is effective; that departmental orders or punishment are effected, no matter what his personal feelings towards individual police under his control may be.

In example "C", the stress is that of a police officer who has some years of service and is getting near to retirement and who has never been badly hurt, physically I mean, or who may never have been hurt at all, and who now worries that as he gets older he will get hurt. As I said, many older police say they never worry about it. But it is there. There are no peaks of stress but a slow build up.

The Public Stress

I have touched on the background to the stress picture but I still want to cover some more background because as welfare officers, you should be aware of it, just as I have to be. My next table deals with how I believe police appear in a public stress situation; how they appear to the public and how they appear to other police and to you as police welfare officers.

HOW POLICE ARE IN PUBLIC STRESS SITUATION

TO PUBLIC	TO YOU
A HEROES	A HEROES
B BASTARDS	B AGGRO BASTARDS
C AGGROS	C MACHOS
D PIGS, ETC.	D ORDINARY PEOPLE DOING A JOB
E OR WHAT DO YOU THINK	E WHAT DO YOU THINK

Take the top of the table. In a public stress situation, to the public, the police can appear in a number of ways — they can appear as heroes, and heroes they often are; you can know and I know of lots of acts of heroism, big ones like Granville, but lots of minor acts of heroism too. Sometimes police do not appear to the public as heroes but often as bastards. Take a domestic situation. One side or the other will look on the police as interfering bastards, and so on. You know it.

Or again police can present the AGGRO image to the public. Have you ever seen a big copper handle a couple of drunks? There it is. Effective. So long as he can switch off afterwards. That's where the strain is, you know. You must learn those mental pictures when you are talking to police on stress problems because police will assume you know all this at your fingertips – and, of course, you all do, I'm sure. What next? Well, if not bastards, then PIGS. You know that one too. Then there is the last one, it's a winner – "What do you yourself think the public thinks of police in such and such a stress situation?" What the public does think differs all the time and that builds up more stress too.

That's the public. But what do police actually think of themselves in a public stress situation? Does the policeman think he is a hero, or a bastard, or an aggro-bastard? I have added another one here, the MACHO cop. The MACHO police image. I think television has a lot of influence on young police here and this image comes out sometimes. But is this all true? Most importantly, I believe most police believe they are ordinary people doing their job. Then too, I've put the question to you, as welfare officers, what do you think the police are in stress situations? You have to sum up the police, each of them, and know how they reacted in stress situations if you are going to develop empathy with them. And you must know in detail personally all the stress situations in all their variety if you are going to do your job properly, and with success. Quite a challenge, as you know.

The Police Stress Situations

In discussing the police stress situations, I will avoid discussing several important stressors in any depth in this particular talk but I will mention them in passing.

The first of these is the relationship between police work and divorce or separation and the circle of stress which this generates. You will find it is in your welfare field.

The next is the effect of the Ombudsman on police. On any day, a police officer who deals with a member of the public is open to allegations against him for his actions as a policeman. Any police officer knows if allegations are made against him that an inquiry will be held. Meantime he is under a cloud, right or wrong; and the inquiry takes time; and during that time the member develops a stress reaction and ends up frequently with anxiety and depression. He may reach the stage where he breaks down with it all and then I see him on the sick parade. Well, welfare officers, what do I do? I am not his judge and jury; I do not investigate or condemn; yet I am faced with an emotionally sick member of the police.

Then there is the Lusher Report. Although this concerns only New South Wales Police, I am sure all of you know of it or have studied it. There is only a very small section on medical matters in it, such as the metropolitan sick parades which I hold. I cannot comment upon it.

Then I need also to mention the effect of the media. On some programmes every day there is news of police and what they do or what they do not do, or else it is some drama, some "Police Story" and many of them present the seamy side of things, brutality and corruption, and the public forms a lot of its thoughts on police from what it sees on the TV. On occasion great emotional upset is caused to many police when TV programmes highlight some aspect of police administration or employment and public usually have no other source of information as to what is the truth. So far as the New South Wales Police medical matters on TV, it has given me a lot of personal anguish, so how much more must police themselves feel. All these things raise the level of strain and do harm to morale and its protection against stress. You must have all this background to your welfare work.

In discussing operational stress, I will cover these points:–

1. The physical and mental effects of injury
2. Confrontation stress
3. Buddy guilt
4. Work guilt
5. Heart attacks

Let us look at the physical and mental effects of injury. I see some injured police every day. Sooner or later, most police take most injuries in their stride, even fractured arms and legs or fingers and hands. But there are two groups of injuries which are quite devastating to a number of police.

The first group — and I have already mentioned this briefly earlier — is where a young fellow joins the police. He does his training right enough, but the first time he gets into a rough encounter physically with someone who is really going to hurt him, well, this young fellow does get quite a shock. I recall one young officer a few years ago was talking to an offender and he extended his hand to illustrate what he meant. The offender grabbed his hand and bent two of his fingers back and broke them backwards. Quite a nasty injury. But it was a shock to the nervous system and shook the policeman up quite a bit.

This sort of danger does not exist in other industries beside police, but the danger is there, and all police officers know it. There was another policeman; had an offender who grabbed his hand and actuall bit one of his fingers right off. There was another policeman — with injury to his teeth — we always seem to have someone with broken teeth — a hard blow to the mouth by an offender by a fist which has a heavy ring on it, which snaps off a couple of front teeth. This tends to make the young policeman suddenly realise how physical and how tough this policework can be. And when he arrives home, the policeman's wife sees him, mouth all torn and so on. She does not want her husband like this. Yet it's part of it. So stress begins. Not only for male police either.

I saw a policewoman who was nearly scalped when an offender pulled masses of her hair out.

The other group of physical injuries concerns the really severe ones, which especially result from motor vehicle accidents. I will go on to the mental effects of injury next and it is here I feel you have a welfare role if you will explore it. I see a number of police with anxiety states or changes in their personality and this can be found to date from some definite happening, such as being beaten up in an arrest or suffering some physical injury which shocks them, quite apart from its pain. What seems to be obvious is that it is fairly easy to be brave in the first instance of danger, but not all people can be brave and take danger in their stride the second time. Let's look at this:—

BRAVERY

1. Is it out of date?
2. Easy to be brave once.
3. Reactions the first time.
4. Difficult to be brave twice.
5. Reactions from then on.

Heart Attacks

I have listed "heart attacks" under operational stress and what I mean here is that there has been some rethinking of the cause of coronary occlusions, which, as you know, are contributed to by high cholesterol diets, by smoking, by obesity and other factors. However, since around 1976, a lot of medico-legal thought has been given to the finding of a group of 398 American heart specialists who found, in their own cases, that in the great majority of these cases there was a marked contributing emotional stress factor.

Leading from this and especially following the case of one of our detectives, Detective Simpson, who had a heart attack after extreme stress from really severe and dangerous police duty, it is conceded that in certain cases where stress was similar to that which Detective Simpson has documented — he was engaged in really difficult detective work — then it could be held that, if the case was heard in an Appeals Court, the verdict would be given in the member's favour.

This is not to say that police work in itself is held as a cause of heart attacks.

Continued next issue

MEDICO-LEGAL SOCIETIES

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: Professor R.I. Wilson.

Tuesday, 19th October, 1982
The Presidential Address
"The History of Orthopaedic Surgery in Northern Ireland".
Professor R.I. Wilson, Professor of Orthopaedic Surgery, Queen's University of Belfast.

Tuesday, 2nd November, 1982
"Homicide and the Dentist".
Mr. Bernard Sims, F.D.S., R.C.S., Senior Lecturer in Forensic Odontology, The London Hospital Medical College.

Tuesday, 25th January, 1983
Annual Dinner
The McKee Room, Belfast City Hospital.

Tuesday, 22nd February, 1983
"Imprisonment in Hungary and Ulster: An Exercise in Comparative Futility".
The Reverend J.E.C. Bach, Lecturer in Criminology, The New University of Ulster, reviews a recent visit to a Hungarian prison in the light of increasing international cynicism about the effectiveness of imprisonment.

Tuesday, 22nd March, 1983
8.00 p.m. Annual General Meeting
8.30 p.m. "The Case of the Yorkshire Ripper"
Professor D.J. Gee, Professor of Forensic Medicine, The University, Leeds.

All meetings are held at the Ulster Medical Rooms, Medical Biology Centre, Belfast City Hospital, at 8.00 p.m. unless otherwise stated.

Attendance at meetings is limited to members of the Society and their guests. Enquiries about membership should be directed to:—
Dr. Elizabeth R. McClatchey,
Honorary Secretary,
40 Green Road,
Belfast BT5 7JR.

THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

Friday, 29th October, 1982
"Child Sexual Abuse".
Ms. Caroly Nones, British Association for the Study and Prevention of Child Abuse and Neglect.

Thursday, 18th November, 1982
"The Medico-Legal Aspects of the Turin Shroud".
Professor J.M. Cameron, Department of Forensic Medicine, London Hospital.

Thursday, 16th December, 1982
"Recall of Witnesses under Hypnosis".
Mr. Graham Wagstaffe, Department of Psychology, University of Liverpool.

Thursday, 13th January, 1983
"The Unmasking of Medicine".
Professor I. Kennedy, Kings College, London.
Special lecture.

Wednesday, 26th January, 1983
Annual General Meeting
"The Yorkshire Ripper".
Professor D. Gee, Department of Forensic Medicine, Leeds University.

Thursday, 17th February, 1983
"The Reliability of the Expert Witness in Murder and Other Cases".
Mr. Alastair Brownlie, Solicitor, Supreme Court, Edinburgh.

All meetings are held at the Law Courts, Crown Square, Manchester, at 7.30 p.m. For further information please write to:—

D. G. Garrett,
Hon. Secretary,
Manchester & District Medico-Legal Society,
Pathology Department,
Oldham & District General Hospital,
Rochdale Road,
OLDHAM OL1 1JH.

BRISTOL MEDICO-LEGAL SOCIETY

Thursday, 16th September, 1982
"What you eat is my Business".
Mr. Braxton Reynolds, B.Sc., M.Chem.A., M.R.S.C., Public Analyst, Devon County Council.

Thursday, 18th November, 1982
"The Development of Victims Support Schemes".
Miss Helen Reeves, National Officer, National Association of Victims Support Schemes.

Thursday, 20th January, 1983
"Medicine and the Law".
Dr. John Wall, Assistant Secretary, Medical Defence Union.

Continued next column

MEDICO-LEGAL SOCIETIES

Friday, 25th February, 1983
Annual Dinner
The Royal West of England Galleries.
Speaker — Professor Alan Usher O.B.E., F.R.C.Path., Head of Department of Forensic Pathology, Sheffield University, Consultant Pathologist to the Home Office.

Thursday, 17th March, 1983
"The Right to Life".
Mr. Michael Bell, M.A.

Thursday, 19th May, 1983
Members' Papers

Friday, 2nd July, 1983
Summer Social Gathering
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.

THE FORENSIC MEDICINE SOCIETY

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. Ramsay, 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:—

Honorary 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.

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

Wednesday 13th October, 1982
"Good-Bye Forever:
The Victim of a System".
John Pugh, Solicitor, Deputy Stipendary Magistrate (Wolverhampton), Former Clerk to the Justices (Alcester).

Wednesday, 10th November, 1982
"The Eraldin Story: A Unique Chapter in Medico-Legal History".
Dr. John Waycott, M.R.C.P., Barrister-at-Law, Medical Adviser to ICI.

Wednesday, 8th December, 1982
"Hereditary Abnormalities: Medical and Legal Implications for the Future".
Dr. Ronald Gordon, F.R.C.P.

Wednesday, 13th January, 1983
"The Medical 'Model' of Treatment of Criminals and its Demise".
Professor Anthony Bottoms, Professor of Criminology, Dean of the Faculty of Law, University of Sheffield.

Wednesday, 16th February, 1983
"The Myth of Expertise".
Dr. John Foster, F.R.C.P.

Wednesday, 16th March, 1983
"Compulsory Treatment: Some Reflections on Self-Determination and Professional Expertise".
Larry Costin, Attorney at Law,
Legal Director of MIND.

Wednesday, 21st April, 1983
"The Evolution of Civil Violence".
Mr. David Ferguson, F.R.C.S.

Thursday, 19th May, 1983
ANNUAL DINNER,
Cutlers' Hall, Sheffield.

Meetings are held at 8.00 p.m. for 8.15 p.m. at the Medico-Legal Centre, Watery Street, Sheffield, 3.

Applications for membership should be made to:
The Legal Secretary, Mike Napier,
Irwin Mitchell & Co., Belgrave House,
Bank Street, Sheffield, S1 1WE.
OR to the:
Medical Secretary, Arthur Kaufman,
Children's Hospital, Sheffield, 10.

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

MEDICO- LEGAL SOCIETIES

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

Thursday, 7th October, 1982
ANNUAL GENERAL MEETING
Presidential Address.
"Trial of Sex Offences".
Mr. H.A. Richardson, LL.M., Barrister.

Thursday, 11th November, 1982
Subject to be announced.
Mr. I.A. Kennedy, Q.C., Recorder and Practitioner at Common Law Bar.

Thursday, 2nd December, 1982
"Medico-Legal Issues in the Aftermath of the Sutcliffe Case".
Professor R.S. Bluglass, F.R.C. Psych., Forensic Psychiatrist, Home Office and West Midlands Region.

Saturday, 5th February, 1983
DINNER DANCE.

Thursday, 10th February, 1983
"The Shroud of Turin".
Professor J.M. Cameron, F.R.C. Path., Professor of Forensic Medicine, University of London.

Thursday, 10th March, 1983
Joint Meeting with the Leeds Division of the British Medical Association.
Speakers: Mr. G.J. Bennett, M.A.(Camb.), Barrister, Faculty of Law, Leeds University.
Miss C.M. Bannister, F.R.C.S., Consultant Neurological Surgeon, North Manchester General Hospital.
Dr. D.B. Marshall, M.B., Ch.B., Consultant Physician in Geriatric Medicine, Airedale Group Hospitals.
Professor R.W. Smithells, F.R.C.P., Department of Paediatrics and Child Health, University of Leeds.
Coffee available after each meeting.

Meetings for this session will be held at 8.30 p.m. at the Littlewood Hall, The General Infirmary, Leeds. Please note the meetings are now on Thursdays.

Guests accompanying a member 50 pence.

Application for membership to the Society should be made to:
Mr. J. Fairhurst, 30 Park Square,
Leeds, 1.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Thursday, 18th November, 1982
"Amusing Aspects of Private Investigation"
Mrs. Zena Scott-Archer.

Wednesday, 19th January, 1983
"Pathological Aspects of the Yorkshire Ripper Case".
Professor David Gee, University of Leeds.

Wednesday, 30th March, 1983
Title to be announced.

May 1983
Annual Dinner.

Meetings are held in the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool 2, commencing at 8.00 p.m.

Further details from:—
Dr. M. Clarke,
Hon. Secretary, M.M.L.S.,
24 High Street,
Liverpool, 15.

THE MEDICO-LEGAL SOCIETY

Thursday, 11th November, 1982
"The Yorkshire Ripper".
Professor D.G. Gee.

Thursday, 13th January, 1983
"Scandal in Hong Kong".
Professor Hugh Johnson.

Thursday, 10th February, 1983
"The Role of the Expert Witness".
R. Brownlie, Esq., S.S.C.

Thursday, 10th March, 1983
"Treasure Trove".
Dr. J.P.C. Kent, F.S.A.

Thursday, 14th April, 1983
"Murderous Doctors".
Dr. J.G. Fairer, LL.B., F.F.A.R.C.S.

Thursday, 12th May, 1983
"The Iranian Embassy Siege: Three Years After".
Commander Peter Duffy.

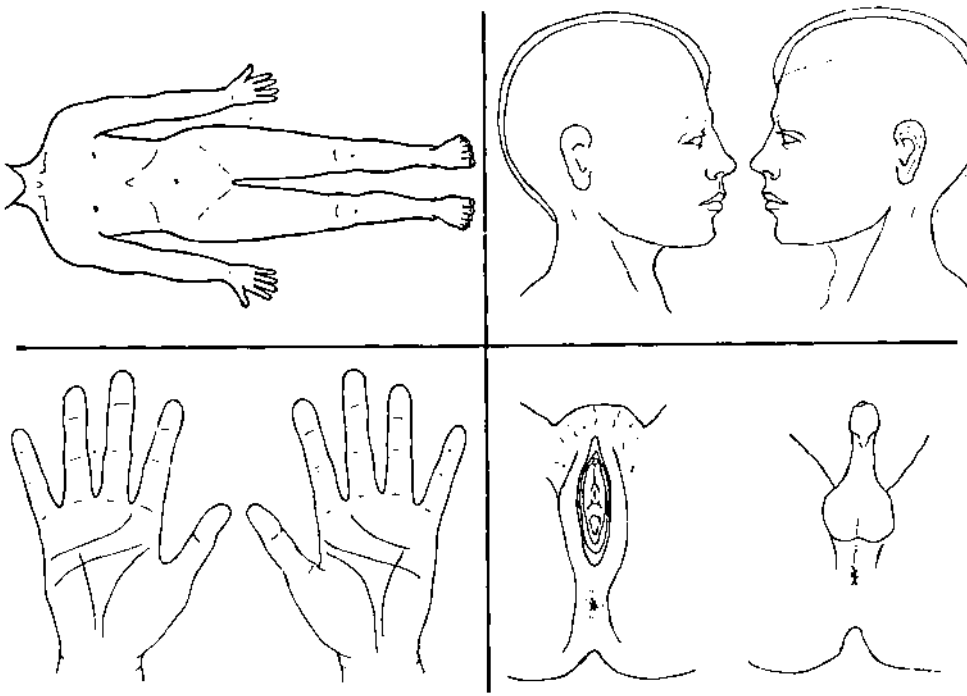
Thursday, 19th May, 1983
Annual Dinner.
Apothecaries Hall, London.
(Full details to be circularised).

Thursday, 9th June, 1983
8 p.m. Annual General Meeting.
8.15 p.m. "The Scarman Report: Disorder in Perspective".
The Rt. Hon. The Lord Scarman.

All meetings are held at The Royal Society of Medicine, Wimpole Street, London, W1 at 8.15 p.m. unless otherwise stated.

Further information from:—
Mr. M.A.M.S. Leigh,
Hon. Legal Secretary,
33 Henrietta Street, Strand,
London, WC2E 8NH.

BODY SKETCHES



A series of body sketches for recording injuries, marks etc., will be shortly available. They will be printed on A3 sheets, but may be easily divided into A4 sheets if required.

Sheet 1.	Body — anterior and posterior views.
Sheet 2.	Body — left and right sides, and soles of feet.
Sheet 3.	Head and Neck — anterior, posterior and lateral views.
Sheet 4.	Hands, left and right — dorsal and palmar views.
Sheet 5.	Genitalia — male and female.
Sheet 6.	Child — anterior, posterior and lateral views.

Each sheet will be available in packets of 50 at £2.00 per packet.

Postage — 1 packet 94p	2 packets £1.20	3 packets £1.20
4 packets £1.90	5 packets £1.90	6 packets £2.10

50 each of sheets 1–6 including p & p — £14.00

Send cheques payable to A.P.S.G.B. with order to Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside, L36 5SJ.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

29th January, 1983
A.P.S.G.B. Winter Symposium
'Death in Police Custody'
St. Thomas's Hospital, London.
See Page 62.

7th-18th March, 1983
Postgraduate Course in Forensic Medicine,
The London Hospital Medical College
See Page 56.

17th-20th March, 1983
Cross Channel Conference on Forensic Medicine.
See International Meetings

8th-9th April, 1983
Forensic Science Society Spring Symposium
'The Forensic Scientist in Court',
Cardiff.

16th-21st May, 1983
A.P.S.G.B. Annual Conference.
Royal Hotel, Scarborough.

2nd-4th September, 1983
A.P.S.G.B. Autumn Symposium.
Dyffryn House Conference Centre
near Cardiff, South Wales

21st-26th May, 1984
A.P.S.G.B. Annual Conference.
Peebles Hotel Hydro, Scotland.

18th-25th September, 1984
Conference of the International Association of Forensic Sciences,
Oxford. See Page 52.
President: Professor Stuart Kind.

INTERNATIONAL MEETINGS

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.

13th February, 1983
Interim Meeting of the National Association of Medical Examiners,
Cincinnati, Ohio.
Details from Dr. G. Ganter, Pathology,
St. Louis University Medical School,
1402 S. Grand Boulevard,
St. Louis, MO 63104.

14th-17th February, 1983
Annual Meeting of the American Academy of Forensic Sciences,
Cincinnati, Ohio.
Details from Secretary's Office,
225 S. Academy Drive, Colorado Springs, CO 80910.

20th-25th February, 1983
International Congress on Psychiatry Law and Ethics
Haifa, Israel. See Page 56.

17th-20th March, 1983
Cross Channel Conference on Forensic Medicine, jointly organised by Forensisch Medisch Genootschap, Association of Police Surgeons of Great Britain, and Forensic Medicine Society, and Belgisch Genootschap voor Gerechtelijke Geneeskunde.
Venue: Rijn Hotel and Engels Conference Centre, Rotterdam Trade Centre, Rotterdam, Holland. See Page 22. 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

languge will be English. The British representative of the Congress organisers is Professor A.K. Mant, London. See Page 56.
Further information may be obtained from: The Congress Secretary, 1st Asian-Pacific Congress on Legal Medicine and Forensic Societies, Department of Pathology, Outram Road, Singapore 0316.

25th-28th September, 1983
Symposium of the Forensic Science Society of Australia.
Details from Dr. D. Pocock, P.O. Box 312, G.P.O. Perth, Western Australia 6001.

13th-18th November, 1983
International Conference on Alcohol. Drugs and Traffic Accidents.
Details from Dr. Sidney Kaye, University of Puerto Rico, Institute of Legal Medicine, San Juan, Puerto Rico.

November, 1983
Annual Meeting of the National Association of Medical Examiners, Williamsburg, Virginia.
Details from Dr. G. Ganter, Pathology, St. Louis Medical School, 1402 S. Grand Boulevard, St. Louis, MO 63104.

13th-18th February, 1984
Fourth Meeting of the Australasian and Pacific Area Police Medical Offices, Melbourne, Australia. See Page 59.

18th-25th September, 1984
Conference of the International Association of Forensic Sciences, Oxford, England. See Page 52.
President: Professor Stuart Kind.

BOOK NOW FOR THE CROSS CHANNEL CONFERENCE ON FORENSIC MEDICINE ROTTERDAM 17-20 MARCH 1983

MEMBERSHIP LIST

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

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

F = Founder Member
PP = Past President

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D.H. Target	Birmingham
E.I. Taylor	Birmingham
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M.H. Bletcher, D.M.J.	Derby
S.H. Burges, D.M.J. (PP)	Ipswich
J.F. Caskey	Peterborough
T.R. Chandran	Sutton-in-Ashfield
J. Ciappara	Northampton
B.P. Collins	Nottingham
D. Connan, D.M.J.	Huntingdon
D.D. Cracknell	Huntingdon
G.W. Cradduck	Northampton
T.F.C. Dibble	Kettering
P.A. Eckstein	Cambridge
A.A. Fairclough	Norwich
R.H. Foxton, D.M.J.	Ffixborough
J.R. Freeman	Derby
J.J. Hamill	Leicester
D.J. Henry	Nottingham
J.L. Hine	Isle of Ely
N.M. How	Daventry
P.J. Keavney	Nottingham
J.C. Kennan	Burton-on-Trent
M.A. Knight, D.M.J.	Ipswich
T.R. Lavelle	Nottingham
R.A. Lawrence, O.B.E., D.M.J.	Alfreton
J. Lines	Wisbech
A.D. Lower	Stowmarket
W. Milburn, M.B.E.	Derby
D.B. Miller	Wellingborough
N.C. Modi	Wellingborough
I.K. Murphy	Peterborough
P. O'Niell	Chesterfield
R.J. Paget	Nottingham
A.W. Parry	Nottingham
R. Pratap	Chesterfield
C.K. Rao	Northampton
D.L. Scawn	Corby
R.E. Scott	Bury St. Edmunds
E.M. Skinner	West Hallam
J.L. Skinner, D.M.J.	Ilkeston
R.J. Smeeton	Leicester
T.H. Warrender	March
M.J.H.B. Waas	Worksop
R.J. Williams	Thetford

Area 5. (South East)

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

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

Area 5 (South-East) — Continued

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

Area 6. (South West)

Council Member: I.E. Doney, D.M.J., Bristol

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

Area 7. (Wales)

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

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

Area 8. (Metropolitan & City)

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

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

C.D. Walker	London S.E.9
I.E. West, D.M.J.	London
D.M. Wilks	Chiswick
M. Woodliff	Ealing
L.J.F. Youlten	London S.E.

Area 9. (Scotland)

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

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

Associate Members

P.R. Acland, D.M.J.	Birmingham
B.L. Alexander, O.B.E.	Manchester
P. Brantingham	Newcastle
R. Latham Brown (F)	Derby
C. Clark	London
D.H. Clark, B.D.S.	Bishops Stortford
R.G. Congdon, D.M.J.	Worthing
J.C. Corbett	Wellingborough
F. Cramer, D.M.J.	Bromley
A.F. Crick	Northfleet
A.B. Cross, O.B.E.	Solihull
P.G. Dalgleish	Northampton
B.T. Davis	Birmingham
H.R. Dickman	Lincoln
H.J.H. Dunn	Blackwell
J.A. Gavin	London
M. Glanvill, D.M.J.	Chard
C.W. Glassey, D.M.J.	Beverley
K. Hardinge	Manchester
M.F. Hendron	Preston
D.A.T. Jackson, D.M.J.	London W.2
Derek Jackson	Newcastle-upon-Tyne
F.E.B. Kelly	Leicestershire
A. Khallaf	Rhondda
J.M. Kirkwood	Doncaster
K.P. Lees	Dartmouth
J. Mackessack-Leitch	Banbury
E.L. Mommen	Inverness-shire
J.H. Morgan	Brixham
P.J. O'Mahoney	Cheshire
T.D. Parsons	Aylesbury
W. Phillips	Whitley Bay
K.F.M. Pole	Gillingham
J. Prentice	Keighley
I. Rose	Leeds
P. Science, D.M.J.	Hull
J.D. Scott	London N.12
W.H. Spencer	Ashton-in-Makerfield
J. Stein	London W.6
J.M. Stuart	Birmingham
J. Tarlow	London N.2
Glenna Thomas	Cardiff
J.M. Torry, D.M.J.	Wigan
P.E. Turnbull	Dundee
P. Wardlaw	Methven, Perth
J.S. Lilburn Watson	London E.11

Life Associate Members

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

TERRIBLE JOKE DEPARTMENT *(complaints to Ivor Doney)*

Letter from Bank Manager to Police Surgeon – "I would like to go back to our original arrangements whereby *YOU* bank with us".

Alan Usher in New Zealand – "Two things happen to you as you start getting older. One, you start losing your memory and – dammit – I've forgotten what the other one was".

BAREND COHEN JOKE?

Why did the bee fly across the M1 with his legs crossed?

He was looking for a B.P. station!

Policeman to drug addict – "Crikey, just look at you! Seedy, pale, pimply, thin, haggard, limp".

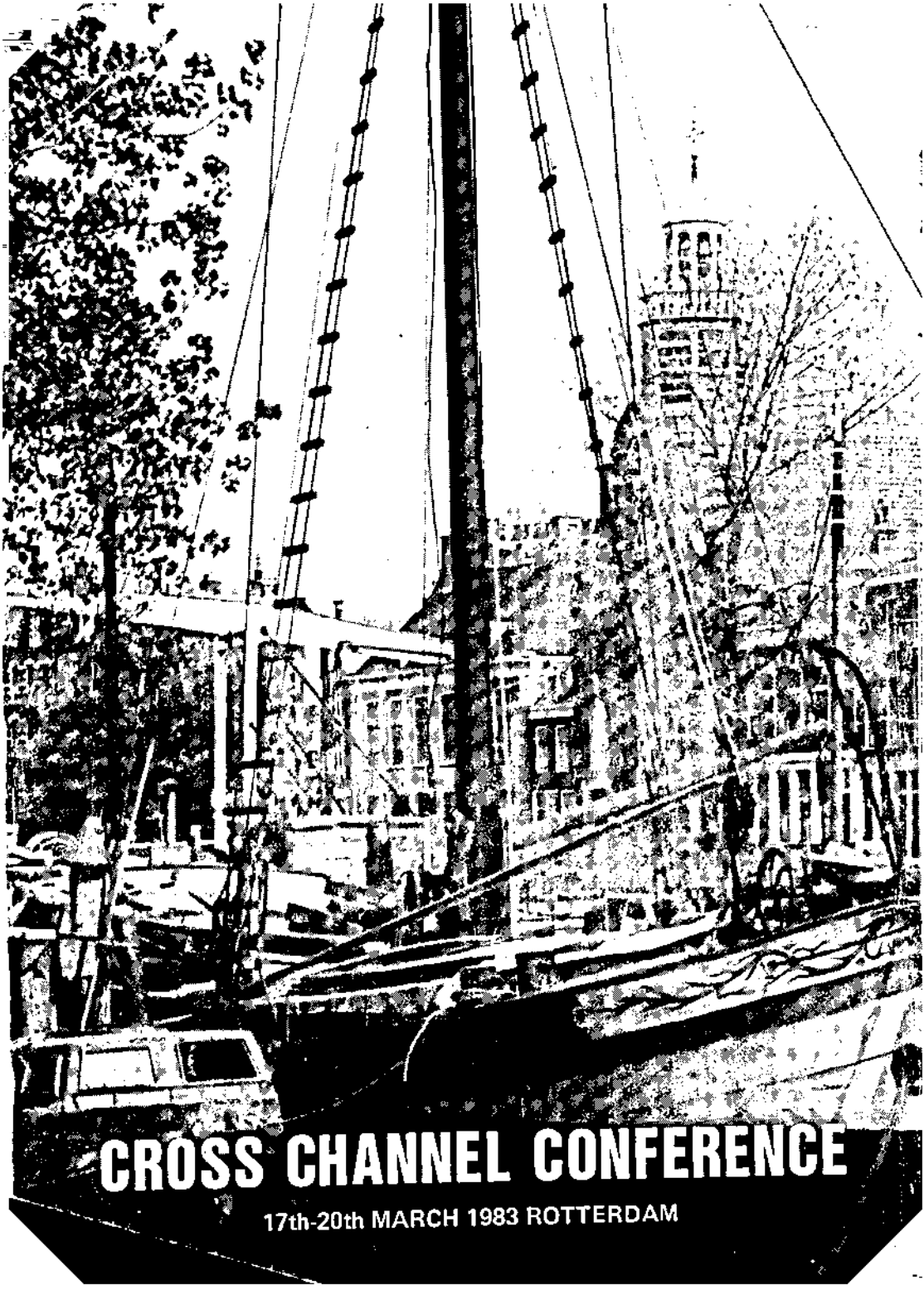
Drug addict – "Oh yes. I'm improving thank you".

One of the Forensic Laboratories have just invented a new police dog-food – its specially flavoured to taste like skin heads' legs.

Prisoner to Magistrate – "Two men set on me. At the same time the clock struck one. I struck the other and it was all over".

Judge: "I sentence you to one week listening to Barend Cohen jokes. If you are brought before me again you will be sentenced to two weeks listening to Ivor Doney jokes.

Policeman to householder – "[illegible] have you sellotaped your dog's t[illegible] back leg?" "My mother-in-l[illegible] us this afternoon and I [illegible] welcome".


CROSS CHANNEL CONFERENCE
17th-20th MARCH 1983 ROTTERDAM