The Police Surgeon SUPPLEMENT

Vol. 16 MAY 1984

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

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Distributed free to all members of the Association.

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AN ATLAS OF NON-ACCIDENTAL INJURIES IN CHILDREN

A collection of illustrations from past issues of 'The Police Surgeon'.
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Hilton's Line

Our old friend the breathalyser has sprung to life again — or did it ever die? As a result of extensive media coverage and the persistence of one of the tabloid daily's serious doubts have been cast on the accuracy and fairness of the machines in current use. As will be remembered your Council expressed considerable reservations about the adviseability of relying entirely on the intoximeter, a view which was echoed by many members at different meetings. The suggestion that the Police Surgeon had a vested interest in this criticism was sometimes hard to rebut. The survey concluded last autumn by members of the Association now takes on a much greater degree of significance than was envisaged when the simple questionnaire was drawn up. Its simplicity has only served to enhance the impact of the results. I have not yet seen the complete figures but I know that nearly 20% of drivers who were 'over the limit' on breath were 'under the limit' on blood. This seems to be in direct opposition to the official figures described in the press.

The Home Office have now announced that for a trial period any driver who is found to be over the limit on breath can ask for a blood or urine test. A similar opportunity will be given to those who find they cannot provide a sample of breath. There would seem to me to be too many cases occurring to be explained away by "failure to provide". We have all met the difficult person who plays the fool and makes to no real attempt to blow properly. There are an increasing number of reports now appearing of seemingly quite co-operative and able subjects being unable to make the machine start an analysis. Surely in such cases justice will be both done and be seen to be done now if an optional blood or urine test can be offered.

Womans Federation

While talking of questionnaires may I draw your attention to one that you will receive shortly if you have not already seen it. Compiled by The Medical Women's Federation it is a sincere attempt to get to grips with the many problems we have all been facing on the question of

sexual assaults. Parallel to this questionnaire, another and much larger one is being sent out to individual women through many and differing groups. The MWF hope to get a good cross section of the female population to reply and coupled with the information we can provide this should produce a good overall picture. Through the good offices of A.C.P.O. our medical questionnaire is to be distributed to all police surgeons whether members of The Association or not. Your Council, and in particular your Hon. Secretary have been involved in the compilation of the actual questions and of course the whole thing is geared to computer research. If we are to get any sort of meaning to our arguments in this field or any sort of progress in the understanding of womens' needs or improvements in our conditions of work then it is imperative that we co-operate as fully as we can in what your Council believes to be a very worthy enterprise. A stamped and addressed envelope will be included for your reply so please sit down and give us all the benefit of ten minutes of your time. If you know any non-members please ring them up and persuade them to complete the form as well.

Diploma Successes

Our congratulations to Peter Densham of Torquay in obtaining his D.M.J. this year. I would have preferred to have had writer's cramp or to have run out of space from recording a similar message to large numbers of successful members! Come on you chaps, have a think and then have a go.

BMA Fair

I had the pleasure of attending the careers fair at the B.M.A. in February — a grand get together in the great hall where all the faculties set out their stalls for the benefit of the medical students. I went expecting to see a few old friends and chat up a few pretty students — I came away absolutely exhausted! A great deal of interest was shown in the Association stall and it was never without a group of students eager for information. Due to a combination of circumstances Ivor Doney was all by himself. We have become used to his awful jokes and his fast non-stop delivery — I am sure he developed these techniques at careers fairs around the country. We owe both Ivor and his Commanding Officer, Tania, our grateful thanks for the extremely hard work put into this effort. We also thank Reg Bunting and the Bristol boys who have done so much to produce such an excellent display. It has been suggested that a permanent display should be exhibited round the various medical schools and universities. From my experience in London I am more than ever convinced of the value of this idea. How about it somebody?

Last Line

Sadly (for me at any rate) this is the last Hilton's Line you will have to read. Apart from the wild cheering I can hear in the distance I am pleased to think I can hand over the Association in good shape. I have enjoyed the happy family atmosphere of the Conferences as well as stimulation of the scientific content. In that my efforts to ensure that we have at all times acted fairly and constitutionally have met with good success I have been strongly supported by all the Officers. In particular I would say a very grateful thank you to Hugh, our Secretary. It is well known that he does all the work and keeps the President under control. I often think the President is told only what is good for him to know and at times that is just as well. I will miss my weekly mini-conferences with Hugh — we are indeed fortunate to have such a dedicated and industrious Hon. Sec. I do not think that members realise sometimes how costs have risen. Not so long ago we could call a Council meeting in London for about 2-300 pounds. Now such a meeting will cost in excess of 1,000 pounds. As a result various sub-committees have been formed and most of the Council business has been managed in this way. The Finance and General Purposes Sub-Committee has carried on the day to day running of our affairs and other Sub-Committees meet as and when necessary. All the Sub-Committees are of course

responsible to Council and through Council to you. Thus is democracy maintained despite financial restrictions. I would like to thank members of these Sub-Committees and all Council members for their efforts during the past two years. I have received nothing but friendship and support from each and every one. I would wish to make special mention of Myles and Ann Clarke, and of Tim and Dee Manser our indefatiguable Conference Secretaries for all their help, support and kindness to Mary and myself during this Presidency. I end by wishing Ian and Sylvia Craig every good wish for a happy and successful two years.

JAMES HILTON

HILTON, JOHN (b1804) London Surgeon

HILTON's LAW – The skin over, and the muscles to, a joint are innervated from the same nerve trunk.

HILTON's LINE – Mucocutaneous junction of the anal canal.

ULTIMATE WORD

When James asked me what I thought of him being President I replied "Not much!" as I am sure many have done so in the past and will be repeated many times in the future. However, Hilton's Line was born and I am delighted to be given the opportunity of adding a postscript.

Hilton's Line has to be fairly straight and narrow; a few bends here and there but a very happy term of office. I wish to thank you all for the support and affection shown towards me and all the help which has been so freely given. The dignitaries and guests who have graced the top table at the dinners and given up their valuable time have indeed been an inspiration and we have made many friends.

My special thanks to wee Willie Thomas and his stalwarts for bringing a sense of fun and laughter to the occasion which kept the morale of all at a high and happy level. I would also like to congratulate and send my best wishes to Sylvia and Ian.

Once again a big thank you and I look forward to seeing you in May. God bless and my love to you all.

MARY HILTON

Below – Two views of the president by past presidents

OXFORD

The Changing Years

10th IAFS MEETING

The 10th Triennial Meeting of the IAFS will be held in the University of Oxford Examination Schools from Tuesday 18th September to Tuesday 25th September 1984. The general theme of the meeting will be "Forensic Science — The Changing Years" and, within this general theme, the three major sub-themes will be "Quality Assurance", "Mass Investigations" and "Evidential Value".

These triennial meetings have long been established as the high points in the conference calendars of all those professions which together constitute the Association. Not only do these meetings allow the giving of high quality specialist papers but they also provide the major international occasion when interdisciplinary problems can be exhaustively discussed. Here the chemical toxicologist may not only discuss analytical advances but he can also discuss interpretive matters with pathologists and clinicians, legislation design with the lawyers and law enforcement problems with the police.

At these conferences lies the interface where the lawyer can focus his attention away from the subjective procedures of the trial process and discuss with the statistician, albeit hopefully, the application of statistical concepts in the administration of justice or the use of computers in the storage and retrieval of legislation. The blood group serologist, specialising in clinical or paternity problems, may discuss with the bloodstain specialist their allied (but so very distinct) specialisms and the two may discuss, with the detective and pathologist, the application of their techniques in the crime investigation process. The clinical forensic medicine specialist may hold a discussion session with the forensic pathologist and the detective on the value of hypnosis techniques in witness interrogation and with his laboratory colleagues on the effect and effectiveness of certain preservatives in blood samples intended for grouping or for drug, poison or alcohol detection.

None of these interdisciplinary problems can be discussed effectively at specialist meetings and this is why the IAFS conferences have been so very useful since the first one was held at Brussels and Ghent in Belgium in 1957. Whilst maintaining a large and necessary component of specialist sessions the practitioner, in whatever field, is able to mix and discuss, both professionally and socially, with specialist colleagues in related fields.

THE PLENARY SESSIONS

The plenary sessions, of which there will be two, will be given by leading figures in the forensic sciences and its associated professions. These will be of great importance since it is predominantly in the plenary sessions that we hope to make the syntheses and the advances in conceptual matters that are all too frequently lacking in the specialist sessions. The Plenary Lecturers will include:

Sir Lawrence Byford, Her Majesty's Chief Inspector of Constabulary

Dr. Alan S. Curry, former Director Home Office Central Research Establishment
former Controller Home Office Forensic Science Service.

Prof. Stuart S. Kind, President 10th Meeting of the IAFS.

Prof. Jacques Mathyer, Director, Lausanne Institute of Police Science.
Miss Margaret Pereira, Controller, Home Office Forensic Science Service.
Dr. W.J. Rodger, Director, Strathclyde Police Forensic Science Laboratory.

THE SPECIALIST SESSIONS

Each specialist subject section has a chairman and a secretary. Section chairmen and secretaries are responsible for the refereeing of offered and invited papers, the appointment of session chairmen and, together with the Programme Chairman, the general organisation and timing of sessions. We have chosen to organise the subjects of the sections in this way, despite the obvious disparity in size, so that certain smaller specialisms or topics of developing or special interest may be clearly identified, catered for, and not obscured by their inclusion in one of the larger more traditional sections.

We anticipate that there will be up to 8 concurrent specialist sessions. It is our intention to organise the programme so that a participant who moves from one concurrent session to another at a particular time may rest assured that the paper he or she wishes to hear will be given at the scheduled time, subject to normal reservations.

	CHAIRMAN	SECRETARY
Body fluids other than Blood	Dr. M. Lawton Dept. Scientific & Industrial Research New Zealand.	Dr. A.M.C. Gallop Home Office Forensic Science Laboratory, Aldermaston.
Characterisation of Bloodstains	Dr. G. Sensabaugh University of California Berkeley, California, U.S.A.	Dr. P.H. Whitehead Home Office Forensic Science Laboratory, Wetherby.
Characterisation of Human Hair	Dr. M. Wittig Bundeskriminalamt Krim. Techn. Institut West Germany.	Dr. J. Robertson University of Strathclyde Glasgow.
Clinical Forensic Medicine	**Dr. P. Bush Melbourne, Australia.**	**Dr. M.D.B. Clarke Liverpool.**
Criminalistics	Mr. D.M. Lucas Centre of Forensic Sciences, Toronto, Canada.	Dr. R.L. Williams Metropolitan Police Forensic Science Laboratory, London.
Disputed Paternity	Prof. Ch. Rittner Institute of Forensic Medicine, University of Bonn, West Germany.	Dr. J. Thorpe University of Strathclyde Glasgow.
Document Examination	Prof. J. Mathyer Institute of Police Science Switzerland.	Mr. D.M. Ellen Metropolitan Police Forensic Science Laboratory, London.
Explosion Investigation	Mr. H.J. Yallop Devon.	Mr. D.G. Higgs Kent.
Firearm Examination	Mr. E.E. Hodge FBI, Washington, U.S.A.	Dr. W.H.D. Morgan Northern Ireland Forensic Science Laboratory, Belfast.

	CHAIRMAN	SECRETARY
Fire Investigation	Mr. R.A. Cooke Home Office Forensic Science Laboratory Wetherby.	Dr. R. Hollyhead R. Burgoyne and Partners London.
Forensic Investigation of Road Traffic Accidents	Dr. W.J. Rodger Strathclyde Forensic Science Laboratory Glasgow.	Mr. V.J. Emerson Home Office Forensic Science Service, London.
Forensic Odontology	Dr. K.A. Brown University of Adelaide Australia.	Dr. I.R. Hill London Hospital Medical School.
Forensic Pathology	Prof. A.K. Mant Guy's Hospital Medical School, London.	Prof. B.H. Knight Welsh National School of Medicine, Cardiff.
Forensic Psychiatry	Prof. R. Bluglass Midland Centre for Psychiatry, Birmingham.	Dr. R. Antebi Department of Psychiatry Duke Street Hospital Glasgow.
I often wanted to give a paper . . . . . !	Dr. B.T. Davis University of Birmingham	Dr. Ivor Doney Bristol
Law and Forensic Science	Prof. J.K. Mason University of Edinburgh.	Mr. A.R. Brownlie Edinburgh.
Mathematical and Statistical Evaluation of Evidence	Prof. D. Lindley University of London.	Mr. I.W. Evett Home Office Central Research Establishment, Aldermaston.
Pattern and Procedure in Crime Investigation	Mr. A.K. Sloan Bedfordshire Police.	Mr. R.E. Stockdale Home Office Central Research Establishment, Aldermaston.
Textile Fibres in Forensic Science	Dr. D. Patterson Dept. of Colour Chemistry University of Leeds.	Mr. R. Cook Metropolitan Police Forensic Science Laboratory London.
Toxicology	Dr. F. Fish School of Pharmacy London.	Dr. A.C. Moffat Home Office Central Research Establishment, Aldermaston.

ACCOMMODATION IN OXFORD

Residential accommodation in Oxford is available in the colleges and we have made reservations at those Colleges within easy walking distance of the Examination Schools where the scientific conference will be held; it is only a few yards across High Street to St. Edmund Hall and the Queen's College and it is 500 yards to Lincoln College, Christ Church and the other colleges where reservations have been made. The residential accommodation consists of single-bedded rooms each with a wash basin and hot and cold running water. Soap and towels are provided and the bedrooms are serviced each

day. About one third of the reserved rooms are of modern construction built in the last 20 years and the remainder vary in age from medieval. Bathrooms and toilets are available on each staircase or floor. Meals are provided in each college dining hall and the quoted daily accommodation charges are inclusive of room, English breakfast, lunch and dinner service and taxes. In addition, each college has wine service, bar and common rooms (social rooms). In Christ Church there are pairs of interconnecting single bedded rooms which may be preferred by couples and at Lincoln College and St. Edmund Hall there is a small number of twin bedded rooms.

The college acccommodation is comfortable and the food is good and, whilst the Colleges do not provide all the facilities available in the top rate hotels, the restricted service is amply compensated by the unusual opportunity to experience all the rare associations which Oxford college life affords; all of the organising committee will be staying in colleges and we warmly invite you to join us. (Note: Whilst there are electric points in college rooms there may not be a shaving socket in your room).

The Conference programme has been arranged and timed to serve those whose accommodation is conveniently close, within easy walking distance of the Examination Schools. Whilst travel on foot in Oxford is convenient, traffic congestion, pedestrianised, one way and restricted streets all go to make it quite impracticable to use wheeled transport and we strongly advise intending participants not to arrange accommodation beyond easy walking distance from the Examination Schools.

REGISTRATION FEES

In addition to the registration fee covering the whole conference, there will also be a daily registration fee. Details may be obtained from IAFS, Advance Conference Programme Mailing List, PO Box 41, Harrogate HG1 1BX England — request an advance copy of the Conference Programme in relation to daily registration.

NOTE: THERE WILL BE NO SEPARATE APSGB AUTUMN SYMPOSIUM THIS YEAR. SECTION 63 APPLIED FOR.

NEWS FROM MELBOURNE

'That Damned Elusive Pimpernell'
— a report on the Conference by Ivor Doney

Police Surgeons attending the two yearly meeting of the Association of Australasian and Pacific Area Police Medical Officers in February excitingly found themselves helping detectives to solve one of the most intriguing series of unsolved crimes many of the surgeons had ever encountered.

The City of Melbourne (pop: 3 million) was the venue — a beautiful city, boasting the longest bridge on the continent, some of the loveliest gardens, a host of beautiful buildings and inumerable restaurants and a reputation for "the best steaks in the world!"

Amongst the visiting delegates were A.P.S.G.B. members Dr. & Mrs. Stan Burges, Dr. Ivor Doney, Dr. & Mrs. Stuart Duncan, Dr. & Mrs. Chris Lund and Dr. & Mrs. Amar Rayan.

The friendliness and the welcome of the A.A.P.A.P.M.O. folk is astounding. It has to be experienced to be believed. Nothing ostentatious or gushing about it but deep down sincerity and kindliness. A.P.S.G.B. members wishing to meet A.A.P.A.P.M.O. members will have an opportunity at the next A.A.P.A.P.M.O. meeting to be held in Sydney in 1986. U.K. members planning to visit Aussie relatives would be well advised to include the next conference in their itinerary.

L to R Bill and Pat Ryan, Mike Chabrel, Derek Pocock, Sheila Chabrel, Ivor Doney.

The Conference itself had some good clinical forensic medicine, one or two outstanding surprises and plenty of entertaining fun events as well.

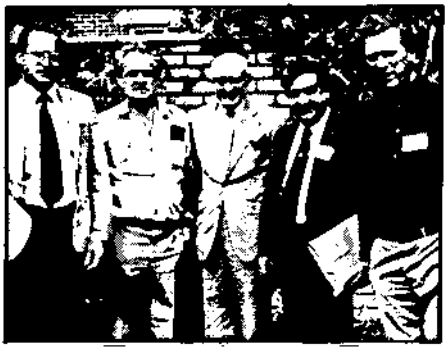
Chief Commissioner of Police, Mr. S.I. Miller, opened the proceedings. An imposing figure, he was also host to delegates at the magnificent farewell banquet. He made a clarion call for more legislation to help the Victoria police fight crime. Delegates wondered if he might have had in mind one surprising gap in Victoria law — criminals in prison are not obliged to have their fingerprints taken!

Elusive Criminal

There were many good papers at the Congress and these will be mentioned later but surely the most amazing event ever put on at any congress — and many delegates were old timers at attending conferences — was the Tuesday morning Police Presentation. It concerned a case still being investigated, with the criminal remaining undetected, still perpetrating crimes and seemingly getting away with it.

Delegates sat at the edges of their seats, awestruck, listening to one police officer after another enviromentalists, psychiatrists, even a sculptor who created a mask, all giving the incredible and fascinating details of their investigations.

There is evidence suggesting a link between the suspect and two murders,



UK Surgeons in Australia – Chris Lund, Stan Bunges, Ivor Doney, Amar Rayan, Stuart Duncan.

about twenty rapes, numerous break-ins and thefts. Cases frequently occur within a mile or so of each other. The police have recovered fingerprints left at some of the scenes, they have bare foot prints and they believe they know his secretor blood group. They know he exudes a peculiar smell, they even have a pair of boots left at a scene. They have numerous identical and detailed descriptions of him and they know he has a peculiar gate. He still eludes them but surely it will not be for long.

He may be known to the police, it is possible he may have been through the police system but astonishingly the Victoria State Police have no power to fingerprint prisoners, so have no fingerprint records.

Small wonder the Commissioner would like more legislation to help them in their job.

Throughout the presentation Police Surgeons were invited to comment. Handwaving, excited delegates gave their ideas and suggestions. The police thanked everybody, politely for their assistance but no one suspected that they had thought of all the suggestions long before! When the saga of this story becomes a best seller, the delegates at this conference will feel they had a hand in it!

The Victoria Police are a fine force. The Police helped with tours of the excellent Police Academy, with its immense swimming pool and its large chapel, they showed off their dogs, their horses and their training quarters.

Formal lectures at the Congress were held in a Melbourne University college. It was a good, well-lit, cool lecture room with the conference rooms nearby. Some delegates stayed in the indifferent student accommodation, others with relatives or at nearby hotels. The Melbourne climate was a delight; warm and sunny without being oppressive.

Ash Wednesday Revisited

One whole day – a field day project – was spent visiting places such as the Dandenongs and Cockatoo, on the first anniversary of the great bush fires which swept across Victoria. The Conference heard of the fury of the fires, how bottles and windscreens exploded in the intense heat – even trees exploded. Pathologist Stan Pilbeam told how some skulls had exploded; on one occasion in his P.M. Room he had five shrivelled bodies on one small trolley! Police Surgeon Ted Ogden spoke of rushing from First Aid for burns to issuing Death Certificates for the administration. Ken Brown, forensic odontologist, had to identify bodies by their teeth – when there were any left.

The hours of preparation were clearly evidence in Stan Burge's thoughtful paper on the drug scene in the U.K. Whenever Stan speaks, people learn something. It was a masterly presentation and his statistics revealed the sad fact that abuse of all drugs, except barbiturates, is on the increase.

Stan followed up later in the week with an hilarious after-dinner speech which had the guests rolling. It included reading a supposed letter from a G.P. to a surgeon asking to expedite a man's admission for hernia repair. Said the G.P. "He is waiting to be called to Australia and he doesn't want this hanging around his neck"!

Time and again at this congress the problems of stress in policemen were highlighted. Dr. Amory Vane from Sydney gave a stark report on the occasional psychological effects on police officers in shootouts. The men are well trained, they are effective, they get their man but they are human beings too. Guilt feelings in a deeply religious man, for

instance, could be very hard to cope with.

Ian Nicolson showed how on-going sexual offences in isolated rural areas, where the victim and the perpetrator know each other, can reach immense proportions without disclosure to the authorities.

Jim MacLeod told how hypnosis can help witnesses recall details of forgotten events. Roger Bartley spoke on the vexed subject of internal examinations for concealed drugs. In New Zealand if suspects refuse permission they are kept in custody until they have expelled them naturally — days if necessary. Terrible? No, they are put up in a 5-star hotel!

Our own Chris Lund (Welwyn Garden City) was a credit to the Association. He gave a concise and beautifully illustrated talk on the First Aid courses and training he gives to members of his own Police Force. It was an eye-opener for everybody.

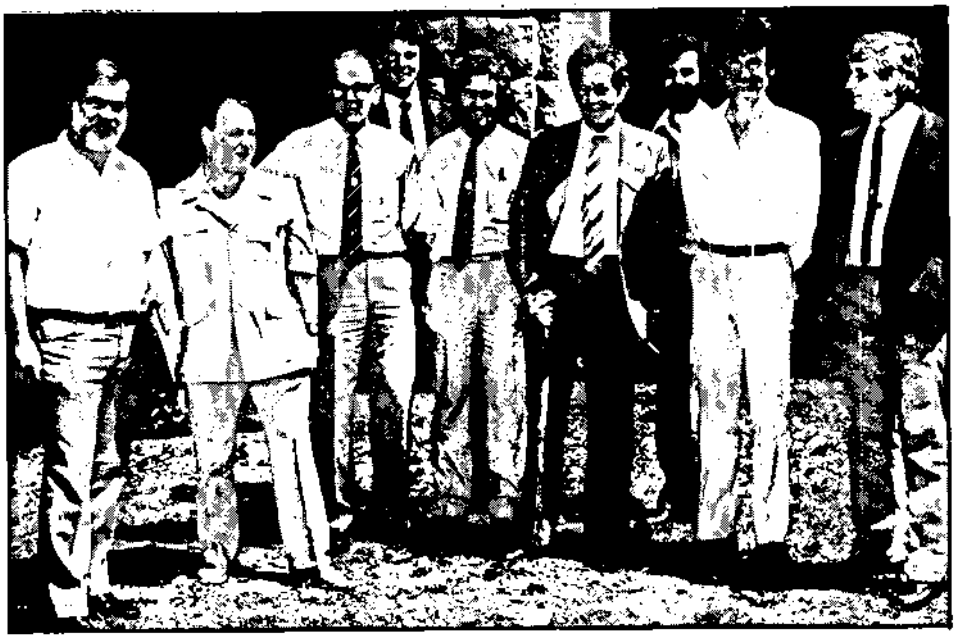
Drugs featured high on the list of subjects included in a research project by Tony Moynihan and Jane Hendtlass showing how deterioration of behaviour can be assessed with instrumental methods.

There were fun events too at the Congress. Besides the informal first night get-together, there was a spectacular barbecue on the lawn on the Tuesday with wives and kids, a special Reception at the Government Premiers Department, with canapes and roast beef, and wine tastings and banquets.

Who runs this dynamic Australasian and Pacific Association? President Bill Treadwell, who organised the successful New Zealand Conference in 1982, has been the leader for four years and the great progress the Society has made during this time has been largely due to his enthusiasm and dilligence. He now stands down and Peter Bush takes over as President. Peter organised this Melbourne Conference magnificently. He is a great "international" and quite indefatiguable. He will make a great President. He is replaced as Secretary by a quiet efficient energetic young man with a lot of forensic experience — Ted Ogden. Watch out for him. He will go far.

Another great Congress came to an end. The next is in 1986 in Sydney. Start thinking about it now!

Local Surgeons at Melbourne. L to R Noel McCleave, Stan Pilbeam, J.P. Bush, Steve Selbert, Edward Ogden, Barry Loughman, Chris Davenport, Hugh Lowry and Jim Mcleod.



LETTER FROM CHRIS LUND

Ivor Doney brought his usual brand of good humour to spice the Melbourne Conference. His presentation of a rather grizzly murder was a masterpiece of timing and laced with plenty of Doneyisms. He was most relieved that the projector functioned correctly after its earlier attempts to sabotage Stan Burges' lecture. Ivor continued throughout the week to be the life and soul of various parties. His most notable effort was managing to keep all three of my children amused for a solid hour and a half!

Needless to say you correctly surmised that on the Tuesday evening when we had a barbecue in the College grounds, Ivor was correctly dressed in suit and tie!

We had a super holiday and took the whole family on various trips to regular tourist attractions some of which featured in the social programme of the conference. Our children's acquisitive instincts were well catered for on their visit to Sovereign Hill at Ballarat where they learnt to "pan" for gold and came home with several grains!

Ivor Entertains

We managed a little boating and windsurfing on the bay and the family took to the beach whenever they could, taking advantage of an "extra" summer. Most of our trips out included a barbecue (barby). I knew that the Aussies were renowned for these but did not realise quite to what lengths they could go with this national institution. Everywhere you go proper brick or stone built barbecues abound. They are usually wood-fired but some are gas or electric, occasionally needing 20 cents in the slot but as often as not they are free and the wood is frequently ready logged and stacked for you. At one place out in the gum-tree forest there was even a unit with a stainless steel sink, running drinking and hot water!

The conference itself was most enjoyable. Peter Bush was an excellent host and organiser. The conference dinner at the Police Complex was excellent and we shall remember it easily since we were permitted to leave with both the wine glasses and the wine decanter, all emblazoned with the Association Crest. In addition we now have some new friends who have proposed an exchange of practice, house, cars and police surgeon's appointments at some time in the future. The suggestion seems to have possibilities.

AAPAPMO Officers

During the elections held at the recent A.A.P.A.P.M.O. Conference, Peter Bush, well-known to U.K. Police Surgeons as an excellent contributor to past conferences and former resident of Barnstaple, North Devon, was elected President. Bill Threadwell becomes the Association's first Past-President and can look back with pride to the formative years of the Association. Stan Pilbeam continues as Treasurer and the Editor of the Association's magazine remains Bill Daniels.

Edward Ogden takes on the formidable task of Secretary. He went to Geelong Church of England Grammar School and was at Timbertops in 1966 with HRH. He graduated from Trinity College, University of Melbourne. However, due

Secretary Edward Ogden

to general frustration with the early years of medicine, he took a year's leave in 1973 and obtained a Bachelor of Medical Science for a project entitled "Psychological Parameters of Delinquency". He claims that this was a glorified excuse to get some experience of life working as a full time Youth Officer in a remand/training centre for boys 14-21 years. He then completed his medical course in 1976, with Honours in Obstetrics and Gynaecology and the Prize in Occupational Medicine. During his undergraduate years he supported himself by driving semi-trailers, youth work, managing a half-way house and finally by marrying his long-suffering wife, Penny, in time to prevent the desperate move of joining the Army for cash.

After graduating, Edward worked at Box Hill and District Hospital and part time at a female Youth Training Centre (similar to borstal) before settling into general practice. He is still involved in Youth Training Centres. He is retiring as an Honorary Probation Officer and will be shortly retiring as Secretary of the Visiting Medical Staff Association at the local public hospital.

He was appointed a Police Surgeon in 1979, just after the inaugural meeting of the A.A.P.A.P.M.O. and is currently completing a Diploma of Criminology at the University of Melbourne, which he started in 1973! His other interests include computers, electronics, stained glass work, music, gardening, St. John Ambulance Brigade, the family, work and sleep, not necessarily in that order.

Treasurer

The A.A.P.A.P.M.O. Treasurer is Sussex born Stanley Pilbeam. He trained at Trinity College, Cambridge, and the Middlesex Hospital (U.K.). After two years in the R.A.F. he developed his interest in pathology, first at the Middlesex Hospital and then in Northern Rhodesia (now Zambia) and was Director of Pathology in Nyasaland (now Malawi). He was appointed Senior Pathologist at Ballarat Base Hospital, State of Victoria, in 1966.

He became interested in forensic pathology in Africa in 1956, when he was responsible for the pathology investigation of major homicides. As a Regional Pathologist in Australia he has been responsible for regional criminal

Treasurer Stan Pilbeam

work since 1964. He obtained the Diploma in Medical Jurisprudence (Path) in 1978.

In 1980 he was responsible for homicide investigation in Melbourne during an illness of the Government Pathologist and, since then, has relieved the Government Pathologist for holidays.

Stan is at present State President of the Forensic Science Society. He is married with four grown up children. He spends much of his spare time gardening — he claims not to be a gardener, he just has too much garden.

Stan joined the A.A.P.A.P.M.O. in 1979 and has been its Treasurer since 1980. He claims he spends much time attempting to balance the books and curbing Peter Bush's expensive ideas. He says the books have not really balanced since 1980 partly due to members paying in anything from pounds sterling to kowari shells, and exchange problems have become impossible.

His burning ambition is to persuade somebody else to become Treasurer.

Information regarding the Association of Australasian and Pacific Area Police Medical Officers may be obtained from the Police Surgeon's Office, Police Offices, 376 Russell Street, Melbourne, Victoria, 3000, Australia.

DRUG ADDICTS

The number of drug addicts notified to the Home Office in 1983 is expected to exceed 10,000 for the first time. 8,144 addicts were notified in 1982. The increase is believed to be about 4,000, with the figures indicating a big increase in the use of narcotics in Britain, particularly heroin.

Unofficial estimates put the drug addict population at at least 40,000 because many addicts are never notified. A more accurate figure might be obtained in the future if doctors making notifications were paid an adequate statutory fee.

SCANDAL

Magistrates who failed the breath box test

1984 is really here when a machine condemns drivers, lawyer

sample B-test machine

BREATH BOX BATTLE

WHAT THE HOME OFFICE SAID

Confidence in these machines has been damaged

The Breath Box Scandal

Exposed: The Great 'Breath Test' Scandal

Battle

Now the Camic is questioned

INTOXIMETER: Support floods in for Express campaign

B-test expert slams the Lion breath

It's enough to take your breath away

Tory MPs urge early Government U-turn on breath box

Tory MP urges box out of use

Lion breath

Why Ministers are stalling on the Breath Bo

They want to work out a new system

Take the

BREATH TEST SCANDAL

NONSENSE OF BREATH TESTS THAT CAN'T LIE

A triumph for justice

Charged...after passing the test

Hurd fails the tele-test

Scientist welcomes the Express revelations

My warning over breath box was ignored, says expert

Breath-test triumph for you Expres

EXPRESS OPINION

Whitehall whitewash won't wash

Home Office in Intoximeter U-turn: Rules to be changed

Breath test victory for the Express

Police chiefs act to end B-test chaos

Every driver to get the option

HALT BREATH BOX TESTS NOW, SAY POLICE DOCTORS

They feared

•Home Off to blood t

•Three wi lift court

Race to change The teeto B-box driver sur

testing by

BREATH OF SUSPICION

SEEN TO BE DONE

It is now twelve months since the breath analysis machines were first sited in police stations across the country and during that short time sufficient doubt has been raised about the machine's accuracy for a daily newspaper — The Express — to run an intensive campaign demanding changes in the operation of the law.

The legal skirmishing, the cases reported in the paper and the speed with which the Home Office capitulated are now history. The Association contributed its own tuppence-worth with a preview of the results of the Survey undertaken by the Association in the latter half of 1983, soon to be published in full. It was felt that it would have been improper *not* to reveal the results of the A.P.S.G.B. Survey, particularly in view of the inaccuracies revealed.

The Home Office has decreed that for a trial six months, drivers who fail the test, whatever the reading of the machine, will be given the option of supplying a sample of body fluid, usually blood. A similar option will be extended to drivers who are unable to blow sufficiently well into the breath analysis machines to produce a reading, whether the "failure to provide" is due to disease, intoxication or bloody-mindedness.

There will not be a flood of drivers demanding that Police Surgeons be roused from their beds to do a little blood-letting. Most drivers know whether or not they have had too much to drink and are not going to risk the Police Surgeon's fee on the off chance that the sample will be lost in the post. There is not going to be a dramatic increase in the Police Surgeon's workload and remuneration.

The penalties for drinking and driving are rightly severe but they extend beyond the ban, the fine and the occasional imprisonment. A conviction often means loss of a job and can mean the break up of a family.

Few people believe that all machines work perfectly all the time. We have the ability to determine a driver's blood alcohol beyond reasonable doubt and provide the driver with a specimen which he can have tested independently. A driver can now accept the machine's result or challenge it. Whatever the verdict at the end of the six-month trial, the driver's right of challenge must remain. It is better that a few drivers should escape punishment because their blood alcohols have fallen below 80 whilst awaiting the Police Surgeon than that drivers should be wrongly convicted.

Refused Sample

In April this year at Welshpool Crown Court an appeal by a motorist, who claimed that a Police request for a blood sample had been unlawful, was allowed.

On the night the 33-year old motorist was arrested, Welshpool Police Station Intoximeter was not working. The driver was asked for a blood sample and refused. His solicitor said that he had been prepared to give a breath or urine sample. He had been fined £120.00 and disqualified for 12 months in the Magistrates' Court.

SOMEBODY LOVES US

All right then, own up. Who forgot to programme the breathalyser machines for leap years? What unromantic soul failed to remember the romantic 29th February?

Well actually, we rather suspect it was those nice chaps from the Lion House led by the romantic Tom Jones — no silly not the one with the tight trousers and the voice, the one with the infallible equipment.

And so Police Surgeons across the country stood by their telephones as in the dark days before 6th May. All that is except the Association's Honourable Secretary — he was at a Leap Year Party.

REAL WORLD

Mr. Russell Marlow of Basingstoke, was stopped whilst driving his car in May 1983. A reading of 111/ug of alcohol per 100 ml of breath was obtained when he later blew into the Lion Intoximeter 3000.

Basingstoke Magistrates later accepted a claim by the defence that the print out was inadmissible as a statement because it was not intelligible to the average person. The police appealed to the High Court and in December the finding by the Magistrates was overturned. Lord Lane said, "We are dealing with the real world and not a fanciful world. In my judgement it is abundantly clear to anyone in his senses precisely what the document meant. Taken as a whole it is plainly intelligible."

Essex Magistrates sentenced nine drivers convicted of drink/driving offences to prison, the terms varying from two days to six months, during the week prior to Christmas week. Eight of the nine were first offenders.

Dr. Ralph Lawrence of Derbyshire reported in December 1983 that prior to the introduction of the breath analysis machines he used to be called to take blood from suspect drink drivers five or six times a week. He is now only called about once a month.

Another Police Surgeon claimed that he had lost 90% of his workload to the automatic breathalyser.

A North Yorkshire four-man partnership compared the number of calls from the police to take blood in drink-driving cases between June and the end of November in 1983 and 1983. In 1982 the partners were called out 18 times for blood tests and in the same period in 1983 they were called 25 times.

THE DUTCH CONNECTION

When is a dog not a dog?

When it's a dingo! — And in particular when it's the centre of a court case.

Bernard Sims, Forensic Odontologist from London, referred to the Australian dingo case, when lecturing at the Fourth Annual Meeting of Forensisch Medisch Genootschap in Utrecht in March of this year.

One expert thought a dingo couldn't be a dog because it did not salivate. But another, on the opposing side, showed that histologically it had salivary glands. The first expert retorted that the glands were vestigal and non-functional. And so on and so on .....

Other topics discussed included sexual offences, informed consent and infra-red luminescence techniques in document examination. There was also a review of the newly introduced course on forensic medicine being run by the Institute of Community Health (S.S.G.), which is hoped to increase public awareness of the importance of forensic medicine in Holland.

As always at conferences much was learned by chatting with enthusiastic delegates in the corridors and bars after the formal meeting.

Conference organiser, Barend Cohen, has been seriously ill during the winter with a virulent pneumonia, from which he has still not yet completely recovered. However, he had improved sufficiently by the time of the meeting to give a paper.

President Hubert Cremers with Ari van den Bos and Ivor Doney

Utrecht is remarkably easy to get to — the night ferry from Harwich docks at the Hook of Holland and thence by train direct to the conference hall in time for the morning start.

The 1983 Joint Meeting between the F.M.G. and the A.P.S.G.B. — the first Cross Channel Conference — was so successful that a second Cross Channel Conference will be held in 1986 but no decision has been made yet regarding the venue.

The next meeting of the Forensisch Medisch Genootschap will be in the spring of 1985.

IVOR DONEY

QUALITY ASSURANCE

The Forensic Science Service has strengthened its quality assurance system under the present Controller Miss Margaret Perelia.

The new system includes the following elements:

- All the results of laboratory tests which are of potential evidential value are checked by another scientist.
- All reports/statements issued by individual reporting officers to the police are checked by senior officers before leaving the laboratory.
- Performance tests are organised within each laboratory to monitor current work procedures.
- Declared and "blind" trials are conducted by the quality assurance group at the Central Research Establishment (CRE). "Blind" trials take the form of simulated cases, which are delivered to the laboratory for examination and subsequent evaluation without the knowledge of the director or any of his staff.

Medical News

TWO HALVES OF A LIFE

Copies of Karl Pole's book (revised Supplement, November 1982) are available from Meresborough Books, 7 Station Road, Rainham, Kent. Price £5.95 — £6.55 by post

POLICE SURGEON TRAINING

The Association of Chief Police Officers has set up a Sub-Committee to look into the question of Police Surgeon training courses. Association Secretary, Hugh Davies, has joined the Committee, which comprises the Chief Constables of Derbyshire, Leicestershire and Northamptonshire.

At present the standard required of newly appointed Police Surgeons is variable across the country and Police Surgeons become involved in serious crime investigations without formal training.

B.M.A. STUDENTS' CAREERS FAIR

Beginning to show dividends?

The B.M.A. Student's Careers Fair at B.M.A. House Tavistock Square is now a well established, well attended and well organised yearly event.

February 29th (Leap Year's Day) saw a flood of hundreds of students at the meeting in the Great Hall.

There were dozens of stalls, each representing some discipline such as cardiology, psychiatry, or community health. All branches of the armed services had superbly elegant stalls. Students crowded round consultants and teachers at the stalls asking about careers in the various specialities.

Forensic medicine and the APSGB were well to the fore.

Bristolians Reg Bunting and Ivor Doney had rigged their attractive stall as usual.

James Hilton and Students

This year it had a colourful moving toy cockatoo shrieking to the crowds to gather round!

President James Hilton was also there. He spent the whole day at the stall telling students about clinical forensic medicine and allied trades.

"They are so interested" said James "It's hard work answering all their questions!"

Does it achieve anything?

Nobody knew until this year.

Secretary Hugh de la Haye Davies was recently surprised to receive requests from a medical student and also a doctor in training asking to do their electives with a police surgeon!

Who knows where they got the idea?

It would be nice to think they got it at some past Careers Fair. But perhaps it was just due to watching good old Quincey after all!

IVOR DONEY

Medical Student Joanne Bailey of Leicester University is at present completing an eight-week elective in Forensic Medicine. Based at the A.O.E. department, Northampton General Hospital, she has accompanied Dr. Hugh Davies on a wide range of police calls. She has been attached to a variety of departments in the Northamptonshire Police, studying the various needs, medical and welfare, of the police service. She has been attached to the Coroner's department. At the end of the eight weeks Joanne will have received better basic training than many police surgeons.

QUITE SO

William Watson-Sweeney pleaded guilty in the Central Criminal Court to having unlawful sexual intercourse with a 7-year old girl. His not guilty plea to raping her was accepted. 71-year old Judge Gibbons said, "It strikes me as being one of the kind of accidents that could almost happen to anyone". He added, "This is, of course, a serious offence against a little child". Watson-Sweeney was said to have a drink problem.

COURSE FOR SURGEONS

A one-day course in Clinical Forensic Medicine was held at the Department of Forensic Medicine, University of Leeds, on the 4th May, 1984.

Designed for practising and aspiring Police Surgeons, the programme included discussions on Scenes of Crime from Police, Pathologist and Police Surgeon's point of view, the collection of samples, the examination of a sexual offence and the interpretation of injuries in the living.

Further details of this and future meetings may be obtained from:

Professor David Gee,
Department of Forensic Medicine,
Clinical Sciences Building,
St. James's Hospital,
Leeds LF9 7TF.

CRY FOR HELP?

At the Scarborough Meeting last year, Dr. Roy Cummings gave a splendid talk on "Gunshot Wounds".

The notes I made on this talk have disappeared and I should be most grateful for sight of notes which any other doctor might have taken.

Dr. Graham Langsdale,
21 Carbery Avenue,
Bournemouth, Dorset BH6 3LL.

The October 1983 issue of the British Journal of Obstetrics and Gynaecology reported on 159 couples treated at the Institute of Psycho-sexual Medicine following non-consumation of the marriages. Included were eight women who had conceived between them a total of 10 times without penetration.

SEX LAW REFORM?

Radical reforms of the law on sexual offences were proposed by the Criminal Law Revision Committee in April. The proposals include –

* 10-year maximum penalty for indecent assault against both sexes (at present 10-year maximum penalty for indecent assault against a man, two years against a woman).
* The abolition of buggery as an offence between men and women where there is consent.
* The right to anonymity in court for a man accused of rape should be abolished.
* The presumption that no boy aged under 14 is incapable of sexual intercourse and rape should be abolished.
* Restrictions on cross-examining a woman about her previous sexual history should be extended to include her relations with the defendent.
* Incest should be permitted between brother and sister aged over 21 but would remain an offence between parent, children and grandchildren.
* A new maximum penalty of life imprisonment for attempted rape (at present 7 years).
* The law of rape to be extended to cover husbands and wives living apart; the Committee rejected extending the rape law to marriage.

Police Surgeon, James Carruthers, whilst answering a G.P. call in Kilmarnock, was attacked and robbed of his bag. The call was a hoax. Dr. Carruthers was fortunately unhurt in the attack, which occurred in January.

Police Surgeons are particularly at risk from injury, deliberate or accidental, whilst undertaking police work. Urgent consideration should be given to the Association insurance police. See page

TOP SPEAKERS AT THE MET

This brief report on the Metropolitan Group's half-day Police Surgeon's meeting, organised by David Jenkins, cannot do justice to the excellent forensic session which took place at St. Thomas Hospital, London, last January. Hosted by the Hospital, sponsored by Professor Hugh Johnson, it was a forensic feast.

In his chair was jovial Charles Clark, Police Surgeon and Coroner from Essex. He kept everybody to time and made the whole meeting tick over smoothly.

Professor James Cameron opened the academic batting with an eloquent and unusual slant on Battered Babies. Anyone who felt there could be nothing new to be heard about battered babies, was soon in for a surprise. Professor Cameron reminded everybody that it was part of the paediatric scene long before West and Caffey thought they had discovered it. Herod started the craze of killing off the first born, but even before that there had been ritual sacrifices of babies to ensure that the Gods would provide good grain harvests. Infanticide in some countries was part of sensible Family Planning and there are plenty of stories to compare with Beethoven who is reputed to have habitually bitten his pupils' ears for playing wrong notes! Professor Cameron concluded by giving many useful tips, one of which was – if parents tell some unlikely story such as they fell down stairs whilst carrying the

Secretary Hugh Davies with organiser David Jenkins, Robin Moffat, and Lawrance Addicott

baby, examine the parents themselves and ask them to show their own bruises to confirm their story!

Ray Williams from the Metropolitan Police Forensic Laboratory, who has previously spoken at Association meetings at Ipswich and Brighton, followed with an update on trends in Forensic Sciences. When Locard first pronounced that every contact leaves a trace, he could not have foreseen that minute spicules of materials such as glass splinters were nowadays easily traceable and identifiable with instruments like scanning electron microscopes. Ray gave an intriguing account of wide ranging disclosures from detection of firearm residues to the secrets of the Markov case. A fascinating lecture indeed.

Professor Hugh Johnson's talk on "stabbing" bore his customary hallmark of prefection. Emphasizing the importance of checking on the victim's clothing he pointed out that there were often far more wounds there than on the victim and they might give a clue to the assailant. Further, cursory glances at the victim's hands for defence wounds were not good enough. The hand must be fully and forcibly extended and checked, only then can minute lacerations and scratches be picked up. Finally, don't imagine that a stab wound in the heart always results in sudden death. Professor Johnson reported some amazing cases of victims who have performed heroic deeds for very long periods after having their hearts pierced. Professor Keith Mant's talk concluded the meeting. What a fantastic collection of slides he has! His long forensic experience can be rarely equalled. Perhaps the most spectacular slide showed the head of a man who had committed suicide by putting his head in the path of a circular saw! Cleavage occurred directly between the central sulcus, separating the hemispheres exactly! During his lecture, Professor Mant complemented the Association by saying that he had seen our standards and expertise rise to what he considered were very high levels as a result of our forming a professional group. Praise indeed, from someone of his experience. Police surgeons not in the Association should ask themselves how

good their own standards are!

So much for the formal lectures.

Informal discussions continued for a long time afterwards over a superb buffet lunch in spacious surroundings. Over 80 delegates were present including some erudite laboratory personnel.

And what of the deserted wives? They didn't mind at all — they were spending their money enjoying the January Sales in the big London stores.

The final event was a magnificent Dinner and evening out at the famous Cafe Royal in Regent Street.

Altogether a most successful day.

IVOR DONEY

Incorrect conference dates were published in the Association's Diary. We apologise for any inconvenience caused.

A 27-year old man was electrocuted in Bulawayo when he attempted to charge his car battery from an overhead power cable.

Regular Sunday morning complainant at the front desk, "Just because I'm paranoid, Sergeant, that doesn't mean they're not out to get me"'

Opinions expressed in the Supplement are not necessarily those of the Association.

PUNISHMENT FIT THE CRIME

Three men convicted in South Carolina of raping and torturing a woman were sentenced to choose between 30 years in jail or surgical castration. The three men, aged 27, 21 and 19, pleaded guilty to raping a 23-year old woman over a period of six hours in a motel. She was also burned with a cigarette lighter and lost four pints of blood. If castrated the men would go on probation for five years.

The judge later said that he would not object to the men being dosed with a female hormone to achieve "chemical castration".

Castration is favoured by advocates of tougher official attitudes to criminals but it is condemned by others as barbaric and unconstitutional.

Tony McGarva has given up umpiring women's hockey as he can no longer stand the language or violence.

Dr. Ian Craig becomes President in May

Association Office

AMENDMENTS TO MEMBERSHIP LIST

DEATHS

We regret to record the following deaths

O.G. Young (Founder Member) Peterborough.
H.J.H. Dunn Blackwell Derby.

NEW MEMBERS

Area 1 (North West)	K. Mason	Liverpool
	L. Tragen	Birkenhead
Area 1a (Northern Ireland)	B.J. Farnan	Newtownabbey
	C.W.D. Knipe	Armagh
Area 2 (North East)	G.S. Everson	Sheffield
	W.C.J. Gray	York
	H.A. Khan	Hartlepool
	M.D. Matuck	Wakefield
Area 3 (Midlands)	S.J. Grenville	Derby
Area 4 (Eastern)	C. Corbyn	Mansfield
	W.G.H. Gamble	Sleaford
	J.F. Kelly	Lowestoft
	J.V. Mitchell	Stamford
Area 5 (South East)	W.H. Davis	Banbury
	Jane M. Thompson	Rochester
	R.D. Watson	Newbury
	S.K. Yadava	Grays, Essex
Area 6 (South West)	H.S. Badve	Illogan, Redruth
	Helen M. Jago	Bridgewater
	A.M. Rigby	Tewkesbury
Area 7 (Wales)	R.G. Baldwin	Risca, Gwent
	A.D. Earlam	Bwlchgwyn, Wrexham
	R.J. Hilton	Cwmbran, Gwent
	A.P. Lees	Cardiff
	(Transfer from area 5)	
	A.C. Pugh	Cwmbran, Gwent
Area 8 (Metropolitan & City)	K.G. Mistry	South Ruislip
	Bridget A. Wadsworth	London N20
Area 9 (Scotland)	J. Bain	Dundee
	P.L. McNaught	Glasgow
Associate Members	N. Cummins	Hartlepool
	M. Green	Leeds
	A.M.P. Kellam	Cardiff
	G.C. Mathers	Gloucester

Overseas	Lieut. Abdul A.E. Abbas	Bahrain

RESIGNATIONS

Area 1 (North West)	R. Abenstern	Bury
	D.G.W. Bowen	Ambleside
	H.D. Hall	Liverpool
Area 1A (Northern Ireland)	D. Nutt	Castlebrook
Area 2 (North East)	N. Cummins*	Hartlepool
	N. Maskrey	Scarborough
Area 3 (Midlands)	T.B. Stirling	Walsall
Area 6 (South West)	P. Holland	Salisbury
	G.C. Mathers*	Gloucester
	C.H.J. Rey	Guernsey
Area 8 (Metropolitan & City)	N. Farrier	Staines
	N. Raj	Ruislip
Associate Members	H.J.H. Dunn	Blackwell Derby
	E.L. Mommen	Inverness

ERRORS, OMISSIONS AND AMMENDMENTS

Honorary Members	Rev. Dr. W. Hedgcock	Windsor
Overseas	B.V.H. Bray D.M.J.	Guernsey
Area 4	N.C. Modi	Corby
	J.K. Murphy D.M.J.	Peterborough
Area 9	G. Fraser	Glasgow
	J.C. Gourlay	Glasgow
	N.M. Maclean D.M.J.	Clydebank
	R. Roger D.M.J.	Coatbridge
	K. Sorooshian	Glasgow

* Transfer to Associate Membership

MONOGRAPH

The second of the series of monographs will be published by the Association during 1984, probably in time for the Oxford IAFS Conference in September. The subject will be sexual offences.

Copies of the first monograph — "An Atlas of Non-Accidental Injuries in Children" — are still available from the Association Office.

MEMBERSHIP SUBSCRIPTIONS

Subscriptions are due on the **1st JULY 1984** (up to 30th June 1985).
Full Subscription is £50 per annum.
To plead ignorance is no excuse for non-payment — kindly send your cheque, unless paid by Bankers Order to:
Hon. Treasurer, c/o Creaton House, Creaton, Northampton NN6 8ND.

ASSOCIATION EMBLEMS

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

1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents . . . . . packets of 50 . . . . . £2.50
   Postage charge on Aide-Memoires 95p (one packet), £1.67 (two packets).
2. **Sexual Assault Leaflets.** Packets of 100 . . . . . £2.50
   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) £7.00
6. **Car Stickers** for the windscreen (plastic) . . . . . each 50p
7. **Wall Shield** or plaque bearing Association Insignia £13.00

Office Address:

CREATON HOUSE, CREATON,
NORTHAMPTON, NN6 8ND.

Office hours:

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

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:—

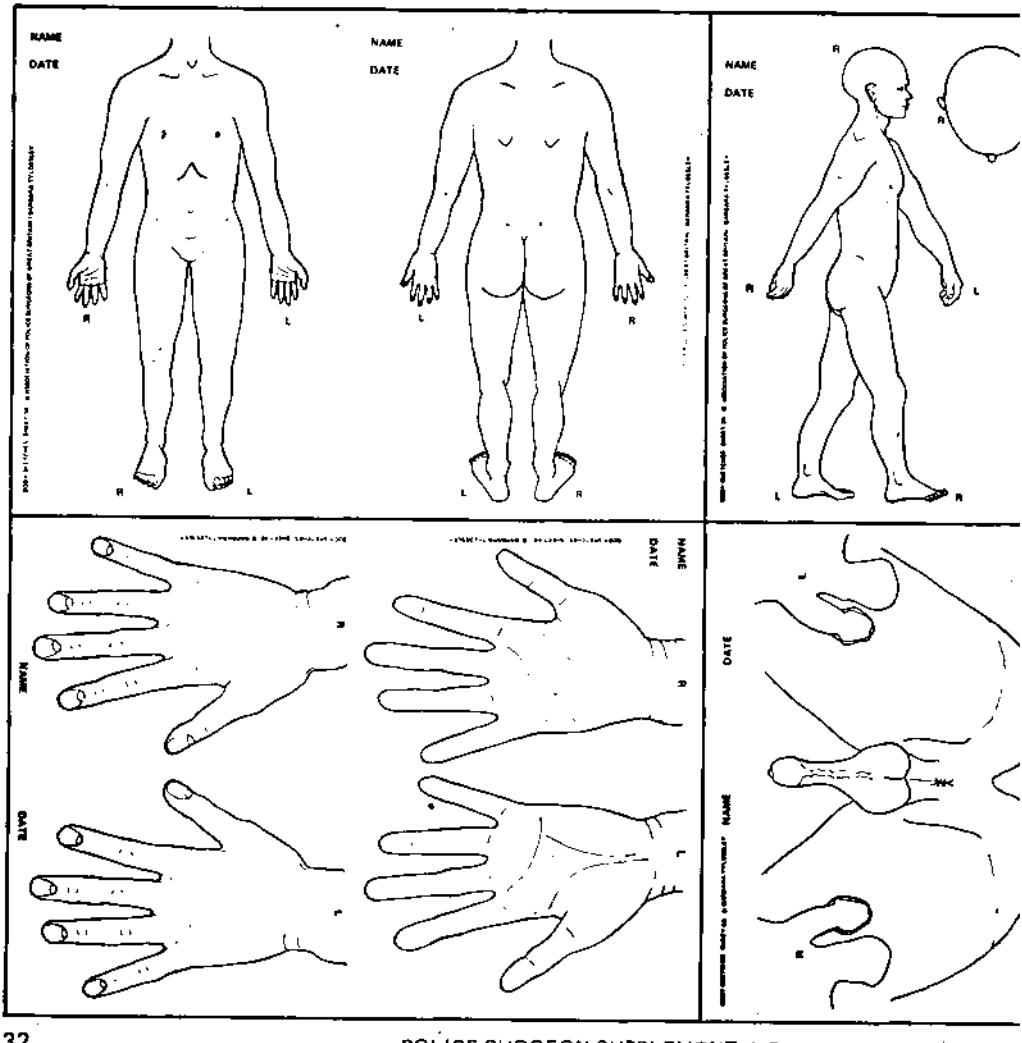
1. The Group Personal Accident policy would be underwritten by the Norwich Union Fire Insurance Society Limited.
2. A once only payment of £20,000 would be made in the event of death, loss of an eye or eyes, or the loss of limb or permanent total disablement.
3. After seven days of temporary disablement 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 £10.20 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.

BODYSKETCHESBODYSKE

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

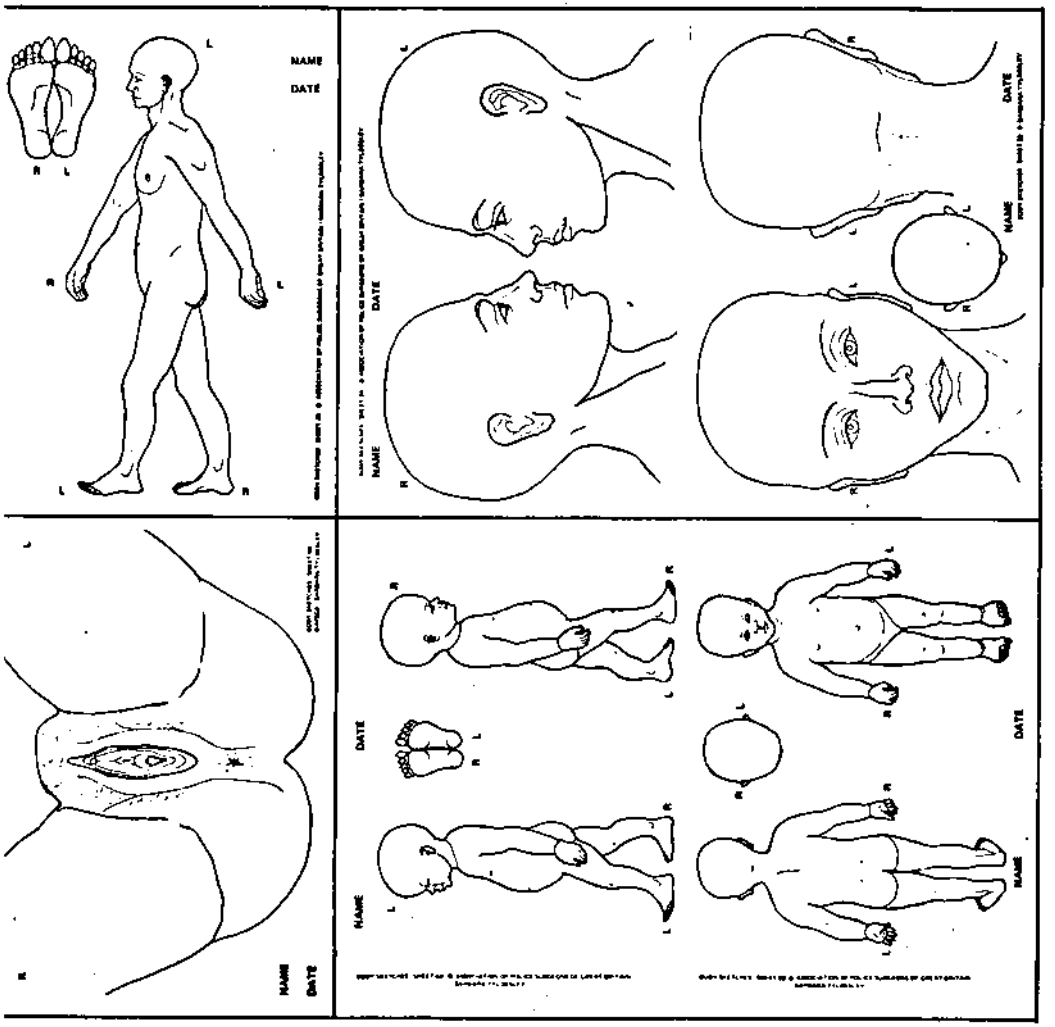
Sheet 1. Body — anterior and posterior views.
Sheet 2. Body — left and right sides and soles of feet.
Sheet 3. Head and Neck — anterior, posterior and lateral views.
Sheet 4. Hands, left and right — dorsal and palmar views.
Sheet 5. Genitalia — male and female.
Sheet 6. Child — anterior, posterior and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



CHESBODYSKETCHESBOD

Each sheet is available in packets of 50 at £2.00 per packet.
Postage — United Kingdom: 1 packet 95p; 2 or 3 packets £1.30; 4 or 5 packets £2.00 6 packets £2.35.
Postage Overseas (Surface Mail)
1 packet £1.74; 2 or 3 packets £2.44; 4 or 5 packets £3.65; 6 packets £4.87.
50 each of sheets 1-6 including p & p. — £14.00 (U.K.); £16.00 (overseas).

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



COUNCIL DIRECTORY

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President-elect:	Dr. Ian Craig, D.M.J., 2 West Square, Maldon, Essex. Tel: 0621 52845.
Hon. Secretary:	Dr. Hugh de la Haye Davies, D.M.J., Creaton House, Creaton, Nr. Northampton NN6 8ND. Tel: 060 – 124 722.
Hon. Treasurer:	Dr. David Jenkins, 51 Manor Way, Blackheath, London SE3 9AW. Tel: 01 – 852 7448.
Editor, "The Police Surgeon":	Dr. David McLay, Chief Medical Officer, Strathclyde Police Headquarters, 173 Pitt Street, Glasgow. Tel: 041 – 204 2626.
Editor, "The Police Surgeon Supplement":	Dr. Myles Clark, D.M.J., Vine House, Huyton Church Road, Huyton, Nr. Liverpool L36 5SJ. Tel: 051 – 489 5256.
Hon. Assistant Secretary: (Conferences):	Dr. T. Manser D.M.J., Whitelears, Bridgetown Hill, Totnes, Devon. Tel: 0803 – 863 876.
Hon. Assistant Secretary: (Scotland):	Dr. Peter Jago, 1 Craigbiew, Sauchie, Alloa, Clackmannanshire FK10 3HE. Tel: 0259 – 213 145.
Hon. Assistant Secretary; (N. Ireland):	Dr. W.E. St. C. Crosbie, 6 Ranfurly Avenue, Bangor, Co. Down. Tel: 0247 68207.
W.G. Johnston Memorial Trust Fund:	Dr. R.D. Summers, O.B.E., Akhams Drive, Woodford Green, London. Tel: 01 – 504 7116. (Other Trust members – Dr. J.E. Hilton and Dr. D. Jenkins)
Area 1 (North West)	Dr. Z.A. Qureshi, The Health Centre, Arthur Street, Brierfield, Nelson, Lancs. Tel: 0282 65175.
Area 1A (Northern Ireland)	Dr. W.E. St. C. Crosbie, 6 Ranfurly Avenue, Bangor, Co. Down, Tel: 0247 68207.
Area 2 (North East)	Dr. A.J. Irvine, D.M.J., Neafleff Farm, Sedgefield, Stockton-on-Tees, Co. Cleveland TS21 3HE. Tel: 0740 21909 or The Health Centre, Billingham, Co. Cleveland. Tel: 0642 – 531532.

Area 3 **(Midlands)**	Dr. R. J. Marsh, 26 London Road, Shrewsbury, Shropshire. Tel: 0743 58735 or 77 Church Road, Shrewsbury, Shropshire. Tel: 0743 54237.
Area 4 **(Eastern)**	Dr. M.A. Knight, D.M.J., 11 Tuddenham Road, Ipswich, Suffolk. Tel: 0473 57284. or 35 Hatfield Road, Ipswich, Suffolk. Tel: 0473 59556.
Area 5 **(South East)**	Dr. S.M. Hempling, D.M.J., 2 Onslow Close, Woking, Surrey. Tel: 04862 67020. or Sunnymead, Oriental Road, Woking, Surrey. Tel: 04862 72760.
Area 6 **(South West)**	Dr. Ivor Doney, D.M.J., "Hazeldene", Hazel Avenue, Chapel Green Lane, Bristol. Tel: 0272 733110.
Area 7* **(Wales)**	Dr. L.S. Addicott, D.M.J., Hafod, Ewenny, Bridgend, Mid. Glam. Tel: 0656 56527. or Riversdale House, Merthyr Mawr Road, Bridgend, Mid. Glam. Tel: 0656 4343.
Area 8* **(Metropolitan & City)**	Dr. R.J.R. Moffat, "Winsley", 180 Brighton Road, South Croydon, Surrey. Tel: 01 – 688 1389.
Area 9* **(Scotland)**	Dr. J.A. Dunbar, D.M.J., The Gables, Drumsturdy Road, Kingennie, Angus DD5 3RE. Tel: 0382 623 – 204. or 325 Strathmartine Road, Dundee DD3 8NE. Tel: 0382 812111.

*** Retire at Annual General Meeting 1984**

Subcommittee Membership (subcommittee's have power to co-opt).
Finance and General Purposes Subcommittee: President, Hon. Secretary, Hon. Treasurer, Drs. L.S. Addicott, R.J.R. Moffat, J. Nelson.
Ethical Subcommittee: President, Hon. Secretary, Hon. Treasurer, Drs. I. Craig, A.J. Irvine, N. Davis.
Educational Subcommittee: President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary for Northern Ireland, Drs. I. Craig, I. Doney, J.A. Dunbar, R.J. Marsh.

32nd Annual General Meeting

MINUTES OF THE 32nd ANNUAL GENERAL MEETING HELD AT THE ROYAL HOTEL, SCARBOROUGH, ON THURSDAY 19th MAY, 1983 AT 5.15 p.m.

1. Hon. Sec. reported that 26 apologies had been received.
2. The minutes of the 31st Annual General Meeting were received nem con after a proposal by Hon. Sec. seconded by Hon. Treasurer.
3. **Matters Arising**
   A discussion took place on the new contract. The meeting had the opportunity of being able to question Mr. Andrew Bosi, Secretary of the Private Practices Committee BMA, who promised to deal with the question of travelling time and sessional fees which needed clarification. The Hon. Sec. undertook in conjunction with Mr. Bosi to deal promptly with any local problems that might be reported to him.
   The guidelines to assist police surgeons in relation to the Defence published under the heading "Code of Practice" on page 16 of "Police Surgeon Supplement Vol. 13, November 1982" was ratified after a proposal by Dr. Ralph Summers seconded by Dr. Robin Moffat. Proposal carried by a large majority with 2 against.
4. The Hon. Treasurer's report was received and the accounts adopted after a proposal by Dr. Ralph Lawrence, seconded by Dr. Neville Davis. Following a discussion on the worth of the diary, Dr. Jackson proposed and Dr. Yorke seconded that the diary for 1984 be discontinued. The motion was defeated by a large majority.
5. The Hon. Secretary's report was adopted after a proposal by Dr. Paddy Keaveney, seconded by Dr. Ivor Doney. The President thanked both the Hon. Secretary, and the Hon. Treasurer for their reports.
6. A report of the W.G. Johnston Trust was presented by Dr. Ralph Summers, and adopted after a proposal by Dr. Ian Craig, seconded by Dr. Stephen Hempling. Dr. Summer reported a healthy balance of £6,940 and that 120 books were on their way back from America. Dr. Hilton was keeping a waiting list of prospective purchasers.
7. Full membership was confirmed in 41 new members who had enrolled since 31st A.G.M. and 2 members were granted Associate membership. 5 full members had transferred to Associate membership on ceasing to carry out police work. There had been 38 resignations during the year and 10 deaths. The meeting stood in silence out of respect to Dr. Henry Rosenberg OBE past president, and the other nine members who had died during the year.
8. **Election of Officers**
   The President was elected to serve a further year after a proposal by the Hon. Secretary. Dr. David Jenkins was elected Hon. Treasurer, proposed by Dr. Robin Moffat, seconded by Dr. Neville Davis. Dr. H. de la Haye Davies was re-elected Hon. Secretary proposed by Dr. Myles Clarke, seconded by Dr. Paddy Keaveney. Dr. Tim Manser was elected Hon. Assistant Secretary proposed by the President, seconded by Dr. R. Rew. Dr. David McLay was re-elected Editor after being proposed on behalf of Council by the Hon. Secretary. Retiring members of Council were thanked by the President and Hon. Secretary notified that the new members of Council were Area 4, Dr. Michael Knight, Area 5, Dr. S Hempling, Area 6, Dr. Ivor Doney.
9. **Any other business**
   Several interesting matters were raised from the floor of the house, and a

widely ranging discussion took place covering such matters as a drink/drive project, education of police surgeons, liaison with A.C.P.O. public relations, and the possibility of increasing membership of the Association. On thanking various members for their contributions, President reported that Council had already been giving considerable thought to the matters raised and we were grateful for opinions that had been expressed. Hon. Sec. once again stressed the importance of early communication with the office on any matters which members might feel would affect the interests of police surgeons in general. The next Annual General Meeting would be held during the week of the Annual Conference 1984, arranged for Peebles Hydro, week commencing 21st May.

(5.15 p.m. Wednesday 23rd May 1984).

H.M. CORONER

Bridgend Police Surgeon, Lawrence Addicott, has been appointed as H.M. Coroner to South Glamorgan. One of Lawrence's partners spotted a re-advertisement for the post of Coroner and Deputy Coroner and persuaded Lawrence to apply for the Deputy Coronership. The short list included 16 solicitors and one doctor. A solicitor was appointed to the Coronership and Lawrence was appointed as his deputy. Shortly afterwards, the solicitor received an offer of another job and the Coronership was offered to Lawrence. Lawrence's choice of a solicitor as his deputy has been approved by the County Council.

Lawrence will continue his work as a Police Surgeon; like many other Surgeons he has seen a substantial drop in his work-load since the introduction of the breath analysis machines. Neither his police area nor his general practice area is in the region covered by his Coronership.

The South Glamorgan Coroner deals with about 1,800 cases a year and Lawrence expects that the post will keep him busy on four or five half-days a week. Lawrence is planning some reduction in his general practice work-load and in the number of anaesthetics he gives.

Lawrence Addicott believes that his Diploma in Medical Jurisprudence was a significant factor in his obtaining the appointment.

DEATHS BEHIND CLOSED DOORS

TWO VIEWS ON THE PROBLEM OF DEATHS IN POLICY CUSTODY

A SCANDAL

TONY O'SULLIVAN

Doctors have a duty to scrutinise the treatment of people held by the police, among whom deaths rose sevenfold in England and Wales (from eight to 55) between 1970 and 1982, according to Home Office figures.

In London, the figures are even more disturbing. They show a ninefold rise (from three to 27). The statistics indicate an alarming trend, and nearly half the deaths in 1982 took place in the metropolitan area.

The figure of 55 may seem tiny. Police surgeons, indeed, do contend that deaths in police custody are "rare". They also argue that they are usually linked with alcohol or arise from natural causes. But a person who is arrested while drunk and who then dies is no less important than anyone else.

The fact is that of those 55 deaths in custody in 1982, only 23 were due to those two causes. But seven were due to hanging — in custody! Seven, too, were due to fractured skulls. The deaths of detainees suffering from treatable hypoglycaemia or undiagnosed skull fractures cannot be, or should not be, passed off as "natural causes". To die in a police cell, or very soon after spending time in a cell, without medical treatment, does not sound "natural" to me.

Actually, the figures are cosmeticised by the fact that they do not include deaths of people soon after they are released from police custody.

These trends should deeply worry the medical profession because they involve cases where medical diagnosis and treatment have been inadequate or even absent. It cannot legitimately be said, as police surgeons do claim, that most such deaths would occur anyway.

Take James O'Donnell, 41, who died on December 9, 1982 after being arrested and detained for drunkenness. The police said that he choked on his vomit and that two officers had tried to revive him. Resuscitation attempts were not successful and O'Donnell sustained nine broken ribs and a fractured sternum. The inquest verdict was death by misadventure.

The role of the police surgeon must also be examined. In many court cases, the detainee's health is crucially relevant. Mental health is often involved. In the case of Winston Rose, who suffocated to death in October 1982 under several policemen, police statements alleged mentally disturbed behaviour. One of the complaints of the family of Colin Roach was to do with a police statement within three hours of his death stating that a "mentally disturbed black man" had died (January 1983).

People who may need medical attention for mental illness are not offered help and their detention adds serious risk to their health. Also, where bereaved families know that their relatives have been depressed and mentally unwell, subsequent suicide must throw doubt on the standards of care in custody. All this concerns the ethical position of police surgeons, who must on occasions know that a detainee needs pyschiatric help but who support, either by their report or by their silence, a remand in custody.

One Sunday last February I was asked by the family and solicitor of a south London teenager to see him at the police

Tony O'Sullivan is clinical medical officer, Community Health Services, West Lambeth.

station. He had been depressed, unable to sleep and increasingly agitated and had been arrested after an argument at the local casualty department. The word "mad" was chalked on the outside of his cell door. The police permitted a medical examination only after the solicitor insisted. They would not allow it in private and police officers were present throughout.

The youth had several physical injuries, some fresh. He needed urgent psychiatric attention. The police surgeon, who had seen him twice, once for five minutes and once for ten, described him as "obstreperous" and prescribed promazine hydrochloride, which the youth, wisely in my view, declined. She made no mention of most of the injuries or any recommendations. The police rejected out of hand and without reason my recommendation for bail to allow for medical treatment.

But at court the next day, they were overruled by the magistrate. After two weeks in hospital, the youth recovered and was discharged home, the hospital's report enabling the charges to be dropped.

Independent doctors

The case showed that patients do need an alert doctor who is independent of the police. It showed how cavalier the police can be towards a detainee's doctor. And it showed how inappropriate the conditions can be in which a proper consultation can take place.

Detainees have no legal right to medical examination by a doctor of their choice. It should not depend merely on the whim of the local police. The law on this must be changed.

The medical profession has a duty to look closely at the treatment of detainees in police custody because the facts demand action. There should be a full inquiry into the medical examination and treatment of detainees, including the failure to recognise medical conditions, the treatment of people under the influence of alcohol or drugs, and cases of deaths in cells.

THE WORLD'S BEST

DAVID FILER

Early on Christmas Day, 1981, a young constable in north London found a tramp in the entrance of a shop, huddled under newspapers, cardboard and other debris. The man was taken to the police station where he was to be charged with "wandering abroad", the then operative "offence" which would have given him three days' warmth and food. By chance, the divisional police surgeon was at the station and noticed the vagrant. Alarmed by his appearance, the doctor examined the yet to be charged "prisoner" and, diagnosing hypothermia, arranged for his admission to hospital.

The man died a few hours later. The cause of death was hypothermia and bronchopneumonia. Yet, this was recorded as a "death in police custody". The dead man had been only briefly at the police station, was not charged and was there solely for humanitarian reasons, but the case is chalked up against the police.

I expect that the 1983 report of the Metropolitan Commissioner will categorise Colin Roach's death likewise, even though an inquest jury found that Roach, who died from gunshot wounds in the entrance to Stoke Newington police station, committed suicide. There was no evidence that the police were even aware of his presence before hearing the gunshot.

The idea of anyone dying in custody is, of course, abhorrent, and concern has long existed. But the issue has been newly highlighted by Michael Meacher MP in a memorandum to the Commons Home Affairs Committee voicing anxieties about the 273 deaths in police custody in England and Wales during the 1970s. One

Dr. David Filer, a GP in West London, is research convenor of the Police Surgeons Association.

result of the consequent publicity was that the police are now punctilious in recording all deaths, however tenuously they may be involved. In the Metropolitan area, special notification has to be undertaken in such circumstances as a death in a police station, a death in hospital when the deceased has come from a police station because of apparent injury or illness and following injury or illness after being arrested, a death at court while in police custody, and death when the deceased was in a police van. These specific instructions show that "death in police custody" should be replaced by "death on or from police premises".

I dislike and suspect statistics, particularly when percentages are misleadingly used with small samples, but the following data are noteworthy — not least because they show how open Britain is about such figures, compared with other countries. There were only 20 deaths in 1980 in the "Met", 27 in 1981 and 27 again in 1982. In all England and Wales in 1982 only 55 deaths in custody occurred. Clearly, we are dealing with a comparatively rare event.

Some may feel that even 55 deaths is too many and rightly ask if the numbers can be reduced. Yes, with fresh laws and more money. But most of these deaths would still occur, though not involving the police, if we changed the laws so that, for example, drunks were no longer arrested. But doctors who have been to Norway and Denmark will have seen the problems there of drunks roaming the streets. Again, instead of injured prisoners being taken to the police stations, they could be taken straight to hospital. But the public would have to decide on its priorities. Many inner city doctors could fill the short stay wards with drunks every night. Is it fair to allow a belligerent drunk to disrupt a casualty department? Prison-police wards in hospitals, like those in the United States, would be unacceptably costly. The best answer, detoxification centres, would be expensive too.

I have dwelt on the problem of injured drunken prisoners because they are the chief problem. Michael Meacher was concerned with alleged excessive violence by police but although there have been two or three *causes célèbres*, all deaths recorded in the past three years have had either an alcoholic background or could be attributed to natural causes.

Until Utopia arrives, the present system of police surgeons providing medical assistance to the police must continue. Actually, of course, they are neither surgeons nor on the police establishment — they are GPs. And one result of public interest in the matter is that the police tend to call them out whenever a prisoner complains of an ache or pain.

Often, patients are not only uncooperative but unkept, unwashed and covered with urine and faeces. That sort of person presents not only an unsavoury practical problem but also a difficult ethical problem to the police surgeon. Would it be fair for nurses to have to cope with that — a condition of the person's own making?

Any doctor who is concerned about the medical care of those in police custody should contact the local police surgeon. He, I know, will be pleased to take him on police calls at any time. Compared with elsewhere, the English police surgeon system provides the best practicable medical attention for those detained by the police.

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DETENTION CENTRES

NOTES FOR THE GUIDANCE OF POLICE SURGEONS

Under the Criminal Justice Act 1982 the detention centre order is intended to provide a distinct form of short custodial sentence for male young offenders aged under 21. There are two types of detention centre – junior centres for young male offenders aged 14 and under 17 years of age; and senior centres for those aged 17 and under 21. There are none for young women and girls. Where a court considers that a custodial sentence is unavoidable for a male young offender, it may pass a detention centre order for any period between 21 days and 4 months. With full remission this will result in 2 to 11 weeks in custody. If however the court considers that the offender is unsuitable for a detention centre on account of either his mental or physical condition it may not impose a detention centre order but (if the person is aged 15 or over) can instead pass a short sentence of youth custody. If the reason for exclusion from a detention centre was the offender's mental condition, the court is required to certify this fact on the warrant of commitment under the youth custody sentence which is imposed instead.

2. The aims of a detention centre as defined in the statutory rules will be to provide a disciplined daily routine; to provide work, education and other activities of a kind that will assist offenders to acquire or develop personal resources and aptitudes; to encourage offenders to accept responsibility; and to help them with their return to the community in co-operation with the services responsible for supervision after release. The regimes will be geared to short sentences, focussing on a basic 2-week programme comprising unskilled work, basic education, physical education, parades and inspections of a kind to which newly-sentenced young offenders can be introduced quickly so that they spend the greater part of the fortnight on a full regime. Individuals spending more than 2 weeks in custody will progress to a programme building on the initial 2 weeks but including a rather wider range of occupations appropriate to the length of the sentence – including work with a greater element of skill, a broader education programme and short basic training courses when these can be provided. Taking the detention centre system as a whole, the regimes are brisk and disciplined and physically active; work includes concrete moulding, market gardening, commercial greenhouse production, kitchen labour, cleaning, building maintenance and care of grounds and gardens. For those of compulsory school age about half the working week is spent on education; and compulsory evening classes are provided for other trainees. There is an average of one hour's physical education each day.

3. The detention centres at New Hall, Send, Foston Hall and Haslar are operating tougher regimes under a pilot project initiated in April 1980. While incorporating many of the features of other detention centres these establishments provide extra PE, formalised drill, parades and inspections and work from which, as far as possible, the less physically demanding tasks have been removed. The regimes are intended to be particularly brisk, rigorous and demanding.

MEDICAL SERVICES IN DETENTION CENTRES

4. Every detention centre has a medical officer, who is usually a local general practitioner acting part-time. Each centre has a small sick bay staffed by one or two hospital officers trained in basic nursing skills or by a registered nurse. The medical officer has full access to NHS hospitals for specialist advice and support and may also call upon the supervising senior or principal medical officer in the area for advice.

CRITERIA FOR FITNESS

5. *Physical*: To carry out the normal range of activities the offender must be physically fit, and any person with a marked physical disability or long-term illness should be excluded. The significance of a disability or illness should be judged by its likelihood to interrupt the person's participation in normal activities within the establishment — for example by the need for frequent medical attention or for his transfer to another type of establishment with more appropriate medical facilities or to an outside hospital — or the risk that the normal activities would aggravate his condition. For example, centres can accept young men suffering from minor conditions which can be remedied during the sentence, well-controlled diabetics and epileptics or those with minor fractures which are well on the way to full union. On the other hand, pronounced physical disabilities which might require prolonged bed rest or exclusion from more strenuous activity would render the offender unsuitable. The majority of young men sleep in dormitories and those with infectious diseases should therefore be excluded, but those with scabies or other verminous infections or with venereal diseases can be accepted. The latter can be accommodated in a single room until they are cured.

6. *Mental*: There are no facilities for psychiatric treatment at detention centres other than routine diagnostic assessments. Young men with mental illness or mental or psychopathic disorders, those who seem likely to react particularly adversely to stress and any who seem particularly prone to histrionics or to self-injury are therefore not suitable; nor are narcotic addicts unless they have been successfully detoxicated and do not require further treatment. On the other hand, 'soft' drug users usually respond well in detention centres.

7. At the four detention centres taking part in the tougher regimes pilot project the medical officer specifically considers during the reception medical examination whether the trainee is physically or mentally unfit for the tougher regime so that, if necessary, arrangements can be made for the transfer elsewhere (normally to another detention centre except where the trainee's condition is such as to warrant location in an establishment with a full-time medical officer). If a trainee enters the tougher regime but later, in the opinion of the medical officer, becomes unfit for it, he is similarly transferred elsewhere.

FURTHER INFORMATION

8. If a police surgeon is in doubt about an offender's suitability, he should communicate either with the medical officer of the centre concerned or with its supervising senior medical officer/ principal medical officer.

The fee payable both for the examination and the provision of a certificate will be £13 for each defendnat. For accounting purposes payment may be made in the case of magistrates' courts from the fines and fees accounts and in the case of the Crown Court by the chief clerk against the signature of the medical practitioner.

Where appropriate, travelling expenses and subsistance allowance in connection with the examination and preparation of the certificate may be paid at the prescribed rate.

Instructions from the Home Office to Clerks of Court and Chief Officers of Police.

DETENTION CENTRES

Establishment	Address and telephone number	Supervising Senior Medical Officers
JUNIOR DETENTION CENTRES		
Blantyre House	HM Detention Centre Blantyre House Goudhurst CRANBROOK Kent Tel: 0580 211367	Senior Medical Officer HM Prison County Road MAIDSTONE Kent ME14 1UZ Tel: 0622 55611/677751
Campsfield House	HM Detention Centre Campsfield House Kidlington OXFORD OX5 1RE Tel: 086 75 4113	Senior Medical Officer HM Prison Romsey Road Winchester HANTS SO22 5DF Tel: 0962 54494
Eastwood Park	HM Detention Centre Eastwood Park Falfield WOTTON-UNDER-EDGE Glos GL12 8DB Tel: 0454 260771	Senior Medical Officer HM Prison Cambridge Road BRISTOL BS7 8PS Tel: 0272 40245
Foston Hall*	HM Detention Centre Foston Hall Foston DERBY DE6 5DN Tel: 028 378 354	Senior Medical Officer HM Prison Winson Green Road BIRMINGHAM B18 4A5 Tel: 021 554 3838
Kirklevington	HM Detention Centre Kirklevington Grange YARM Yorkshire TS15 9PA Tel: 0642 781 391	Senior Medical Officer HM Prison Old Elvet DURHAM Tel: 0385 62621
Send*	HM Detention Centre Ripley Road Send WOKING Surrey GU23 7LJ Tel: 0483 223048	Senior Medical Officer HM Remand Centre Woodthorpe Road Ashford Middlesex TW15 3J2 Tel: 07842 41041 (London dialling code 69)
Whatton	HM Detention Centre Whatton NOTTINGHAM NG13 9FQ Tel: 0949 50511	Senior Medical Officer HMYCC and Remand Centre Glen Parva Saffron Road WIGSTON Leicester LE8 2TN Tel: 0533 772022

SENIOR DETENTION CENTRES

Aldington	HM Detention Centre Aldington ASHFORD Kent TN25 7BQ Tel: 023 372 436/7/796	Senior Medical Officer HM Prison County Road MAIDSTONE Kent Tel: 0622 55611
Buckley Hall	HM Detention Centre Buckley Hall Buckley Road ROCHDALE Lancashire OL12 9DP Tel: 0706 58094	Senior Medical Officer HM Prison Southall Street MANCHESTER M60 9AH Tel: 061 834 8626
Erlestoke	HM Prison/ Detention Centre Erlestoke DEVIZES Wiltshire SN10 5TU Tel: 038 081 3475	Senior Medical Officer HM Prison Cambridge Road BRISTOL BS7 8PS Tel: 0272 426661
Gringley	HM Detention Centre Gringley on the Hill DONCASTER S Yorkshire Tel: 0777 817631	Principal Medical Officer HM Prison Love Lane WAKEFIELD West Yorkshire Tel: 0924 378282
Haslar*	HM Detention Centre Haslar GOSPORT Hampshire PO12 2AW Tel: 070 17 80381	Senior Medical Officer HM Prison Romney Road WINCHESTER Hampshire SO22 5DF Tel: 0962 54494
Hollesley Bay	HM Youth Custody Centre/Detention Centre Hollesley Bay Colony Hollesley WOODBRIDGE Suffolk IP12 3JS Tel: 0394 411741	Senior Medical Officer HM Prison Mousehole NORWICH Norfolk NR1 4LU Tel: 0603 37531
Medomsley	HM Detention Centre Medomsley CONSETT County Durham DH8 6QX Tel: 0207 560851	Senior Medical Officer HM Prison Old Elvet Elved DURHAM DH1 3HU Tel: 0385 67671

* Indicates detention centre operating tougher regimes pilot project at time of issue of these notes for guidance.

New Hall	HM Detention Centre Dial Wood Flockton WAKEFIELD West Yorkshire WF4 4AX Tel: 90424 848307/ 840126/848652	Principal Medical Officer HM Prison Love Lane WAKEFIELD West Yorkshire Tel: 0924 378182
North Sea Camp	HM Detention Centre North Sea Camp Freiston BOSTON Lincs PE22 0QX	Senior Medical Officer HM Prison Greatwell Road LINCOLN LN2 4BD Tel: 0527 33633
Usk	HM Detention Centre Maryport Street USK Gwent NP5 1XP Tel: 029 13 2411	Senior Medical Officer HM Prison Knox Road CARDIFF Glam CF2 1UG Tel: 0222 41212
Werrington	HM Detention Centre Werrington House Werrington STOKE-ON-TRENT Staffordshire ST9 9DX Tel: 078 130 2131	Senior Medical Officer HM Prison Southall Street MANCHESTER M60 9AH Tel: 061 834 8626
Whatton	HM Detention Centre Whatton NOTTINGHAM NG13 9FQ Tel: 0949 59511	Senior Medical Officer Glen Parva Saffron Road WIGSTON Leicester LE8 2TN Tel: 0553 772022

TRAGEDY OF 42st. WOMAN

The body of a 42-stone woman who died at her remote north Cornwall home had to be removed by 10 firemen.

Widow Jean Markwick's weight made her a virtual prisoner in her bungalow at Trewint, south of Bude.

When she died yesterday, aged 65, her body proved almost impossible to shift.

The 10 firemen from Launceston who were called in tied together two hospital chairs on wheels and moved the body.

Home Office pathologist Dr. Bill Hunt carried out a post-mortem examination in a nearby outbuilding . . . it was thought the body would not fit through the mortuary door.

A 20 stone woman killed her husband half her weight by sitting on his chest in Pensylvannia USA.

Mangayan Tribesmen (Central Philipines) are reported to have roasted and ate a suspected cattle rustler.

Pathologist Keith Simpson speaking at a lunch in London: "I'm glad to say that all my life, I've been blessed with a good slabside manner."

USE YOUR SENSES

THE VALUE OF EXTERNAL EXAMINATION IN DETERMINING THE CAUSE OF DEATH

In any meeting or symposium of this character, where the majority of the participants are scientists well versed in the intricacies of the more abstruse problems of life and death, it may be salutary to consider a paper of this type, coming from professional men who are frequently the first to see the corpse. On their immediate opinion rests the next step and it is vitally important that their opinion be right. On very many occasions the decision as to whether the body died a natural or unnatural death rests with the doctor who first sees the body at the locus of death. On this decision may rest the immediate institution of specialised enquiries. A mistake may lead to an interval of inaction pending autopsy; thereby valuable time is lost and the criminal, if any, gets a longer start than he ought. Loss of time means loss of clues, and what could be stated as a matter of observed fact becomes a matter of, sometimes disputed, opinion.

In this context it is interesting to read in the autobiography of Sir Sydney Smith (*Mostly Murder*, published by George C. Harrap & Co. Ltd., pages 35 et seq.) a much better exposition of the above statement — we quote, "the success or failure of an investigation depends often on the initial observations and actions of the Police officers who first appear on the scene of a crime." This of course includes the Police Surgeon or Medico-Legal expert.

For long ages popular superstition, personal revulsion, and ecclesiastical opposition vetoed the dissection of the dead body, and delayed for centuries the discovery of apparently obvious facts like the circulation of the blood. Little progress could be made while church teaching and public opinion were united against violation of the dead body. Only a few brave spirits dared open up the corpse to lay bare the secrets of the dead.

Nowadays, it is an axiom that the cause of death, and the end effects of disease, can only be truly determined by careful and detailed examination by dissection. Conclusions from external examination only are classed as mere guess work. But are they? Can it seriously be denied that much valuable, accurate and helpful information may be got from looking at the outside of the body, rather than opening it.

Scottish medio-legal practice has been, and still is, criticised on this point. In England and elsewhere, virtually every case of sudden, unexpected or unexplained death comes to autopsy, besides all deaths due to violence. In Scotland an official dissection is unlikely unless there are "suspicious circumstances". Granted that suspicion may not arise at all until the pathologist has done his job in the mortuary, much can be learned from careful preliminary investigation and detailed inspection.

The Crown attitude in Scotland is not so unreasonable as it would appear. Nor is it entirely unscientific. Provided medical men in hospital as well as in practice, contact the police (Coroner in England: Procurator Fiscal in Scotland) whenever there is the slightest doubt about issuing a death certificate most unnatural deaths will be fully investigated. There is in fact no onus, in Scotland, for the attending doctor to issue a "death certificate". His legal duty is to certify life extinct, and, if

Submitted by the Association of Police Surgeons of Great Britain at the Third International Conference of Forensic Immunology, Medicine, Pathology and Toxicology, held in London, England, in April, 1963.

necessary, to notify the authorities that he is not prepared to go further for the time being. Only if there are grounds for suspicion, or the death falls into certain categories (accidents or anaesthetic deaths for instance) will a dissection be authorised. In most cases the outcome would seem to be satisfactory, and reasonably reliable, though the expert is well aware of the disadvantages and welcomes — indeed presses for — an autopsy to confirm his findings or deductions.

A review of the possibilities of external examination only would seem valuable therefore, for Scottish Medico-legists at least. Those working elsewhere, with powers to dissect in almost every case, can also learn something. Every cadaver should be painstakingly examined (not merely inspected) before any incision is made. Furthermore, in unsuspected criminal cases, a quick decision by the skilled observer, on inspection only, may lead to immediate investigation by the police. At the lowest it may be a mere guess, but presumably an intelligent one, based on experienced observation and trained deduction. Success depends on co-operation — the family doctor, the hospital authority and the police. Examination at the locus before the body has been disturbed is highly desirable. Accurate statements should be obtained in any event, from all those who saw the body before removal.

There is a real temptation to the modern pathologist, skilled in detailed examination *at and after* autopsy to have the body at once removed to the mortuary, stripped before he sees it, merely glanced at before he wields his knife, or even opened and organs disturbed an appreciable time before he arrives to carry out his "dissection".

Have we forgotten all our senses? How often does a keen nose find the clue — in natural deaths from diabetes and uraemia, as well as in poisoning from coal gas, alcohol, paraldehyde and cyanide for instance.

"Examine the body all over" is an accepted maxim, but do we always use a seeing eye, from all angles and in a suitable light? Touch gives a clue to the tem-

This paper was prepared by Dr. R. Hunt Cooke, President 1960-1963 and Dr. W. Fyffe Dorward, President 1963-1965

Dr. W. Fyffe Dorward

Dr. R. Hunt Cooke

perature, but palpatation reveals more — perhaps the grating of a fracture not yet splinted by rigor mortis. The difference in muscle tone (developing rigor) in paralysed and unparalysed limbs, fluid in the abdomen before the wall stiffens, or surgical emphysema in unsuspected chest injuries. Hearing can even play a part, the grating of a fractured long bone or vertebra, the gurgling of blood or fluid in air passages or abdominal cavity as the body is turned, even the indrawing of air on pressure on the chest. Taste only is excepted, though there is some authority for the statement that the ancient pathologists spotted glycosuria (and perhaps poisons) thus.

The classical changes after death — cooling, lividity, rigor and putrefaction — are much discussed as means of determining the actual time of death. In this respect they have been weighed in the balance and found wanting. Efforts to time the death by investigations into body chemistry have proved equally fruitless. But these very changes, obvious to the senses, may be very useful in arriving at the nature and cause of death , particularly where the approximate time of death is known. In assessing them, the findings at the locus can be invaluable. By all means, recognise the limitations of such observations, and of errors of deduction from them, but do not omit them entirely. Relearn some of the skill of our ancestors, who had no other guides, yet reached surprisingly accurate conclusions.

What is more striking that pink skin all over, and the localised cherry-red lividity of the carbon-monoxide poisoning? Smears on fingers that have fiddled with greasy soot on cooker taps and grills tell their story. Roll the body on the mortuary table and the odour of stale domestic gas or exhaust fumes can be smelt at mouth and nostrils. The clear pattern of part of a gas ring or cooker, grill or gas over sill may be seen in pressure marks about nose, cheek, chin or neck. If the body was first seen at the locus these clinch the diagnosis, but autopsy is still desirable to eliminate the coronary thrombosis causing death during the preparation of a meal. "Comfort" arrangements by the suicide (pillow, cushion, rug or quilt) with gaps stopped and chinks sealed are characteristic, whereas in the accident case a window may be still open. Spent matches in or near the cooker may point to mental confusion or muscle inco-ordination. Occasionally a suicide note or a warning notice "Ware gas" shows thoughtful premeditation.

Consider evidence from four cardinal post-mortem changes.

COOLING

Efforts to fix the time of death from rate of heat loss are hampered by many factors, known or unknown, which speed up the rate of cooling. However, if these factors are known but the cause of death not, the slow fall in temperature may be a clear pointer to asphyxia — due either to violence, accident or to a disease process to be classed as a "natural cause". Ante-mortem pyrexia, resulting in delayed cooling, will usually prove to be bacterial or viral in origin, though some fatal intracranial incidents raise the temperature before death. Conversely there may have been ante-mortem hypothermia accounting for an unusually low reading and abnormally rapid apparent cooling. Actual rise of temperature after death must be rare in this country.

LIVIDITY

This is virtually valueless in determining the time since death.

Lividity and hypostatis may clearly indicate, by depth and distribution, asphyxia as the mode of death. This is particularly reliable in strangulation and chest fixation accidents. Lapse of time and the effect of gravity may alter it and lessen its value, but on the other hand it may give unequivocal evidence of how the body lay after death, and subsequent alteration in its position.

In a recent case an old woman lay dead in bed for 24 hours. When found, one leg was dangling over the edge, closely simulating an ante-mortem gangrene. Fading of the blackness after a day on the mortuary slab indicated a post-mortem condition.

Most valuable information can be

obtained from the colour of the hypostasis. Navy blue in intense asphyxia, cherry-red in CO. poisoning and red suffused with faint blue when cyanide has produced convulsions as well as cellular anoxia. A further colour clue is present where jaundice (natural or from liver poisons) has developed before death.

A "coronary" death can be suspected if mottling is present about the neck and chest and along the sides of the trunk and limbs, in addition to the more uniform lividity of the back parts. The face and lips are often pale in contrast. This mottling quickly fades and has disappeared in a few hours. In some pneumonia deaths the blood coagulates rapidly, so that hypostasis is minimal, though lips and nails may remain bluish. A further pointer may be damp skin and sweat-soaked clothing in rapid viral pneumonia.

RIGOR

Death stiffening usually comes on slowly, though by no means in the traditional "from above downwards" way. Instantaneous rigor is not rare and may explain the far from placid features of many sudden deaths, the staring eyes, the grotesque grin or other unpleasant expression. Caution in interpreting such is very necessary as there may be a postular explanation.

A war-time shooting case illustrates the value of observing, and attempting to explain, instantaneous rigor of the whole body. A private in the Pioneer Corps was shot from the "left side behind" by a rifle discharged from a distance of several yards. Three occupants of the room spoke to the shooting – unintelligent, but apparently reliable witnesses. At the autopsy the entrance wound was found on the left forehead and the exit wound behind the right ear. The rigid distorted legs, trunk and neck showed clearly that the victim had turned almost fully round in response to a warning shout just as the shot was fired. None of the witnesses had noted (or remembered) the action.

PUTREFACTION

Putrefaction is usually a late post-mortem change; but it may set in extremely rapidly where there has been acute septicaemia before death. An acute peritonitis sows a general as well as a local colour change within a few hours. Occasionally the whole body may be black within 24 hours.

MARKS

Marks on the body may give valuable evidence of cause of death. Many indicate violence. Their characteristics are fully dealt with in text books under the appropriate headings. Firearm injuries are seldom missed but stab wounds may be easily overlooked if the examination at the locus is cursory. Grazes, contact abrasions, scratches and bruises may all have a story to tell, but call for very detailed examination and re-examination especially as to direction of infliction. If about the head and face it is essential to decide quickly whether they were received in a fatal syncope, or point to an attack. The marks need not be recent to be helpful. Scars, especially surgical ones may fit into a history of illness or injury consistent with a natural explanation for the death; or indicate a probable one. A penile scar (especially on an elderly person exten-

sively tattooed) may indicate other but latent syphilitic stigmata.

Deaths from poisoning require careful dissection, meticulous collection of samples and organs, and detailed chemical analysis. Yet some can be spotted at once, at the preliminary external examination; belladonna and morphine by examination of the pupils; lysol and acids from lip and chin stains; ammonia, cyanide, phenol and other aromatic poisons by sniffing at the mouth and nostrils; aspirin by the powder in the cheek pouches; and barbiturates from fragments of coloured capsules lodged between teeth or under dentures.

In sudden death from purely natural causes external signs are commonly found which, though not specific or diagnostic, may throw light on the problem at a very early stage in the investigations.

In pulmonary embolism, the source of the clot may be inferred from a local palpable thrombophlebitis, a laceration involving large veins, a recently healed lower abdominal operation scar, or a puerpural condition.

Left sided heart failure, with terminal pulmonary oedema frequently leaves a coarse froth at the lips or in the throat, with confirmatory oedema in the lower limbs. Flabby muscles and obesity often go with myocardial degeneration and liability to fatal collapse especially on unaccustomed effort or emotion. Insulin puncture marks suggest diabetic coma or hypoglycaeria, easily confirmed by a quick urine test. It is a simple matter to pass a catheter routinely, though postmortem rigidity may give a little difficulty in getting through the bladder sphincter. Incidentally the urine may smell strongly of paraldehyde, acetone or alcohol.

Intracranial "accidents" which produce a hemiplegia may be suspected by the difference in muscle tone on the two sides when testing for the onset of rigidity. The paralysed muscles stiffen later than the normal ones. Should a cerebellar haemorrhage have occurred, accidental bruises and abrasions from inco-ordination before death may be present. In a recent case, in a young boy, the picture was complicated by bruises about the limbs and shoulders, caused by the parents trying to restrain him as he flailed about screaming with headache.

Infants and young children die suddenly from acute otitis media, fulminating upper respiratory infection (I have very recently seen a healthy four year old die suddenly two hours after the first symptom), laryngo-tracheo-bronchitis, or rapidly developing pneumonia. Blood or pus in the ears, or dull areas on careful percussion, will sometimes be found by a careful examiner.

Every sudden death must be due to violence of some sort or the result of a natural cause. The vast majority fall into the latter category, and early detailed routine external examinations are an aid to dissection findings rather than a substitute for autopsy. More post-mortems should be done, and done more thoroughly by the expert in co-operation with the Police Surgeon, General Practitioner, Hospital Doctor and Police, etc., who know the history and findings at the time and place of death.

ILLUSTRATIVE CASE

This sequence of events began on the night of 28th January, 1959. In the Borough of Smethwick there is a large coloured population and the practice is for a more wealthy man to purchase a large old property and then house a family in every available room at a very profitable rent.

On this particular night at about 10 p.m. the landlord of such a property arrived at the Police Station asking for help as his wife was seriously ill with epilepsy and he could not get in touch with his own doctor.

He was given his doctor's telephone number, but returned some minutes later having failed to obtain a reply.

The Officer on duty then tried himself and it was about fifteen minutes before he could get through.

The doctor eventually arrived and by a poor light found the woman dead, but not having seen her recently he did not feel in a position to issue a death certificate; and in due course the Coroner was notified.

On the morning after, one of us saw the body in the Public Mortuary and noted some 20 bruises over the body externally, and suggested that this was not characteristic of a typical epileptic attack. To this the coroner's Officer replied that he had a description of these attacks, and that the woman would become vacant, froth at the mouth and proceed to throw herself about the house, and could only be restrained by some force.

This was a form of epilepsy with which I was not familiar and a closer examination revealed two small nail marks to the right of the neck just below the angle of the jaw and two small bruises in a similar position on the left side.

Looking at these one could not help but feel the restraining force had been at least unwisely applied, with the result that some 12 hours after the death a closer investigation was begun.

Whilst the Home Office Pathologist was busy about the post-mortem the investigating Officer closely questioned everyone in the house that night (about five Indians and a similar number of Jamaicans) all of whom were prepared to swear that they had seen this woman in a fit, seen her husband restraining her and eventually half carry, half drag her into the bedroom, after which they saw no more.

The post-mortem revealed another collection of bruises not visible externally, fractured ribs, and unequivocal signs of manual strangulation.

In the face of these findings questioning continued for many hours and it was not until the afternoon of 30th January that the truth was disclosed *viz.*, that this Indian had returned home to find his meal was not ready and set about his wife with a maniacal blind fury, eventually dragging her unconscious to the bedroom where she was subsequently strangled.

One cannot help but feel that the moral of this sordid tale is clear that:—

Had the doctor been alert to the possibilities, had he been prepared to look further than just the fact of death, and had he taken note of the position, clothing and temperature of the body a more searching investigation would have

begun before there was time to prepare what was a most convincing story.

As a small post-script I would mention that ever since that date I carry always a reel of flex, a 100 watt bulb, and plugs with adaptors to meet any lighting problem.

SUGGESTED GUIDE TO EXAMINATION

History

Medical, Social, Family, Occupational, Financial.
Mental, Criminal.
Recent actions and when last seen.

Locus

Deceased normally there? If not — Why there?
Signs of fight, fright or flight.
Disturbance of surroundings or abnormality.
Violence — Weapons or blood, etc.
Suicide — Arrangements, note, etc.
Smells — Gas, burning, neglect, etc.
Vomit or other discharges.
Containers — food, drink, medicine, poison.
Temperature — weather, etc.

Body

Clothing — stains, tears, disarray.
Obvious wounds, haemorrhage.
Head — injuries, condition of hair.
Face — eyelids, pupils, nostrils, lips, mouth. Smell.
Hands — nails, palms, wrists.

(In mortuary)

Remove clothing carefully, by cutting where necessary.
Neck, trunk, limbs, leg veins.
Abdomen.
Genitalia.
Time dead, more detailed estimation.

It is important when viewing a body for the first time to have a very rigid conception of what factors are important. Nobody knows at that stage what other data may affect the medico-legal importance of other findings.

All facts should be written down without exception, preferably as observed. Human memory is too fickle to rely on remembering the exact sequence of observation in order to "write up" notes later.

The above is suggested as a basic schedule but every worker will have his own preference.

R.H.C./W.F.D.

THE FORENSIC MEDICINE SOCIETY

Wednesday, 11th April, 1984
"Forensic Entomology"
Mr. Geoffrey Willott.

Wednesday, 9th May, 1984
"Documents – Various"
Mr. Peter G. Baxter, F.I.S.T.

Wednesday, 13th June, 1984
"Ultra-Violet Photography"
Mr. Raymond Ruddick.

Wednesday, 11th July, 1984
"Deathly Magic"
Mr. Eric Maple.

Wednesday, 10th October, 1984
"Kidney Transplants"
Mr. Andrew Paris, F.R.C.S.

Wednesday, 14th November, 1984
"An Interesting Recent Case"
Professor D.A.L. Bowen.

All meetings of the Society will take place in the upstairs room of The Artichoke, 91 Stepney Way, London E.1, at 7.00 p.m. for 7.30 p.m. The talk will be after the meal, commencing at approximately 9.00 p.m.

Further details from:–
Dr. Peter Vanezis,
Department of Forensic Medicine,
The London Hospital Medical College,
Turner Street,
London E1 2AD.

BRISTOL MEDICO-LEGAL SOCIETY

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,
British Medico-Legal Society,
Martindale, Bridgewater Road,
Sidcot, Windiscombe,
Avon BS25 1NN

MEDICO-LEGAL SOCIETIES

BRITISH ACADEMY OF FORENSIC SCIENTISTS

Thursday, 21st June, 1984:
Annual General Meeting, Presidential Address and Annual Dinner.
Venue: The Law Society, London.

Friday, 16th November, 1984:
The Annual Friends' of the Academy Dinner, to be held at the Law Society, London.

For further information contact –
The Secretary-General,
The British Academy of Forensic Sciences,
Department of Forensic Medicine,
The London Hospital Medical College,
Turner Street, LONDON E1 2AD.
Telephone: 01-377 9201.

THE MEDICO-LEGAL SOCIETY

May/June
Annual Dinner (date to be announced)

Thursday, 10th May, 1984
"Forgery Detection – New Approaches"
Mr. Robin Keely, Metropolitan Police Forensic Science Laboratory

Thursday, 14th June, 1984
6 p.m. Annual General Meeting
8.15 p.m. "The Work of the Criminal Injuries Compensation Board"
Mr. Michael Ogden, Q.C.

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.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Meetings are held in the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool 2, commencing at 8.00 p.m.
Further details from:–
Dr. M. Clarke,
Hon. Secretary, M.M.L.S.,
24 High Street,
Liverpool 15.

THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

All meetings are held in the Midland Hotel, Manchester, at 7.30 p.m.
For further information please write to:–
Mr. A.R. Taylor,
Hon. Secretary,
Manchester & District Medico-Legal Society,
Chester House,
Boyer Street,
Manchester M16 0RN

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 McClatchey,
Honorary Secretary,
40 Green Road,
Belfast BT5 6JT

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

Thursday, 10th May, 1984
ANNUAL DINNER at the Cutler's 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 SL 1WE
OR to the:–
Medical Secretary, Arthur Kaufman,
Children's Hospital, Sheffield 10.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

Meetings are held in the Leeds General Infirmary at 8.30 p.m. Membership enquiries should be sent to:–
Mr. J. Fairhurst,
30 Park Square,
Leeds 1.

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

CORRESPONDENCE

Police Surgeon's Office
Police Offices
376 Russell Street
Melbourne, Victoria, 3000

Dear Sir,

Subject: Boxing

For some time, I have been concerned about the wisdom, necessity and propriety of members of Police forces engaging in boxing. A recent statement on boxing adopted by the 35th World Medical Assembly of the WMA in Venice in October, 1983, is prefaced:

"Boxing is a dangerous sport. Unlike other sports, the basic intent of boxing is to produce bodily harm in the opponent. Boxing can result in death and produces an alarming incidence of chronic brain injury. For this reason, the World Medical Association recommends that boxing be banned."

The statement of the World Medical Association then includes a number of recommendations to national medical associations and to all boxing jurisdictions that until the goal of total banning of boxing is achieved, increased precautions against injury and for the treatment of injured boxers should be provided. These include better medical examinations, greater authority to ring physicians to stop any bout in progress at any time if, in his opinion, continuation might result in serious injury for either contestant, and to outlaw unsupervised boxing competition between unlicenced boxers.

Traditionally, Police forces have engaged in boxing, and it has been the practice for police boxing championships to be conducted as separate events or as part of general sporting events.

For many years, I have been a "casual follower" of boxing, and have acted as Medical Officer to boxing events, but have been conscious of the inconsistency and hypocrisy as a doctor in this my attitude, with the knowledge of the severe injuries which boxing can cause.

The argument is frequently expressed that boxing should be permitted to continue between amateurs, and particularly in Police forces, for three reasons:

a) The teaching of self-defence
b) The development of character; and
c) "Amateur boxing is not as bad as professional"

For two reasons, I believe that we, as an Association, should adopt a policy on this matter and should advise our various Police forces that in our opinion, boxing is dangerous and could result in death or severe injury. I am writing to a number of police forces and associations to obtain their views and evidence on current practices. I should be grateful for an answer to the attached questionnaire.

I believe there is one other reason why at this time, we as an Association, should take the lead in advising our Commissioners of this danger and recommending that boxing no longer be permitted as an official sport in police activities or as an official part of Police training. The public relations and educational effect of such a recommendation could carry considerable influence with the Community at large.

On the other hand, it is essential, in the current climate of public violence, that Police officers be given training in self-defence, particularly in the street environment where the Marquess of Queensberry rules do not operate.

I should be interested in views of members of the Association on this matter.

J. PETER BUSH

Readers are invited to complete the questionnaire below and send the results to Peter Bush.

POLICE BOXING

1. Is Boxing permitted as an official 'sport' in your Force? YES NO

2. Is Boxing compulsory? YES NO

3. What reason is given for the continuation of a dangerous sport?
   a) Self-defence training
   b) Character building
   c) It's not so bad as professional boxing

4. What alternative method of self-defence, if any, is included in Police training?

5. What alternative method of self-defence training is taught to Policewomen (assuming they are not encouraged to box)?

BORDERS BEACON

Members who attended the 1980 Annual Conference at Peebles will, no doubt, recall the sweet served with the dining room plunged into darkness, the only illumination being provided by the sweet itself.

Known as "Borders Beacon", it is a home-made ice-cream mixture prepared with Drambuie. Chopped cherries are added and it is served with shortbread on a silver dish, garnished with peaches and fresh raspberry Melba sauce. Each beacon is surmounted with a frizzy sparkler.

It is not necessary to notify the fire brigade before serving.

THE DIPLOMA IN MEDICAL JURISPRUDENCE

The Revised Syllabuses

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

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

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

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

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

Part 1 (General) of the examination is taken by all. The examination consists of a short answer 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 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 £100.00 and for the Final Examination £50.00 for each part. There is no Diploma fee. The re-examination fee is £50.00 for the Primary and £25.00 for each part of the Final.

For further details please write to:

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

FEES FOR THE JOB

SOME COMMENTS ON THE NEW CONTRACT AND NEW BREATHALYSER

British Police Surgeons receive an annual retainer and are paid item of service fees. The level of pay is uprated periodically, latterly by reference to the percentage increase awarded by the Review Body on Doctors Remuneration.

The Police Authorities have long wished to have a different reference point and were, concerned at the high income earned by certain divisional surgeons, particularly when several persons were examined at one "call out". The surgeons could respond by emphasising that the community generates work and the surgeons' pay legitimately reflects expert work done. Again a "swings and roundabouts" compensation operates whereby an uneconomic far flung single case is set against a more "rewarding" multi-person episode. There was division too among police surgeons themselves; the urban brotherhood earning proportionately more from the numerous items of service and generally gaining more on the "roundabouts" of riots and mayhem involving several persons.

These issues were crystallised on 1st May 1983 when the direct reading roadside breathalyser came into use, and a radical reduction in both work load and remuneration was forecast. Our negotiators secured a new contract involving regular uprating linked to a specified career grade in the Review Body award. The classification of cases was broadly simplified into forensic and other. Forensic cases now include:—

unexplained death
murder and grievous bodily harm
sexual offences
child abuse
drug offences
impairment examinations (Road Traffic Act)
level of intoxication assessments

and others:—

examination of minor injuries
venepuncture for Section 6 Road Traffic Act
fitness to be detained
provision of necessary treatment

Certain redistribution of classification has occurred alongside the simplification of codes. The material changes involve:—

1. The promotion of death certification in non suspicious circumstances and child abuse examinations and assessment of degrees of intoxication in non Road Traffic Act cases into the forensic category.
2. The introduction of a new classification of "second and subsequent cases".
3. Marginal alterations in the definition of "night and weekend" work.

There is a factor of 1.5 between day and night work and between second and subsequent cases and the first case, and of 1.3 between forensic and other cases.

A no-detriment clause was secured whereby colleagues could elect to be paid on the old contract, but that itself was never to be uprated, so this would obviously only be a temporary determination by some surgeons. This particular election was thought to be difficult in the inter regnum before the new contract had its first uprate. I elected to be paid ab initio on the new contract.

Table 1 shows an analysis of my work in S.E. London for 13 weeks before and after 1st May 1983.

Table I

Type	Day or night	1st or subsequent	Before 1st May	After 1st May
Forensic work	d	1	20	23
		2	4	3
	n	1	39	55
		2	13	10
Other	d	1	54	44
		2	12	25
	n	1	127	128
		2	40	60
Total			309	348

Comment on Table I: The arrival of the direct reading breathalyser coincided with a very slight increase in workload.

Table II shows the income from calls (ignoring reports and mileage payments but including ¼ of a full surgeons availability fee and the DMJ supplement) before and after 1st May 1983.

On 26th January, 1948, a man posing as a Health Official entered a Japanese bank and announced that he had come to administer an anti-dysentry medicine. However, the medicine contained cyanide and all but four of the 16 people present died from the poison-laced dose.

Sadamichi Hirasawa was one of about 2,000 people with some link to the scene, whom the police questioned, and who failed to prove the origins of a large amount of money he carried. Now 92, Hirasawa has been awaiting execution for 29 years.

Table II

		Before 1st May	After 1st May	Total
I	No. of cases	309	348	657
II	Old contract + availability fee + DMJ	5840	6716	12556
III	New contract + availability fee + DMJ	5976	6667	12643
IV	Mean fee per case III/I	£19.34	£19.15	£19.24

The corresponding totals on the old contract were reworked making appropriate classification changes.

Comment on Table II: The election, old or new contract, made no monetary difference: the new contract is clearly preferable from now on.

Table III shows further calculations based on the figures in Table I.

Table III

Proportion	Before 1st May	After 1st May
Forensic / Total	$\frac{76}{309} = 25\%$	$\frac{91}{348} = 26\%$
Night / Total	$\frac{219}{309} = 71\%$	$\frac{253}{348} = 73\%$
Second and subsequent / Total	$\frac{69}{309} = 22\%$	$\frac{98}{348} = 28\%$

Comment on Table III: These fractions are unchanged but Table IV is an analysis of "alcohol related" cases.

Table IV

Type		Before 1st May	After 1st May
'Impaired' Section V RTA examination	d	1	–
	n	16	25
'Drink' not RTA examination	d	5	3
	n	15	11
'Breathalyser' Section VI RTA, blood specimens	d	7	2
	n	69	17
Total	d	13	5
	n	100	53

Comment on Table IV:

1. There is a general fall in alcohol related cases (113:58) and a predictable fall in the number of venepuncture cases (76:19). The remaining blood specimens occur with
   a. machine failure
   b. inability for legitimate medical reasons to provide a proper specimen of breath
   c. the 40-50mg% election provided by the legislation
   d. casualty department cases
2. I detect some divergence in operation habit between Police Officers in their interpretation of the branching network pro forma (no. 116) they use to take their critical paths through the letter of the law.
   2.1 When we are examining a person for impairment is it proper to be informed contemporaneously of the breath test result? One interpretation is that it is a relevant bit of evidence to be evaluated along with the clinical findings. Another view is that it is highly prejudicial. This particular dilemma did not exist when blood samples were the norm in Section V cases — the blood alcohol level was not known for weeks.
   2.2 In a like situation is there an element of choice for the person accused, i.e. if has refused to give a breath sample at an earlier stage in the proceedings should he be further offered the choice of providing blood or even urine as in the olden time?
3. It might be in the public interest for the "drunk not RTA" category to increase rather than decrease (20:14) if death in the cells is to be avoided.

Comments/Questions on the Wording of the New Contract

1. The charge to be preferred is the basis of the fee classification and this can often only be an inspired guess by the police surgeon. The existence of a wound is a common finding. At one interpretation a wound may be material to serious charges such as grievous bodily harm. At another it is merely incidental to an opinion upon fitness to be detained.
2. Finding illegally obtained drugs may again be the real substance of a charge, making the forensic fee appropriate, or purely an intriguing exhibit among the prisoner's possessions. In what circumstances is it proper to charge under the heading "offences relating to drugs"?
3. Does the phrase "in connection with child abuse" include examinations where the police or social worker are "not happy" about the welfare/nutritional state/emotional security of a child?
4. What is the significance of the differential use of the words
   "in relation to" (4 times)
   "in connection with" (4 times)
   in the wording of the fees structure?
5. There remains a confusion about travelling expenses. There is a supplementary payment for examinations "lasting more than 1 hour". Mileage payments might be thought to cover the "cost" of travelling but not to adequately reflect the time taken by the whole episode "door to door". A distant singleton night call and a day case delayed by traffic both receive paltry reward, if the 1 hour rule is construed to mean [illegible]e in the police station. In equity this should be door to door time especially in [illegible] of the attrition in the fee for second and subsequent cases on the same call out.

these few caveats I consider we have been well served by the negotiators and contract.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

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

22nd May 1984
Conference on Death Certification and the Autopsy. Royal College of Physicians, London.
Further details from the Conference Secretary, Royal College of Physicians, 11 St. Andrews Place, Regent's Park, London NW1 4LE.

14th – 17th September, 1984
International Association of Forensic Toxicologists 7th Triennial and 21st International Meeting.
Metropole Hotel, Brighton.
Further details from N. Dunnett, Home Office Forensic Science Laboratory, Aldermaston, Reading, Berks. RG7 4PN.

18th – 25th September 1984
Conference of International Association of Forensic Sciences.
Oxford (see page 8).

President: Professor Stuart Kind.

Note: the A.P.S.G.B. will NOT be holding an Autumn Symposium in 1984 so that members may attend the Oxford meeting of IAFS.

25th – 26th October 1984
"Addiction: A Hundred Years On"
Centennial Symposium to be held at the Royal Society, 6 Carlton House Terrace, London SW1.
Details from Dr. A. Hamid Ghodse, Drug Dependence Treatment Unit, St. George's Hospital, Blackshaw Road, London SW17 0QT.

12th-17th May 1985
A.P.S.G.B. Annual Conference, Golden Valley Hotel, Cheltenham.

4th-6th October 1985
A.P.S.G.B. Autumn Symposium
Barnstaple, North Devon.

May 1986 (Provisional)
A.P.S.G.B. Annual Conference and 2nd Cross Channel Conference
[illegible]on.

[illegible]r 1986
[illegible]G.B. Autumn Symposium
[illegible]N. Ireland.

INTERNATIONAL MEETINGS

3rd – 5th May 1984 – U.S.A.
Southwestern Association of Forensic Scientists Spring Conference will be held at the Doubletree Inn in Scottsdale, Arizona.
For information contact:
Todd Griffith,
Arizona Dept. of Public Safety,
Crime Lab, P.O. Box 6638,
Phoenix, AZ 85005
Tel: (602) 262-8394

12th – 19th May 1984 – U.S.A.
California Association of Criminalists Spring Seminar will be held in Monterey, California.
For further information contact:
Stephen Cooper,
Seminar Chairperson,
Calif. Dept. of Justice,
Regional Laboratory,
745 Airport Road,
Salinas, CA 93901
Tel: (408) 443-3188

12th – 16th August 1984 – U.S.A.
11th Annual Seminar in the Forensic Sciences will be held at Colby College, Waterville, Maine. For further information contact:
R.H. Kany, Director,
Special Programs,
Colby College,
Waterville, ME 04901
Tel: (207) 873-1131, ext. 2386

18th – 25th September 1984 – ENGLAND
Conference of International Association of Forensic Sciences, Oxford (see page 34).

17th – 21st March 1985 – ISRAEL
"Experiencing Graphology" International Congress to be held in Jerusalem, Israel.
Further details from:
The Organizing Committee of the Congress on "Experiencing Graphology",
c/o Superjet Tours Ltd.,
17 Shamai St.,
Jerusalem 94631
Israel.

16th – 20th June 1985 – ISRAEL
Second International Congress on Nursing Law and Ethics, to be held in Tel-Aviv Israel.
Further details from:
Judge A. Carmi,
Board of Governors, World Association for Medical Law, P.O. Box 6451, Haifa, Israel.

DATES FOR YOUR DIARY

8th – 12th September 1985 – ISRAEL
First International Congress on Hospital Laws, Procedures and Ethics. Tel-Aviv Israel.
Further details from:
Congress Secretariat, Peltours Ltd., Congress Department, P.O. Box 394, Tel-Aviv 61003 Israel.

February 1986 – AUSTRALIA
Fifth Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers.

16th-20th September, 1985: HUNGARY
XIII Congress of the International Academy of Forensic Medicine and Social Medicine. To be held in Budapest, Hungary.
Congress Languages – English, French and German.
Papers welcome.
There will be many social activities in this truly beautiful city.
Further information from:–
Professor Somogyi, Semmelweis Medical School, Department of Forensic Medicine, Budapest 9, Ulloi Ut 93, Hungary.

14th-18th August, 1986: SRI LANKA
2nd Indo-Pacific Congress of Forensic Medicine (Previously called Asian Pacific Congress). To be held in Colombo, Sri Lanka.
Further details from:–
Dr. Ravindra Fernando, P.O. Box 869, 111 Frances Road, Colombo 10, Sri Lanka.

D.M.J. SYLLABUS CHANGE

Changes in the Diploma in Medical Jurisprudence Syllabus will come into force in October 1984 in time for the Part I examination.

The multiple choice question paper, which was a feature of the Part I examination, will be replaced by a short answer paper. This paper will take two hours and will, therefore, be held on the Monday afternoon. The number of questions in the short answer paper will vary from time to time but will be about ten. The questions will be drawn from all sections of the Part I Syllabus.

Candidates for the Part II (Clinical) section will now be expected to present a casebook of ten cases (formerly seven to ten cases). Furthermore, casebooks will have to be bound. In the past casebooks presented to the examiners have varied from a rough collection of loose-leaf papers to works of art. Casebooks will be scrutinised with particular reference to presentation, diversity of material, description of cases, relevant comments from authoritive sources and any personal observations. Unsuccessful candidates for the Part II (Clin) will be required to present a further 10-incident case book, unless the first book is of exceptional merit.

Advice regarding the binding of casebooks may be obtained from Medical Schools, Postgraduate Deans, Hospital Librarians and the Association Office. The binding of casebooks may take several weeks.

The casebook required for Part II (Pathology) must still contain 20 cases. It will also have to be bound and should contain illustrations and photographs, where relevant. If the candidate is unsuccessful, a fresh casebook must be submitted, except where the first casebook is of exceptional merit.

Two minor changes – questions on current legal practice will not be confined to practice in the United Kingdom and Western Europe. In particular, candidates from abroad will be expected to be familiar with medico-legal practices in their own countries.

Finally, pathology candidates may now have to answer questions on anthropology in the Part II.

Further details and the full syllabus may be obtained from: The Society of Apothecaries of London, Apothecaries' Hall, Black Friars Lane, London EC4.

CONGRATULATIONS

Recent D.M.J. successes included A.P.S.G.B. member Peter Densham of Torquay.


A TIPICAL SCENE
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SUMMONS
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MARY ANN: NO—SHE ONLY TRUSTS ME WITH THE BABY AT PRESENT!
"TAKE ME IN YOUR ARMS