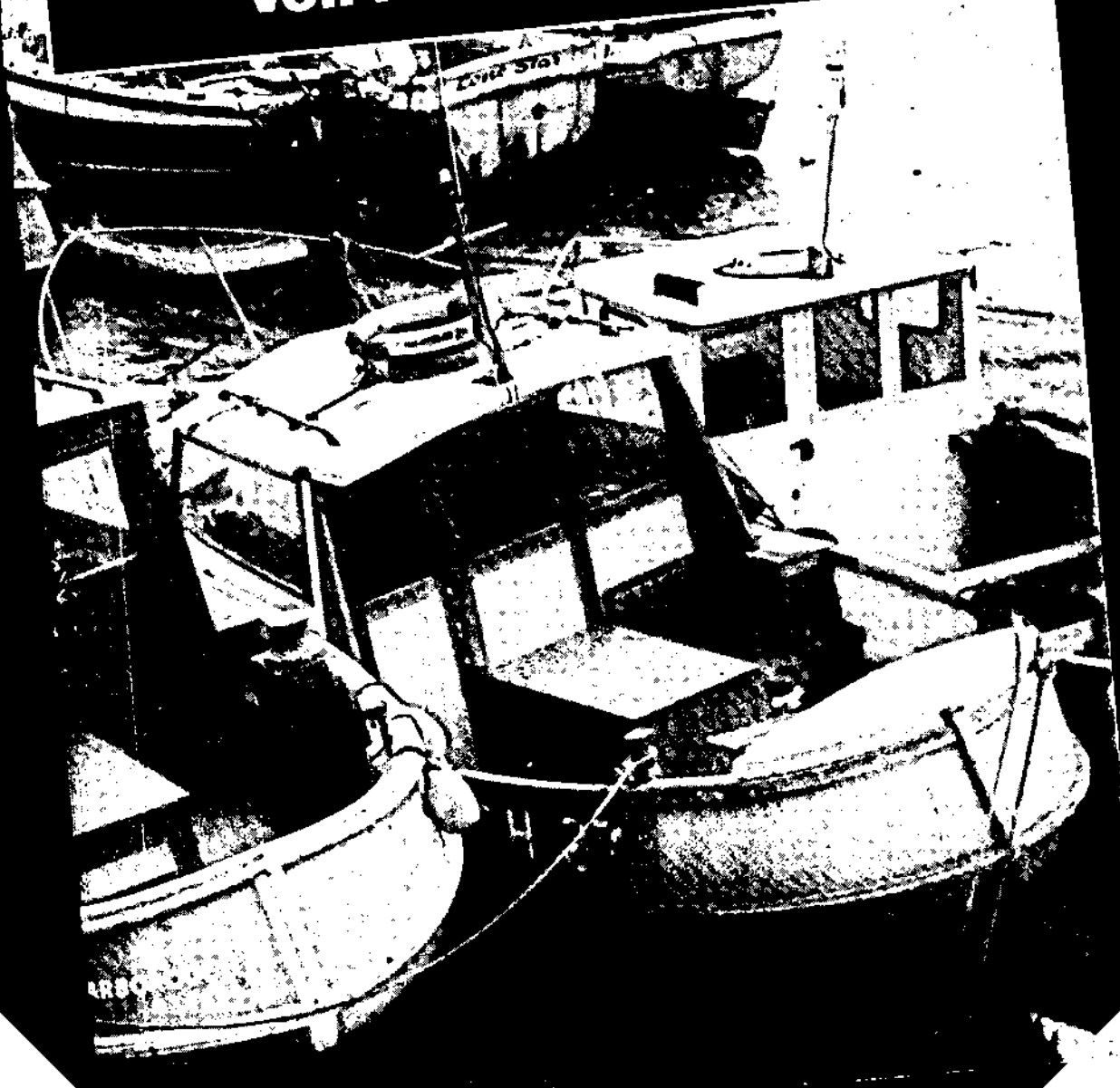




The Police Surgeon **SUPPLEMENT** Vol. 14 MAY 1983



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173 Pitt Street, Glasgow, G2 4JS.

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 4

THE POLICE SURGEON SUPPLEMENT

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The Police Surgeon SUPPLEMENT

Vol. 14 MAY 1983

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An Atlas of Non - Accidental Injuries in Children

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

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Contributors:

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Consultant in Charge,
Emergency and Accident Department,
Royal Infirmary, Preston.

The late JOHN FURNESS

Forensic Odontologist, Liverpool.

DR. JAMES HILTON

Force Surgeon, Norfolk Constabulary.

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From:

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Creton House, Creton,
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HILTON'S LINE



I suppose that the most heated arguments that doctors have are those which arise when they are discussing money. The old Cypriot proverb says "Everyone pulls the quilt over to his side". The Review Body was established to take the annual fight about fees out of the common arena and put it on a more dignified level. The frequency of the occurrence of "compelling reasons" for governmental interference with the awards given in recent years has nearly destroyed that august body on more than one occasion. The establishment drives a very hard bargain and when, as in the case of the Local Authorities, the employer is himself in serious financial straits one can imagine that the bargaining would be very tough.

For this reason, if no other, our negotiators are to be congratulated on the results they have achieved. All these negotiations are carried out through the B.M.A. and we are more than grateful to them under the guidance of the Chairmen the late Dr. Crawford and more recently

Mr. John Chawner, and the Secretariat of Andrew Bosi. The long and protracted proceedings have waxed and waned and at some points have almost broken down — intransigence was a word I heard describing the other side — and even on the last day of the talks there was a feeling that no agreement would be reached.

The results are there for all to see. We are confident that the new contract will serve us well as we move into the new era of the substantive breath test. The enhanced availability fee should help many doctors in the provincial and county forces to decide to remain in the Police Surgeon service. The simplification of the fee system, the start of our nights at 7.00 p.m., our weekends on a Friday, the raised fee for the D.M.J. and long serving members are all bones of contention that may now be laid a little more restfully. I hope, fervently, that any forebodings we may have will not be realised. And remember, henceforth the new contract will be enhanced every year without argument by the same percentage

that is finally recommended by the Review body. Our congratulations and thanks to our two stalwarts Hugh Davies and David Jenkins for all their hard work.

While on this subject it is appropriate also to pay tribute to another negotiator who served us well. I would like to record my thanks on behalf of The Association for all the hard work Arnold put into his post as Treasurer over 7 years. His guiding hand saw us through some very difficult times and it was he who laid the foundations of our claims which have just been accepted. I am happy that any problems appear to have been resolved and that he and Marjorie continue to be with us at our meetings.

The unexpected seems to arise with unfailing regularity. There are two contentious proposals in the Police and Criminal Evidence Bill now under consideration. Firstly the police will be able to apply to a circuit judge requiring doctors to disclose records, or any other confidential information they may hold on a patient and for a warrant to search surgeries for such evidence. Secondly doctors will be asked to carry out intimate body searches of people suspected of having committed a so-called "serious arrestable offence" whether or not the consent of the suspect has been given.

The inevitable effect of the first part is that doctors will have a care in what they record and patients will be constrained in what they tell.

Thus the content of medical records will be devalued to the detriment of the patient. Our professional ethical standards demand that we resist to the uttermost. In the second part we are bound by the same ethical standard that demands that we do not examine a person without their informed consent freely given. Thus in both these matters we would seem to be placed in direct confrontation with the police forces we are pledged to serve. There is a growing feeling amongst our leaders that our disquiet is shared by the police themselves and we must hope that in the coming months some compromise is worked out. Whatever the political result we must adhere to our principles and ethics.

The subject of rape continues to be a contentious issue. Public concern has been aroused over the investigation of such cases, highlighted in a now notorious television programme. Pressure groups are working towards all kinds of change in the venue and conduct of the necessary medical examinations and rightly or wrongly, criticisms have been levelled at the nature of the examinations performed by some Police Surgeons. The Home Office have circulated Chief Police Officers recently, setting out additional guide lines on the investigation of cases of rape. Emphasis is placed on the necessity for tact, understanding, care and concern. The choice of venue for the medical will depend on whether immediate treatment is required and on what local facilities are available. Mention is also made that some complainants may prefer to be examined by a female doctor.

Your Council will have this matter under active consideration in the near future. It should be unnecessary for me to repeat that Police Surgeons should be sensitive to the needs of the victim at all times. Many improvements have taken place over the years as these needs have become more readily identified such as fresh clothing, disposable gowns and pants, a shower afterwards, etc. A concerned and sympathetic approach is essential as well as care to minimise the less pleasant aspects of skill and excellence that will place our examinations above criticism.

The First Cross Channel Conference on Forensic Medicine held in Rotterdam in March was a huge success. The efforts of Barend Cohen and his Committee were well rewarded by a large attendance with nearly 50 A.P.S.G.B. members and their wives attending. The contacts made with our European colleagues were instructive and valuable. Their problems are our problems. The welcome was warm, many friendships were cemented and we thank Barend and congratulate him on a superb effort. I look for a good attendance at our Scarborough conference — there is an excellent programme and the A.G.M. will have important matters to deal with.

JAMES HILTON

A POOR OUTLOOK FOR POLICE SURGEONS?

Most Police Surgeons will turn out for duty with a little more enthusiasm following the new arrangements negotiated on their behalf by the B.M.A.

But the deal has failed to make the important office of Police Surgeon significantly more attractive in the long term.

The two-tier settlement is at best a very successful rearguard action. The negotiators were clearly in a corner because they agreed to one of the worst "no detriment" clauses ever foisted on the profession. Doctors can stay with their old contracts, but their pay will never rise — or they can take the new contract.

They were in the corner because the imminent introduction of automatic breath testing equipment for drink-driving cases posed an enormous threat to doctor's earnings.

This development cannot be avoided and threatens a substantial drop in the workload of Police Surgeons. Nobody knows by quite how much because individual circumstances differ, but probably 20 to 30 per cent for most is close to the truth.

The chances of recouping the likely loss of income through a new contract were infinitesimal and the negotiators have done well to achieve what they have. There are massive rises in the retainer, more pay for experience or extra qualifications, extra pay for Saturday mornings and more pay for certain cases to recognise the expertise required.

In return the negotiators have had to sacrifice the interests of the few very highly paid Police Surgeons who through hard work would clock up enormous sums by seeing a succession of patients at one police station on one call.

Quite clearly Police Surgeons will not

be hit as badly by the new drink-drive technology as they might have been. But a serious question remains over their global incomes. Possibly new work, examining people held in custody, may arise from new legislation, but this is far from certain.

The chances are that next year, 1983/84, Police Surgeons overall will see a drop in earnings. If this happens, and pay continues at the reduced level for some while Police Surgeons will become disgruntled. This represents a serious risk to the public.

Unhappy Police Surgeons will resign. Replacements will not take their place. In some areas it will become increasingly difficult to maintain the independent medical service, in police cases, which is vital to both those under arrest and the police themselves, whose public image has been tarnished by a few sensationalised incidents.

The new contract is in many ways a triumph. Congratulations must go not only to the negotiators, but also to the other side, the local authorities, for acknowledging that a better contract is necessary. But this arrangement does not automatically solve the problem of Police Surgeons' pay.

Better item of service pay does not compensate for fewer items of service and in any case doctors will receive a reduced fee for multiple cases at one call.

Unless new opportunities for fresh items of service do arise soon Police Surgeons will remain underfunded and the whole sorry business of prolonged re-negotiations of contract will have to be opened up all over again.

This editorial first appeared in "General Practitioner" on 28th January 1983 and is reprinted by kind permission of the Editor.

ASSOCIATION OFFICE

AMENDMENTS TO MEMBERSHIP LIST

We regret to record the following deaths:—

J.S. Cameron	Ayr
R.M. Midha	Swansea
J.F. O'Connell	Aberdare
R.P. Shukla	Reading

NEW MEMBERS

Area 1	Sylvia Jayson	Liverpool
Area 2	S.G. Abu	Belfast
	Ben P. Glancy	Magherafelt
	G.W. Rainey	Belfast
	N.A. Rainey	Belfast
Area 3	D. Noble	Heanor Derbyshire
Area 4	D.B. Miller	Wellingborough
Area 5	A.V. Nirgude	Reading
	J. Walsh	Rustington, Sussex
	R.T. Casson	Drayton, Oxfordshire
Area 7	V.S. Chandran	Merthyr Tydfil
	M.G. Jeffries	Betws-y-Coed
Area 8	T.G.K. Mant	London SE21
	Marion Newman	London NW6
Associate Members	S.M. Cordner	London
	P.R.S. Johnson	Worcester
	J.G. Stewart	St. Leonards on Sea
Life Associate Members	T.C.T. Killen	Larne
	J.D. McFadyen	Stirling

RESIGNATIONS, ETC.

Area 2	R. Rogerson	Hull
Area 3	M.D. Davies	Kidderminster
	E. Layton	Solihull
	S. Hora	Stoke on Trent
Area 4	J.D. McDougall	Wellingborough
Area 5	J.D. Scott	Christchurch
Area 7	J. Noble	Blackwood, Gwent
	K. Gammon	Mold, North Wales
Area 8	C.P. Taylor	London
	G.I.T. Griffiths	London
Area 9	S.M. Garratt	Kilpatrick
	R.N. Gray	Edinburgh
Associate	S.L. Goodman	Manchester

AMENDMENTS

Life Associate Member	T.S. Blaicklock (F)	Morpeth
Overseas	M.B. Garg	Zambia

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 95p (one packet),
£1.67 (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 **£4.50**
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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MINUTES OF THE 31st ANNUAL MEETING HELD AT THE PALACE HOTEL, TORQUAY WEDNESDAY, 19th MAY, 1982

1. Apologies were received from 16 members.
2. Minutes of the 30th A.G.M. were received nem con.
3. Matters arising. None.
4. The Acting Hon. Treasurers report was received and the accounts approved nem con. by Dr. O'Connell seconded by Dr. Qureshi, after members attention had been drawn to the increase in subscription to £50 for full membership and £15 for Associate membership. Acting Hon. Treasurer reminded members that subscriptions were tax deductible and spoke of economy measures which the Finance and General Purposes Committee had in mind.

5. The Hon. Secretary presented his report on the work of the Association during the year which was adopted nem con. after a proposal by Dr. J. Givans and Dr. W. Crosbie. During the discussion on the Secretary's report Mr. Andrew Bosi, Secretary to the Private Practice Committee B.M.A. addressed the meeting on the state of pay negotiations and this was followed by a full and frank discussion. The Hon. Secretary stated that a meeting of Council would be held probably in early July to prepare a brief for B.M.A. Private Practice Committee to follow. Also during the discussion on the Hon. Secretary's report attention was drawn to the "Code of Practice for Police Surgeons in relation to the Defence". Dr. Stanley Burges explained that the Ethical sub-committee had spent the previous year putting the guidelines together and recognised that there would probably be amendments in the light of experience but that he hoped that this memorandum would be the first of several applicable to the ethical problems which arise in Police Surgeon work. He hoped that after two

or three years it might be possible for the Association to produce a textbook of ethics specifically for Police Surgeons. The President thanked Dr. Burges and the Ethical sub-committee for their work during the year.

6. Dr. Ralph Summers presented the report of the W.G. Johnston Trust which had a healthy balance of £7,000.

7. Hon. Secretary reported 3 deaths during the year and 20 resignations, in addition 16 cancellations of membership under rule 5b were reported for non-payment of 2 years subscription.

8. 51 new members were confirmed.

9. Election of Officers. The retiring President Dr. Henry Rosenberg O.B.E. thanked members of Council for their support during his term of office especially the retiring Hon. Treasurer, Dr. Arnold Mendoza who had steered the Association's finances since 1976. He then installed Dr. James Hilton as the new President after which Dr. Hilton presented Dr. Rosenberg with a Past President's jewel. Dr. Ian Craig was elected as President Elect proposed by Dr. Nelson, seconded by Dr. Crosbie. The other officers elected were: Hon. Treasurer: Dr. David Jenkins, proposed by Dr. Robin Moffat, seconded by Dr. Neville Davis. Hon. Secretary: Dr. H. de la Haye Davies, proposed by Dr. S. Burges, seconded by Dr. Qureshi. Assistant Hon. Secretary: Dr. Myles Clarke proposed by Dr. D. McLay, seconded by Dr. I. Doney. On behalf of Council Dr. David McLay was proposed by Dr. J. Chitnis and seconded by Dr. S. Burges as Editor of the Journal. Two scrutineers of accounts, Dr. Ivor Doney and Dr. W. Crosbie proposed by Dr. Myles Clarke, seconded by Dr. Ian Craig.

10. Dr. David Filer proposed an amendment to the Constitution "that the President of the Association will hold office for 1 year and not be eligible for re-election" and that as soon as practicable after each A.G.M. the Chairman of Council will be elected by members of

Council "the Chairman will be eligible for immediate re-election". After discussion a vote was taken and the notion overwhelmingly defeated.

11. The next Annual General Meeting will take place at 5.15 p.m. on Thursday, 19th May, 1983 at The Royal Hotel, Scarborough.

URGENT

Past copies of the following issues of "The Police Surgeon" for April 1974, April 1976 and October 1976 are urgently required by the Association Hon. Secretary.

In addition, the Hon. Secretary will welcome any past journals, copies of either "The Police Surgeon" or "The Police Surgeon Supplement", particularly those published during the last four years, for distribution to new members and, in particular, for those considering sitting the D.M.J.

CONGRATULATIONS

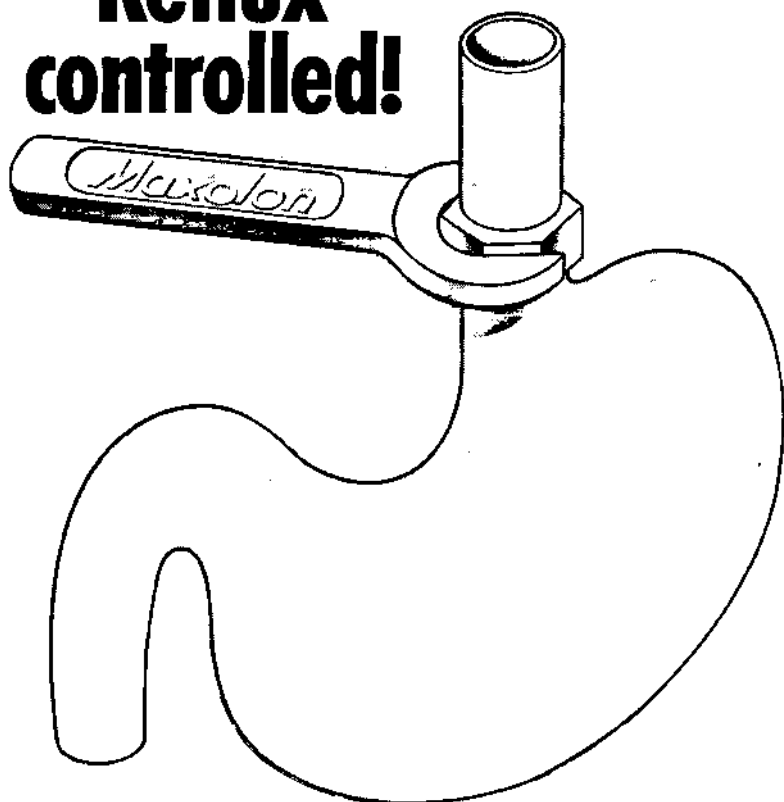
The following candidates have recently satisfied the examiners in the Diploma in Medical Jurisprudence:—

Sulaiman Gbadume Abu
Brian Lightowler
Alan Lyons
Stephen Cordner

Stephen Cordner, who hails from Australia, is at present working in the Department of Forensic Medicine at Guy's Hospital. Dr. Lightowler is in practice in Stockport. Dr. Abu, who comes from Nigeria, is currently working in Belfast, in the Department of Forensic Medicine, under the guidance of Professor Tom Marshall. In addition to pathology, he does undertake some Police Surgeon duties. Dr. Lyons is in practice in Surbiton.

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

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THE W.C. JOHNSTON TRUST

The W.J. Johnston Memorial Trust Fund is twenty years old this year. It originated in 1963, when our first President, Dr. W.G. Johnston, died, and the Council of the Association decided to commemorate his memory by creating a trust fund in his name.

W.G., as he was generally known by his friends, was indeed a most remarkable man. He came from a long line of farming stock and was born in 1887 William George Johnston at the family home in Fintray, Aberdeenshire. In his late teens he travelled to London (by boat from Aberdeen) and joined his uncle at a pharmacy in Knightsbridge.

Whilst assisting his uncle in the shop, he studied for and passed the Pharmaceutical Society Examination. He had set his mind on becoming a doctor and saved his earnings to pay for his medical student fees at St. Mary's Hospital, where he qualified M.R.C.S., L.R.C.P. in 1916.

On qualification he joined the army and served in the R.A.M.C. in France, where he was awarded the Military Cross for his bravery at Hill 60. At the end of the war he was demobilised having attained the rank of Major.

In 1919 he joined Dr. Knight in partnership at 410 Brixton Road, South London. In 1921 he was appointed Divisional Surgeon to the Metropolitan Police at Brixton and immediately joined the Metropolitan Police Surgeons Association. His ability was soon recognised and three years later he was appointed Honorary Treasurer to the Association, a post he held until 1930 when he became Honorary Secretary with Dr. Moore. In 1948 he was unanimously elected President.

In October 1949 an important meeting took place at the Trocadero Restaurant, London, between Dr. W.G. Johnston, President of the Metropolitan Police Surgeons Association, Dr. Berkley-Way, Honorary Treasurer, and myself as Honorary Secretary. At this time some of us felt that it was of paramount importance to raise the standard of the work

done by the Police Surgeons, which in many places was very poor. It was also felt that the Metropolitan Association was too small to hold any major bargaining power with the Home Office and Treasury. These points were fully discussed at the meeting and we decided to explore the possibility of enlarging the Metropolitan Police Surgeons Association to include all Police Surgeons serving in Great Britain and to report the results to the Council of the Association. Our findings were in favour of the expansion of the Association. There was also support for the increased education of its members, with a view to the granting of a degree in Forensic Medicine by one of the Universities. As a direct result of this meeting the Association of Police Surgeons of Great Britain was formed in 1951 and W.G. Johnston became its first President, a post he held for the statutory period of three years. He died in 1963.



The Council of the Association decided to perpetuate the memory of our first President by forming a trust fund in his name, and this finally came into being in September 1963. Members of the Association were circularised asking them to contribute. 167 members replied by sending donations or signing deeds of covenant. The trust fund received a total of £1,236. Three past presidents of the Association were appointed Trustees, Dr. James Imrie, Dr. Robert Hunt Cooke and myself. Dr. James Hilton succeeded Dr. Imrie on his death and later Dr. David Jenkins replaced Dr. Hunt Cooke, who retired owing to ill-health.

The objects of the Memorial Trust Fund, as detailed in the Trust Deed were:—

“To perpetuate the memory of W.G. Johnston and the advance of learning amongst General Practitioners and the public in general by means of:—

- 1) The payment of a prize to be called the W.G. Johnston Memorial Prize to be awarded triennially.
- 2) Payment of the costs of a text book or books on Medical Jurisprudence, the profits from its publication to be paid into the Trust Fund.
- 3) Payments of grants to members of the Association to enable them to undertake original research in Medical Jurisprudence”.

A Memorial Prize has not been awarded. In the opinion of the examiners no entry of sufficient merit or originality has yet been received to justify its award.

Grants for original research have been given to:—

1. 1966 — Dr. W.J.B. White of Llandaff, for research in Breath Analysis.
2. 1968 — Dr. James Hilton and Dr. Stanley Burges for their research into the possibility of inaugurating a Symposium at Norwich.
3. 1979 — Dr. W.M. Thomas for his research and arranging the second Symposium at Lancaster.
4. 1981 — Dr. Simon of Oxford for his contribution to Medical Jurisprudence in submitting some outstanding case

reports in his case book for the Diploma in Medical Jurisprudence.

5. 1982 — Dr. D. Filer and Dr. F. Shepherd of London for their research into the work-load of Police Surgeons.
6. 1982 — Dr. James Dunbar for the Tayside Safe Drivers Project.

Two books have so far been written. The first entitled “The Practical Police Surgeon” was published by Sweet & Maxwell in 1969, who undertook the cost of publication, advertising and distribution. Just over 1,000 copies were sold and the Trust Fund received £307.

The second was published in 1978 by Hutchinson Benham, edited by Drs. S. Burges and J. Hilton, and entitled “The New Police Surgeon”. In this case the Trust Fund bore the cost of publication, printing and distribution of 2,000 copies at £13,625. To date all the 2000 copies have been sold and the Trust Fund has benefited by over £2,500.

The Trustees are very grateful for the general encouragement and financial support they have received from the parent Association, which has contributed £1,320 over the past 19 years. Further contributions have been received from:—

1. Queen Mary College, London University — £200.
2. Messrs. Trumans Brewery — £200.
3. Messrs. Chef & Brewer — £150.
4. Messrs. Allan & Hanbury — £100.

At the present time the Trust Fund has a credit balance of over £5,600.

All the covenants ceased in 1974 and in consequence the Fund income is now limited to the investment income and from the sale of “The New Police Surgeon”. Should there be any members or friends who feel that they would like to keep alive the memory of this remarkable man and thereby enable the Trust to extend its value by service to the membership, the Trustees would be more than willing to accept any contribution.

RALPH SUMMERS

**BODY SKETCHES NOW
AVAILABLE — See Page 36**

THE W.G. JOHNSTON MEMORIAL PRIZE

The prize shall consist of a Certificate issued by the Association and a cash prize and shall be governed by the following conditions:—

1. It shall be awarded for an essay on any subject within the field of Medico-Legal medicine.
2. The essay shall be of not less than 5,000 nor more than 10,000 words and shall be original and not previously published nor submitted for any other award.
3. The prize shall be available to members of the Association or other members of the profession resident and registered to practise medicine in the United Kingdom and engaged either full-time in the work of a Police Surgeon, or in general medical practice and in the work of a Police Surgeon, and who must have been registered for not less than three years.
4. Every essay must be submitted in triplicate and be typewritten or printed on one side of the paper and placed in a sealed envelope. It must be accompanied by a second sealed envelope containing the full name, address and a signed statement that the conditions in paras. 2 and 3 above are complied with. Both sealed envelopes will be marked with an identical motto.
5. Entries must be submitted to the Secretary of the Association, not later than 31st December.
6. If in the opinion of the Examiners no entry is of sufficient merit, no award will be made.
7. In all matters arising with regard to the eligibility of a candidate or of the admissibility of the entry, the decision of the Trustees shall be final.
8. The Association reserves the right to publish the winning entry in the Association publications.
9. The prize shall be presented at the Annual General Meeting next following the last day of receipt of entries.

INFORMATION WANTED ON A CURIOUS PRACTICE

In Japan there is a group of people known as yakuza, who cannot adjust to normal society. They make a living through crime and violence. A yakuza may be identified by his speech and behaviour or by physical characteristics such as tattoos and voluntarily amputated fingers, neither of which being seen in law-abiding Japanese.

Dr. Shigeyuki Tsunenari of the Department of Legal Medicine at Kumamoto University Medical School, writing in the American Journal of Forensic Medicine and Pathology (Vol. 2, No. 3, September 1981) reports on an extraordinary practice — penile balls. These have been discovered both at autopsy and during a survey in a detention house.

The balls can be made from synthetic resin material such as toothbrush handles, combs or buttons but pearls and other

jewellery items may be used. Pinching up the skin of the penis, a small tunnel is made under the skin, usually with a sharpened chopstick, and then the balls are pushed into the tunnel. The procedure takes a few seconds only.

Whilst most cases have less than 10 penile balls, one case was reported where 20 were present.

Dr. Tsunenari has written to Professor David Gee at the Department of Forensic Medicine, University of Leeds, asking whether Professor Gee had ever seen such penile spherules or whether they occur in English prisoners. If you have come across any cases of penile balls, please write to Professor Gee at the University of Leeds or Dr. Tsunenari at the Department of Legal Medicine, Kumamoto University Medical School, Kumamoto, Japan.



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AN INTERNATIONAL FEDERATION?

AN INTERNATIONAL FEDERATION OF THE FORENSIC SCIENCES

*A proposal for consideration
by the Editor of INFORM,
Dr. William G. Eckert, M.D.*

A concept has been proposed in a recent INFORM letter (July 1981) that there develop an International Federation of Forensic Sciences made up of existing International and some National organizations in the Forensic Sciences as well as any others who would be willing to join to form an entity which would serve many different functions which would provide a common bond between Forensic Scientists in the World. Suggested activity would include:

1. Holding a major meeting every three years at which time all of the existing organizations would meet in an interdisciplinary programme and with ample opportunity of having membership meetings of each member organization.

Note — The Federation Secretariat would be responsible for organization of the meeting. The Executive Board of the Federation would be responsible for the selection of the site and management of the program and inter-relationships between organizations.

2. Providing Educational programs for individuals and countries in the various disciplines which make up the Forensic Sciences and utilizing the speciality organizations who are member organizations of the Federation as the educational resources in a particular speciality.
3. Utilizing one of the existing Journals as the official organ of the Federation.
4. Developing publications including Conference papers or abstracts, or a monograph series for educational purposes.

5. Serve as a data base for enquiries in the form of a Reference Service for all members of those organizations who make up the Federation.

6. Serve as a clearing house of information on publications and technical equipment which would be included in releases to members of the Federation for dispersion to their membership.

7. Provide periodic recognition to individuals and organizations which have made outstanding contributions to the advances of any field or solution to any major problem confronting the world's forensic scientists.

8. Serve as an Archival resource for Historical information and publications of the member organizations and others.

9. Develop programmes of exchange of scholars and researchers between countries and member organizations and their Centres.

10. Develop and update membership lists of names and addresses of the World's Forensic Scientists.

These ten points would provide a strengthening of the World's Forensic Sciences, its organizations and its practitioners and could be done without in any way disturbing the current status of existing organizations' autonomy.

The benefits of developing an International Federation of Forensic Sciences far outweigh its non-benefits. In the first place the economics of today are such that any meeting of a smaller organization in other than a European or North American country is extremely difficult. This lack of exposure acts as a double edged sword in that the organization cannot recruit members and the potential members from a distant land are not given the opportunity of learning about the specialty or have any chance to meet or make contacts with their peers. Often at meetings permanent contacts are made

which offer continuous mutual benefits which also help students or young colleagues as there may develop exchange programs between each other's Centre.

The economics also involve publications of meeting papers which often are lost because no permanent repository exists for these presentations to be aired.

The efficiency of a central source of addresses of Forensic Scientists being the responsibility of a Federation Secretariat is extremely important as for example when I held the International Meeting of the International Association of Forensic Sciences in Wichita in 1978 there was considerable change in the list of the previous addresses from the 1975 meeting. This updating can also help those member organizations in the Federation when they need such a list for their meetings. (The Forensic Science Society through the efforts of Mr. Cann has been compiling such a list of Forensic Laboratories and INFORM has also had a similar list.) The time and cost of duplication of these efforts could thus be prevented if it was the responsibility of a single party or organization.

There are many other benefits which each one of us can think of but these are most important to me at this time.

One important area of additional consideration is that if there is one organization representing many other organizations as a Federation would be doing it is much easier to have support by C.O.I.M.S. and when dealing with the United Nations, Interpol or other international bodies when there are requests for support in a major problem which has requirement of Forensic expertise or a team to help investigate an International problem. Professor Breitenacker for instance was involved in several cases where U.N. officials were involved in forensic type situations. The Federation in turn may provide an opportunity for the rapid mobilization of teams of experts which may be available for support in a remote area in which a commercial airliner had crashed and that country does not have the expertise to support the investigation. The same utilization of expertise may be required in any national

natural disaster.

The Secretariat as a Central Repository of Archives of a historical or reference type, registry of experts in specialized areas, accumulation of the world literature, registry of resources including technical information, instruments, methods, may also be considered as a valuable asset to be developed by a Federation.

Education programmes sponsored by a Federation and supported or participated in by a member organization are solely needed and might certainly add to upgrading of the state of the art in many areas of the world. Existing organizations sponsoring such programmes may be called upon to participate so there will be no duplication but the benefit may be felt by all member organizations.

Announcement of meetings and accumulation of the programmes of annual or interim meetings may also be done by a Federation. This provides a great service to many colleagues who want to present their work to others.

Publications already existing such as Forensic Science International may be considered as an organ for the Federation and this would not only support this periodical but offer more additional means by which works can be disseminated.

TORQUAY MEETING

At a meeting held in Torquay, Devon on 21st May 1982, representatives of the Association of Police Surgeons of Great Britain, F.M.G. (Holland) and the Association of Australasian and Pacific Area Police Medical Officers were present as follows:

Chair Dr. J. Hilton, President A.P.S.G.B.
Dr. H. de la Haye Davies
Dr. I. Doney
Dr. Myles Clarke
Dr. B. Cohen (F.M.G.) (Netherlands)
Dr. F. Buigze (F.M.G.) (Netherlands)
Dr. J.P. Bush (A.A.P.A.P.M.O.)

It was agreed as follows:

This meeting recognises and welcomes the significant increase in international contact and cooperation including the exchange of information and attendance

at international meetings which has occurred during the past 11 months since the meeting in Brighton in June, 1981.

We recommend that this increased co-operation continue and be developed further.

We have received the document dated 24th February 1982 from Dr. William G. Eckert in connection with the development of an International Federation of Forensic Sciences. This concept has merit and is worthy of further consideration. This meeting expresses its primary interest in clinical forensic medicine.

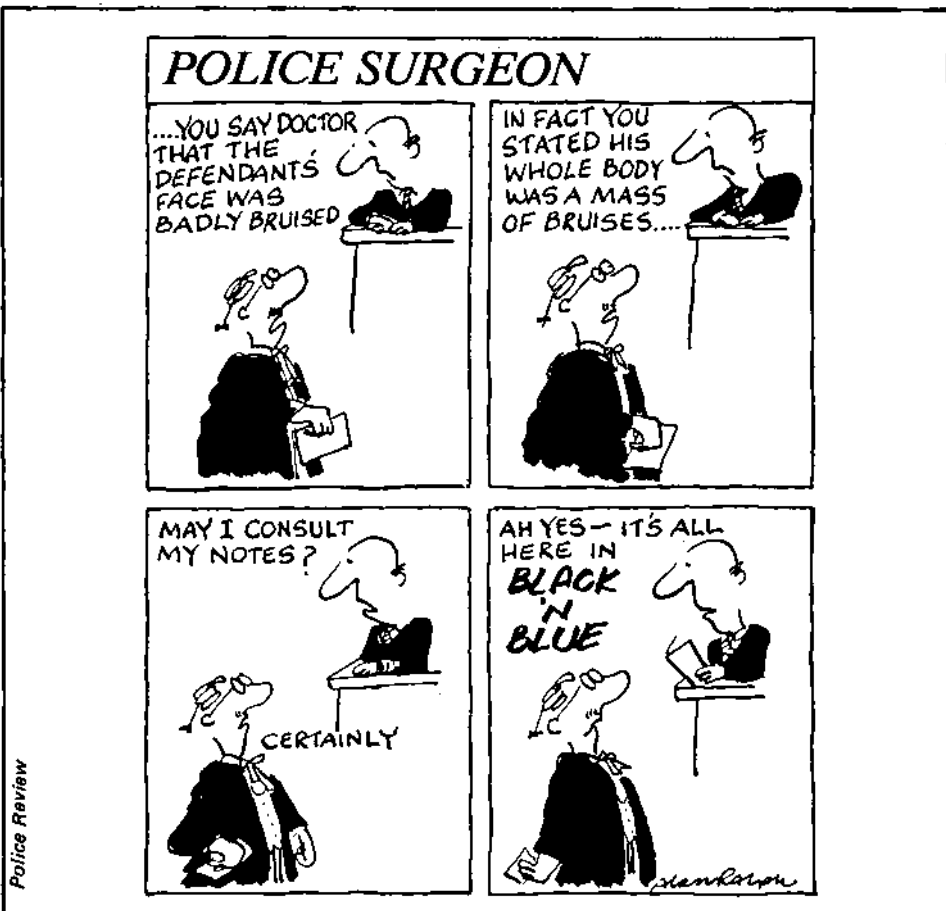
We recommend that:

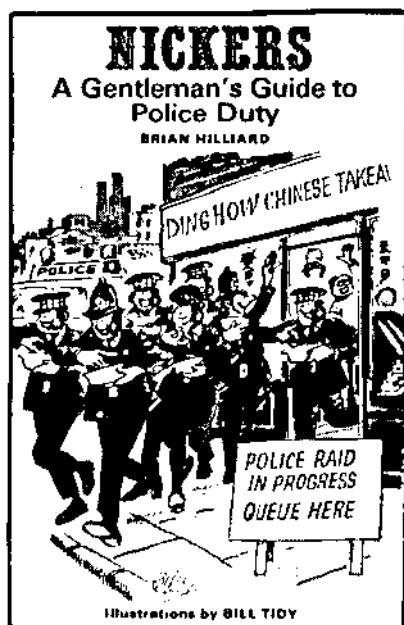
1. Further consideration be given to this project and that further information be sought from Dr. Eckert.

2. A meeting be convened in conjunction with the meeting of the International Association of Forensic Sciences in Oxford in September 1984 by the President Professor Stuart Kind at which time responses be sought from all organizations involved in clinical forensic medicine, or police medicine.

3. Dr. Eckert and Professor Kind be informed of this resolution and that the associations represented at this meeting be requested to discuss this matter at Council or General Meeting level at their discretion.

4. That this matter be considered further at the meeting of A.P.S.G.B. in Scarborough in May 1983.





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CRIME ACROSS THE CHANNEL

A REPORT ON THE FIRST CROSS CHANNEL CONFERENCE BY IVOR DONEY

Locard's Principle states that every contact leaves its mark. The principle applied also to the Cross Channel Conference on Forensic Medicine in Rotterdam in March. Police Surgeons and forensic experts from both sides of the English Channel brushed shoulders with their counterparts and there's no doubt that both groups left their marks on each other.

Contact began at the start when the friendly Rotterdam police met British delegates at Rotterdam airport. Transport was ready, greetings exchanged and delegates were whisked off to their hotel.

Everybody stayed at the Rijn Hotel in the centre of Rotterdam. The hotel is neither spacious or luxurious, and has showers instead of baths. Nevertheless it was cosy and friendly and a great place for everyone to meet.

The whole atmosphere of this splendid conference was friendliness and bonhomie. Holland is a great country.

If any of the ladies were expecting to find the country bristling with Darwins, Nijloemen and Viridifloras, they were disappointed. What are they? Tulips of course. March is early for the masses of colour all the tourists go to see but the delegates ladies saw many other exciting things — of this, more later.

What of the Conference itself?

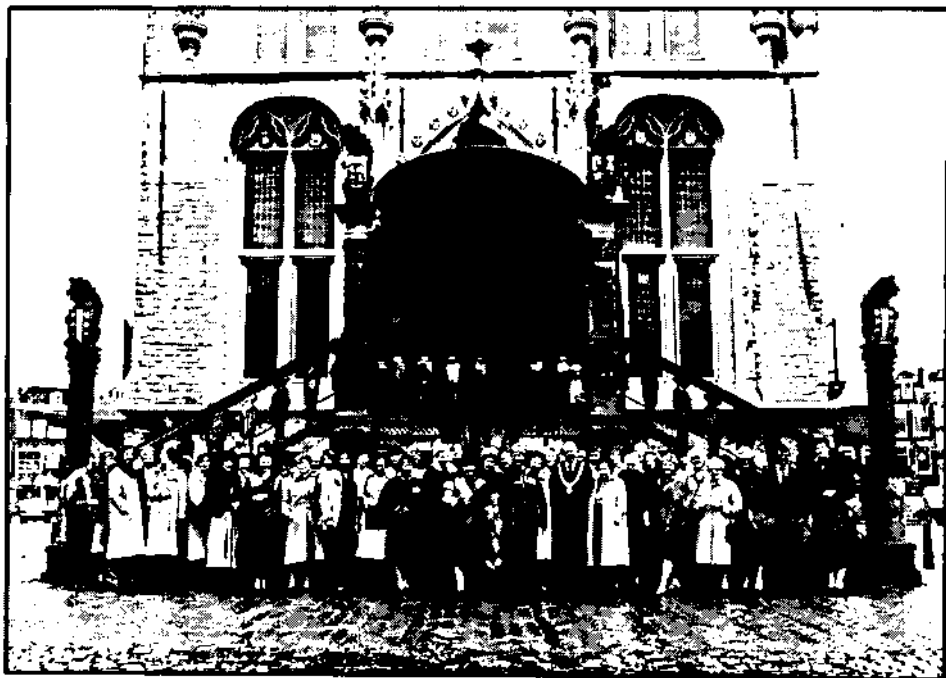
Ebullient Barend Cohen, well known to British Police Surgeons, was the brain behind the project. He did practically all the organising.

What a character Barend Cohen is — utterly irrepressible. Anyone who can be a Police Surgeon, a coroner, do the D.M.J. syllabus and pass it in a foreign language and then take on a Cross Channel Conference really *has* to be irrepressible. He did it all with amazing success.

Dutch Police Surgeons' President Hubert Cremers opened the proceedings with his customary elegance and calm and kept the tempo exactly right. He had to! There were papers by no less than 32 speakers of whom 8 were University Professors! There were speakers from Holland, the United Kingdom, Belgium, France, Denmark and New Zealand. One surprising feature, as Robin Moffat pointed out, was that there were no lady speakers. We have some great lady Police Surgeons — and so have the cross channel associations. So come on girls! Why don't you come to a conference and offer a paper on a favourite subject?*

There were many well known speakers and many less familiar ones too. Amongst the famous, was veteran forensic expert Emeritus Professor D.F. Thomas. What a wonderful man he is! Well known in international forensic circles — indeed he was a founder member with Dr. Charles Larson (U.S.A.) of the International Association of Forensic Sciences — he spoke, in impeccable English, about the

* *Dr. Raine Roberts from Manchester will be addressing the Scarborough Conference on "Sexual Offences — is there any Justice?"*



Outside Gouda Town Hall

history of legal medicine in Belgium and enthralled the whole audience. Some people say that old professors never die, they simply lose their Faculties! Professor Thomas showed that although advanced in years he was alert, dynamic and bristling with sound common sense and wisdom.

Another outstanding speaker was Dr. Alan Watson (Glasgow). Why don't

*Dr. D. Filer, Professor B. Knight,
Dr. W. Daniels and Dr. R. Bunting.*



we hear more of him at our Association meetings? He is clear, forthright and captivating. Last year he spoke at the Utrecht meeting in fluent Dutch. At this conference he showed how confused, elderly people sometimes take fright and hide in peculiar places in their homes and then simply die, leaving Police Surgeons wondering how they ever got there.

In another paper, Alan warned forensic people to be alert to possible complications of injuries in the region of the back of the neck. Villains who "put the boot in" when their victims are on the floor, or apply only moderate force to the upper cervical region can produce massive subarachnoid haemorrhage and subsequent death.

It is not the purpose of this report to give details of individual papers — they will be appearing in other journals — but some important points arose and are worth recording here.

Commissioner J. Blaauw said that in Holland, a murder scene at night would be fenced off and left till daylight. Spot



Mrs. A.S. Johnstone, Dr. I. Johnstone, Mrs. L. Filer, Mrs. D. Bartley, Dr. R. Bartley and Mrs. I. Doney.

lights are no substitute for daylight when looking for trace evidence. Even then he is always worried about the T.D.U. They are the spare policemen, camera men and even doctors standing around in all the wrong places waiting for orders. What does T.D.U. stand for? Trace Demolition Unit!

Professor Bernard Knight said that Sudden Infant Death Syndrome still has its mysteries. Whilst there are wide variations, there are also many common features — danger time is 8.00 a.m. to 10.00 a.m. at 3-6 months of age, boys slightly more than girls, and Autumn to Spring the worst time of the year. Dr. Hans van der Harten's paper indicated that failure to arouse from sleep when in a state of hypoxia was the actual cause of death. This prompted Hubert Cremers to suggest that help might be obtained from a gadget in the cot producing enough CO₂ to stimulate the respiratory centre, which switches itself on in the early morning.

Papers from the other side of the water include a view of forensic toxicology by Professor Robert Maes (Utrecht), developments in Gas Chromatography by Dr. Paul Demedts (Antwerp) and a paper which produced animated discussion on the effect of psycho-active drugs on driving by Dr. W. Neuteboom (Rijswijk). Professor Voigt from Copenhagen spoke about caring for victims of crime and Professor Beijaert (Utrecht) on forensic psychiatry. Nobody could deny it — there was something to suit all tastes at this conference.

Professor Alan Usher always enlivens any meeting. He gave an excellent paper and also gave an uproariously funny after dinner speech at the end of the Banquet. Describing a certain man who had been pensively contemplating a difficult situation with mixed feelings, Alan said, "It was as if he watching his mother-in-law driving over a cliff edge in his brand new Mercedes!"

The academic meetings were held near the Rijn hotel, in the Rotterdam Conference Centre, an elegant building similar to the Utrecht centre. It contained several individual suites so that several conferences could be held at the same time. The C.C.C. unit had a pleasant main lecture room bedecked with flags and decorated with flowers. There were separate rooms for coffee and meals and a handy bar (drinks much more expensive than in U.K.). There was space too for the drug firms who always happily turn out and help reduce our conference costs. Acoustics in the lecture room were sometimes a problem, but when are they not?

The whole conference was in English! Can anyone imagine we British — lazy lot that we are — putting on a conference in someone else's language?

There were plenty of social activities too, at the Congress. Barend's wife Nellie, Maud Buijze and especially Mrs. Wiek Stevens organised coach trips to the Green Heart of Holland and the dykes, to the Delft shops and of course a tour around Rotterdam. They were shown how the famous Dutch windmills could alter the position of their sails to signal bereavement in a family or a happy wed-

Rotterdam Town Hall.



ding day or a mechanical failure — they were even used for secret messages in the war time days of the Occupation.

One of the highlights for delegates and guests alike was a magnificent evening boat trip around Rotterdam harbour with a gorgeous buffet meal on board. No ordinary boat, but a huge enclosed luxury steamer with large glass viewing windows. On board were a lively five piece dance band which never seemed to stop — nor did the dancers. Nor did the bar, for that matter. The festivities went on and on. Many of us tried schnapps for the first time and a few regretted it, but there is no truth in the rumour that next morning, the delegate who lost his conference folder, eventually found it under the ship's navigation table where he had been lying himself the previous night.

Over 100 people, including wives, travelled from the United Kingdom to attend this superb conference. President James Hilton was there, as was president elect Ian Craig and past president Stan Burges. It was easy to make friends but not so easy to learn their names! Why do conference secretaries always type delegates names on conference badges? No-one can read them. Imagine trying to decipher a Dutchman's long name across a dining room table, or, worse still, having to put on a second pair of specs to read someone's name and then realise you've been on Christian name terms over the phone for years. The second C.C.C. may be in Ipswich in 3 years time in 1986, so future secretaries please take note!

Although mention has been made

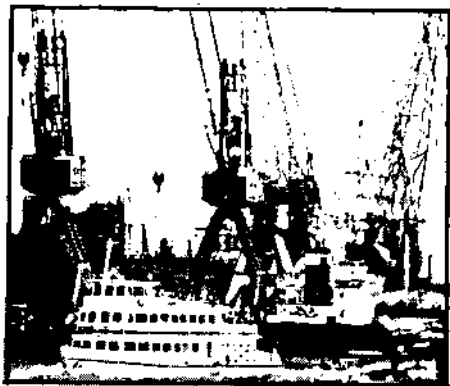
of colleagues from various European countries, particular commendation should be given to two long distance travellers, Police Surgeons Dr. Bill Daniels and Dr. Roger Bartley who, with wives, came to give papers from New Zealand. A happy and jovial pair, their talks stimulated plenty of discussion.



What about our own Association speakers?

The Association should be proud of the group of superb speakers who crossed the Channel and gave, without exception, excellent papers of high academic standard. Details of their talks will be given in other journals, but they included a talk on alcohol by Roger Hunt (who has a fine, commanding voice), an intriguing talk on Treasure Trove by Arnold Mendoza and a dynamic presentation by David Filer, exploding the emotive aspects of Deaths in Police Custody. There were also Robin Moffat talking on the Police Syndrome, Peter Vanezis warning about the medico-legal problems of the Premenstrual Syndrome and Ralph Lawrence, always a welcome speaker who gave some amazing facts and photos about the Facts and Fantasies of Rape.

With speakers like these we need have no fears when it comes to the Big One next year — the Clinical Forensic Medicine Section of the Oxford International Congress, September 1984. Please make a note of it and start getting some good papers together. Let Myles Clarke know about them. It will be an opportunity to let the rest of the world know what we know already, that A.P.S.G.B. is top of the pops!



So gradually the conference came to an end, the suitcases were slowly packed, Barend and the organising committee stopped taking their tranquilisers and the talking ceased.

Congratulations to our Dutch colleagues on a marvellous C.C.C. and especially congratulations to all of them on their excellent English. As far as is known there was only one near catastrophe. That was when a Dutch Police Surgeon, a stranger to Rotterdam, wearing an anxious expression and standing cross-legged, almost late for a lecture, asked a Britisher for the "cloakroom" and got



the reply "I don't think there is one, old chap, I think you'll have to use the hat-stand!"

FORENSIC FROLICS FOR STUDENTS

Readers may recall that last year Reg Bunting and Ivor Doney set up the Forensic Medicine stall at the London Careers Fair for medical students which was organised by the B.M.A. in the Great Hall of B.M.A. House, Tavistock Square.

This year they did it again and had some new ideas to attract students' interest. 22nd February was Fair Day.

The Careers Fair itself is a happy occasion and the B.M.A. organises it well. They invite all the major Hospital specialties, the armed forces, community and occupational health specialties to set up stalls and provide personnel to answer questions and outline careers. Then the medical students — over 400 of them, spread over the day — can descend on the stalls and ask them questions. It gives them an idea of careers available to them when they eventually qualify.

Handyman Reg Bunting had built a folding frame, easily erected, and specially designed to give the A.P.S.G.B. flag a plug, but it was primarily a stall about Forensic Medicine and students were told about careers in Forensic Pathology, Forensic Psychiatry and, of course, part time openings as Police Surgeons. Dentist Tania Doney gave dental students some ideas about Forensic Odontology. There was plenty of literature on the subjects and students could sit and read various textbooks. Also on display were the tools of the Police

Surgeons' trade — aides memoires, sexual assault kits, breathalysers sets, Glaisters rods etc. and students showed particular interest in the D.M.J. syllabus. But what were the new ideas this year?

Students were invited to join in a quiz and win two bottles of wine. It was a fun quiz at which they could crib the answers, cheat, or find the answers in the text books. Even the name of the quiz had a forensic slant — "A Dead Easy Quiz" — they were all questions on medical jurisprudence or forensic matters.

One thing the intrepid Police Surgeons discovered — students are still as ingenious as ever they were. They used many guises to crib the answers to the quiz. Perhaps the neatest of the lot was the lad who put his hand in the box when no-one was looking, took out the form put in by the man in front of him and copied the answers!

Sadly for him, retribution came! The answers he copied were wrong!

Ivor Doney and the stand.



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VIOLENCE

IN GENERAL PRACTICE

From time to time there are press reports of doctors being assaulted. Are these reports a true indication of violence against doctors or do they form the tip of an unwelcome iceberg?

The General Medical Services Committee decided to look into the incidence of attacks and asked all Local Medical Committees to seek information from their constituents.

In Tayside we have 224 General Practitioners. The variation in practice conditions is wide — urban areas of multiple deprivation to very isolated rural inducement practices. Tayside's crime statistics do not suggest that its inhabitants are any less law-abiding than elsewhere.

All G.P.'s were sent a simple questionnaire designed simply to ascertain the incidence of attacks on doctors, with particular reference to the year 1981. The results were interesting.

Exactly one hundred replied. Of these, 31 stated that they had been actually physically assaulted during their careers in General Practice and, of these assaults, seven had taken place during 1981. 46 episodes of being in fear of assault were reported, 22 of which occurred in 1981. Added to these figures were six replies which did not give any number of occasions but described 'frequent' or 'several' episodes in which they felt themselves in danger of assault.

Examples of actual assault include being attacked with an axe, with a sabre, attempted strangling with the practitioner's own tie, being kicked and punched in stairways and closes, being thrown downstairs, and a cup of hot tea being thrown in a practitioner's face. Injuries sustained include bruising of varying degrees, lacerations (some requiring hospital treatment) and one head injury

of moderate severity.

Four G.P.'s now seek police protection when visiting certain patients and one carries a bag of black pepper for a pre-emptive strike! 29 G.P.'s have, at one time or another, had patients removed from their lists for violent behaviour.

It is interesting to note that none of the assailants was considered to be mentally ill at the time. Many were drunk. A more detailed questionnaire would clarify the situation but the impression gained from the initial survey suggests that around half the assaults were perpetrated by the patient himself or herself, the other half by others in the house visited.

The results from this small sample would suggest that violence to G.P.'s is increasing. There is also strong evidence that G.P.'s tend not to report attacks or to press for charges to be placed against their assailant. Thus any official figures on incidence of such an assault must be open to gross error.

The incidence of attacks probably mirrors the general increase in violence in society and the ever decreasing status of the doctor. It may well be that the increasing abuse of drugs in the community is now placing the doctor in a position of special risk.

As Police Surgeons, we are obviously more at risk and it might be a useful and interesting exercise to seek information from the members of the A.P.S.G.B.

It is difficult to see any remedy for the present situation. Immediate removal of a patient from one's Medical List is not a practical proposition. The clock cannot be put back to the time when the doctor was a highly respected member of society and hence immune from such attacks. Attaining a knowledge of judo, karate or other means of self-defence might even increase violence by shortening the fuse.

ACCIDENT INSURANCE

The significant risks run by Police Surgeons whilst performing their duties and the ever present risk of assaults on Police Surgeons by prisoners has prompted the Association to arrange insurance cover for members.

The insurance cover arranged would have the following benefits:—

1. The Group Personal Accident policy would be underwritten by the Norwich Union Fire Insurance Society Limited.
2. A once only payment of £20,000 would be made in the event of death, loss of an eye or eyes, or the loss of limb or partial total disablement.
3. After seven days of temporary disablement through accident, the sum of £100 per week would be payable for

a total of 104 weeks.

4. Benefits would be paid only whilst the Police Surgeon was on police business, but this would include travelling to and from incidents.
5. Benefits would be paid should the Police Surgeon suffer disablement as a result of an attack during the course of his duty.
6. The cost of the policy is £7.20 per person per annum.

If you are interested, further details may be obtained from the Association's Secretary, Dr. H. de la Haye Davies, Creaton House, Creaton, Nr. Northampton NN6 8ND. As the policy is a group policy premiums are payable in the first instance to the Association.

If nothing else, such surveys should bring to the notice of our colleagues that such events do occur and perhaps an awareness of the possibilities will put them more on their guard when visiting patients.

DAVID MARSHALL

The Association's Secretary will be interested to learn of any member who is assaulted during his work as a Police Surgeon. The Insurance Policy detailed above gives cover against injuries received as the result of assault whilst working as a Police Surgeon.

DRUG TRAFFIC PENALTIES

Malaysia is tightening up its penalties for those caught trafficking in dangerous drugs. Those convicted of possessing more than 5 grams but less than 25 grams of dangerous drugs will be liable to 3 to 14 years jail and a compulsory whipping. Anyone found in possession of more than 25 grams will be executed.

In Thailand, drug offenders face very large jail sentences, anything from 20 to 60 years.

In Singapore anyone found in possession of 100 grams or more of heroin is considered to be a drug trafficker and the mandatory sentence is execution.

DEADLY BATH

Are any of your patients in the habit of putting lighted candles into the bath to stop the taps from freezing?

When baths are made of cast iron this is a hazard free exercise. However, it is a highly dangerous practice with modern fibre glass baths. An inquest was held at the beginning of March into the deaths of a ten-year-old boy and his 56-year old grandmother. A candle placed in a bath had ignited a resin used in the manufacture of the fibre glass bath and both the boy and his grandmother had died from asphyxia through inhaling smoke and carbon monoxide.

BURKE AND HARE – SUPPLIERS TO THE PROFESSION

William Burke needs no introduction as the front half of that villainous pair, Burke and Hare. Their names are as well known to us as Bruce and Wallace.

Most would claim to knowing "all about them" though perhaps it is the rhythmic coupling of their surnames that makes them so well remembered. Would they be so easily recalled if they had been called Geoghan and O'Shaunessy or Fitzpatrick and McGeachie?

Burke and Hare, the "body-snatchers", subject of a dozen books, plays, films, waxworks – everyone knows "all about" Burke and Hare.

Considering that they were the most infamous mass murderers in Scottish history: that one of them gave his name to a new verb in the English language:

to burke – to muder, especially by smothering . . . leaving no trace . . . to put an end to quietly.

to burke the issue – to avoid the implications;

most people know very little of them apart from their names and their trade in corpses.

Strictly speaking, as will be obvious in this account, "to burke the issue" should be "to hare the issue", because it was Hare, not Burke, who avoided the implications of his crimes.

Burke and Hare were not "body-snatchers" in the true sense of the word, nor were they workshy layabouts. They were not even Scottish. William Burke and William Hare were both Irishmen who found their way, separately, to Scotland as did so many from the Celtic hinterlands of the Highlands and Ireland, providing fodder for the new-flexing sirens of industrial expansion.

Burke's birthplace in Co. Tyrone is known. We know that he served in the

militia, probably as a bandsman, and that he married in Ireland before, like so many of his countrymen, he was forced to cross the Irish Sea to look for work as part of the vast pool of unskilled labour required for the new engineering projects of the expanding economy of Great Britain in the early years of the nineteenth century.

Of William Hare little is known except that he, too, worked as a navvy on the Union Canal and afterwards as a long-shoreman/boatman.

They met in 1827. Hare, having married, was running a lodging-house in Edinburgh where Burke came to stay with his Scottish "wife", Helen MacDougal. Burke at that time was probably plying his trade as a cobbler.

Neither of them seems to have had any experience of grave-robbing or "resurrecting" although it was a common trade at that time, especially from Ireland, and they could hardly have been unaware of the traffic.

Their initial foray into this nightmare world and their subsequent career resulting in them becoming it's most illustrious inhabitants, was fairly innocent, if that word is permissible about any of their actions. One of Hare's lodgers had died of natural causes and, being an old soldier, had been in receipt of a pension.

On the strength of this pension, he had run up some £4 of debt to the Hares. Hare had informed the authorities to have the old man buried "on the parish".

It is unclear who first suggested selling the body to recoup the money owed by the deceased, but the result of the conversation was the prising open of the coffin and the substitution of some tanner's bark as dead weight.

Burke, being the more articulate, took it upon himself to go to seek a purchaser.

By chance, he was directed, not to Munro, the Professor of Anatomy, and the third bearer of that distinguished name, but to Dr. Knox, one of Munro's rivals and part of that Great Scottish Enlightenment which had seen Edinburgh Medical School reach pre-eminence.

Munro was a shadow of his famous predecessors but Barclay, his successor Knox, and Robert Liston, James Syme, Robert Christison, and Knox's pupil, William Fergusson still commanded great respect as teachers, and to teach they needed bodies. The corpses of hanged murderers (not of any of the other offenders who were hanged) were the only legitimate source and these went to Munro as his right, he being Professor of Anatomy.

It was small wonder that few questions were asked and the "subject" received that night for a fee of £7 10s. Hare got his £4 plus an extra 5s., Burke got £3 5s. and Knox got his material. Everyone was

pleased.

At this stage the pair had not really committed any great crime. It was, however, a small step from disposing of the body of one dead from natural causes, to helping one to achieve that state somewhat prematurely. Joseph the miller, one of Hare's lodgers, was dying of fever.

He was obviously very ill and could not speak. Burke suffocated him with a pillow while Hare lay on his legs and arms to prevent any struggling. Joseph was quickly converted into £10.

The next victim, a tall Englishman, a match seller, was so debilitated with fever that he was suffocated by holding his mouth shut while pinching his nose. From then on Burke and Hare sought out their victims amongst the shifting poor who teemed the alleys and streets of "Auld Reekie".

These were the poor, the homeless, whose disappearance would rouse little in the way of enquiry. The victims were

The skeleton of the unlamented Burke in the Anatomy Museum, Edinburgh.



Photo: Dr. Eric Anderson

usually lured into a drinking bout and suffocated while partially anaesthetised with alcohol.

There was almost a slip-up when the prostitute Mary Patterson was murdered as several of the students had good reason to recognise the body, having been previously well-acquainted with the lady.

The nightmare went on, drinking bouts followed by murders, nocturnal trips to Surgeon's Square, and then back with the proceeds to seek alcoholic oblivion only to rouse themselves to burke another victim. An old woman and her dumb grandson, a cinder-gatherer, a drunk woman who was handed over BY THE POLICE to Burke who offered to find a night's lodgings for her, on went the grim carousel of drink and delivery to Dr. Knox.

The original victims had been homeless, shifting people whose coming and abrupt going were unlikely to cause comment. Later, whether due to the coarsening, befuddling effect of the vast quantities of alcohol they were consuming, or to boldness, callousness or even a subconscious desire to be caught, they became less careful and many of the murdered were easily recognised locals whose disappearance would arouse concern and speculation among their relatives and neighbours.

This bravado or stupidity, whatever it was, culminated in the death of "Daft Jamie", a well-known local idiot, one of the characters of the old town of Edinburgh. Jamie, a sturdy teenager, was not too keen on whisky and, though defective in brain power, he was fit and strong. Thus killing Jamie was not suffocation of a weak, dying or inebriated old woman, but a violent struggle between two hefty labouring men and a third fighting for his life.

They killed again after Daft Jamie, a Mrs. Docherty — the murder for which Burke was tried — but suspicion was rampant and Mr. and Mrs. Gray, visitors to the lodging house, finally sought the police and told them of the dead body they had seen.

Burke at first admitted trafficking in corpses, a crime by no means unknown in

Edinburgh. The law had little hard evidence of murder and a full investigation would certainly have implicated the medical establishment. As it was, the mob howled for Knox to be strung up with Burke on the day of execution.

The neatest, tidiest way to end the whole affair was for the Hares to be given immunity from arrest in return for turning King's Evidence against Burke and Helen MacDougal.

Burke may have been the articulate, literate member of the duo but Hare, brutal misanthrope that he was, had a degree of cunning and instinct for self-preservation that enabled him and his wife to evade punishment for the multiple murders. It was later rumoured that he had been thrown into a lime-pit while journeying to England and that he was blinded, but there is no record of him after he had fled from Edinburgh and the mob's frustrated fury.

Burke and MacDougal were represented, in the best tradition of Scots' Law, by the finest defence counsels available, Moncrieff and Cockburn. Burke was found guilty of the murder and Helen MacDougal not proven. He later made two confessions exculpating her entirely but making very clear Hare's involvement in the murders — 16 in all.

On 28th January, 1829, Burke was hanged publicly on the Lawnmarket in view of a crowd of 20 to 25 thousand people who screamed and jeered and yelled for Hare and Knox to accompany him to the scaffold. Sir Walter Scott, along with others of the well-to-do, watched from the windows overlooking the Lawnmarket.

Ironically, Burke's body was dissected by Professor Munro as an "official" corpse and some 30,000 people passed through at a viewing of the body. His skeleton adorns the Anatomy Museum at Edinburgh to this day.

After the execution, the stories and rumours began to circulate, each trying to outdo the previous in horror and cruelty: each adding to the legend of Burke and Hare. The medical men, though cited, were never called upon to give evidence. There was, in terms so familiar

to us now, a "cover-up".

The mob's fury against doctors could not be quelled but at least it was diverted from the profession in general to Knox in particular. His personal fame and the loyalty of his students could not sustain him and he was ultimately destroyed, though Fergusson who had removed the easily recognisable head and malformed feet of Daft Jamie, and who had said nothing when a healthy young Mary Patterson of his acquaintance turned up as a dissection subject a few days later, went on to fame and knighthood.

In 1832, largely due to the furore caused by the Edinburgh murders, the Anatomy Act became law, and the entrepreneurial basis for Burke and Hare's crimes vanished.

Burke and Hare, to be seen objectively, needed to be viewed in the context of their era. Mass murderers they were, but at least most of their victims were anaesthetised with alcohol and were dispatched without violence, pain, or as far as we can judge, any sadistic pleasure to their killers.

They lived in an age when life was cheap and, for the poor, brutal and brutalising, when hanging was the punishment for a range of offences, when subject races in North America, Africa and Australia were being systematically slaughtered with the tacit approval of the British Government, when men in the Army and Navy were flogged to insensibility and death for minor offences. Seen in this light, they are not redeemed, but appear slightly less inhuman.

Burke and Hare as murderers, only succeeded because there was a demand for their services. The arrogant indifference of the medical fraternity to the source of their subjects caused the pair to believe that no-one would care, when a few pointed questions on the occasion of the old soldier's natural demise might have caused them to think twice before looking for others.

The public has always had a love-hate relationship with the medical profession, holding them in high regard for integrity, honesty and expecting the highest ideals from them in private as well as public life.

At the same time "doctor-bashing" can become a national pastime and quite recently men of the highest standing in the medical world have been pilloried in public for their interpretation of medical ethics.

For a superbly detailed and highly readable account of Burke and Hare, their times and crimes, I recommend "Burke and Hare" by Owen Dudley Edwards, published by Polygon.

MICHAEL FENTY

This article first appeared in Edinburgh Medicine and is reproduced by kind permission of the Editor.

At that time he was with another punk rocker and appears to have been particularly memorable to the police officer because he wore safety pins in his ears. The ears have not been found.

Wellington Evening Post

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CORRESPONDENCE

AUSTRALIAN FIRES

**EXTRACT FROM A LETTER
FROM PETER BUSH,
Hon. Secretary, Association of
Australasian and Pacific Areas
Police Medical Officers**

"We personally were not involved nor close enough to be personally affected but inevitably these disasters affect society as a whole. From the Police Surgeon and forensic point of view, one of our Assistant Part-time Police Surgeons spent nearly 24 hours in the field with the police and certified death on 16 humans, gave a medical opinion on other remains ? human, one at least of which was a dog, and during this period of time travelled 453 kilometers. The other area of involvement was with the Disaster Victim Identification Team and I personally had a role in a "protective" capacity from the point of view of stress on the police officers during the operation".

**EXTRACT FROM A LETTER
RECEIVED FROM A MEMBER
OF VICTORIA STATE
EMERGENCY SERVICE AFTER
THE ASH WEDNESDAY FIRES:**

"We had a day of 47°C temperatures (117°F) and 40 knot northerly winds. When the fires started (there were many separate blazes which often joined forces) there was nothing that any fire brigade or service could do except evacuate the poor people downwind. Later in the day, the high pressure ridge that was causing the intense heat gave way to a westerly wind change, which turned the fires from a fast-moving but narrow front into a series of monsters that burned on a front as long as the initial fire had run. That was when most of the fatalities occurred - 71 at the last count".

The writer and his team were responsible for the co-ordination of welfare, evacuation, the searching and making safe of burnt out properties, chemical and gas problems, the prevention of looting, the setting up of communications and relief centres, etc. Noted during searches were solidified rivers of what had been aluminium roofs, blobs of metal that had been brass taps and total destruction of wooden items, leaving nails but no ash, evidence that super-heated air, generated by the fire wind, and charged with vapourised eucalyptus oils, had acted like bombs in front of the fire front giving little chance of survival: all the brick veneer of one farm house had fallen outwards, indicating that the house had exploded and not simply burned.

THE ROLE OF THE FORENSIC DOCTOR

University Teaching Hospital,
Lusaka, Zambia.

Dear Sir,

We are all familiar with the drawn faces and skeletonized bodies of the starving during famines, which are usually brought about either by drought or by indifference and incompetence of the local government.

The World Health Organisation, U.N.I.C.E.F. and U.N.O. are much concerned about malnutrition. 800 million people, one fifth of the global population, form an absolute poor class deprived of income, goods and hopes of survival. According to the World Health Organisation, the population explosion, limited arable land, land control by wealthy and powerful people, lack of food, foul drinking water, inadequate sanitation, unemployment and limited earning facilities are some of the factors leading to the development of an absolute poor class.

Each day through the world some 40,000 infants and small children die of malnutrition, infection and hereditary or congenital abnormalities. Because of the severe social stresses and strains, many children are at risk from physical and psychological ill-treatment. Many influential and powerful people are responsible for crimes against humanity because they may control newspapers and other mass communication media and present to the world a hypocritical false face.

Crimes committed by such people vary from enslavement and sexual offences to abduction, homicide and assassination. It is not unusual for such crimes to be committed in the name of justice, religion or state. Occasionally some of the crimes come to light but most remain veiled in mystery. At times it is difficult to find even the bodies of those who have been killed. Survivors are too frightened to complain for fear of retribution to themselves and their families. The penalty for unsuccessful revolution against tyranny can be wholesale killings and torture. Mass executions in the name of God and state are not unknown.

False evidence by medical examiners, police and other witnesses at mock trials presided over by biased and incompetent judges allow many criminals to go free and unharmed. At the same time, many die in custody and their deaths may receive little or no mention by authorities, particularly if the deceased was of little consequence. Many such crimes are not reported in the country in which they occur or in countries which are allied. Military factions and censorship ensure that such topics do not appear in the press.

Much has to be done to eradicate crimes such as slave trafficking, the hoarding and adulteration of food and drug smuggling and other crimes which have led to the enslavement and chronic starvation of many sections of humanity.

Many criminals protect their own freedom through lawlessness with money, power and the use of force, and such people are protected in their own country.

The forensic doctor has a vital duty

in ensuring that such crimes are publicised in countries where basic freedoms still exist.

M.P. GARG
Consultant Pathologist

INTERNATIONAL CONFERENCES

Bristol

Dear Sir,

If you haven't taken a look at the forensic scene internationally, start thinking about it!

More and more Police Surgeons are taking a look at forensic conferences in other parts of the world and once you've been to one or two, you find you have friends everywhere.

Fancy a trip to Singapore and Perth in September 1983? Or, a winter break in Melbourne in February 1984?

WHY NOT?

Let's analyse the objections —

1. "I won't know anybody". But you won't know anybody if you go on holiday to the Costa Brava either. You will amaze yourself how many turn up that you've seen before. Sometimes old university pals turn up unexpectedly from some other country.
2. "The Cost!" No more expensive than any other holiday abroad and furthermore the "extras" laid on for you in the way of sight-seeing tours, places of interest, banquets, make the holiday significantly cheaper.
3. "My knowledge is too elementary for a high-powered intellectual conference". Saying that is as bad as the tennis player who is afraid of playing with someone who can beat him. Most players find it brings out the best in them. Oddly enough, the most erudite professors are often avidly interested in what you do when you meet in the bar in the evening.
4. "I want a holiday not education". You don't have to attend every lecture. Pick out the bits you want and there's always a social programme as well as the academic side.

Hardy travellers like David Filer have been doing the rounds for years, but more are joining in and the international scene is now becoming a top favourite.

In recent years A.P.S.G.B. members (and wives) have been seen at conferences in Zurich, Wichita, Bergen, Holland, New Zealand, Australia and California. Members have given papers at these meetings!

Do think about the big Conference in Singapore in September this year. This promises to be really something! Run by Professor Chao it is bound to be good. Ask anybody in the international forensic field about him. Rotund, jovial, equipped with tremendous energy and carrying more cameras than a professional (some think he even wears them over his pyjamas)

he is a unique character. Forensic medicine is his life. So make a note of his conference dates — Singapore September 18th-22nd, 1983.

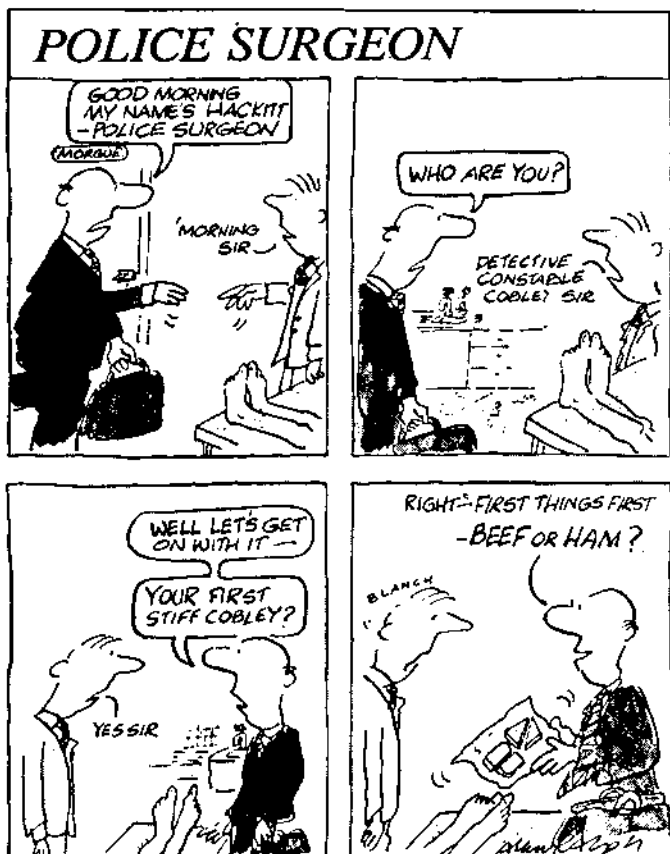
A.P.S.G.B. are making international contacts. Why not join in?

IVOR DONEY

FORENSIC PRIZE

In addition to the W.G. Johnston Memorial Prize, the British Medical Association gives an award to encourage prospective research in Medical Jurisprudence and/or Forensic Medicine. Known as the C.H. Milburn Award and worth £500, it is offered biannually to any registered medical practitioner.

Police Review



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 familiarity 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:

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- 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.

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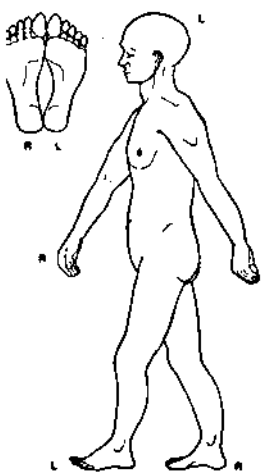

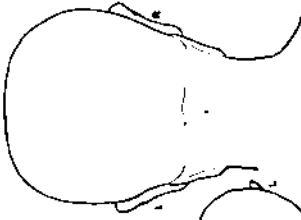


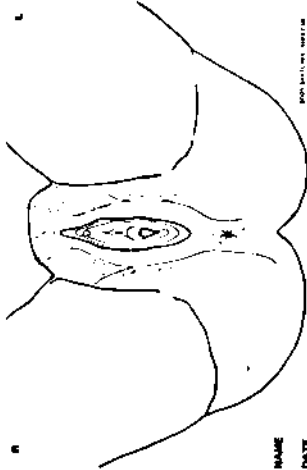
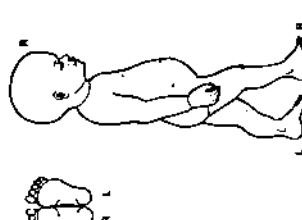
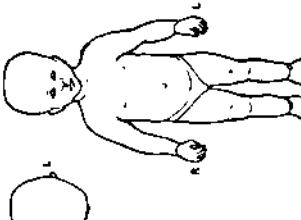
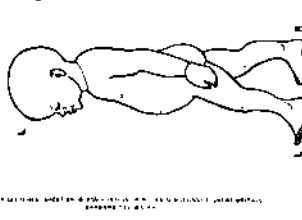

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AMERICAN TWOSOME

a report from Sacramento

and Los Angeles by HERBERT KEAN

**FIRST INTERNATIONAL CONGRESS OF FORENSIC SCIENCES,
SACRAMENTO, CALIFORNIA. 2nd-5th NOVEMBER, 1982**

**THE 1982 NATIONAL ASSOCIATION OF MEDICAL EXAMINERS CONFERENCE,
NEWPORT BEACH, LOS ANGELES. 9th-13th NOVEMBER, 1982**

Association delegates to the Sacramento meeting were Dr. & Mrs. H.B. Kean, Dr. & Mrs. I. Doney and Dr. Hugh de la Haye Davies. The Newport Beach Conference was attended by Dr. & Mrs. H.B. Kean and Dr. & Mrs. I. Doney.

The flight from Boston was delayed and we arrived at San Francisco airport too late for any direct connection to Sacramento. We hired a car and my first drive in the U.S.A. took us over the nine-mile long San Francisco Bay Bridge in the rush hour, and on 80 miles to Sacramento as night fell.

We arrived at the Holiday Inn Hotel just in time to attend the "welcoming" reception and to meet John D. De Haan, President of the Interamerican Congress of Forensic Sciences, and the officials and delegates.

Ivor and Tania Doney were already established and had attracted their usual circle of friends. Ivor had been conscripted to give a talk about the work of the Police Surgeon to delegates at a Student Junior Congress of Forensic Sciences. Discussions on Fire Investigation, Facial Reconstruction and Photography had been held.

About 150 delegates attended the opening session, instead of the 300 who had been expected. Few visitors from South America had arrived. The spouses programme had been cancelled because of lack of support. However, before the five-day Conference ended 270 people had registered and John De Haan was obviously pleased.

On Tuesday morning, 2nd November, the Congress was officially opened. A colour party of Californian Motor Cycle Policemen presented State and Union Flags. In his address, a member of the State Legislature announced that the increased mandatory sentence for the offence of rape had significantly reduced the incidence of the crime in California.

After lunch the Conference work began. The extensive programme at five separate venues included discussions under the headings of Anthropology, General Identification, Criminalistics, including Serology, Trace Evidence, Toxicology, Ballistics and Explosives, Odontology, Forensic Psychiatry and Psychology as well as Plenary Meetings. Room hopping was necessary and inevitably interesting talks and demonstrations were missed. Throughout the Conference exhibitors displayed technical wares.

Ivor Doney presented his paper on The Usefulness of Chiropodists (Podiatrists) Records in Mass Disaster Investigation and it was well received.

Hugh Davies, our Hon. Secretary appeared in time for the Tuesday night "Western" style dinner — corn on cob, large beef ribs and fried chicken.

Next morning Hugh described the Role of the Police Surgeon during the session on Homicide and Mass Homicide Investigation. Comments made to me afterwards suggested that the U.S.A. is yet another country where the establishment of an independent, non-political,

unelected Clinical Forensic Service would be welcomed.

The presentation of trace and fibre evidence, which led to the conviction of Wayne Williams (Atlanta murders), was explained. The "education" of the jury to the use of visual aids in arguments to justify conclusions were discussed. The topic of education of juries was to arise again in a paper at the N.A.M.E. Conference, in which methods of "arousing the emotions of the jury" by the use of selected video tapes using models to demonstrate, for example, abused-child injuries was discussed.

Forensic Anthropology

Anthropologists obviously have a prominent role in forensic investigation in the U.S.A., possibly because of the frequency of mass murder. The Forensic Anthropologist attends with police and Pathologists the scene of crime and often directs the exposure and collection and transport of skeleton remains. They assess the age, sex and identify the remains. Facial reconstruction and foot impression were also discussed. Professor J.M. Suchey of California State University told us that a good age estimate is vital to the analysis of unidentified bodies. The age determination of individuals from 15 to 35 years could be rapidly achieved by examining the medial clavicular epiphysis, the anterior iliac crest and the pubic bone. These bones could be removed at autopsy and examined on the spot.

In the Serology Section interesting papers on the use of P-30 anti serum in the analysis of semen were presented. P-30 antigen was described as semen specific, its use confirming the presence, qualitatively and quantitatively of semen in the absence of spermatozoa.

One of the highlights of the meeting was the Plenary Session entitled "International Terrorism". The financing and training of world-wide terrorists by Middle East organizations was described. Terrorist policy, strategies and propaganda, past and present, were discussed. In future terrorists would concentrate on attacks on communities through water,

electricity and gas and communication services, using chemical and biological agents and perhaps missiles and nuclear devices. Entire cities could be held to ransom by the threat of destruction of major urban centres.

The Italian experience was described. Left-wing terrorists were generally political ideologists and right-wings included many psychopaths in their ranks. The way the Northern Ireland Forensic Service had risen to the terrorist challenge was discussed, as well as international V.I.P. protection.

Counter terrorist activity information included a fascinating talk on The Role of Snipers. The tactical management of simultaneous shots by multiple snipers on multiple targets was described. The use of hypnosis, bio-feedback and analysis of bio-rhythms to relieve the boredom, fatigue and physical discomfort of snipers was mentioned.

Ballistic studies included the examination of substances transferred to bullets to evaluate conflicting witness evidence. The position of victims of a shooting could be established. Projectiles removed at a scene should not be washed.

On Thursday, 4th November, the section on Criminalistics was concerned with glass, hair and blood-spatter patterns. A shotgun shooting was reconstructed from blood stain evidence. The geometrical and physical components in determining the point of origin of the bloodshed and its importance in the

Association Delegates Hugh Davies, Ivor Doney and Bert Kean.



criminal investigation and prosecution were analysed.

Speakers from H.O.C.R.E. (the Home Office Central Research Establishment) presented their papers on "A Forensic Literature Retrieval System for the 1980's" and "The Home Office Forensic Science Service Computer-based Centralised Information System". The audience was obviously amazed at the scope and efficiency of the undertaking. Communication, certainly inter-State communication, appears to be a problem in the U.S.A. Forensic scientists and police not only have to cope with long distances but also the political vagaries and dogmas of individual administrators and the jealousy of State officials. The State Attorneys, Public Prosecutors and some Coroner/Medical Examiners are elected to office and many of these officials appear reluctant to exchange information. Political interests and expediency appear to cause more problems in the U.S.A. than the bureaucracy we sometimes suffer here.

Two speakers discussed the role of Forensic Psychiatrists and Psychologists in the assessment of people's reaction to trauma. Attempts to separate complaints attributable to the traumatic event from those due to the dynamics of "primary" and "secondary" gain (their words = ? compensationitis) were described.

Sex(?) in San Francisco

The Chief San Francisco Medical Examiner told us "the truth about the vagaries of San Francisco". He described some of the sexual practices indulged by the population. Gaining popularity was fisting — the projection of the lubricated hand and arm through the partner's anus. Ladies nights were arranged. Colourful names were given to groups practising this perversion. For example TAIL = Total Arm Immersion League. MAFIA = Mid-American Fist Immersion Association. I will leave the reader to expand on F.A.A.A. (no prizes). Anal footing is the latest perversion.

On the social side — We attended an hors d'oeuvres reception on Thursday evening and the closing reception on Friday night. Sacramento was an interest-

ing venue, with its beautiful new shopping centre, and a reconstructed old western town, complete with board walks, bars, emporia, railway halt and Wells Fargo Office. I did not get a chance to see the famous Railway Museum, which marks Sacramento as the western end of the transcontinental railway. Nor did we have time to visit the famous vineyards nearby. However, we did liberally sample their produce.

John De Haan had constructed a successful meeting which we enjoyed. We left the Conference and the Doney's to meet again in Newport Beach three days later. Hugh Davies had gone to rejoin his family in Las Vegas.

New Port, Los Angeles

The 1982 Meeting of the National Association of Medical Examiners was held at the Newport Inn, Newport Beach, Los Angeles, between 9th and 13th November. The hotel, which housed the Conference, stood in extensive gardens replete with three swimming pools, a jacuzzi, golf course and tennis club. The vegetation was sub-tropical but the Californian weather was unusual and disappointing. For the first three days there was heavy rain and high winds.

We were welcomed at a Buffet Supper on Tuesday evening and the meeting began the following morning. There was inevitably some duplication of papers with reference to the Sacramento meeting.

Lecture in the sunlight.



We heard a fascinating presentation on The Forensic and Engineering Interpretation of Injury. The basic principles of energy = $M \times V^2$, and pressure = force/Area were applied to injury, which was defined as tissue or bone failure. These equations were used to analyse the components of injury, e.g. tension, compression, shear, tension and shear, and compression and shear. Tissue response to these forces was analysed. Photographs illustrated falls onto different parts of the body from varying heights onto specified surfaces. Transducers were fixed inside models and embalmed pressurised subjects. From the data collected the force required to produce a particular injury could be predicted. From this work and data from other sources, including the motor vehicle manufacturers, tissue tolerances could be calculated. These could be used to support or refute evidence.

Suspicious Death

The application of these biomedical principles was illustrated in a case of suspicious death in the ocean. It was demonstrated that the skull injury and subarachnoid bleeding of an eight year old boy, who had been in a small boat, could not have been due to the gunwale of the boat striking his head during a capsize, as the defendant had claimed. The force of the impact required was calculated and the area of the boat, against which the boy's head had been violently struck before the capsize, was identified by detailed examination of the scalp bruise and the configuration of the boat. The speaker urged Forensic Scientists and doctors to read Bio-Engineering Publications, such as the Journal "Trauma".

A case of child abuse from the standpoint of the Bio-Medical Engineer was presented. A child's fall down the stairway to his death was reconstructed using a model with transducers in the skull. It was established that the fatal head injury must have been the result of a violent push. A video film of the experiments, using a clothed child model, was prepared to have maximal emotional impact on the jury. The jury were also

hand-picked, as the lawyers explained, to make sure the members were intelligent enough to understand the biomedical principles involved. It was difficult to imagine the defence able to muster the scientific resources to refute this evidence. Incidentally, I was told that expert witnesses can claim a fee of 1,500 dollars a day.

Homicides

The analysis of 5,700 cases of homicide in the City of Los Angeles between 1970 and 1979, population, 2,900,000, was presented. A complicated questionnaire was completed for each incident. In addition to information gained from pathological and biochemical studies, details sought included the relation of victim to suspect, scene and weapon, method of homicide, race of victim and suspect, ages, and motivation. The association of sexual assault, child abuse, robbery, alcohol, love or rejection and self-defence was noted. Almost 30% of homicide motivation was attributed to argument. Approximately 20% to robbery and 5% were sex related. These results must surely be an argument against the carriage of hand guns, although the majority of delegates I approached did not agree with this proposition.

The problems of media control and political influence were discussed. In the Tylenol poisoning cases premature and inaccurate disclosures by publicity-seeking officials, anxious to secure re-election, had caused "copy-cat" crimes. The protests of medical and forensic scientists were overridden. A panel, including a news broadcaster, press reporters and press officers, discussed the problem.

Earthquake Plans

Contingency plans for the next Californian earthquake were revealed at a Mass Disaster session. The State Geologist told us that there was a 50-50 chance of a disaster, similar in scale to the infamous 1906 San Francisco earthquake, taking place within the next 30 years. The vulnerability of fuel and water supplies, transport and communication

services, were described and the Medical Examiner's role discussed. No one apparently wishes to move away from California and the property prices are sky high.

On Friday afternoon Messrs. Doney and Kean presented papers on The Training of the Police Surgeon and The Administration of Child Abuse Investigations. Delegates commented on the value of an independent clinical forensic specialist. They also wished that they had access to a national At Risk Register, which could pass information about families across state boundaries.

The Conference Dinner, with entertainment from a group of Japanese Dancers took place on Friday night. Ivor Doney, with his usual facility, made a very humorous speech of thanks — and got great applause for entertainment value.

The last conference discussion on Saturday morning, 13th November,

was given over to "The Psychological Autopsy". This is a complicated analysis of the psycho-social factors involved in the homicide. Information is sought under the headings of victim identification, mode and details of death, personality and life-style and history of victim, to try to establish not only how but why he died.

We said goodbye to old friends, Bill Eckert, Tom Naguchi, Mervyn Aaronson and to the many new friends we made. We hope to see them all at future meetings.

We learnt a great deal for the sheer number of crimes in the U.S.A. provides masses of data for the forensic doctor to study. The cleanliness of the streets and the lack of vandalism (in the places we visited) contrasted with the fantastic crime, especially homicide, rate of California.

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COUNCIL REPRESENTATIVE



RICHARD MARSH

Midlands Representative

Having spent a short time teaching biology at Winchester College, Dick

qualified at Oxford University Medical School in 1972. He completed pre-registration house jobs, anaesthetics and general practice experience at Swindon, Wiltshire, before joining a group practice in Marlow, Bucks. There he was first involved in police work as a Deputy.

In 1979 he moved to Shrewsbury, Shropshire, where he became a single-handed G.P. and was appointed Police Surgeon.

Other medical interests include education and counselling, Hospice work and Homoeopathy.

General hobbies are photography, collecting old enamel signs and pictures and visiting old houses. He may be contacted at:—

Home: 26 London Road,
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LUITPOLD



Photo: Gerald Pudsey



Photographed on the Terrace of the House of Commons, left to right are Dr. Robin Moffat, Metropolitan and Group representative on Council, Professor Keith Simpson, C.B.E., guest of honour, Dr. David Jenkins, Chairman of the Metropolitan Group and A.P.S.G.B. Honorary Treasurer, and the Right Honourable Bernard Weatherill, M.P., Deputy Speaker. The occasion was a luncheon given in the House of Commons on 18th November, 1982 for the officers of the Metropolitan and City Group of the Association.

Research at St. Mary's Hospital, London, has shown that a rasping snore can be as loud as 69 decibels. (A pneumatic drill varies between 70-90 decibels).

Now let me see, who is the Forensic Lecturer there . . . ?

Patrick Auld was fined £50 for failing to report for jury service at Belfast Crown Court in February this year. However, the fine was later rescinded and computer error blamed. Patrick was 21 months old.

POLICE AND CRIMINAL EVIDENCE BILL

During recent months many column inches have been occupied in the medical press by expressions of anxiety and concern about the Police and Criminal Evidence Bill. All doctors would have been affected by the section concerning the seizure of confidential medical documents. In addition, Police Surgeons are concerned with those sections dealing with the taking of forensic samples and compulsory body searches.

In 1982 the Association received a consultative memorandum on which the Police and Criminal Evidence Bill was subsequently based. The Association's Council gave the consultative document much thought and, as a result of this, considerable written evidence was sent by the Association to the Home Office.

In addition, throughout the progress of the Bill the Association has been in close contact with the British Medical Association.

A significant victory has been won by the pressures exerted on the Government, principally by the British Medical Association, to withdraw the section on the seizure of confidential documents. We have yet to learn whether the sections dealing with compulsory body searches will remain on the Bill.

Whatever the final outcome of the deliberations in Parliament, Police Surgeons will continue to follow the same high standards as heretofore. Informed consent freely given must be obtained before any medical examination is undertaken or body samples obtained. If examinations are undertaken or samples obtained without true consent, then the Police Surgeon will lose all credibility as an impartial expert witness.

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BREATH TESTING

On Friday, 6th May, 1983, the new breath analysis machines will be put into use in Police Stations throughout the country.

Following prolonged trials, two machines have received Home Office approval. The Camic Breath Analyser is a British designed and manufactured instrument and employs the absorption of infra-red radiation to detect any alcohol or acetone in a subject's breath. If acetone is present a correction is performed automatically and the presence of acetone is not displayed.

The Lion Intoximeter 3000 is a United States designed instrument manufactured under licence, in the United Kingdom. It also uses infra-red absorption and measures both alcohol and acetone. Acetone is also detected by a semi-conductor sensor and the infra-red result is automatically corrected to show the alcohol level only. The presence of acetone is also displayed.

150 Camic Breath Analysers and over 600 Intoximeters, costing approximately £2,700 each, have been supplied to the police.

Both instruments follow the same operating sequence. An initial check of the machine is made with an independently certified external standard and an alcohol simulator. The simulator is a sealable glass jar with a heater and controller on a stirrer, bubbler and air

inlet and vapour outlet ports. Air passed through the standard solution in the simulator produces a vapour containing 35 micrograms of alcohol in 100 ml.

After the initial check with the standard solution, two tests are made on the driver and these are followed by a further calibration check with the external standard. Prosecution will follow if the lower of the two breath samples provided by the driver exceeds the permitted level of 35 micrograms per 100 ml of breath (equivalent to 80 mgs. of alcohol in 100 ml of blood).

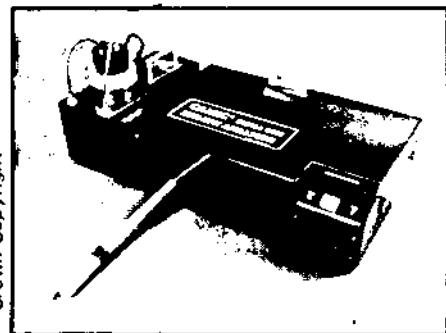
If the driver's breath sample is between 35 and 50 micrograms, the driver may opt to supply a sample of body fluid but whether it is blood or urine will, in future, be at the discretion of the police. Should blood be required, then a doctor will be needed to take the sample.

Police Surgeons will still be required to take a blood sample from patients in hospital and from drivers in Police Stations in the event of machine failure.

Concern has been expressed that dependence on the breath analysis machines will result in drivers, who are suffering from either illness or injury in addition to the effects of alcohol, not being recognised as requiring medical attention with potentially disastrous results.

The Association wishes to be informed of any cases which might arise where there has been delay in summoning a Police Surgeon to examine a drinking-driver in need of medical attention, in

The Intoximeter 3000.



Camic Breath Analyser.



NEWS AND VIEWS

particular where such delay has led to serious consequences.

B. A. J. Cohen, politie-arts
D. M. J. Clin, politie-arts

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Telefoon 01824 - 2535

R/

Datum,

*Barend Cohen appears to have
acquired a well qualified partner.*



TWICE A NIGHT?

A 30 year old building worker was arrested on a drink-driving charge in Oldham in October, 1982. A blood sample was taken and the result was 223 mgms. per ml. He was kept at Oldham Police Station until he was considered fit to drive home, following a negative breath test nearly four hours later, and he waited another 40 minutes at the Police Station before setting off.

As he drove through Huddersfield on his way home, he was arrested for driving on the wrong side of a dual carriageway and, although he had not had any further drink, another breath specimen proved positive. A second blood sample, taken in Huddersfield, showed a concentration of 115 mgms.

The Magistrates were satisfied that he had not had any further drink after he left Oldham and the vagaries of the breathalyser were blamed for inaccurate testing.

Although he pleaded guilty at Huddersfield to driving with excess alcohol in his blood, he was given an absolute discharge and not disqualified. At the time of writing, he was still due to appear at Oldham on the first drink-driving charge.

CONGRATULATIONS

Congratulations to Derbyshire Police Surgeon John Skinner, who was awarded the O.B.E. in the New Year's Honours List in recognition for his untiring work for disabled people.

John practices at Ilkeston, is Chairman of the Derbyshire Committee for the Employment of Disabled Persons and is also a part-time Lecturer in General Practice at Nottingham University Medical School.

He has for many years been a Police Surgeon for the Alfreton Division of Derbyshire, which covers Ilkeston, Long Eaton and a number of large villages between those towns and Derby.

He was one of the organisers of the successful 1981 Association Symposium, which was held in Derbyshire. He obtained the Diploma in Medical Jurisprudence in 1972 and was elected a Fellow of the Royal College of General Practice in 1981.

During a recent Symposium on Drug Abuse in Motherwell, Strathclyde, a Headmaster claimed that 60% of his pupils sniffed solvents. Another 10% had stopped sniffing solvents but were now drinking alcohol.

TAUNTON SYMPOSIUM

Last year the weather was damp and cold, this year the weather was equally wet but with the added attraction of gale-force winds. Notwithstanding the elements a slightly depleted congregation again gathered at Cannonsgrove Police Training School near Taunton during the middle of November. This was the third of the meetings organised and hosted by the Avon and Somerset Police for West Country Police Surgeons to discuss mutual interests as well as learn from more formal speakers.

The seminar was officially called to order by Mr. David Shattock, Assistant Chief Constable (Crime), who welcomed us all and expressed his hope that both Police Surgeons and police officers would benefit from the meeting. With Detective Chief Superintendent Alan Elliott in the Chair the meeting started with Dr. Hugh de la Haye Davies, who had again given up his valuable time to travel down to the West Country, giving us a fascinating resumé of the recent history of drug abuse and the state of the current drug scene. As always Hugh was able to alert us to the more important practical problems that we may encounter. In particular the possibility of an epileptic fit following sudden withdrawal of a regular supply of

barbiturates to an incarcerated suspect, and the ease and skill with which most drug addicts lie about their problem to try to "con" the unwary doctor.

Following this two of our local experts from the Regional Drug Squad D.C.I. Hawkins and D.S. Parr, gave an insight into how the Drug Squad works. Drawing on their long experience and several recent successfully concluded cases they showed us how much time and effort goes into catching the supplier "pushing" his wares. Endless patience and attention to detail is needed to pursue a case through to successful prosecution. We were amazed to see photographs of buyers collecting packages from secret places in a local beauty spot. We were warned how the easy availability and purity of heroin is now making this drug a major problem in the U.K. Cannabis, we were warned, may not be as "safe" as the Legalise Cannabis Campaign would have us believe. There is reason to suspect that it may lead to brain softening and can also cause what appears to be an acute psychotic state in people who have formerly taken LSD. The emergence of the new varieties of drugs such as Pemoline and the magic mushroom (also known as Liberty Cap) which contains the hallucinogen Psilocybin, was also explained to us.

A local barrister Mr. J. Royce, followed this with some helpful advice on how to



NEWS AND VIEWS

behave in the witness box and some advice on how to make our statements so completely and absolutely clear that attendance at Court may be avoided. How often are we encouraged by the Medical Defence Union to keep careful and accurate records? This advice was never more appropriate than when applied to a Police Surgeon's record of injuries, physical or sexual, received during an assault. Don't forget they may have to be produced in Court!

After a delightful cooked supper, politely called "high tea", we settled down to hear Hugh again letting us have the benefit of his many years as a Police Surgeon giving us advice on the occupational hazards of being a police officer. This was more by way of a general discussion and was particularly helpful to those of us who examine recruits and people on longterm sick leave. I think we should never underestimate our role as Police Surgeons in the field of preventive medicine. Do all your firearms inspectors regularly have their hearing tested and

their blood lead monitored? Are all the operational senior officers in your area physically fit enough to withstand riot situations?

A spirited discussion on the advisability of obtaining parental consent before taking the blood samples from juveniles rounded off the Saturday's official proceedings. Our deliberations were assisted and guided by our friendly legal expert from the prosecuting solicitor's office — Mr. Oliver Lovibond.

While we were taking stock of an interesting afternoon and evening's discussion our hosts swapped their policeman's helmet for a slightly less formal attire and made ready the bar and skittle alley. We all settled down for a relaxing evening, the genial atmosphere only interrupted by polite shouts of encouragement from the team leaders — "can't you do better than that!" and "you're supposed to hit them!" The day ended with coffee, sandwiches and tall story telling as midnight approach.

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NEWS AND VIEWS

soon helped us take our minds off the dreadful weather including gales that had given some of us a disturbed night's sleep.

This year we were delighted and privileged that our President Dr. J. Hilton had made the long journey from East Anglia to be with us. He gave us an excellent lecture on sexual abuse in children and those of us who were at the Annual Conference in Torquay will remember with what authority he speaks on this subject and how he stresses the importance of recognising the offenders before permanent damage is done to the child. Immediately following this Hugh Davies carried on where James left off with a discussion on non-accidental injuries in children. Once again the message is: be on your guard at all times. Always be inquisitive when the story does not quite fit the injury.

After coffee another of our local experts, David Reed, a forensic scientist from the Home Office laboratory at Chepstow, gave us the latest developments in forensic biology. This was mainly taken up with a blow by blow account of how the forensic trace evidence obtained from the victims eventually led to the suspicion that there was a rapist on the loose in the West Country in the late 1970's. We were shown how these pieces of evidence were eventually put together and led to the successful capture and conviction of the man who later became known as the M5 rapist.

After lunch, Dr. Fox, also from Chepstow, explained the Road Transport Act 1981 and gave us demonstrations of two new screening devices which will be used in the West Country to eventually replace the present "bow into the bag" alcatraz. A lively discussion with everybody taking part — policemen, lawyers and doctors — followed this as we all gave our own opinions of where the inevitable loopholes were most likely to occur in the procedure.

Mr. David Shattock wound up the proceedings and we all agreed that it had been both entertaining and informative.

Bearing in mind our reduced numbers I wondered whether we were perhaps

preaching to the converted and was reminded of some words from the platform at Torquay suggesting we perhaps needed to be more evangelistic in spreading the word to the unconverted.

As you all know, the autumn symposium takes place in Cardiff in 1983 and it was decided to postpone our next meeting at Cannons Grove until 1985.

ROGER PHILLIPS

BODY SKETCHES NOW AVAILABLE

See Page 36

SECTION 63

The Postgraduate Dean at Leeds gave considerable thought to the matter of Section 63 approval for the Scarborough Conference. He warned when he finally granted approval that there would be changes in the future which may affect Section 63 approval for future meetings. As the Scarborough meeting may be the last Conference with Section 63 — make the most of it and come and join us.

LESS THAN COMMODIOUS

The implementation of the latest Road Traffic Act has given Chief Constables throughout the country the problem of where to install the necessary equipment. Some ingenious solutions have been devised.

However, in one force area, where I from time to time visit two police stations (not Merseyside), the new machines have been placed in the Police Surgeon's Medical Rooms. Prior to the installation of the machines neither room could have been described as commodious. Indeed one has a floor area of less than 70 square feet and into this has been crammed couch, sink, table and cupboards. The machine and its cover has effectively eliminated all available working surface and there is space for only one person to sit. In addition, the constant noise from the machine is very distracting in the confined space.

What was once a room barely accept-

able for medico-legal purposes has been made virtually unuseable by the presence of the machine.

The Association would be very interested to hear of any other instances where the breath analysis machine has markedly reduced the facilities in Police Surgeon rooms.

Stop Press: Following a protest to the Chief Constable, the machine has been removed from the smaller room.

An Austrian youth, Andreas Mihavec, aged 18, holds the current record for survival without food or water.

He was detained in a local government holding cell on 1st April 1979 ... and totally forgotten by the police. After 18 days with neither food nor water he was discovered close to death. His only crime was having been a passenger in a crashed car!

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IDLE RUMOUR?

The Telegraph reported a rumour arising from the Thames Valley Police Area. The gossip is that a motorist suspected of a drink-driving offence was stopped and asked to blow into a breathalyser bag (are they still using them down there?)

At the same time, another incident a few yards away attracted the Officer's attention. Whilst they were so engaged the drinking-driver took advantage of their turned backs and drove off home. The Patrol Officers later found him fast asleep in his own bed and their patrol car in his garage.

Police press officers have been so far unable to confirm this incident but suggestions that the force were rehearsing a new television script haven't as yet been denied.

WORLD RECORD

Giovanni Vigliotto has established a new world record. In the last 33 years

he has married 105 women, using 52 aliases. Tracked down by one of his former wives, Vigliotto courted his 105th wife on a bicycle made for two with promises of a house full of servants. She married him in 8 days and he abandoned her two weeks later, taking her antiques, valuables and cash.

His lawyer claimed "this defendant is in love with life, with women and with marriage".

The comments of the 105 mothers-in-law are not recorded.

**You too can make a contribution
to the 1984**

Oxford Meeting — See page 66

FUKIEN: The former Chinese poet, Wot Tuf Luk, now an unemployed road and drain mender, has been publicly castigated by members of the Red Guard, for cursing Chairman Mao.

The castigation took place in the main square of a small Fukien market town where Wot was publicly proclaimed a Fukien nuisance.

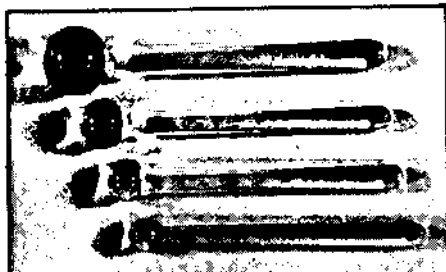
Awaiting the Police Surgeon, Shanghai Police Station 1904



RECEIVER'S OFFICE

There is in the London Metropolitan Police District a curious office known as "The Receiver's Office". I am not sure what the functions of this office are but I believe them to be mainly concerned with finance and non-administrative matters. Some clue as to the functions of the Receiver's Office may be gained from a study of the syllabus for the examination for Clerkship in the Receiver's Office, published in 1900, as follows:—

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and logarithms.



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THE FORENSIC SCIENCE SOCIETY

The Autumn Meeting and Annual General Meeting will be held in London at the Bonnington Hotel, Southampton Row, on the 4th and 5th November, 1983. The subject of the Autumn Meeting will be "Transport".

Further information may be obtained from Dr. P.H. Whitehead, Hon. Secretary, The Forensic Science Society, P.O. Box 41, Harrogate, North Yorkshire, England, HG1 1QL.

NO POLICE SURGEON

A 49-year old woman in Tulsa, Oklahoma, was arrested and jailed by the police for eight hours after she wrecked her car when she hit a tree.

The police thought she was under the influence of drugs but it later transpired that she had suffered a stroke. She was eventually admitted to hospital, where her condition was described as critical but improving.

*New York Times,
27th February, 1983*

Police Surgeons, as known in this country, do not exist in the United States.

Early Warning

"Fragrantly smelling men in jeans and boots and adorned with gold jewellery invariably have genital warts".

The Lancet

**Contributions for the
supplement
are
ALWAYS
welcome**

HUNTING PELLET

A new type of air-gun pellet is reported in the British Medical Journal (Vol. 286 1st January 1983). The pellet is mushroom shaped with a stalk. A polyethylene sleeve fits over the tail. This new pellet is designed for hunting purposes and is of "exceptional penetration".

If the polyethylene sleeve is still attached to the pellet when it strikes the body, it may then become separated. The sleeve is not radio-opaque, but the characteristic outline of the new type of pellet on x-ray should raise the suspicion of the sleeve lying in the tract of the missile.

Three men who stole 31 rainbow trout owned by a Mr. Herring were caught by police led by Chief Superintendent Pike, Basingstoke magistrates heard yesterday.

Dundee Courier

See you in Scarborough!!

**COME AND BRING
THE MISSIS WITH YOU.**



POLICE STRESS

AND HOW TO
COMBAT IT
DR. MORRIE VANE

In this concluding part of his address to the first Police Welfare Seminar held at Manly Police College in October 1981 Senior Police Medical Officer Dr. Morrie Vane continues to analyse police stress factors and their causes.

The seminar was attended by Welfare

Administrative Stresses

Many of the anxieties and worries police have however, are due to what can be grouped into "Administrative Stresses", rather than operational stresses, and police discuss these when they discuss their anxiety and depression with me. I will go over these with you because you, as welfare officers, may pass over these troubles because you are policemen yourselves and take these things for granted if they do not worry you, whereas when a person is depressed all these administrative troubles become magnified to him.

I will put these into two groups:—

Group A

- Discipline
- Shiftwork
- Uniform
- Identity
- Medical Boarding
- Country/Metropolitan Transfers
- Restricted Duty
- "Frustration"

In talking about these things, I realise you will all have different problems and different approaches because you represent different Police Forces, but I think the idea is for us all to exchange knowledge on what happens in the Force to which we are attached.

Discipline — let me mention it first in this group. A lot of police complain about discipline and this occurs because the three aspects of discipline are confused

Officers of all the State Police Forces, Australian Federal Police and representatives from New Zealand and New Guinea Police Forces.

This article is reproduced by kind permission of the Editor of the New South Wales Police News.

right from the start in the minds of many police.

These three aspects are: First, discipline is the means of obtaining respect and obedience to get the job done in the proper way.

The next type of discipline is that which helps the police to get the job done when the going gets rugged. The disciplined organisation will still get the job done. This applies in the police, in the army and in any big organisation. For example, the well disciplined police can better withstand personal or joint criticism by the media without it affecting morale. You can think of other examples.

Punishment

Thirdly, there is discipline which is concerned with the punishment. The trouble is that this third aspect of discipline gets the first two mixed up and all suffer. I will not say much on the effects of punishment on a police officer who has been departmentally charged but I do want to reach you on one point. It is this, I believe you have got to be brave enough to extend your help through welfare to the policeman who is in departmental trouble, just as much as you do to the policeman who is not. Do you realise what I mean? Recently I needed an unmarked car, preferably a welfare car, to bring in to see me a policeman who was under a cloud. I had a talk with the Police Welfare Officer over the question of whether welfare could cover such a job.

Unfortunately, however, the man was brought in in a marked car, thinking he was being forced under escort to see me. This was the last thing I wanted. This was the first such case and I appreciate your welfare views and I only mention it to point out how this job of yours in welfare needs courage and compassionate thinking and to help you realise that a policeman in trouble is still a policeman and you must be brave enough to help him, even though you may be criticised for doing so.

Next, regarding "uniform" and "identity". These really go together. Please remember that when I comment on these things I am not talking about the bulk of police. These people are really proud to be police, but there are some who are locked up into a "uniform and identity" sort of worry, where they really hate people always identifying them as police. Often these police are young ones who are unsure of their careers.

For example, one policeman told me that at a party he really hates someone coming up and saying "Oh, you are a policeman!" just as though it was a despicable thing to be. If you meet these fellows, I think the best advice would be to encourage them to be proud of the police and overcome their feelings that way, either that or, if they really do not want a police career, then to leave it.

Medical Boards

I will mention Medical Boards or retirements. These are two matters which really upset me when I hear of them and they upset police too. One of these is when I hear of someone being told, "Oh, the P.M.O. will board you out!" just as though that was a threat. The other thing which really upsets me, because, honestly, I am sincerely devoted to the New South Wales Police, is when I hear on the media or when I hear of police even among themselves saying that I will board men out against their will because the Department wants to get rid of them. This is just not true, and it is quite wrong for the media to allege this and it does tremen-

dous damage to police morale when it is said.

There is another aspect to Boards too. It is that I do not actually board police out at all. I present them to appear before the Board and, in fact, in order to be boarded out, a policeman would need the opinion of his own doctor and his own specialist and their written reports recommending it. Then the papers go to the Chairman of the Medical Board who has to agree to convene the Board and then there has to be the opinions of the two doctors on the Board who examine the members and make the final decision.

And it is only after all those people agree, quite apart from my recommendation, that the member is boarded out. Yet the media tries to make the public and the police believe that men can be boarded out by some means of collusion or something between all these people and the Commissioner.

Transfers

Let me move on to worry over Country/City transfers. This is a big subject and you will have to help men with housing and schooling adjustments and in supporting them during the strain of change. I have received letters from doctors saying that if a certain member is transferred, I will be responsible for his subsequent anxiety. I fully sympathise with such a member but I have no grounds, or only on some rare occasion to try and step in, in such a matter; you as welfare people do have a role and your role is welfare to the men and support to the Force so that the job gets done and you will face difficult problems in this area.

One of the big problems with transfers is the financial troubles which such a transfer involves in connection with the housing of the policeman and his family, e.g., if he moves from a country area to a city area after a transfer which is made in the interests of the Service, he may be up for the problem of selling his house in the country and buying a house on the outskirts of Sydney, probably a long way from where he actually works, in contrast

to where he had a house in a country town close to where he worked. Additionally, the house in Sydney would be many, many thousands of dollars more expensive than the one he had in the country, and if he's an older policeman his number of years of earnings are less than they would be if he was younger and this comes into consideration if he has to arrange a large mortgage in buying his new home.

Also in regard to transfers there is no doubt in my mind that many men join the Police Force from the country area and they are really country men and they are not suited to city life and they are not happy in it, but again, that is a matter for selection rather than a medical matter, but it has welfare connotations.

Worry

Restricted duty or selected duty, causes worries because some police on permanent restricted duties will miss out on promotions and hence on increased earnings. They worry that other police will call them malingerers and also they may find the actual work notes as fulfilling as full duties. They worry over being boarded out.

There is another worry of which you should be aware. If a policeman is on permanent restricted duty, and where he lives there is someone getting molested or assaulted, etc., then the neighbours still think of him as a policeman and will call on him at his home to help quell the assault and such police dread this happening if they are not well.

Next, "**frustration**". It is hard to put into words what I mean by this. In a way I could say it is the sense, which some police have of the really enormous job which police have to do, have to cope with etc., whilst knowing how hard it is to achieve positive satisfaction in some work which may only be a small part of the total picture. Take a Highway Patrol Officer who chases and catches a traffic offender, he knows he is doing his job. He knows also how the public at large dislike police who enforce traffic infringements and yet he also knows what

happens when an offender goes to court and, for example, in a "culpable driving" matter, how this evidence will be contested by the defence counsel. This is only a small example, but the whole effort can be frustrating. So it goes right through many phases of police work.

Let us look at **Group B** — more administrative stress. These include:—

- **The Stages of a Police Career**
- **Salary tied to Rank**
- **General Duties or C.I.B. or Specialist**
- **Training Standards**
- **Location of home contrasted with place of work**
- **Travel time to work and to home**
- **Personality of the Police Officer**
- **Personality clashes with Seniors**

Look at the stages of police career. Today there is a sense of hurry; a reluctance to go through the years of slogging before proceeding to higher rank, higher responsibility and higher salary. It is more than just this. I think you may agree that the stages of the police career are faced with increasing degrees of maturity by police. That is the police get older and wiser as the stages of their career develop. Hence the trials and tribulations of the officer with only three years service is laughed at by the veteran with ten or twenty years service.

Also, there is the worry (as the first stage is passed by, i.e. out of the Probationary year) whether this is really the right career for the person. A lot of police resign, as you know, and there are others who stay in who may not be suited to police work and who later break down and are boarded out, whereas it may have been wiser for them to resign and seek a career more suited to the person.

But by "stages" I also have in mind that as he progresses, the officer finds that he has to be the one who gives the orders instead of always being the one who obeys. There is, especially in the more senior stages, very great administrative strain in knowing one has to give orders to get the job done and to achieve that goal, some police may have to feel unjustly treated even though they know the job has got to be done. There is

considerable scope for welfare people in this area.

Salary and rank. Many police want to earn more, or it seems that way. What I mean, so far as stress and worry go, is that if a person has large money worries, paying off a home, or buying a car or furniture, then he has to learn to "cut his coat according to the cloth". This salary problem is again a big one which involves welfare and the excessive hours worked in overtime can affect health and home, it has a medical side too.

General Duties or C.I.B. Etc. One of the worries of a policeman if in some specialist group, or in plainclothes or is a detective, and things do not go right for him, he may have to revert to uniform duty so there is stress here again. However, what I really had in mind is that by personality, some police are more suited for general duties than for other duties and vice-versa, but this is bound up with their selection and is not a medical matter.

Training Standards. The point here is the need for police to constantly continue training. That they know a police career requires continual learning and interest. Again, not a medical matter but it may involve you.

Location of Home and Place of Work. You may realise, I am sure, the continual worries of which police complain. That they want a transfer nearer to home. I get (from time to time) letters from doctors which indicate I should intervene and secure postings closest to the policeman's home on health grounds, there being reasons against long travel, either due to the effect of travel or old spinal injuries or on nervous complaints. I include these here because it is a matter which presents periodically. On these worries, my approach to the police is that if they have a problem, can they approach you, the welfare people?

Travel time to and from work. This is really part of my last point. However, I wonder are you interested in the building of groups of flats or units for police in areas near large police stations? Does police housing and location come into your welfare role? If so, how much have

you studied it?

Next, the **personality** of the police officer. This does concern me, for in recent years, there has been a number of cases of unsuitable personality for police work and I wonder do you have a role, if you meet these men, to advise the officers responsible for recruiting on whether the screening is sufficient? What I am saying really is, how wide are your guidelines? Will you be involved as welfare officers in advising on alternative careers for someone who knows he is not suited for the job, yet, if he leaves it, is disadvantaged financially and instead, may, perhaps unwisely, elect to continue serving.

Before I leave this section, I should mention I have omitted the strain and stress of two big parts of police work – that is, the strain of arresting offenders and the strain of giving evidence in Court, where sometimes the defence counsel tries to make the policeman feel he is on trial himself.

Vehicles of Stress Reduction/Recovery

What can we do about stress in police work? I am not going to discuss things of which you are already aware, such as relaxation cassettes for stress, group "talk-it-out" techniques, etc. There is ample literature currently available on these subjects.

I am now going to discuss how some can cope and others cannot, or how some cope part of the time and breakdown under a slightly heavier load.

In doing so, I will list what I see as the "vehicles" of stress reduction/recovery.

AGGRO
MACHO
COMRADESHIP
ALCOHOL
TRANQUILLIZERS
TOBACCO
BEHAVIOURAL CHANGES
WIFE, HUSBAND, GIRLFRIEND OR
LOVER – CELIBACY – SEX
FAILURE & BREAKDOWN

Let us take the first of these subjects of "vehicles" I have called them and I want you all to realise I'm not saying that these are the way that stress should be solved. I'm just saying that these are some of the things I find happen when police are under stress, this is what happens to them, so I want you to definitely bear in mind while I am talking that I'm not discussing the vehicles of stress reduction that someone who is skilled in this subject would recommend to you. I'm giving you down to earth material on what happens to men and women under stress and how it is reduced or how they cope with its reduction. I've already mentioned relaxation techniques and other matters that you can read about elsewhere.

So, let's look at some of the things that I have noticed. I have started off the list with the word AGGRO. What do I mean by this? I mean a personality change which occurs in the police officer through short or prolonged stress, he changes, he becomes a different person to the young man or woman he or she was before joining the Police Force. He may develop an aggro personality.

Aggro Personality

What is an aggro personality? I mentioned earlier in this talk how the public thinks of some police as aggro bastards. So, I won't elaborate on that but you know yourselves that personality type, it's very insidious the way personality changes, and some of these policemen become quite arrogant and domineering and they cannot divorce themselves of the feelings when they go home so they become very difficult people for their wives and family to live with and again this has to be looked at by you as welfare officers and by me as a welfare matter.

Next, there is another personality change. You have the person — a young policeman — he changes from being the immature 19 year old fellow who left High School. He may become a Macho in his personality. Again earlier in this talk I discussed what I meant by this Macho personality change. The thing is

that the policeman doesn't realise this is happening to him. It becomes his subconscious way of coping with the stresses and strains he has to handle. It becomes his way of effecting arrests. It becomes his way of dealing with rude, spiteful, nasty, dangerous offenders. It becomes his way of dealing with the criticism which the media and the public launch upon police in general. This is one of the costs which the difference between public and police, that is apparently cultivated in our society, causes.

Comradeship

But, there is a very great blessing, and I use that word with heartfelt thanks, which occurs and this is the development of comradeship amongst police. This comradeship you all know. It of itself enables police to carry on. It is this thread of knowing that if you're in trouble another policeman will help you and he will help you above all else and this comradeship extends right across the State and as you know also it extends from one Police Force into another Police Force throughout Australia and the South Pacific and indeed it extends right across the world as police who travel abroad through the I.P.A. well know. I do think this matter of comradeship is one of the greatest protections the police have against the burden which stress places upon them.

But then some police although they may undergo these personality changes, may not be able to utilise this comradeship or this personality change; instead they may turn, too easily in some instances, to the use of excess alcohol, the taking of tranquillizer tablets which are prescribed by their own doctor and of course many police will smoke tobacco.

Let me for a minute just go over this group. Alcohol. I do not intend to discuss the question of alcoholic problems here except to say this, that throughout the history of mankind, man has turned to some form of alcohol to help him meet the stress and the battle of life and this goes right back through the centuries, right back to the time of Julius Caesar.

Police at the end of the day can be so fed up to the teeth with crime, with criminals, with offenders, with the reaction of the public towards police, which in itself is part of modern society, or so it seems, these police — many of them — turn to alcohol and alcoholic drinks at the end of the day.

There is a tendency for them to drink in groups or singly. In groups it is often an all male group where the talk is purely and simply police work and the stresses associated with it. I am not going to deal with the problem of alcohol, I'm just going to say that it is there, it is there because there is police stress and it has to be faced and this is a readily available method which our society presents to people in stress for them to turn to. Remember it is not only police who turn to alcohol, you have it right through our society here in New South Wales and Australia, right through society in the whole of the world.

Tranquillizers

Next, tranquillizer drugs. It is true that many police, like in many other industries, have to endure the battles of each day and many of them suffer stress and strain from it without actually going off duty and on to sick report. They go to their own doctor, their blood pressure has risen, they have nervous tension. Their doctor prescribes, quite ethically, some tranquillizing drug which helps them carry on, which helps them put up with, and face all the things I have mentioned earlier about alcohol; particularly the never ending battle of the public versus the police.

How wonderful the police are when they help a particular member of the public who is in danger or distress. But, how terrible and dreadful the police are held to be in many cases on the media or in the press. If it is a policeman who does something wrong, it reaches headlines in the paper, his occupation is highlighted. If some other member of the public, the matter is often of no importance whatever.

No wonder doctors receive police as patients with signs of stress and no

wonder they have to prescribe for them just as they do for millions of other Australians, tranquillizing drugs of some sort. I mention this because it is a vehicle of stress reduction, not only for police but for the Australian society.

Tobacco smoking. Smoking tobacco, we know, quite definitely is a factor in a number of diseases. It is a factor in coronary heart disease. It is a factor in cancer of the lung. It is a factor in disease of the blood vessels of the legs. Just as we look upon a number of other factors as being involved in coronary heart disease, such as high blood cholesterol, the stress itself, so a very important factor in coronary heart disease is tobacco smoking. In a similar way, peripheral vascular disease of the legs — that means narrowing or blockage of the blood vessels in the legs, is also apparently related to the same factors.

In these illnesses, of course, there is the personality factor, the so called Type A, so, I don't highlight these illnesses just to refer to tobacco smoking. My point in discussing tobacco smoking is to say that smoking tobacco is a means which society has used for generations as a means of coping with strain and stress in life and in work. I'll refer just to an anecdote relating to soldiers in battle. When there is a lull in battle, to stop for a smoke has helped many a soldier to carry on and face death and the end of everything. So, we have the fact that smoking, whilst not being by any means good for one's physical health, is there as a vehicle of the reduction of stress or as a means of coping with stress.

After talking about smoking tobacco, I want to say a few words about smoking cannabis. I am going to mention it because I feel I should mention it here and that it would be silly not to do so. Smoking cannabis is widely spread in the community of New South Wales. It is not surprising that it is widespread because the stuff grows wherever you seem to look for it, it grows in different parts of New South Wales just wild, I think birds pick seeds and carry the seeds and drop them and the stuff just grows. Our climate and our soil just seem to be ideal for

growing it. I can't imagine for example, widespread cannabis farms in cold countries because the stuff just won't grow there but it grows very quickly here and so we have this problem of cannabis.

I mention it in regard to police for this reason — that police come in daily contact with offenders who have cannabis in their possession and offenders who are dealing in the cannabis trade. The subject of cannabis is well taught in the Police Manual and I am not going over that side of it here. What I want to say is that I am sure that police resist the temptation very well indeed, to smoke cannabis, which the community in Sydney and New South Wales faces and to which it gives in to. Otherwise how would cannabis smoking be so widely spread. This temptation to use cannabis to which I refer is there because like many other temptations that police have to face, such as bribes and so on, cannabis itself is an added stress to face.

I think that the fact that there is no evidence whatever that cannabis smoking is to any degree a problem in New South Wales Police Force is a matter of pride that the Police Force as a whole is able to handle offenders who deal and traffic in cannabis and yet are able to resist it. You all know the story of how widely spread cannabis use was in the American Forces in Vietnam. That's all I am going to say about cannabis but it is there, it's an added stress to police who continually deal with this problem and yet must remain personally not involved in its use.

Behavioural Changes

At the beginning of this section of my talk I mentioned how the aggro personality change occurred, how the macho personality change occurs. I want to just stress how a change does occur in police due to the strain of police work and there is no doubt this change is there. It begins not long after the commencement of the probationary year of training and it is shown initially as a hardening of the spirit. Have you heard that expression before, the hardening of the spirit?

I used to talk to Probationary Constables in a lecture, a very short one, on development of hardening of the spirit. It is the change in the person that enables him to cope with the offensive, the disgusting, the terrifying, the dangerous, and the hurtful parts of our social life. That sounds drastic doesn't it, but if you look around you will see this change in police, they just have to be able to cope with these things, they can't put up their hands in disgust or horror or fear and turn away from all these things. They have got to go in and do the job. Hence, there is an insidious change but a definite one in personality. They say "you can always pick a cop". What do they really mean, they can see, or sense? They can sense that behavioural change that enables the police officer to do his duty. That's the behavioural change which, itself, is the result of stresses.

Sexual Relationship

The next heading on the list, I showed you is the line which reads "wife, husband, girlfriend, celibacy and sex". I am not going to go deeply into the relationship between the ability to withstand stress and the presence or absence of sexual satisfaction or sexual frustration. All I want to do is to indicate that there are some grounds for believing that there is a relationship but it is more than just a relationship between the question of sex and the ability to withstand stress.

This is because inherent in the question of wife and husband etc., is the fact that the married man or woman will be more likely to have a happy home base from which he or she will go to begin in their day's work. That is to say they will be more likely to have a home. This means they will have a place where they can get adequate rest. A place where they can have a proper diet, their food is often far better than the food which a single person will buy and cook for themselves. Any of you who have lived in a single man's quarters will well know what I am talking about. Also, in regard to the wife, husband, girlfriend and so on, I want you to remember as welfare officers that there

is a reverse picture to this. The reverse picture is the one where the effect of stress is to make the man — the police officer — go home and take out his anger or his arrogance upon his wife and family. So there are two sides of what I have been trying to get across to you.

Celibacy

Then there is the question of celibacy. I could give a whole lecture on the subject of celibacy and I am not going to do so. I only want to bring it into the stress situation and it is that to some men or women celibacy may be an admirable state of affairs but to others it is not so, in other words a normal sexual life is probably related to the ability to withstand the stress and strain of work no matter what one's work is or what one does. However, there is some evidence, I think you'll agree with this, that one can't just fall in love with somebody and get married and not be celibate just because one wants to.

There is some evidence, I think at least, you may have a different view, and that is that to the policeman he may not have the entrance to a number of groups in society where he might meet someone whom he could fall in love with and marry or if it was a policeman who she could fall in love with and marry because in some groups in society there may be a rejection of the man because he is a policeman or of the woman because she is a policewoman. So that this may be a factor in a number of police marriages which break down. This is a very difficult subject and it is bound up with sex in general of course but I am worried that there is a definite pattern of breakdown in marriage amongst married police and of disharmony in the home associated with shift work, or associated with transfers from the metropolitan area to the country and vice versa. I won't say more about that because it's too big a subject but I want you to remember that it has got a welfare aspect and you welfare officers really have got to get into the task before you and learn in a proper manner and dignified manner too, all manner of subjects which involve the

welfare of police.

At the end of my list are the words failure and breakdown. I do not intend to put forward to you that failure and breakdown of a person is a vehicle of stress reduction. But in a way it is because the person has to endure and if they don't satisfactorily endure then they will breakdown and they will fail to carry on. That's where it is in the natural sequence of stress reduction by the body's natural processes. I don't indicate that it is a desired way.

Before I close, I will remind you that I haven't really offered you the solutions to stress at all, my purpose has really been to give you my thoughts on those police who come to me on sick parade or some of them too who are still on duty but have problems they want to talk over with me.

At the very beginning of this talk, I pointed out to you that the real purpose of us being here today and talking about stress was to demonstrate that we have communication between you as the welfare officers and myself representing the medical side of the picture. I hope that communication will develop.

RECORD BLOOD ALCOHOL LEVEL

A 24-year old Los Angeles woman has survived setting a new record for blood-alcohol concentration. She was admitted to hospital with abdominal pain, nausea, vomiting and diarrhoea. She had during the previous 6-9 months been drinking a bottle of liquor a day.

Clinical examination was unremarkable, apart from slight abdominal tenderness, but her serum alcohol level was 1510 mg/dl.

She was treated with intravenous fluids, electrolyte replacement, librium and intensive care monitoring. She made a rapid recovery and was discharged after two days.

A blood-alcohol level of 400-500 mg/dl is usually regarded as fatal, although concentrations as low as 260 mg/dl have proved lethal.

(Lancet, 18th December, 1982)

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

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

4th-5th November, 1983

Forensic Science Society Autumn
Meeting and Annual General Meeting.
Subject "Transport".
Bonnington Hotel,
Southampton Row, London.
Further details from:
Hon. Secretary,
Forensic Science Society,
P.O. Box 41, Harrogate,
North Yorkshire, HG1 1QL.

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 66.
President: Professor Stuart Kind.

INTERNATIONAL MEETINGS

28th-31st August, 1983

Second World Congress on Prison
Health Care, Ottawa, Canada.
Further details from:
Mona Ricks, Medical Services Branch,
The Correctional Service of Canada,
Ottawa, Canada, K1A 0P9.

18th-22nd September, 1983

First Asian Pacific Congress on Legal
Medicine and Forensic Sciences.
Venue: Singapore. This meeting will
be of interest to Forensic Pathologists,
Police Surgeons, Lawyers, Forensic

Scientists and Police Agencies.

The theme of the Congress will be
"Recent Advances", the working
language will be English. The British
representative of the Congress
organisers is Professor A.K. Mant,
London. See Page 68.

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. See Page 70.

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 70.

18th-25th September, 1984

Conference of the International
Association of Forensic Sciences,
Oxford, England. See Page 66.
President: Professor Stuart Kind.

MEDICO-LEGAL SOCIETIES

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

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

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.

THE MEDICO-LEGAL SOCIETY

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.

BRISTOL MEDICO-LEGAL SOCIETY

Thursday, 19th May, 1983
Members' Papers

Friday, 2nd July, 1983
Summer Social Gathering

Thursday, 15th September, 1983
"Don't Die Abroad".
Dr. Michael Gee.

Thursday, 17th November, 1983
"Dialect and Voice Identification".
Mr. Stanley Ellis.

Thursday, 19th January, 1984
"The Turin Shroud".
Professor J.M. Cameron.

Thursday, 15th March, 1984
"Drug Abuse in Childhood".
Dr. Martin Gay.

Thursday, 17th May, 1984
Members Papers.

The meetings will be held in the School of Nursing at the Bristol Royal 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, Windcombe,
Avon, BS25 1NN.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

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.

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

MEDICO-LEGAL SOCIETIES

THE FORENSIC MEDICINE SOCIETY

- Friday, 13th May, 1983**
"Women and Violence".
Dr. David Berry.
- Friday, 10th June, 1983**
"Injury patterns in Road Traffic Accidents".
Dr. Kevin Lee.
- Friday, 8th July, 1983**
"Tattoos".
Dr. Stephen Cordner.
- August 1983** — No Meeting.
- Friday, 9th September, 1983**
"Personal Injuries in Barristers".
Mr. Rhodri Price Lewis.
- Friday, 14th October, 1983**
"Virological problems of forensic importance".
Professor J.E. Banatvala.
- Friday, 11th November, 1983**
"An Occupational Health Physician's view of some environmental health hazards".
Dr. C.C.G. Rawl, Senior Medical Officer (Ground and Safety Services), British Airways Medical Service.

December 1983 — To be announced

All the lectures will be held at 4.30 p.m. in the Nevin Lecture Theatre of St. Thomas's Hospital (entrance via the Accident and Emergency Department), St. Thomas's Hospital, Lambeth Palace Road, London, SE1 7EH.

* N.B. that this lecture will take place in the McSwiney Lecture Theatre of St. Thomas's Hospital, which is situated in Block 9 (entrance via the Accident and Emergency Department).

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

- 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.

BRITISH ACADEMY OF FORENSIC SCIENCE

- Monday, 23rd May, 1983**
Presidential Address and Annual Dinner to be held in the Ballroom Suite, Dorchester Hotel, London.
6.30 p.m. Presidential Address — "Future Trends in Forensic Science" —
Dr. Ronald F. Coleman.
7.45 p.m. for 8.15 p.m. Annual Dinner.
- Tuesday, 5th July, 1983**
Summer Friends' Dinner at The Law Society, London, at 7.00 p.m. for 7.30 p.m. After-Dinner Discussion will be "The Dingo Baby Case" —
Mr. Ian Barker, Q.C., Sydney, Australia.
- Wednesday, 15th June, 1983**
Annual Scientific Meeting and Annual Scientific Meeting of the Academy, the Bearsted Lecture Theatre, the London Hospital Medical College, commencing at 9.15 a.m. and continuing (with a break for lunch) until 4.00 p.m.
Annual General Meeting at 4.30 p.m.
- Friday, 18th November, 1983**
Winter Friends' Dinner at The Law Society, London, at 7.00 p.m. for 7.30 p.m.
Title of After-Dinner Discussion to be announced.

Further details from:—

The Secretary General,
Professor J. Malcolm Cameron,
Department of Forensic Science,
The London Hospital Medical College,
Turner Street, London, E1 2AD.

MERSEYSIDE MEDICO-LEGAL SOCIETY

- 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.

A girl, who let it be known that she had recently been fitted with a coil, took exception when her friends started calling her Zeberdee.



OXFORD 1984



Reports in this issue of the Supplement emphasise the increasing role that members of the Association are playing in international conferences. This role will continue to expand.

The tenth meeting of the International Association of Forensic Sciences will be held in Oxford from 18th to 25th September, 1984. This meeting will be the most important meeting that the Association and its members have been involved in to date.

Because of the major role that the Association will be playing in this meeting, there will be no Autumn Symposium in 1984.

The Tenth I.A.F.S. meeting in Oxford offers a major opportunity for members to present papers at an international meeting. It is expected that the Association and its members will make a major contribution to the Clinical Forensic Medicine Section of the Conference.

The Chairman of the Clinical Forensic Medicine Section is Dr. Peter Bush, Secretary of the Australasian and Pacific Areas Police Medical Officers, and the Secretary is Dr. Myles Clarke of the Association of Police Surgeons of Great Britain.

Each paper will be allocated 20 minutes and this timing will be rigidly enforced. This is necessary so that a delegate may change from session to session at a pre-determined time if he or she so wishes. Initial referring of the papers will be carried out by the Section Chairman and Secretary.

Abstracts for the 1984 meeting will be published in a special issue of the Journal of the Forensic Science Society. The standard form of abstract script will be:

NAME (Block capital) and
TITLE (Mr., Dr., Prof., etc.)
Full address (in capitals and lower case)
Title of the Paper (in capitals and
lower case underlined)

Thereafter the author's abstract should be typed in lower case with capitals where required. The total of the headings and of the abstract text itself must be no more than 250 words.

The topics which will be included in the Clinical Forensic Medicine Section are wide-ranging (see below). Association members will be expected to make considerable efforts not only in supporting this important Conference as delegates but in making worthwhile contributions to the Clinical Forensic Medicine Section.

If you are thinking of attending this meeting and giving a paper, drop a note to Dr. Myles Clarke, as this will help in planning the Clinical Forensic Medicine Section.

Subjects for inclusion in the Clinical Forensic Medicine Society of I.A.F.S. Meeting (Other topics may be considered)

Examination of Police — recruits; retirement; medical discharge. Occupational Health, Stress. Specialised category medicals — Heavy goods vehicles. Firearms Units, Underwater Units. Exposure to Hazards.

The Forensic Clinician - Training. Examination Room. Equipment. Specialised Facilities (sexual assault referral centres).

Examination of the Living. Ethics. Consent. Fitness of Subject (for custody, trial, interview). Mental illness and subnormality. Special examinations. Identification. Photography. Documentation and Records. Collection of Forensic Evidence.

The Forensic Clinician and Unexpected Death.

Assaults, Wounds and their interpretation in the living. Classification and recording of wounds. Misleading wounds. Injuries due to gunshot and explosion. Thermal and Radiation wounds. Alleged assault by the police.

Sexual Assaults. Examination of victim and offender. Hetero- and homosexual assaults. Sexual assaults on children. Indecent exposure. Incest. Sexual assault and sexually transmitted disease. After care of the sexual assault victim. Offences connected with pregnancy.

Violence within the family. Non-accidental injury in children. Non-accidental injury in adults (battered wives, battered grandparents).

Alcohol and drugs. Interpretation of blood levels. Effect of drugs on behaviour and performance. The intoxicated driver. Police custody and the alcohol and drug abuser. Inhalation of solvents.

The Forensic Clinician and the presentation of evidence in court.



Registration for the Congress should be sent to - The Secretariat, 10th I.A.F.S. Meeting, Clarke House, 18 Mount Parade, Harrogate, England, HG1 1BX.

Abstracts for the Clinical Forensic Medicine Section should be sent to - Dr. M. Clarke, Secretary, Clinical Forensic Medicine Section, Vine House, Huyton Church Road, Huyton, Near Liverpool, L36 5SJ, Merseyside, England.

THE FORENSIC MEDICINE SOCIETY AND THE D.M.J.

Have you glanced through the past programmes of The Forensic Medicine Society? 1982 saw talks on "Recent Trends in Poisoning", "Medical Hazards of Flying", "Problems on Death Certification", "Blood Grouping" and "Inhalent Abuse". All topical subjects and all vital subject matter for the Diploma in Medical Jurisprudence.

The Forensic Medicine Society provides a first class opportunity for candidates for the D.M.J., not only to attend meetings on subjects which could well feature in the examination papers, but

also a chance to meet and talk regularly with those on the forensic scene. Much can be gained by discussion and thinking with forensically orientated colleagues. The ability to think along forensic lines is clearly perceptible to the examiners!

Further information may be obtained from the Hon. Secretary, Dr. Kevin Leigh, Department of Forensic Medicine, London Hospital Medical College, Turner Street, London, E1 2AB.

The 1983 programme for the Society appears on page 65.



Singapore: Dragon Dance.

FIRST ASIAN/PACIFIC CONGRESS ON LEGAL MEDICINE & FORENSIC SCIENCES

Considerable interest has been shown in the United Kingdom in this Conference and a number of Police Surgeons, Forensic Pathologists and Forensic Scientists are already making arrangements to travel to Singapore in September.

The Conference will open in the Mandarin Hotel, Orchard Road, Singapore on Sunday, 18th September, with an Opening Ceremony followed by a Buffet Dinner and Show at the hotel.

The academic programme starts at 8.30 a.m. on Monday, 19th September, and will consist of four plenary lectures, nine symposia, 24 free communication sessions and six poster sessions. Subjects will include Terrorism, Geographical Problems in Sex Crimes, Timing of Wounds, Problems in Forensic Sciences, Arson and Bombings, Mass Disaster Investigations, Forensic Odontology, the Medico-Legal Investigation of Deaths,

The Expert Witness, Drugs and Alcohol, and Geographical Problems in Drug Abuse.

Among those taking active part in the Conference will be Professor T.K. Marshall, Dr. Ivor Doney, Dr. Bill Eckert, Professor Keith Mant, Dr. Thomas Noguchi, Professor Stuart Kind and, of course, Professor Chao of Singapore.

Social activities will include a Cultural Night specially organised to give all delegates an insight into the cultural background of Singapore. A full social programme is also planned for accompanying persons, including local tours. The Banquet on the evening of Wednesday, 21st September, will be the highlight of the week's social activities for the Congress.

The Mandarin Hotel is luxurious and ideally equipped for a Conference of this importance. It is also situated in the heart of the shopping area in Singapore. Singapore itself is fascinating and there is much to see within easy reach of the hotel. Taxis are cheap and many are air-conditioned.



The 1st Asian/Pacific Congress on Legal Medicine & Forensic Sciences will be an outstanding international conference, held in a city with many remarkable attractions for the visitor. Don't miss it.

Travel Arrangements

The Supplement Editor has obtained a number of quotations for travel from the United Kingdom to Singapore. Of these, the best appears to be offered by "Destinations East", whose advertisement appears on page 71 of this magazine. Flights have been arranged by Destinations East with Singapore Airlines leaving London Airport on Thursday, 15th

September, arriving in Singapore on Friday, 16th September. This will leave time to recover from the flight and also indulge in some sight-seeing before the commencement of the Congress.

Destinations East have also arranged onward travel to Perth, Western Australia, for the 8th Australian International Forensic Science Symposium. The flight to Perth leaves Singapore Airport at 8.45 p.m. on the evening of Thursday, 22nd September, at the end of the Singapore Congress.

To obtain the full benefit of Group Travel Rates, please book with the recommended travel company.

Further information and booking forms may be obtained from The Congress Secretariat, 1st Asian/Pacific Congress on Legal Medicine & Forensic Sciences, Department of Pathology, Outram Road, Singapore 0316, Republic of Singapore.

Further information may be obtained from Dr. Myles Clarke, Vine House, Huyton Church Road, Huyton, Near Liverpool, L36 5SJ. Telephone: 051-489 5256.

Singapore: A lion dance – a gesture of welcome.



Singapore Tourist Promotion Board



8th AUSTRALIAN INTERNATIONAL FORENSIC SCIENCE SYMPOSIUM

The Australian Forensic Science Symposium will be held at the Freeway Hotel, Perth, Western Australia, from 26th to 30th September, 1983, and it is so timed to enable delegates to attend both the Singapore and Perth meetings.

Western Australia is regarded as having some of the finest scenery in Australia and, as this Conference is being held in the spring, it is regarded as the ideal time to visit this area.

The Freeway Hotel nestles in a charming garden setting just five minutes from the centre of Perth. Superb river and relaxing poolside and garden views enhance the setting. Each room is fully furnished with air-conditioning, private shower, colour television, refrigerator, tea and coffee making equipment.

The Symposium will be preceded on Sunday, 25th September, with an informal get-together. Social activities have been arranged for during the Symposium.

For further details and Conference Booking Form, please write to Dr. D. Pocock, 8th International Forensic Science Symposium, Secretariat, P.O. Box F312, Perth 6001, Western Australia.

Or to Dr. Myles Clarke, Vine House, Huyton Church Road, Huyton, Near Liverpool, L36 5SJ. Telephone: 051-489 5256.

Transport Arrangements

The travel firm "Destinations East" have made travel arrangements with

Singapore Airlines at advantageous rates, for both travel and accommodation for both the Singapore and Perth meetings. Please see note on page 69 and the advertisement on page 71.

To obtain the full benefit of Group Travel Rates, please book with the recommended travel company.



A.A.P.A.P.M.O. 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, A.A.P.A.M.O., Police Surgeon's Office, Police Offices, 376 Russell Street, Melbourne, Victoria 3000, Australia.

Destinations East

The specialists in travel and holidays to the Far East and Australia have organised special tours to the following events:—

**1st Asian/Pacific Congress on Legal Medicine & Forensic Sciences,
Singapore — September 18th-22nd, 1983**

7 nights at the Mandarin Hotel, Singapore

Depart	London	September 15
Return	London	September 23

£701.00

**Singapore Congress and 8th International Forensic Science Symposium
Perth — September 26th-30th, 1983**

6 nights at the Mandarin Hotel, Singapore
and

8 nights at the Freeway Hotel, Perth

Depart	London	September 15
Depart	Singapore	September 22
Return	London	October 01

£1076.00

Prices are per person and include return flights on Singapore Airlines, accommodation in a twin-bedded room, transfers, taxes and service charges. A minimum of 16 passengers are required to travel to Singapore for group rates to apply.

Other hotels are available in Singapore within 800 metres of the Mandarin, which would reduce the prices up to £90.00.

Extension tours to Hong Kong, Thailand, Malaysia, Japan and other places in the Orient, together with full details on the above tours are available on request.



P.O. Box 12, Ross-on-Wye, Herefordshire, HR9 5DE England
Ross-on-Wye 67666 (STD Code 0989)

