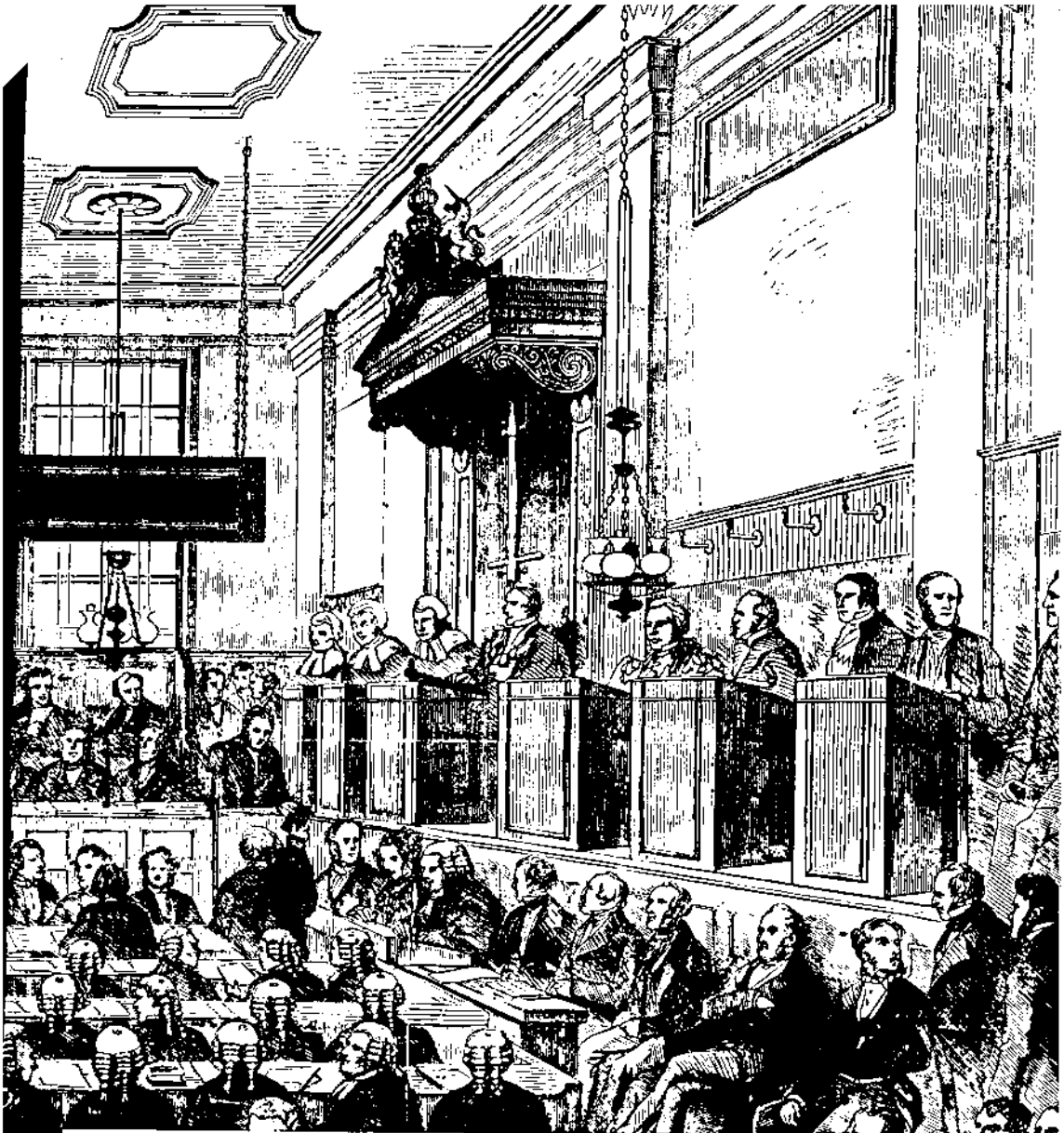

The Police Surgeon
SUPPLEMENT

Vol. 17 DECEMBER 1984

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

The Journal of the Association of Police Surgeons of Great Britain. Published bi-annually, price £10.00 or $20.00 US per year including postage.
Distributed free to all members of the Association.

Editor: Dr. DAVID McLAY,
Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow, G2 4JS.

RAPE

The latest Association publication, in association with the W.G. Johnston Memorial Trust Fund. "A clear description of the medical examiner's duty when confronted with a case of alleged rape". From the Association Office price £8.50 (non-members p&p 50p). See page 77.

THE POLICE SURGEON SUPPLEMENT

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

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Hunter House, 8 Canal Street, Chester, CH1 4EJ.
Telephone: Chester 26683.

Cover: The Trial of William Palmer, Illustrated Times 1856

The Police Surgeon SUPPLEMENT

Vol. 17 DECEMBER 1984

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PRESIDENT'S LETTER

It is presumptious, not to say foolhardy, for anyone in the early months of a term of office to make ambitious statements about aims and objectives, and as a very new President I have no intention of doing so.

It is, however, reasonable that I should declare how I see my responsibilities, and indicate how I hope to meet them. I have the good fortune to have before me the example of my predecessors who have all achieved distinction and who have all in their own way contributed to the status and development of our Association. I shall do my best to emulate their example and to prove myself worthy of the trust which has been conferred upon me.

I am anxious during the next two years to contribute to the increasing role of the Association in Education in Clinical Forensic Medicine; I hope, too, to continue to contribute to the improvement in relationships between the Association and other Associations, Societies and Professional bodies, including our colleagues in the Police Force.

I very much want to involve, to a greater extent than at present, the Members of the Association in decision making, particularly with regard to policy and Association activities. The membership has both a right and a duty to make their views and ideas known, either through their Member of Council or directly to the Secretariat or to myself. All too frequently we hear criticism after the event — please make your opinion and suggestions known.

This is traditionally the 'silly season' when nothing is supposed to happen. You may be assured that a considerable amount of hard work is continuously being carried out, particularly by the Secretariat and negotiating committees on your behalf. For my own part I have been able to take part in a number of events of interest: earlier in the year I was invited by the Essex Police to take part in a seminar on the management of victims of sexual offences, primarily organised for the benefit of women doctors who had expressed an interest in the subject. We were surprised at the response to the invitation, between thirty and forty ladies attending, none of them appointed Police Surgeons or

deputies. Some, who clearly had not appreciated the implications, did not pursue the matter further but twenty-two have expressed their willingness to act as examiners and to be available to do so. I expressed the view often stated by the Association that we would welcome lady members, provided that they took steps to become proficient in all aspects of clinical forensic medicine and court work, as without these they could neither expect nor be expected to examine adequately victims of sexual crime.

The view of the Police is that when a victim expresses a preference for a woman examiner one of those who is on the availability list will be called and will attend along with the appointed Police Surgeon who will carry out the examination. Not until she had been present and assisted in a case would she be allowed to deal with one on her own. I discussed this subject with the C.I.D. a few days ago and was told that since that meeting no victim of alleged assault has requested that the examination should be carried out by a woman. However, we agreed that all the doctors who have put their names on the availability result will be invited to our next joint meeting in November when no doubt the subject will be fully discussed and — who knows? — we may gain some new members for the Association. More of this in the next issue.

The joint meetings of C.I.D. and Police Surgeons are organised by the Police in Essex and are of tremendous value and interest not only in the subject matter and exchange of ideas at the formal meeting, but also in the informal proceedings afterwards when the bar provides an excellent forum for discussion of mutual problems, and helps us to appreciate better each others' difficulties. I know that most areas hold similar meetings but I am told that there are some that do not. If you have no such meetings in your area will you please let me know and the Association will help you to organise them.

A few months ago, with a group from the Medico-Legal Society of London, I took part in an organised visit to Broadmoor Hospital. This visit was a most interesting experience and well worthwhile. I would strongly recommend it to any members who have the opportunity to visit or who would like to organise a group of colleagues to make up a party. You can do this by writing to the Medical Superintendent at the Hospital, but be warned, there is a waiting list of a year. The Medico-Legal Society is organising another visit next year so any who are members of this Society may like to put their names down. Visiting parties are restricted to twenty members. I hope to publish an account of the visit in the next edition of the Supplement.

Had any member chanced to be in Bedford Square last week he might have been surprised to see the President enter a building with the plate 'Medical Council on Alcoholism' on the door. Allow me to explain. A few months ago our Secretary was approached by the executive director of the Council asking if the A.P.S.G.B. would be interested in participating in a seminar on 'Alcohol and Violence' and the letter was passed to me for action. I confess that at that time my knowledge of the Council was limited, but since then I have learnt a good deal about it and I am impressed. Briefly it is a registered charity set up by a group of doctors and other interested parties sixteen years ago. It is funded partly by private donation and partly by the D.H.S.S., and its objectives are research into, and education about, the problems of Alcoholism. You will be familiar with their publication 'Alcohol' which is distributed quarterly to all G.Ps. and some of you attend, as I did myself, their excellent seminar on 'Alcohol and Driving' in Birmingham last year.

I have had a meeting in London with the Executive Director, Dr. Gough-Thomas, and it is our intention that the seminar be held on one day in March 1985, probably in one of the Royal Colleges. It is too early to give any details but it is hoped that speakers will

include an eminent Psychiatrist, a learned Judge, a Coroner, a Consultant Accident Surgeon and others. A great deal of work remains to be done before a final programme is produced, but if members would like to express even a provisional interest at this time, will they please let me know. It will be helpful to have some idea of the likely response from our Association. Full details will be circulated as soon as they are available.

Very soon now we're off to Oxford for the 10th Triennial Meeting of the International Association of Forensic Sciences — a meeting to which I am very much looking forward and where I hope to see a strong representation of Police Surgeons. Sadly, we have once again been denied Section 63 — not for want of trying on our part. After the initial rejection of the application by Myles Clarke, I wrote to the Director of Post-graduate Medical Education & Training, lodging an appeal on the grounds that Clinical Forensic Medicine had become the province of the Police Surgeons, most of whom are full-time General Practitioners, and that with the well publicised shortage of Forensic Pathologists, an increasing responsibility was placed upon us. We can only hope to cope with these responsibilities with the help of continuing education and regular opportunities for meetings with colleagues in the related disciplines for the interchange of ideas and the dissemination of knowledge. Alas it has availed us not; I received a very courteous and sympathetic letter from Mr. Potter expressing his understanding of our situation, but his regret that we, like many others, were victims of cash shortages. We will continue to apply for Section 63 for our meetings and hope to be more successful in the future. For the time being, however, it does appear that we are going to be denied. Do remember, though, that we can claim tax relief on our expenses.

I look forward to seeing some of you at the various meetings in the next six months and the rest of you at Cheltenham.

I have just returned from the I.A.F.S. 10th triennial meeting at Oxford, and I am happy to report that the Association was well represented in the section on Clinical Forensic Medicine.

This was the first time that there had been such a section and the standard of papers given by our members was uniformly high and did much to uphold and enhance the reputation of the Association. In addition Ivor Doney was secretary of the Section entitled 'I've often wanted to give a paper on —', which he controlled with customary enthusiasm and efficiency. I was pleased at the interest shown in Police Surgeons by delegates from other countries and had many enquiries from, and discussions with, members of Scientific and Medico-legal organisations from overseas. At the opening of the Conference I was invited to give a brief welcome to delegates on behalf of the Association, and at the closing banquet our contribution was happily acknowledged when I received, on behalf of the Association, a splendid gavel from the President of the I.A.F.S., Professor Stuart Kind. All in all we came away well satisfied that we had taken another significant step forward in the recognition of the Association as a major contributor to the cause of the Clinical Forensic Medicine not only in this country but also abroad.

IAN CRAIG

The Editor wishes to thank his secretary Mrs Sheila Anderson, who has now retired to Devon, for her devoted service since the first publication of 'The Police Surgeon Supplement'. Her unstinted efforts contributed to the success of past Annual Conferences and the development of this magazine.

COMMENT

TERROR OVERT AND COVERT

The bombing of the Grand Hotel earlier this year was a sad reminder of the violent world we inhabit. It is not a reminder those in Northern Ireland require. The 1981 Annual Conference was held at the Grand Hotel, and this gave to many of us a special regard for the Hotel. We convey our sympathies to those injured and to the relatives of those who lost their lives.

We have to live with the threat of terror from secret organisations. That some of the population should have to live in terror, of lawfully constituted organisations behaving unlawfully is shocking and frightening. Intimidation, arson, barricades, petrol bombs, ambushes, widespread destruction of private and public property, major assaults and now murder — these are the ingredients of civil war. The same techniques were used with dreadful success in Germany before the second World War.

Standing between the thugs and their intended victims (and us) are the police. Night after night we watch them struggling, usually successfully, to enable others to go about their lawful business. The police have earned our admiration and our thanks. That the police should be attacked and vilified by democratically elected politicians is sickening, but it does serve to demonstrate that the major threat to our society lies not overseas but amongst us.

LIMITED OPTION?

Earlier this year, after a campaign by a national newspaper, the Home Office permitted drivers shown to be driving with excess alcohol as a result of a breath test to opt to supply a sample of body fluid, either blood or urine, with the result of the subsequent analysis replacing the reading of the breath analysis machine. Drivers found to have between 35 and 50 microgrammes alcohol per 100 ml breath, were already permitted to avail themselves of this option — the ruling merely extended the option to all drivers with apparent excess alcohol.

The option for all drivers has now been extended into 1985, presumably until the results monitored by the Forensic Science Service have been assessed. A decision will then be taken as to whether the extended option will be retained or ended.

This Association has been involved with drinking drivers since its inception; its predecessor, the Metropolitan Police Surgeon's Association, was involved from the 19th Century. We know drivers as people and patients. Whilst acknowledging the marvels of computers and allied sciences, the man (or woman) behind the wheel has a lingering suspicion that not every computerised machine, no matter how foolproof, no matter how sophisticated the fail-safe mechanisms, is going to work perfectly on every occasion.

The breath analysis machines are with us, and until the time comes when the powers that be decide that they are to be replaced or scrapped, many years hence, we and the public have to live with them.

The Association has shown, through the Tayside Safe Driving Project, that the breath analysis machine is not the ideal method of dealing with drinking drivers, and in particularly with drivers with drink problems.

However, the compromise reached by the Home Office last May — permitting the extended option — is probably the best arrangement we are likely to get. The option MUST be retained. If the driver fails to exercise his option, he has only himself to blame.

Critics of the Association say that our only interest in such cases is the fees which result. Such criticism ignores the advances made by the Association in all aspects of clinical forensic medicine.

Keep the option!

DEATH PENALTY?

Police Surgeons with others have become increasingly aware of the enormous increase in heroin addiction which has occurred particularly amongst the younger population. Heroin is without doubt the most destructive of abuse drugs. The addict steals, destroys his family and eventually himself or herself in enslavement to the drug.

The drug is supplied by evil men and women intent only on financial gain, without thought to the misery and many deaths they cause. We sympathise with the view expressed recently by a Coroner (and many others) that those who supply heroin should face the death penalty.

WANTED — A POLICE SURGEON

A correspondent, "Surgeon" writing to the *Liverpool Courier* of the 20th inst. says:—

"Very lately the City Council exhibited a great outburst of generosity to their officers in the Municipal buildings by increasing a large number of the salaries very substantially — in fact, in some cases right royally; and I suppose after this action there now comes the reaction, and the Watch Committee are advertising for two Police Surgeons at £60 per annum, about 23s. per week.

"And what have these poor fellows to do for this princely screw? Each surgeon has to attend professionally any time, night or day, the Police Officers and members of the staff department residing in a certain district: he has also to provide at his "own expense" all "medicines and appliances" (meaning, I suppose, splints, surgical dressings of all kinds, bandages, &c.) "with the exception of cod liver oil" (fancy 'Robert' drinking cod liver oil), "which will be supplied by the Committee"; he has, too, to "assist the Senior Police Surgeon in all examinations of recruits, men for pensions &c., when required to do so".

"For all this he is offered £60 per annum, and if he behaves himself and does not first die of starvation, he is to get £20 a year added on — in five years — and then he reaches his full pay of £80 per annum. Now, as before stated, £60 per annum is about 23s per week, a sum considerably less than that paid to the raw recruits whom he has to examine, and out of this the surgeon has to supply all the things mentioned above. Moreover, the recruit gets his boots and clothes — the doctor doesn't.

"Well, sir, how any body of individuals having the slightest claim to the term 'gentlemen' could have the audacity to insert such an advertisement in any publication I do not understand. It is a distinct insult to what used to be called one of the 'learned professions', and I for one resent it, and hope that no self-respecting member of my profession will disgrace himself by applying for the 'situation'. Probably the medical men of Liverpool do more gratuitous work than all other classes put together, and there are institutions in the city in which every officer, from the parson down to the washerwoman, is paid, except the surgeon, and he, poor fellow, pays his daily visits, cheerfully and ungrudgingly, throughout the year, never even looking for a reward; and surely the Watch Committee might have kept up our reputation for good works by advertising for a 'Police Surgeon gratis', instead of insulting the whole profession by offering a 'salary' considerably less than many of us pay our coachmen".

Reprint from 'The Police Review and Parade Gossip', September 27th 1895.

HON SECRETARY'S REPORT ON THE WORK OF THE ASSOCIATION DURING THE YEAR 1983/4

Reference to the 'Police Surgeon' Supplements Vol. 15, December 1983 and Vol. 16, May 1984 will give fuller details of the activities of the Association during the year.

I am pleased to report that the membership continues to grow and it is now at its highest level ever. The expected crop of resignations due to changes in Police Surgeon practice following the introduction of the new legislation on drink/driving did not materialise and despite the reduction in workload, larger in some areas than others, many members report there is still plenty to do.

The recent re-introduction of the voluntary option for clients to ask for a blood/alcohol test in preference to a breath test has on initial soundings from the regions made no difference to the workload in drink/driving cases following the initial fall when the Intoximeter machines were first introduced. As policing methods change so will Police Surgeon practice have to adapt and with the proposed introduction of the Police and Criminal Evidence Bill it is expected that Police Surgeons will have to be prepared to increase their workload in order to satisfy the medical requirements written into certain parts of the Bill.

Details of membership are as follows:—

1983/4	*Net gain or loss*
563 Full members	+ 11
46 Associates	+ 2
58 Life Associates	− 1
31 Overseas members	+ 6
17 Honorary members	− 1

There were 27 resignations during the year and 17 lapsed under Constitutional rule 5(b) where more than 2 years arrears of subscriptions are outstanding.

There have been two full Council meetings during the year (Scarborough & London) one meeting of the Educational sub-Committee and two meetings of the Finance and General Purposes Committee and the Officers of the Association have had frequent meetings and contacts with other members of Council in what has been a very busy year.

Liaison with Association of Chief Police Officers

Mr. Alan Goodson (Chief Constable, Leicestershire Constabulary) continues as our Liaison Officer with A.C.P.O. and has been most helpful in his efforts on our behalf. He has been joined by Mr. Maurice Buck (Chief Constable, Northamptonshire) and Mr. Alfred Parrish (Chief Constable of Derbyshire) forming an A.C.P.O. sub-Committee to review initial and subsequent training of

Police Surgeons. On your behalf I have accepted their kind invitation to join their working group and progress is being made — at the time of writing replies are coming from the various Police Forces to a questionnaire which was sent out earlier this year and when these replies are collated we will be able to identify the needs and problems of organising training of Police Surgeons so that a uniformly high standard of forensic expertise is available to all Police Forensic throughout the U.K.

Members of Council and also Chief Constables have helped in the distribution of a questionnaire designed by the Medical Women's Federation as part of their study on rape and sexual abuse. The Association was consulted and made acceptable suggestions in the design of the questionnaire the results of which will be communicated to ourselves and Police Authorities.

Consultation has taken place with the Chairman of A.C.P.O. Crime Committee on matters concerning the proposed Police and Criminal Evidence Bill. The serious disadvantages of placing Intoximeter machines in Police Surgeons' examinatin rooms was drawn to the attention of Chief Constables and hopefully this matter has now been rectified where possible.

Intimate Searches

22 senior members of the Association including 1 lady examiner and 3 doctors working in Northern Ireland were written to earlier in the year and asked the following questions:

1. Have you ever had to carry out an intimate search without consent? If so, state briefly the circumstances.

   18 replied negative: 4 replied that they had carried out a search but in 3 cases the prisoner had later consented: one who had not consented was totally unco-operative but drugs were recovered.

2. Would you carry out such a search in exceptional circumstances for the protection of the individual or those around him?

   21 doctors replied 'Yes' and the doctor who replied 'No' qualified his answer with the following comment:
   'I believe Police Surgeons' should carry out examinations but only with the subject's consent. If this is withheld then a search will need to be carried out by a Police Officer of the same sex — knowing that this will follow the withholding of consent may encourage subjects to agree to the doctor's examination. I am against doctors examining patients who have withheld consent and may need to be held down during the intimate search'.

Several doctors commented on the difficulty of doing a search without the subject's passive co-operation even if consent was withheld, also that there would be a risk of injury to the subject even if the examination was carried out by a Medical Practitioner and this risk would be greatly increased if a Police Officer should carry out a search under such circumstances. The point was made that even with training and experience it was sometimes difficult to locate and retrieve foreign bodies in the rectum or vagina and the Police could be lulled into a sense of false security following a negative search carried out by a person other than a Medical Practitioner. The doctors responding to these questions were Senior Police Surgeons with considerable experience and if such circumstances arose where one was asked to carry out a search without the victim's consent it would be expected that only senior Police Officers and Senior Police Surgeons would be involved in the exercise. However, it does not matter whether Senior or Junior Police Surgeons were involved, the principles at stake being much more important i.e. in exceptional circumstances for the protection of the individual or those around him a doctor should carry out an intimate search

without informed and freely given consent. This view was communicated to the B.M.A. as support for their view which was later presented to the Home Secretary that doctors only should carry out 'intimate searches' in accordance with the foregoing principle.

Education and Research

A pilot survey conducted by 30 members during the months July, August and September 1983 was conducted with a view to ascertaining the reasons for call-out to take blood following the introduction of Intoximeters and also to study blood/breath equivalents. The results were collated by Dr. James Dunbar who from the very beginning of the study was in touch with scientific staff at the Home Office and manufacturers of the evidential breath machines who he met at the International Traffic Conference at Puerto Rico earlier this year. The results of this study gives support for concern on the accuracy of the machines and further study is indicated. Our finding were originally to be discussed by the Education and Research sub-Committee at Peebles, but the Daily Express publicity resulted in the results of our survey being released prematurely. This was done after serious consideration as the campaign having focussed public attention on the matter both the Medical and lay Press persisted in their demands for information and many members expressed their concern that delay in publication of our results would lay us open to the charge of collusion with the Authorities and our independence might thereby be in question. The whole question of drink/driving will be discussed at the Peebles Conference.

The Diploma in Medical Jurisprudence was obtained by Dr. Peter Schutte (Isle of Wight), Dr. Jeremy Smart (West Midlands), Dr. P. Densham (Torquay) and Dr. Sulaiman Abu (Belfast). Several members were recently successful in the Part 1 examination and we look forward to their success in Part 2 in the not too distant future. The format of the examination undergoes a change in October 1984 (see Police Surgeon Supplement Vol. 15, page 19). These changes, the most important being replacement of the multiple choice question paper by a short answer paper of 20 questions, were introduced as a result of representations made by the Association. Intending candidates should contact the Secretary who will advise on planning courses of study and indicate areas where help can be obtained e.g. Police Forces and Forensic Science Laboratories. Although we have tried for several years to organise a correspondence course which would allow members to study for their D.M.J. at home and in their own time there have been many difficulties despite the kind offers of help from Police Authorities, Laboratories and other Medico-legal sources who are sympathetic to our aims. This year we are exploring the possibility of liaison with the University of Dundee in relation to developing a postgraduate training programme which would benefit the whole of our membership not only our Scottish members.

Accident Inurance

A disappointing result to the group Personal Accident scheme has meant that individual premiums have been raised to £10.20 per person per annum. Details of the scheme are given on page 55 of the Supplement Vol. 15, Dec. 1983. In order to benefit from the lower premium more members are needed to partake as the preferential terms were negotiated on the insurance being a group scheme.

Metropolitan & City Group

There have been 3 meetings of the Metropolitan Group since last year and on three occasions the group representatives have met with Assistant Commissioner (D) and other representatives of Scotland Yard to discuss implementation of the 'new contract' for Metropolitan Police Surgeons. It is hoped that agreement will soon be reached — the Association, and the British Medical Association are holding

a watching brief on the negotiations as the results may have implications which will effect Police Surgeons in other areas of the Country.

Other activities

A successful Autumn Symposium was held at Dyffryn House, near Cardiff and the Metropolitan Group held a successful meeting at St. Thomas's Hospital on Saturday 28th January. There will be no Autumn Symposium this year. It is hoped that members will attend the meeting of the International Academy of Forensic Sciences to be held at Oxford (18th-25th September) when papers will be presented by Association delegates.

The Ciba Foundation Study Group 'Child sexual abuse within the family' on which I have served for the last two years has concluded it's deliberations and a report will be produced later in the year.

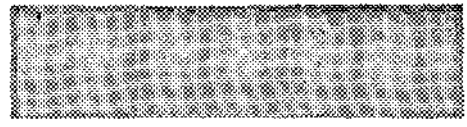
The Association is indebted to the editorial skills of Dr. David McLay for continuing to produce the Journal and Dr. Myles Clarke who chronicles our activities in the 'Police Surgeon' Supplement. Rather than produce a further edition of the 'New Police Surgeon' Council has decided that a series of monographs will be produced as updating publications (similar to the Non-Accidental Injury booklet). These will be produced under the auspices of the Journal which means further work for Dr. David McLay and we hope to have the first monograph on Sexual Offences in time for the International Conference at Oxford. Both David McLay and Myles Clarke issue their annual plea for contributors — to those organising meetings where proceedings may be reported in the Journal it is requested that where possible a copy of the speakers' scripts be obtained rather than use tape-recordings which involve more editorial work in transcribing. Regarding the Supplement which is more of a newspaper and house magazine, Myles will take nearly anything — any contribution no matter how small will be gratefully received.

A move by Council to economise in not producing the Diary was almost unanimously defeated at last year's AGM and proofs for the 1985 diary have ben submitted to the printers.

Once again Ivor Doney organised a Police Surgeons stand at the BMA Careers Fair and also as our unofficial overseas tour organiser I think found his way to every International Forensic Conference during the year. Several members accompanied him to these events especially the Singapore Conference and the A.A.P.A.P.M.O. meeting in Melbourne and the Australian Forensic Science Symposium in Perth. Several members presented papers at all these meetings.

The Association has had a very active year and I would like to conclude my report by thanking many members both on and off the Council for their help during the year, but especially to Dr. James Hilton our President and Mary who has supported him during an active and most successful Presidential term which has also been a crucial two years for the Association as changing legislation and policing methods of necessity lead to change in ourselves which will no doubt be discussed fully both formally and informally during the coming week at Peebles.

HUGH de la HAYE DAVIES



D.M.J. COURSE

The next D.M.J. Course to be held at the London Hospital Medical College, Department of Forensic Medicine, will run from Monday, 4th March, to Friday, 15th March.

Further details from:— The Dean, The London Hospital Medical College, Turner Street, London E1 2AD. Tel: 01-247 5454.

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Area 8 **(Metropolitan & City)**	Dr. David S. Filer, 3 Shepherds Bush Road, London W6. Tel: 01-748 4441 or Warwick Lodge, Warwick Dene, Ealing, London W5. Tel: 01-567 3284
Area 9 **(Scotland)**	Dr. John Bain, Coldside Medical Practice, 129 Strathmartine Road, Dundee DD3 8DB, Scotland. Tel: 0382 826724 or 31 Whitefauld Road, Dundee DD2 1RJ, Scotland. Tel: 0382 645048

*** Retire at Annual General Meeting 1985.**

COUNCIL MEMBERS

DR. JOHN BAIN

John qualified at Glasgow University in 1972 he obtained his D.R.C.O.G. in 1974 and M.R.C.G.P. in 1976.

In 1976 he joined a practice of five doctors working in Dundee, having completed a three-year vocational training programme devised by himself with jobs in paediatrics, obstetrics and gynaecology, geriatrics and psychiatry, with a one-year traineeship in a Glasgow practice. He is currently a Clinical Assistant in Geriatric Psychiatry at the Royal Dundee Liff Hospital.

In 1981 he was appointed Assistant Police Surgeon, being one of five Police Surgeons in the city of Dundee.

His interests include swimming, sailing and ski-ing.

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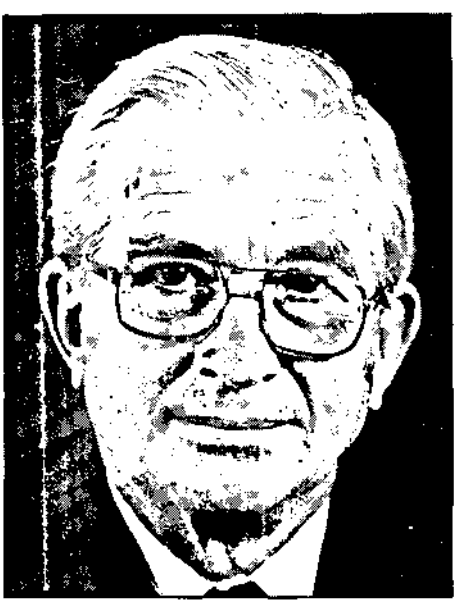
Dundee DD2 1RJ, Scotland.
Tel: 0382 645048.

DR. R.J. YORKE

Ron York was born in Dublin and qualified at Trinity College, Dublin. He emigrated to Wales in 1948 and has been a principal in general practice at Ebbw Vale since 1950.

He became interested in forensic medicine at university, he worked with Gwent Police and he was eventually appointed Police Surgeon at Ebbw Vale in 1969. He has been a member of the Association since 1969. His earlier interests outside forensic medicine were hockey, tennis, dinghy sailing and gardening and he is a Past-President of the Ebbw Vale Rotary Club. His interests are now restricted to gardening, caravaning and D.I.Y.

He may be contacted at:—
Errigal House,
Bryn Deri Road,
Ebbw Vale,
Gwent NP3 6DG.
Tel: (0495) 30-303.



DR. JEREMY SMART

Council Member for the Midlands is Jeremy Smart, co-opted on the retirement of Dick Marsh due to ill health.

Jeremy qualified at Birmingham University in 1967. After a 12 month S.H.O. post in Anaesthetics, he entered General Practice as a principal in 1969. He obtained his D.R.C.O.G. and D.A. in 1970, and M.R.C.G.P. in 1972.

He was appointed Police Surgeon with the West Midlands Police in 1980 and obtained his D.M.J. in 1983.

He maintains an active interest in anaesthetics and is also a Hospital Practitioner in Geriatric Medicine.

His other interests include squash, sailboarding and having Sunday lunch with his family (West Midlands Police permitting!).

He may be contacted at the following:—

Home: 'Hillcroft',
105 Rednal Road,
Kings Norton,
Birmingham B38 8DT.
Tel: 021-458 2147.

Surgery: 12a Middleton Hall Road,
Kings Norton,
Birmingham B30 1B7.
Tel: 021-458 5507.

DR. DAVID FILER

David Filer qualified at Cambridge in 1957, completing his clinical training at The London Hospital in the era of Professor Camps.

He entered General Practise in Hammersmith in 1958. He was appointed a Deputy Divisional Police Surgeon for Hammersmith and Fulham in 1965 and, following the death of Dr. Rosen in 1973, was appointed Divisional Police Surgeon.

David has been involved in medical journalism since 1970, and has been a keen attender of forensic meetings both home and abroad. He has a regular column in 'General Practitioner', in which he brings a shrewd mind and an acerbic wit to bear on the medical misfortunes of his patients and the vagaries of the N.H.S. bureaucracy. He was Press Secretary during the recent I.A.F.S. Conference in Oxford.

Other medical interests include teaching general practise — medical students on attachment live at his house during the period of attachment, and are thus on hand in the event of any emergency be it Practice or Police. He is 'Chairman of Ealing, Hammersmith and Hounslow F.P.C.

His hobbies vary with the weather — in the summer he prunes his roses, and in the winter he tries to win at computer chess.

He may be contacted at:— Warwick Lodge, Warwick Dene, Ealing, London W.5. Tel: 01 567 3284, or 3 Shepherds Bush Road, London W6. Tel: 01 748 4441.

Association Office

COUNCIL ELECTIONS

In accordance with the rules of Constitution, Councillors for Areas 1, 2, and 3 will retire at the next Annual General Meeting. Nominations for Councillors should be made by an Ordinary Member supported in writing by four Ordinary Members, together with the agreement of the nominee to serve, if elected. Nominations should be received by the Hon. Secretary before 15th January 1985. Note: Area 1 (North West) retiring Council Member Dr. Z.A. Qureshi, Area 2 (North East) retiring Council Member Dr. A.J. Irvine, D.M.J., Area 3 (Midlands) retiring Council Member Dr. C.J. Smart, D.M.J.

POLICE SURGEON TRAINERS

G.P. trainees interested in joining trainers who are Police Surgeons may have difficulty in finding a suitable practice. The Association Secretary would like to hear from Association members who are trainers, so that a suitable register may be formed.

Furthermore, the Association Secretary would like to receive details of trainees, who are available for partnership, have an interest in clinical forensic medicine and would like to join police surgeon practices.

ASSOCIATION EMBLEMS

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

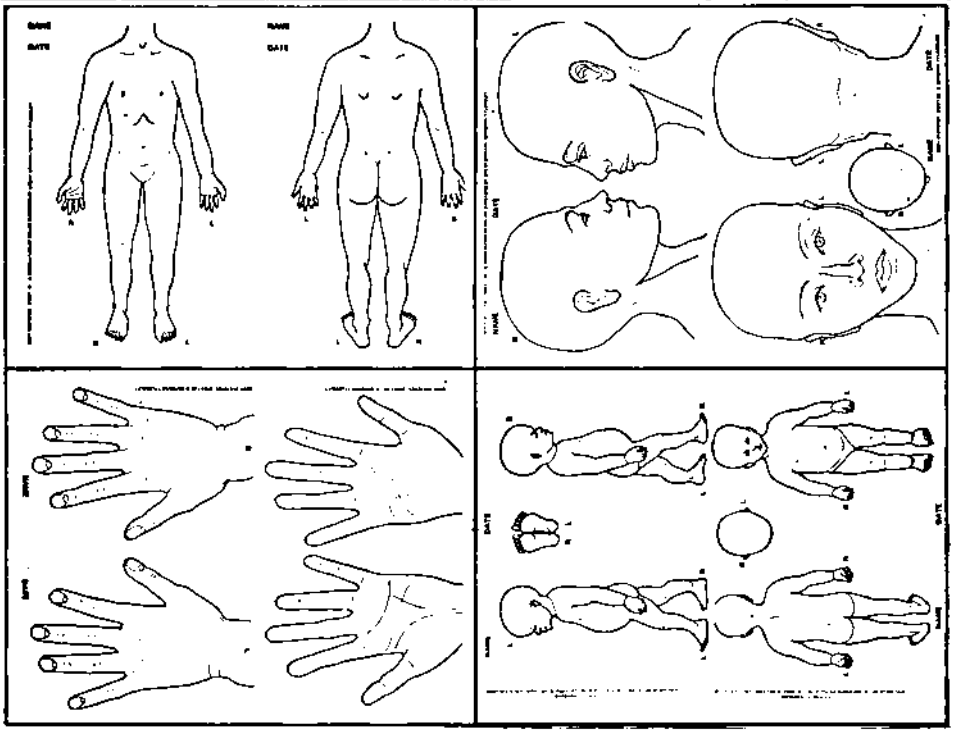
1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents . . . . . packets of 50 . . . . . £2.50
   Postage charge on Aide-Memoires 95p (one packet), £1.67 (two packets).
2. **Sexual Assault Leaflets.** Packets of 100 . . . . . £2.50
   Postage 94p (one packet), £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

The following books may be obtained from the Association Office:—
RAPE £8.50, non-members please add 50p postage & packing.
AN ATLAS OF NON-ACCIDENTAL INJURIES IN CHILDREN £3.50, non-members £4.50.

Office Address:
CREATON HOUSE, CREATON,
NORTHAMPTON, NN6 8ND.

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

ETCHESBODYSKETCHESBODYSKE



(Not illustrated – sheet 2 and sheet 5)

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.

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.

TREASURER'S REPORT

Financial Situation

The Association is now at last beginning to build up a financial reserve, which will be necessary in the years to come. The funds are to be invested in a building society, as any other form of investment has to be put in under individual names; this would result in that individual having to meet tax demands of the account and would be an unacceptable burden on future Treasurers or members of the Association.

The Association's healthy financial position has enabled us to pay a block premium of £3,500 for the insurance policy which now covers all full members of the Association.

I am of the opinion that, unless there is a dramatic fall in membership or a substantial increase in Association costs, the annual subscriptions should remain static for the next two years. In two years time we will be hosts to the second Cross Channel Conference and then it may then be neccessary to use a small amount of our reserves.

Monograph

It is proposed to give the Johnson Trust Fund £2,500 for financial support for the publication of the Monograph on Sexual Assaults. It is hoped that the sale of the Monograph will be strongly supported by the membership.

In view of the fact that the Association has had to find an additional £6,000 this year on top of the normal expense, it will be essential to continue the policy of strict economies already in force.

DAVID JENKINS

INSURANCE

The Association's Council has decided that the Accident Insurance Policy benefit should be available to all full members. A policy has been negotiated on very reasonable terms with Cornhill Insurance Company.

Since the Annual Conference all paid-up full members have been covered by the new policy. New members are covered as soon as they have paid their first annual subscription.

Please note that the Accident Insurance Policy is a benefit of membership for **full** Association members only. Associate and Life Associate members are not covered by their existing subscriptions. Associate and Life Associate members, who are still taking on any sort of police work and are at risk, should contact the Association Secretary for information regarding terms which would extend the benefits of the insurance policy to them.

For your own safety, ensure that your annual subscription is paid by Banker's Order. You will not be covered for any period during which your subscription has expired.

Members who suffer any injury whilst undertaking police work (from the time of leaving home or the surgery until the time of return) should contact the Association Secretary.

Full members will recieve a Certificate giving further details with this issue of the Supplement.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN
INCOME AND EXPENDITURE ACCOUNT
For the year ended 31st March 1984

1983	EXPENDITURE	£	£	1983	INCOME	£	£
1528	Stock of Goods April 1983	873		27293	Subscriptions		26325
83	Goods Purchased	159	1032	670	Bank Interest		954
1602	Diaries	1550		2215	Conference Receipts – Rotterdam		350
	Less Donation	100		28	Symposium Receipts – (Metropolitan)		–
			1450	333	Cardiff (Net)		383
392	Atlas Booklet		93	795	Sale of Books, Journals etc.		706
521	Printing and Stationery etc.		617	300	Sale of Diaries etc.		23
934	Telephone		760	901	Sale of Atlas Books		277
1443	Postage		632	–	Sale of Body Sketches (Net)		325
2611	(Conference Expenses)		–	1077	Advertising Supplement		988
–	Symposium Expenses Metropolitan (Net)		190	174	Sundry Receipts		192
1213	Council Meetings		987	482	Sale of Goods	489	
–	Other Meetings		143	873	Stock of Goods March 1984	621	
–	Expenses – Funerals		258				1110
–	Donation – Dr. J.A.G. Clarke Memorial		100				
1700	(Dunbar Research Programme)		–				
612	Conference Facilities Review		436				
201	Northern Ireland Expenses		192				
54	Sundry Publications		66				
3689	Police Surgeon Journal		3566				
4113	Police Surgeon Supplement		4197				
658	Accountancy etc.		604				
209	Presentations		195				
184	Miscellaneous Expenses		100				
153	Insurance		150				
–	Bank Charges		106				
	Expenses – Honorary Secretary:						
448	Travel and Subsistence	229					
1228	Attendance	1829	2058				
3707	Assistant's Salary	3893					
1311	Assistant's National Insurance & Expenses	1420	5313				
878	Rent and Rates – Office		975				
77	Heating		90				
30	Depreciation – Equipment		50				
5464	Excess of Income over Expenditure	9272					
35041			33632	35041			33632

BALANCE SHEET
As at 31st March 1984

1983		£	£	1983		£	£
	General Fund				**Fixed Assets**		
	Balance 1st April 1983	13699			Office Equipment		
	Add Excess of Income over Expenditure				At cost	1155	
	for year	9272			*Less* Depreciation to date	795	
13699			22971	490			360
	Current Liabilities				Photographic Equipment		
–	Bank Overdraft	1215			At cost	425	
					Less Depreciation to date	335	
				100			90
1608	Sundry Creditors	500		463	Medallions – Cost		463
			1715		**Current Assets**		
				1797	Stock of Goods	1452	
				9339	Cash in Building Society	22294	
				3208	Cash at Bank and in Hand	27	
							23773
15307			24686	15307			24686

ACCOUNTANTS REPORT

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

40 York Road
Northampton

ORTON DESBOROUGH & CO
Accountants

16th April 1984

W.G. JOHNSTON TRUST FUND
COMBINED ACCOUNTS 5th APRIL 1983 — 5th APRIL 1984

1982/3	RECEIPTS		1982/3	Expenditure	
	Balance at 5th April 1983				
6868	Deposit Account	6118.40	18	Postage	25.00
–	Current Account	22.07	5	Stationery & Packaging	8.90
622	Interest on Deposit Account	387.22	–	Travelling & Sundry Clerical Expenses	14.00
529	Sale of "New Police Surgeon" Book	20.00	17	Bank Charges	–
–	Hutchinson Benham Royalties	880.38	–	Book Refund	6.57
				RESEARCH GRANTS	
			170	Dr. D.G. Filer	–
			1500	Dr. J.A. Dunbar	–
					54.47
				BALANCE at 5th APRIL 1984	
				Deposit Account	7306.00
				Current Account	67.60
		7428.07			7428.07

This article, by Professor Gee of the Department of Forensic Medicine, University of Leeds, is reprinted by kind permission of the Publishing Manager, Journal of Clinical Pathology. It is reproduced because there may be a tendency to forget that external examination of a decomposed body may reveal significant information to the Police Surgeon.

Examination of a decomposed body

The examination of decomposed bodies presents special difficulties, not least because most people find the smell and sensation of handling putrefying tissue and maggots most distasteful. For those not blessed with relative anosmia a special surgical type mask such as Nuisance Odor Mask 8713, 3M, or the use of deodorant solutions may be helpful.

Decomposed bodies tend to present in one of two ways. Either the body is found in a secured house, death having apparently been due to natural causes but not been discovered for several weeks, or else it is found in the open or concealed in an outbuilding or part of a house. The latter situation is more likely to arouse suspicions of a possible unnatural cause for death, and therefore may require more elaborate procedures for investigation. In either case the principal problems for the pathologist are concerned with establishing the cause of death and the identity of the deceased.

Examination at the scene

This is advantageous in the case of a body found in the open or in an unusual situation. There may be no real suspicion of foul play, but by seeing the body as it lies before being disturbed the pathologist may be enabled to explain unusual marks that have been produced by contact with adjacent structures, by tight clothing, etc. The possible cause for death may be identified, such as a blocked flue to a gas or other heating appliance. Also the state of any surrounding vegetation — for example, the grass beneath the body — may provide ancillary evidence of how long the body has been there. There may also be evidence of blood stains due to bleeding from wounds, but beware of apparent blood staining which is in fact due to erupting bloody bubbles of putrefying gas on the nose and mouth.

A grossly decomposed body in a house in which there is a gas appliance, even if this is lit, should always suggest the possibility of carbon monoxide poisoning and require subsequent specialist examination of flues and apparatus. With a body wedged in a narrow entrance to a building, such as a chimney, the disposition of the clothing may indicate that the deceased had wriggled in deliberately and then become wedged, with resulting asphyxia. It is necessary to know whether there are any pets, alive or dead, in the house. Pets that are alive may have caused injuries to the deceased, and pets that are dead may have died from the same cause.

Examination in the mortuary

CLOTHING

In most cases, unless there is no question of an unnatural cause for death or no uncertainty over identification, the pathologist would be wise to insist on clothing remaining undisturbed on the body until he has seen it. He can then (1) say whether any marks on the body are due to pressure of clothing; (2) see whether any holes in the body surface are associated with corresponding holes in the overlying clothing, indicating that they are wounds and not damage caused by decomposition; and (3) assist in identifying the deceased by finding jewellery, laundry marks, etc.

Clothing that has been removed should be retained with the body until all investigations into the death are complete. Premature destruction of smelly garments can lead to much trouble later. Very damp clothing should be hung up on coat hangers to dry in an area of the mortuary set aside for this purpose. The clothed and unclothed body must be photographed by police officers for future reference.

X-RAY EXAMINATION

Once clothing has been removed the pathologist must decide whether *x*-ray examination of the body is required. This is obviously not necessary in all cases but must be done if there is any suspicion of foul play in order to look for foreign bodies, mainly bullets. For this reason necropsies must be carried out in mortuaries with facilities for *x*-ray examinations.

X-ray examination may also be a valuable aid to identifying a body by disclosing old fractures or permitting comparison of a radiograph with one taken of a known person during life. Comparison of the shape of frontal air sinuses may be particularly useful.

Remember that using an *x*-ray machine in a mortuary will fog any photographic film or plates in the room.

EXTERNAL EXAMINATION

In all medicolegal necropsies careful external inspection is very important. The following should be looked for.

(1) *Degree and type of decomposition*

Most decomposing bodies in Britain will show either putrefaction or a mixture of adipocere and skeletalisation. Putrefaction, with green marbled swollen body, distorted features, and protruded blood-stained tongue, begins at average temperatures 3 to 4 days after death and is pronounced at about 10 days. Hair is loosened and may be easily pulled out after 2 to 3 weeks, but nails remain attached to fingers and toes, which become dried and reddish brown in colour, except in bodies immersed in water, when the nails are lost after 3 to 4 weeks.

Adipocere formation may be complete in bodies in water or buried in very damp soil, or partial in bodies lying exposed to the air. Conversion to a skeleton is not usually completed within a year, and may take much longer. Exceptionally — for example, in a child's body exposed to fly and other infestation — it may occur in so short a period as 3 months. Mummification is very rare in Britain and is to be expected only in bodies concealed in hot, dry parts of buildings. Tanning by exposure to acid, peaty water, usually from burial in moorland sites, is equally rare.

(2) *Animal damage*

Ants and beetles can rapidly cause very superficial damage that, when dry, looks like abrasions. Rodents cause severe damage with sharply defined margins to the damaged areas. Cats, dogs, and foxes produce severe destruction of soft tissue with ragged margins often bearing characteristic small holes or tooth marks. Maggots will ultimately eat away the skin, producing small round holes initially. It is useful to keep a representative sample of any maggots, pupae or beetles found on the body preserved in alcohol as a possible aid to determining the time of death. Some entomologists prefer to be supplied with living maggots from which the flies can be bred for identification. The entomology of corpses is quite well documented.

(3) *Wounds*

Stab wounds and lacerations — for example, of the scalp — are easily detectable and distinguishable from the effects of putrefaction. Abrasions and bruises on the other hand, are unlikely to be detectable. Marks on the neck are a source of anxiety to pathologists. They are often caused by the pressure of clothing, and this emphasises the value of seeing the body while still clothed. Gunshot wounds, especially those caused by small calibre bullets, may be very difficult to identify.

(4) *Scars*

These, especially surgical scars, may

be difficult to see, and so likely sites such as the groins and the right iliac fossa should be searched for them. They may aid identification.

(5) *Tattoos*

Tattoos may be important in identification. They may be hidden beneath blistered, opaque, discoloured skin. It is wise to wipe away such skin from likely areas of the body such as arms and chest. Tattooing will then be disclosed as clear, vivid patterns in the underlying dermis and may be photographed for permanent record.

(6) *Colour*

Hypostasis will have vanished, but the characteristic colour — for example, of carboxyhaemoglobin — may be easily seen in the nail beds of even badly decomposed bodies.

(7) *Swabs*

Genital swabs are always worth taking if the circumstances in which the decomposed body is found seem at all unusual. They can be discarded later if not required. Plain not serum-coated swabs are required, since serum interferes with grouping techniques. Seminal fluid may remain identifiable in body orificies for several months after death. Therefore vaginal, anal, and mouth swabs should be taken from any female body, and anal swabs from male bodies in case death occurred during some homosexual practice or assault.

INTERNAL EXAMINATION

A surprising thing about quite severely decomposed bodies is the amount of preservation of most internal organs. Therefore a detailed examination of even the most unprepossessing material is always worthwhile.

Head

The scalp and skull need to be scrutinised for signs of injury, notably fractures. Infiltration of soft tissues by haemolysed blood makes it impossible to determine whether an injury occurred before or after death. Nevertheless, the shape of a fracture, especially when it is depressed, may indicate what caused it. It is also wise to look carefully for any old scars on the skull, such as from a mastoidectomy or frontal leucotomy, since these will obviously assist with identification.

The brain, if it remains at all, will be semi-liquid and green-grey in colour. But it usually retains its shape until touched. Thus it may be examined externally as its remains in the skull to note any evidence of swelling, abnormality of shape, or extradural, subdural, or subarachnoid haemorrhage. The brain should then be scooped or poured into a clean container and kept until the necropsy is finished in case it is required for toxicological analysis. If it is essential to examine the brain one way of making this possible is to remove the unopened head, place it in a deep freezer for 24 hours, and then section the entire head with a saw in the horizontal plane.

Since the face is swollen and discoloured from decomposition bruises cannot be seen. Therefore it is often helpful to dissect the skin and soft tissues away from the facial skeleton to look for fractures of facial bones, especially of the zygomatic arches, the nasal bones, or the maxilla below the orbits — all areas that may be damaged by blows to the face. Occasionally a bruise over the forehead may be distinguishable from discolouration due to decomposition, since it will be separate from the more general area of haemolysed infiltration and will be swollen.

Trunk

The trunk should be opened and its contents examined in the usual way. Diffusion of haemolysed blood into the neck muscles make detection of bruises impossible. Nevertheless, it is wise to dissect the neck structures in situ, because finding a fracture of the hyoid bone or thyroid cartilage may be the only way of showing tha that the neck has been compressed. For this purpose a V-shaped skin incision on the neck is necessary.

The thoracic and abdominal cavities usually contain moderate amounts of haemolysed blood due to putrefaction. A haemhorrage into a body cavity that occurred during life, however, will contain blood clot. Thus a haemopericardium due to rupture of a cardiac infarct is likely to contain large blood clots among the blood-stained fluid. Most organs will be easily recognisable though considerably altered. For example, the spleen will be semi-liquid and the liver often contains numerous holes due to gas bubble formation. The brain may show a similar change. Any doubt that these cyst-like spaces may be due to bacterial action can usually be resolved by microscopy, when a Gram stain will show the rod-shaped *Clostridium* in the cavities. In bodies that have been dead for a long time the organs, notably the heart, are dried and shrivelled. Inner linings such as the endocardium may bear numerous creamy white small nodules. These are funal colonies and must not be mistaken for manifestations of disease. Fat often becomes semi-liquid but occasionally may form off-white plaques due to fat necrosis.

Gross disease sufficient to account for death, such as lobar pneumonia or cardiac infarction, is usually found without difficulty, although obviously finer changes are likely to be obscured.

It is always worth submitting portions of tissues to microscopical examination. Fixation is likely to be imperfect and the traditional haematoxylin and eosin stains often reveal little more than a fairly uniform, pale pink-staining mass. But trichrome stains, such as Masson's trichrome or the Martius scarlet-celestin blue method of Lendrum for fibrin, show structures more clearly. Van Gieson's staining is also often worthwhile. Fibrous tissues may be seen more easily under polarised ight. Such stains may be necessary when establishing the sex of the deceased. External genitalia are often indetectable. They are some of the first tissues to putrefy and they are especially prone to attack by animals and insects. Internal genital organs, ovaries and uterus, are easily seen, however, and remnants of testes may be found on the perineum although the penis and scrotum can no longer be defined.

Toxicology

The need to take samples for chemical analysis should always be considered. People wishing to commit suicide by a drug overdose often hide themselves or go to an isolated part of the countryside. Their decomposed bodies are found weeks later. The pathologist should therefore arrange for an analysis, no matter how decomposed the tissue, unless he is absolutely sure of the cause of death. The stomach contents should be preserved. With that in mind care should be taken during examination of the abdominal organs since the stomach wall may be friable. There is likely to be no urine, but some blood remains in vessels for a surprising length of time, especially in the dependent part of the thoracic aorta. Bloody effusions in cavities may be analysed, but the analyst must know the source of a sample otherwise he may draw erroneous conclusions from the concentration of a drug in it, on the assumption that it is a normal blood sample. Enough of the liver and kidneys should be available to provide samples for measuring tissue concentrations, and whenever possible brain tissue should also be sent for analysis.

When no blood is available in cases of suspected carbon monoxide poisoning muscle tissue may be used instead, provided appropriate methods of analysis — for example, microdiffusion — are used.

Analysis for alcohol presents special problems. Firstly alcohol in the body derived from liquor may be destroyed by decomposition. Secondly, yeasts and other micro-organisms in the body may produce alcohol by fermentation. Therefore whenever analysis for alcohol is required samples should be taken if possible from different sites. Thus a sample should be taken from each leg and from each arm. If analysis shows similar alcohol concentrations in all the samples the mean is probably a

reasonably reliable indication of the blood alcohol concentration at death. If the levels vary considerably, however, and if microbiological examination of the samples reveals the presence of alcohol-producing organisms the results should be ignored. Analysing tissue samples for alcohol in these circumstances is unlikely to yield reliable results.

Dental examination

Dental examination is important in establishing identity. Ideally a dentist should examine the teeth and jaws in situ to prepare a dental chart. Failing this, the pathologist can remove the jaws for later examination by cutting the mandible through the rami and separating the upper jaw by a horizontal saw cut through the maxillary antra. If for any reason the removal of the jaws is not permitted the teeth should be photographed. The mouth should be pulled open, with the upper and lower teeth in the same plane, by incising the cheeks at the angles of the mouth and disarticulating the mandible or severing both rami.

Drowning

Many decomposed bodies are recovered from water, and death is assumed to have been due to drowning. The pathologist should not accept this assumption too easily. Water is a very convenient route for disposal of a body killed by other means. Only when the pathologist is confident that he has considered and excluded to his own satisfaction other causes of unnatural death should he be prepared to give an anatomical diagnosis of 'appearances consistent with drowning'. To prove definitely that death was due to drowning is very difficult in a decomposed body. The only way is to demonstrate diatoms in internal organs by one of the accepted techniques. However, in most bodies recovered from waters in industrial areas recoveries of diatoms are small and the results equivocal, bearing in mind the risks of contamination by extraneous diatoms after death and during sampling.

Dismemberment

Badly decomposed bodies may become partly dismembered by the activities of animals. Thus the head may be found separate from the body. In such cases the possibility of deliberate dismemberment from a human agency should be considered. The surfaces of the separated parts should be looked at very closely for evidence of damage caused by knives or saws.

Conclusion

The pathologist's necropsy should be as complete as possible, no matter how decomposed the body. In most cases, even when the body is very rotten, the identity and the cause of death may be established. Death from violence must always be considered and positive steps taken to eliminate it.

COURT FEES

In a circular from the Lord Chancellor's Department (reference L43/23/40(3)), Crown Court Chief Clerks were notified of an increase in professional witness allowances. Details may be obtained from your local Crown Court.

Fees are also set out for expenses incurred in obtaining locums; payment for locums will be made on presentation of proof of the expense incurred.

OXFORD SUCCESS

The scene is an Oxford College Quadrangle in the early hours of the morning. Two shadowy figures approach each other, hesitantly. An American voice — eastern states — breaks the silence (her husband is something in The F.B.I.) "I have climbed down 56 stairs looking for the little girls' room, and now I am lost". The man, who is something grand in the Metropolitan Police Laboratory, reassures and redirects her. "Isn't it quaint", he says and reassured the American lady climbs back to her room.

The choice of Oxford for the venue for the tenth meeting of The International Association of Forensic Sciences was inspired. Hundreds of delegates from many different countries crowded into the accommodation offered by the host colleges. A few less hardy souls sought solace in the local hotels. Meals were taken in the college halls, steeped in atmosphere with portraits of great academics and the great men of the past high on the walls, silent contributors to the proceedings. The college servants were spectacularly efficient and the meals were served with incredible speed.

The academic meeting was held in the Examination Schools — a building which contains a series of rooms, most big enough to take 50-100 people, some large enough to take several hundred.

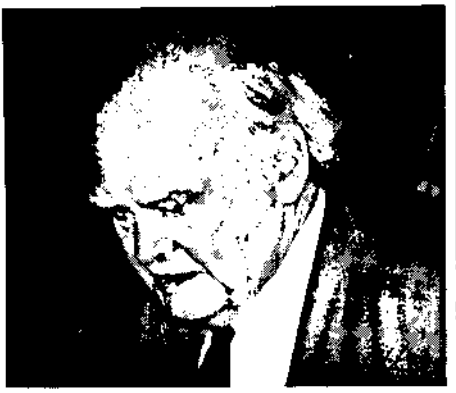
Dr. Ray Williams and Miss Margaret Peirera

The academic programme lasted 5½ days. There were ten plenary lectures with the contributors including Dr. John Havard, Professor Tom Noguchi, Professor Keith Mant and Sir Lawrence Byford. There were eight concurrent scientific sessions held in various rooms in the Examination Schools. During each session it was possible to fit in ten twenty minute lectures in the morning and another ten in the afternoon. Thus during the day there was a potential choice of 160 lectures or a theoretical maximum during the week of 710 lectures including the plenary lectures from which the discerning delegate could choose. There were, in fact, about 600 lectures, because of tea and coffee breaks, lecturers failing to arrive etc., but nevertheless an adequate choice.

Clinical Sections

There were two sections of particular interest to Police Surgeons, the first was on clinical forensic medicine, chaired by Dr. Peter Bush, President of the A.A.P.A.P.M.O., in which nearly thirty papers were given. The second section was entitled, 'I have often wanted to give a paper on . . .!', organised by Dr. Ben Davies and Dr. Ivor Doney, also with approaching thirty papers. The second section included papers such as 'Identification of the Owner of a Pair of Spectacles', 'Oxford's Ghosts return to the Scenes of their Crimes and Crises', 'Lightening Deaths in Singapore', (this last paper by Professor Chow accompanied by

Extract from Professor Keith Mant's Plenary Lecture at Oxford.



In clinical Forensic Medicine, much has been achieved through the activities of the Association of Police Surgeons which was founded in 1951. The Association set a high standard for their members; they have negotiated realistic retainers and fees and encourage members to sit the Diploma in Forensic Clinical Medicine Jurisprudence. Those who hold the D.M.J. are entitled to higher retainer fees. As a result of their activities, a highly trained team of medico-legists is emerging. Many of these are full-time general practitioners but in the busier areas some are almost full-time police surgeons. Forensic Pathology has not fared so well. The British Association in Forensic Medicine, formerly the British Association of Forensic Pathologists, was formed in 1949, by twelve of the senior medico-legal pathologists in the United Kingdom. The association has expanded but has not been able to obtain the support of the Home Office as enjoyed by the police surgeons and has, thus, been unable to raise the general standard of forensic pathology to a desirable level. Pathologists with no special medico-legal experience are undertaking investigations sometimes of considerable medico-legal implications without appreciating their medico-legal significance. Few of the pathologists regularly undertaking medico-legal autopsies in fact have the Diploma in Medical Jurisprudence in Pathology. Although many of these pathologists are quite prepared to do "easy cases", that is to say the apparent natural deaths referred to the Coroner, they will immediately leave anything which may be criminal to a medico-legal pathologist.

This attitude occurs for two reasons: firstly many doctors, including pathologists, have an almost paranoid attitude towards appearing in a Crown Court where they may be subjected to cross-examination; and secondly, their N.H.S. commitments are such that criticism could be levelled at them should they be away for a full day or more, from their routine duties in order to attend a trial.

suitable visual and sonic effects).

Ivor Doney found an audience which never before had to sit through a series of his jokes; it must be admitted that he had brought the jokes to a high level of perfection (or imperfection) for this meeting. Sample — Ivor described examining a rape victim and using a small and compact ultra-violet torch in a search for possible semen stains on the skin. Commented the chaperoning Police Woman, 'It's not very big is it?', Ivor replied, 'It's designed to highlight evidence not to give the lady a genital sun tan'.

The speakers during the three clinical forensic medicine sessions included many Association speakers, all well up to International standard. It is hoped that many of the papers given in Oxford on subjects relating to clinical forensic medicine will be reproduced in the future. It is not my intention to review the papers but comment must be made on The Tayside Drink Driving trio of Dr. James Dunbar, Dr. M.S. Devgun and Mr. J. Hagart, who high-lighted the inadequacies of the present drink-drive legislation and in particular, the problems relating to problem drinkers.

I.F.S. Trade Fair

The Trade Fair which ran for several days during the I.F.S. Conference gave a wide variety of firms the opportunity to exhibit their wares to the hundreds of delegates from home and abroad.

The technology demonstrated was aeons removed from the simple chemistry and physics comprehended by your reporter. Pens traced graphs, VDU's flashed strange symbols, electronic wizadry gleamed and hummed.

Your reporter was able to appreciate the significance of one item. This appeared to be at first glance, a large black torch, flashed with vigor by Dr. Tom Jones of Lion Laboratories, makers of the Lion Intoximeter 3000. Indeed, on closer inspection, it was a torch, powerful, easy to handle and with a strong beam.

Needless to say, the Welsh Wizard has come up with something more than a torch. This instrument is intended to allow a Police Officer to shine a torch into a motor car (as happens on countless nights throughout the United Kingdom). Whilst he does this, by pressing a button, a sample of air is extracted from the car, analysed, and the Police Officer is able to see within a few seconds whether or not there is a significant concentration of alcohol in the car atmosphere.

Suspicion of Alcohol? Bang to rights! Further details from Lion Laboratories.

Dr. Hilary Jarvis (R) visits Dr. Tom Jones at the Lion Laboratory Stand.

The last clinical forensic section was held on Fridy afternoon, extending into the early evening. It says much for the quality of the speakers that the lecture room was packed right to the end despite the imminence of an attractive social function. The last session was devoted chiefly to various aspects of sexual assault investigation. There was an unexpected and highly successful duo performance by The Association's Turville and Kean — Phyllis Turville from London, Bert Kean from Liverpool, on various problems associated with child sexual abuse, not least of all the problem of who should be responsible for obtaining clinical forensic evidence from the unfortunate child.

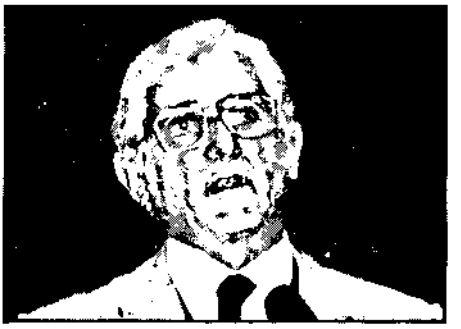
The Oxford Conference was a very sociable occasion; traffic restrictions in central Oxford ensured that delegates walked between the examination halls and their colleges and there were many opportunities to meet colleagues from all branches of forensic science from many different countries. There were receptions every night and trips organised to many surrounding venues for those accompanying delegates — trips to Stratford-on-Avon, London etc. There was even a river cruise from Oxford — a damp but invigorating

experience. The final banquet was held in the splendid surroundings of The Great Hall of Christ Church College.

If there was a theme running thread-like through the conference, it was perhaps the role played by the expert witness in court, and in particular, the restrictions imposed by lawyers on expert witnesses, which can result in in-complete expert evidence being given. Dr. W.J. Rodger, Strathclyde Forensic Science Laboratory, proposed that perhaps the oath should be changed to 'I swear to tell the truth, the whole truth, and nothing but the truth, provided I am allowed to do so'.

Professor Stuart Kind, President of the I.A.F.S., called for the setting up of a Royal Commission on expert witnesses, which should in particular consider whether it was ever justified to include in the judgement any ruling or observation on the character of an expert as distinct from the quality of the evidence.

The next I.A.F.S. Conference will be held in 1987 in Vancouver. It is difficult to believe that the organisers of the 1987 conference will be able to approach the highly successful levels of this fascinating congress.



There were many concerned with the organisation of the I.A.F.S. Conference. It is impossible to name them all but particular tribute must be paid to Professor and Mrs. Stuart Kind, Dr. and Mrs. Alan Clift, Mr. Russell Stockdale, Mrs. Barbara Beeson and Dr. and Mrs. Ivor Doney.

BIRTHDAY HONOURS

Huntingdon Police Surgeon, Derek Cracknell, received the M.B.E. in this year's Queen's Birthday Honours.

He said that he believed that the award had been 'for services to local medicine'. Dr. Cracknell has been a L.M.C. member for more than 20 years and Chairman of Cambridgeshire for the last 12 years. He has been Chairman of his Family Practitioner Committee since it was set up in 1974 and is a long standing member of the District Management Team.

He started police work in 1952 in the Metropolitan Police District Division on a non-appointed basis. He then joined the Royal Air Force, serving until 1957.

On leaving the R.A.F. he moved into Staffordshire and again worked on an occasional basis with Staffordshire Constabulary.

He moved to Huntingdon in 1959 and worked as an Assistant to the then Police Surgeon until his death and then on a continuous basis until 1966. He has been a Police Surgeon for Cambridgeshire Constabulary since its formation in 1966.

Dr. Cracknell reports that during the last 18 months, since the introduction of the breath analysis machine, contact with the police has become increasingly less but the work has involved all aspects of crime from simple assaults to murder and has included a large number of sexual offence.

Cambridgeshire Constabulary Police Headquarters is as Hinchingbrooke, which is in the practice area and the practice is responsible for the examination of all recruits to Cambridgeshire Constabulary, together with the periodic influxes of Cadets to the Police Headquarters.

OMISSION

The article 'Fees For The Job' which appeared in the last issue of 'The Police Surgeon Supplement' contained no acknowledgement as to the author, Dr. David Craig. We apologise for the omission.

Formerly in practise in Solihull, where he was a Deputy Police Surgeon, he now works in Thamesmead in South East London, a Divisional Surgeon in R and P Divisions. He recently visited North America and witnessed the contrasting medico-legal arrangements in 5 states. He is currently computerising his Police accounts on an Osbourne Computer using Super Calc II software programme.

David has been Area 3 Representative on Council.

DUTCH FIRST

Whilst the Association of Police Surgeons and the Association of Chief Police Officers are still discussing the desireability of strongly encouraging newly appointed Police Surgeons to attend training courses, the Dutch have started courses to be held in Utrecht.

The courses will include lectures, group discussions, working visits, practical exercises and literature study. Each course will comprise of five two day sessions and 27 speakers are listed to talk to the students (including three from the U.K. — Bernie Sims, London, Drs. A. Watson, Glasgow, and M. Clarke, Liverpool).

The widely ranging syllabus will include talks on external examination, post mortem changes, identification, non accidental injury, aiding victims of violence, paternity/serology, sexual assaults, negligence and medical legal ethics.

Among the organizers known to U.K. Police Surgeons is Hubert Cremers; one of the two course co-ordinators is Barend Cohen.

RESEARCH AWARD

The £750 C.H. Milburn Award for 1984 has gone to Dr. James Burns, Senior Lecturer in the Department of Forensic Pathology at the University of Liverpool.

Jim Burns has received the C.H. Milburn Award for a research project on the study of enzyme levels in pericardial fluid, coronary sinus blood and jugular venous blood and their correlation with changes in the myocardium as demonstrated by flourescent microscopy and other histochemical methods.

An earlier study in Liverpool (St. Hill, Balasooriya and Williams), enzymatically similar to the present study, indicated that the measurement of enzyme levels may well prove to be a very useful indicator of death due to coronary artery occlusion, changes being detected within a very short period of the occurrence of myocardial ischaemia.

Jim, a Liverpool graduate, became involved in forensic pathology almost by chance when he started a pathology job in the Royal Southern Hospital, Liverpool, in 1964; the doyen of the department was Dr. Charles St. Hill, Home Office Pathologist, now retired. A year or two later Jim went to Lancaster and joined Brian Beeson as Registrar in Pathology. Brian will be remembered by Police Surgeons as a brilliant and entertaining speaker on forensic medicine.

In 1969, Jim returned to the University Department of Forensic Medicine as Lecturer in Forensic Pathology. He remained there for four years. He then took up a post as Consultant Histopathologist to St. John General Hospital, New Brunswick, Canada. Of the four Histopathologists in the hospital, three undertook forensic work and for five years Jim was Forensic Pathologist for the Department of Justice. The area covered was about the size of Holland, although the population was only ½-million.

What had intended to be a stay of three years gradually became extended to five years, then Jim Burns returned to the United Kingdom taking a post as Consultant Histopathologist at Selly Oak Hospital, Birmingham, and Home Office Forensic Pathologist for the Birmingham area. He finally settled in Liverpool as Senior Lecturer in 1978.

Hobbies include golf (handicap 17) and bowls.

A man, who allegedly broke into a house twice to tickle the feet of two sleeping sisters, has been arrested and charged with burglary. "He just likes women's feet", a detective said. "Some people like other parts of the female body, and he just likes feet".

LIBEL CASE

Dr. Bertie Irwin, Belfast Police Surgeon, has won damages for libel against former Northern Ireland Minister of Home Affairs, William Craig, and Ulster Television.

An agreed statement was read out in court in July 1984: "On Sunday March 11th, 1979, Independent Television News Limiteed, broadcast an interview with the plaintiff, concerning his findings on some of the medical examinations he had carried out on persons held in custody at Castlereagh Police Station.

"On March 15th 1979, Mr. William Craig, who was then a Member of Parliament, was interviewed on the programme 'Counterpoint' on Ulster Television. In the course of that interview there were a number of statements made by Mr. Craig in relation to the authenticity of Dr. Irwin's statement.

"Mr. Craig accepts that his statements disputing the accuracy of Dr. Irwin's assessments inferred that Dr. Irwin had acted dishonestly or in bad faith. Mr. Craig unreservedly withdraws any such inferences, and accepts that such inferences have caused Dr. Irwin great distress and constituted a serious reflection on his personal and professional integrity.

"The defendants are here today by there Counsel to express their regret publicly for the libel for which they are responsible. They have further agreed to pay the plaintiff damages and to indemnify him against his costs".

FORENSIC ODONTOLOGY

A post graduate course in forensic odontology has now been established at The London Hospital Medical College, and is designed primarily for those interested in forensic odontology.

The aims are to provide students with detailed knowledge of the basic medical sciences as applied to forensic odontology, to provide an introduction to the legal system and the role of the forensic expert within that system, to provide training in the gathering, preservation and preparation of suitable evidence for court appearances, to provide opportunities for liaison between the Home Office, Police Authorities and those interested in forensic odontology. The course will consist of lectures, discussions, demonstrations, visits to outside organisations and practical work in the laboratory and the mortuary. Personal project work and case reports form part of the course.

The course is for an academic year of three terms with attendance on one day per week. A diploma will be awarded at the end of the Course on the results of a written paper, projects and an oral examination.

There were 100 enquiries for the ten places of the October 1984 course. Applicants for the 1985 Course will be interviewed in January 1985. Applications should be made to the Post Graduate Sub Dean (Dental), The London Hospital Medical College, Turner Street, London E1 2AD.

The number of lectures on this Course will be approximately 60; David Jenkins, President elect, will be supplying the Police Surgeon input.

INCREASE IN DRUG ADDICTION

Figures issued recently by the Home Office indicate that more than 20% of all new narcotic addicts reported last year were aged under 21.

Of 4,186 addicts notifed in 1983, 879 were under 21 and a further 1,151 were aged between 21 and 25. The percentage of notified addicts on heroin has increased from 60% between 1973 and 1978 to 85% last year.

The number of addicts removed from the register last year because of death was 80. More than 20,000 people were convicted of drug offences last year.

In the first six months of 1984, Customs seizures of heroin totalled 193 kilos compared with a total of 247 for the whole of 1983.

ENDANGERED SPECIES?

According to the Sunday Times of 8th July, 1984, 'Police Pathologists may now be a dying breed'. According to the article, there are only 30 Forensic Pathologists in Britain and many are due to retire within the next decade. There is as yet no career structure in Forensic Pathology to attract young doctors. In addition, posts falling vacant are not being filled. The post which fell vacant with the tragic death of Brian Beeson (Lancaster) has disappeared; when Birmingham Pathologist, Ben Davies, retires next year he will not be replaced.

Professor Alan Usher, President of the B.A.F.M. is disturbed by the generation gap between young doctors interested in Forensic Pathology and experts of his experience. He would like the number of Home Office Pathologists to be doubled.

Whatever the long-term plans of the Home Office, if any, are in this matter we have not been enlightened. It is clear that for some years to come the Police will increasingly rely upon the expertise of the Police Surgeon.

Professor Keith Mant

Professor Keith Mant, Honorary Member of The Association, a great supporter of the Association, has retired. He has been succeeded Head of The Department of Forensic Medicine, Guys Hospital, by Dr. Iain West. We wish Keith Mant a long and happy retirement.

A 52 year old Greek man took two sleeping pills and fell so soundly asleep that, after twenty hours, his wife called the undertakers. They were giving him his last shave for the funeral when he sat up and complained about the coldness of the water. His wife fainted.

WITHDRAWAL OF CONSENT DURING INTERCOURSE MEANS RAPE

By the criminal law of New Zealand if a man penetrated a woman with her consent he could still become guilty of rape by continuing the sexual intercourse after a stage when he realised that she was no longer consenting.

The Judicial Committee of the Privy Council so held in dismissing an appeal from the majority decision of the Court of Appeal of New Zealand.

The appellant broke and entered a dwelling house. He then twice had intercourse with a young woman, who was an occupier of the premises. There was no dispute that intercourse had taken place on two occasions but the defence was that she consented or that he honestly believed that she was consenting.

When the appellant gave evidence, his case as to the second occasion was that after he had penetrated her for the second time he became aware that she was not consenting. He admitted, however, that he did not desist from intercourse.

In summing up that part of the case, the trial judge told the jury that if, having realised she was not willing, the accused continued with the act of intercourse, it then became rape.

Times Law Report
May 2 1984 Privy Council.

BLOOD ALCOHOL ESTIMATION

President-elect and Treasurer, Dr. David Jenkins, (Metropolitan) was asked to give an estimated blood-alcohol from a breath-alcohol concentration result. He declined.

A representative of the Metropolitan Police Forensic Science Laboratory agreed with him that such estimations are entirely a matter for Laboratory experts and not in the province of the Police Surgeon.

Dr. Stephen Robinson

D.M.J. SUCCESSES

Congratulations to the following successful candidates for the Diploma in Medical Jurisprudence —

Keith Clapton of Plympton, Devon.

Stephen Robinson, West Timperley, Cheshire.

JURY BITE

Globe-trotting Ivor Doney reports from the Annual International Dental Congress held in Helsinki of an innovation introduced by Dr. Stimpson of Houston, demonstrated by Professor Alan Drinnan from Buffalo, U.S.A., but a Bristol graduate. This is a small chrome cobalt cast of the biting edge of a suspect's teeth. It can be passed to the jury so that they can place it over the bite marks themselves and see the similarities easily and quickly. Delegates were reminded to swab bit marks and kiss marks for dried saliva, which can then be grouped by the Forensic Laboratory.

Dr. Raine Roberts

SEXUAL ASSAULT CENTRE IN MANCHESTER?

In Manchester, the concern of senior members of staff in the University about a number of rapes which had occurred among students and had not been reported to the police led to a symposium being organised by them at which the problems of women who have been sexually assaulted were discussed by a senior police officer, Mr. Whitehouse, Dr. Raine Roberts, police surgeon, Dr. May Muddle, Consultant Psychiatrist specializing in psychosexual problems, and members of the Manchester Rape Crisis Line.

Following this, Dr. Roberts was asked to present the case for a sexual assault centre in Manchester to a meeting of the division of Obstetrics and Gynaecology at St. Mary's Hospital.

The division is now actively supporting the proposal for a walk-in sexual assault centre, along the lines of those pioneered in Australia by Carol Dellar, to be set up in central Manchester, probably in St. Mary's Hospital, in the near future.

So far the police have not given their support to the scheme, so initially it may have to provide a service only to the many women who are sexually assaulted and do not wish to go to the police, but as it becomes established, it is likely that the police will use it, and from the outset they will be able to refer there the women they see who later wish to retract the complaint but who still need medical help and counselling.

Many women at present go to the police for help rather than to pursue a prosecution and would probably go to the centre if it were available.

The discussions are still at an early stage and many problems will have to be ironed out, particularly with regard to the taking of valid forensic evidence if the woman goes to the centre and the police are not involved from the outset.

In Australia they set up a centre in SIX weeks but in Manchester it would not be surprising if it takes six years!

Merseyside Police Surgeon Bert Kean expects to be appointed Chairman of a sub-committee of Liverpool Area Review Committee looking into the possibilities of establishing a Sexual Assault Referral Centre on Merseyside.

SOCK DEATH

In July a 50-year old male prisoner, serving a six months sentence for fraud and motoring offences, choked himself to death by eating a sock in Winchester Prison.

A fellow prisoner, who was cleaning the corridor, heard strange noises coming from the man's cell; he noticed that he was shaking on the bed and that one of the prisoner's socks was missing, but thought that the prisoner might be feigning illness to get attention.

It was suggested that the prisoner, a known epileptic, might have put the sock into his mouth during a trance-like state, mistaking it for food.

The jury returned a verdict of misadventure.

FUNDS FOR RESEARCH

Police Surgeons with a research project in need of financial support should apply in writing to the Trustees of the W.G. Johnston Memorial Trust (addresses of Trust Members are to be found in the Council Directory, see page 14).

An outline of the research project will be required, together with an indication of how the money is to be spent.

COMPUTER ERROR!

The address labels are now being printed by computer. Errors are inevitable. Please notify the Hon. Secretary or the Editor of the Supplement of errors or omissions of the postal code.

Ralph Lawrence is in the process of working on a window for Apothecaries Hall depicting Sir Ronald Gibson's Coat of Arms. Sir Ronald Gibson was a former Master of the Worshipful Society of Apothecaries of London.

Association Secretary Hugh Davies supported the recommendation of the Association of Chief Police Officers' working party that a psychologist or psychiatrist should be available to all affected officers involved in traumatic cases.

A Police Federation symposium on occupational health care was held in London in October.

BREATH TESTS

According to the Times, alcolmeters are now available to the general public from Lion Laboratories. Costing just under £200, the alcolmeter has been bought by several hundred companies in Britain and about 20 police forces around the world. The version available gives a digital display in milligrammes of alcohol per 100 millilitres of blood.

Further enquiries to Lion Laboratories, Tyverlon Estate, Barry, South Wales.

Hopes of 83,000 motorists of having their convictions for driving with excess alcohol quashed were set back by an October decision of the Queen's Bench Divisional Court.

The Lord Chief Justice, Lord Lane, ruled that the former Home Secretary, Lord Whitelaw, was acting within his powers in approving the Intoximeter 3000.

The present option available to all drivers, shown to exceed the legal limit on breath testing, to provide an alternative sample of body fluid (blood or urine), has been extended into 1985.

In 1983 nearly a quarter of a million drivers — the highest recorded for a year — were stopped by police for road side breath tests, and a third of them gave positive samples. This was an increase of 18% over the number of road side breath tests in 1982.

Between 6th May, 1983, until the end of the year, 74,300 people were asked to provide breath samples at a police station. 15,300 failed to do so. 82% of those tested were found to be over the legal limit.

Frodsham Police Surgeon Patrick Milroy did well in this year's Medical Olympic Games, held near Venice. He won gold medals in the ½ marathon, 5,000 metres, and 1,500 metres. Patrick also became the fastest Police Surgeon (and G.P.) in the May London Marathon. The 37 year old athlete completed the course in 2½ hours.

Roman games came to Sheffield when two police cars chased trader, Henry Corker, at night on his horse and cart. At one point Mr. Corker charged through a two car road block, standing in his two-wheeled cart like a charioteer.

He was fined £80 after admitting being drunk in charge of a horse and cart and driving furously so as to endanger the life of any passenger.

VIEWS EXPRESSED IN THE POLICE SURGEON SUPPLEMENT ARE NOT NECESSARILY THOSE OF THE ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN.

DILEMMA

An ethical and moral dilemma requiring a mind of Scargillian tortuosity to unravel developed in Australia this year. An American couple, Mario and Elsa Rios, took advantage of Australian expertise in the practice of in vitro fertilization. Of the three embryos obtained, one was implanted but died while the other two were frozen.

Mr. and Mrs. Rios were killed in an air crash in 1983 leaving behind a fortune and two deep-frozen potential heirs.

Mr. Rios had a son by an earlier marriage and Mrs. Rios has two other relatives in line to inherit. None of the relatives were enthusiastic about the embryos being unfrozen. An added complication has been the admission by the Melbourne doctors that the ovum from Mrs. Rios was fertilized with sperm not from Mr. Rios, but from an anonymous Australian.

A woman received a neatly-typed ransom note. It told her to leave 1lb jelly babies and 100 red smarties in a town centre litter bin. 'Otherwise you will never see your garden gnomes again'. Signed 'The Gnome Liberation Front'.

Mrs. Olive Harris discovered that four plaster gnomes had vanished, along with china swans, a dog and a plastic rabbit. Mrs. Harris refused to give into threats. However, next day on her doorstep were two severed plaster heads smeared with blood-coloured paint. With them was as second note threatening to return the other gnomes 'limb by limb'.

Police caught a local teenager red handed – still covered in the red paint he had used. He was fined £10 at Leominster Magistrates Court.

He said, 'The work of my Gnome Liberation Front will go on. I have always felt sorry for garden gnomes standing out in the cold and wet. They should all be freed. I insisted on red Smarties because I love them much more than the other colours. I am afraid the gnomes who lost their heads were martyrs for the cause'.

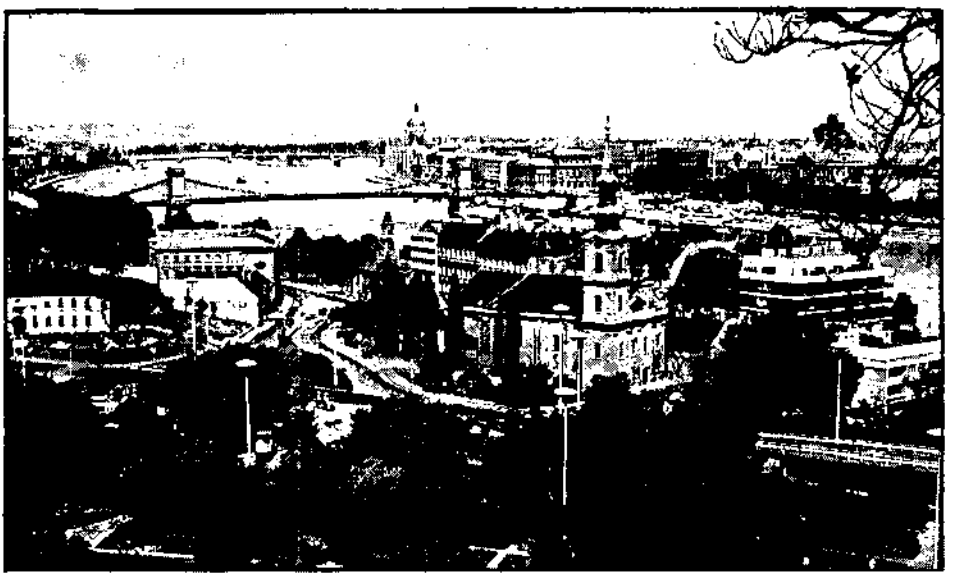
Like-minded gnome liberators may apply to the President for advice.

A man who almost killed his girlfriend's Jack Russell terrier by giving it a third bottle of Martini, was fined over £100 plus costs by Sheffield Magistrates in May. The dog was in a coma for five hours and a Vet found it smelling heavily of drink. On regaining consciousness it was blind for three hours before recovering.

A 35 year old convicted kleptomaniac Ulla Persson was freed from jail and collected £65,000 from the police.

She had admitted shop thefts totalling £100,000 in 1983 and was jailed for twelve months at Linkoping, Sweden. While she was in jail the police were unable to trace most of the goods. Under Swedish law the police are required to return the value of the unclaimed goods to a prisoner on discharge. Mrs. Persson was also entitled to twelve months interest on the capital accrued during her time in jail.

Budapest — venue for the September 1985 Congress — See page 44.



A.A.P.A.P.M.O.

Come to sunny Sydney, Australia for the biennial conference

FEBRUARY 8th to 14th 1986

and discover the ASSOCIATION OF AUSTRALASIAN AND PACIFIC AREA POLICE MEDICAL OFFICERS

For Information

Dr. Peter Bush
Russell St. Police Complex
MELBOURNE, VIC., 3000

Dr. Bill Ryan
Box 267, P.O. Nowra, N.S.W. 2541

Local Reps.: Dr. S. Burgess, Ipswich
Dr. I. Doney, Bristol

BUDAPEST

The thirteenth Congress of The International Academy of Legal Medicine and Social Medicine will be held in Budapest, 16th to 20th September 1985, in The Hotel Duna.

Hungary's capital city, Budapest, is a city with two distinct parts, Buda and Pest. Buda is on the mountainous forrested side of the Danube while Pest extends on the flat lands. At Budapest the Danube encircles the beautiful Margaret Island, a recreational centre with swimming pools, tennis courts, gardens and fountains.

The two parts of the City along the shores of the Danube are dominated by two large groups of buildings: Buda Castle and the Fishermans Bastion on the castle hill in Buda and the neo-gothic Parliament Building on the Pest side.

Budapest has suffered major damage in almost every century but has always been able to arise anew. It is generally regarded as being the most beautiful of the European capitals.

A full social programme has been arranged for accompanying persons and some social activities have been arranged for the delegates.

Conference topics will include the following:

Medical legal proofs, tests, examinations and analyses in cases of sudden death of cardio vascular origin.

Medical co-operation and insurances.

Medical ethics and expertises.

Medical legal psychiatry.

Traffic medicine.

Disputed paternity cases.

Problems of medical criminalistics.

Legal toxicology.

Suicide.

Free communications.

Caution: U.K. delegates will not be too thrilled to learn that registration fee and payment for accommodation is required in U.S. dollars. The registration fee for delegates is 300 U.S. dollars and for accompanying persons 200 U.S. dollars. Further information may be obtained from Professor Somogyi, Semmelweis Medical School, Department of Forensic Medicine, Budapest 8, Ulloi UT 93, Hungary.

Stop Press: Sterling rates may be available — see next issue.

JANUARY SYMPOSIUM

The January Symposium will be held at the London Hospital Medical School, Whitechapel, London E1, on Saturday 26th January 1985. It will be devoted to various aspects of Drug Smuggling.

Papers will include an outline of the functions of the Customs and Excise Department, and current drug smuggling trends; the smuggling of drugs concealed about the person; and the search of suspects. The present legal situation and the implication of the Police and Criminal Evidence Bill will be considered.

Cost: £12.00, including luncheon. Section 63 approval has not been granted.

Further information and applications to Dr. David Jenkins, 51 Manor Way, London SE3 9AW.

DINNER. On the evening of Saturday 26th January, a Dinner will be held at the Wine Cellars, Cafe Royal, London. Places are limited and will be allocated on a first come, first served basis.

Further information regarding the Dinner may be obtained from Dr. Neville Davis, 140 Brownlow Road, London N11 2BD.

PSYCHOTHERAPY FOR OFFENDERS

A half-day symposium on "Psychotherapy for Offenders" will be held at The Royal Society of Medicine, 41 Portland Place, London on Tuesday, 12th March 1985, commencing at 2.15 p.m., under the auspices of the Section of Psychiatry, Royal Society of Medicine.

Speakers will include Professor Donald West (Helping imprisoned sex offenders), Dr. Nicholas O.T. Temple (The value of a psychodynamic approach to violence in the management and treatment of offenders), Dr. J. Stuart Whiteley (Sociotherapy and psychotherapy in the management of personality disorder), and Dr. Murray N. Cox (The holding function of dynamic psychotherapy in a custodial setting).

Further details from:—
Dr. Ruth Porter FRCO FRCPsych.,
President-Elect, Section of Psychiatry,
Royal Society of Medicine,
1 Wimpole Street, London W1M 8AE

INTERNATIONAL CONFERENCE ON FORENSIC PAEDIATRIC PATHOLOGY

The first international conference on Forensic Paediatric Pathology will be held June 10th-13th, 1985, at Brown University, Providence, Rhode Island, U.S.A.

The Conference will include state-of-the-art presentations by invited experts as well as plenary sessions and a mock trial.

The Conference will integrate medical, ethical and legal aspects of sudden infant death, child abuse, accidents, poisoning and suicide. Foetal diagnosis, "Baby Doe" regulations and identification procedures will also be discussed.

These subjects will be of interest to paediatricians, pathologists, medical examiners, attorneys, allied health professionals, and child advocates.

Further information from Dr. W.Q. Sturner, 48 Orms Street, Providence, Rhode Island 02904 U.S.A.

HELPLINE

The N.S.P.C.C. have set up a child sexual abuse helpline in Cardiff, to counsel the victims and their families and give guidance to social workers, doctors and teachers.

The scheme is believed to be the first of its kind in Britain but the Society hopes to extend the scheme later to the rest of the country.

The helpline telephone number is Cardiff 397146.

RAPE edited by W.D.S: McLay, 120 pages, 79 illustrations. Association of Police Surgeons Publications. Cost £8.50. Postage 50p (Non-members).

THE MIND OF A RAPIST

Professor Lionel Howard, Dept. of Psychology, Surrey University

This article first appeared in 'Doctor' and is reproduced by kind permission of the Editor.

Recent FBI offers to supply British policeman with a rapist's profile have been greeted with some scepticism by psychologists.

Finding someone to match the 'average rapist' is like looking for the standard 1.8 children. According to a 1982 profile, the rapist is young, short, tubby, blue-eyed, single, unintelligent and Roman Catholic.

How many of your patients fit that description? And what about the Gusii tribe which claims 4,712 rapes per 100,000 population, compared with New York's 14 and our two. Where do such scraggy, brown-eyed, excessively rapacious non-Christians fit into the picture?

Cultural

Apart from the essential individuality of man and the cultural differences between nations, rape is not a homogeneous act.

In the US, 82 per cent of all rapes are 'statutory' rather than 'forcible', i.e. they are committed on a minor who is often a consenting partner.

The term rape thus defines conduct ranging from a loving but unlawful experience to a bizarre and brutally sadistic attack on some terrified woman. The one may have no detrimental consequences while the other frequently ends in the victim's death.

It is clearly unrealistic to look for common features across such a broad spectrum.

Nevertheless, some classification of rape behaviour can be made. In its simplest form, rapists fall into one of three groups.

There are the paedophilic rapists who suffering from some form of psychopathology which prevents them from relating to adult women, turn their sexual interests to less threatening youngsters.

In the U.K. this group constitutes about 30 per cent of all charged rapists; they do least psychological and physical harm; suffer the most convictions, and the least aquittals; have the lowest reconviction rate; yet receive the severest sentences.

Lenient

At the other end of the scale come the aggressors. Constituting 20 per cent of all rapists, they have an acquittal rate five times that of the paedophilics and receive sentences which are disproportionately lenient to the suffering of the victim.

Nearly half of them will have previous convictions for violence — usually in connection with other standard crimes such as robbery — and two in every three will be convicted of a violent crime subsequent to a rape conviction.

Of those acquitted of violent rape, 58 per cent have previous convictions for violence and a staggering 79 per cent have subsequent convictions for violent crimes.

Between the extremes of the paedophilic and aggressive rapists, lie a heterogeneous collection of subgroups.

Here half the rapists are under the influence of alcohol when they commit their crime, while others have a poorly developed sense of social responsibility because of low intelligence.

Nearly three per cent of all admissions to Rampton, the special hospital catering for mentally handicapped offenders, are for rape.

One of my patients, charged with attempted rape of a fruiterer's assistant, had seen her holding up a banana for

sale and had interpreted this as a invitation to copulate. He was as surprised by her rejection and struggles as she was by his sudden assault.

Rape in this category is usually a once-only event. The coincidence of predisposing factors — ethanol blood level, sexual desire, appropriate victim and propitious environment might never occur again.

Frequently the aftermath of guilt or fear has a sufficiently salutary effect to increase the threshold of behavioural control.

Clearly it is the aggressive rapist whom society has most cause to fear.

Instinctive

The typical violent rapist has a plasma testosterone level 25 per cent higher than other rapists and possesses serious psychopathology.

Rape for him is the sexual expression of his violence, not an aggressive expression of his sexuality.

He is more dangerous than the violent but non-sexual offender, whose violence is invariably an instinctive, animal-like reaction to threatening circumstances or frustrations.

The violent rapist seeks out his victim for his spontaneous violence, fired by hate or desires to dominate.

Sexual satisfaction is the least of his motives. The injuries he inflicts — the tendency to force all manner of inappropriate domestic objects into the victim's vagina, the unnecessary degree of bondage he engages in, and the bizarre sexual rituals he may adopt — all point to a distorted psyche.

Unfortunately, as with many a paranoid Broadmoor inmate, the act of rape may be the only overt sign of the covert pathology.

Tip

In such cases, the work of both police investigators before the arrest and psychiatrists after sentencing is likely to prove unrewarding.

Rapist profiles may just tip the balance when police diligence has trawled up sufficient information. But to be effective they will need to be more specialised and incident-specific than at present.

Delegates to the 33rd Annual Conference were welcomed by Chief Superintendent Till of the Lothian & Borders Police. The first speaker was Dr. Bill Daniels from New Zealand, who is Editor of the Australasian & Pacific Areas Police Medical Officers Journal. Dr. Daniels said that the police surgeon has a unique opportunity to observe stress, diet and work-load of police officers and pointed out that the police surgeon is the only doctor to see police officers from one year's end to the other. The level of physical fitness of police officers tends to drop off when compared with the general population. Fitness programmes should include a reduction of smoking and obesity and police officers should be encouraged to take regular exercise three times a week.

Obstacles placed in the way of establishing fitness programmes include cost, other commitments, and a reluctance to move from established practices.

Dr. & Mrs. A.P. Lees

In discussion afterwards it appeared that the principle resistance to the establishment of fitness programmes came from the Police Federation and this was confirmed by Dr. A.P. Lees, who is now the only full time physician in occupational medicine for the police in the United Kingdom.

Drugs Scene

Superintendent Charles Rodgers of Strathclyde Police emphasised the increasing national drug problem. He claimed that he thought that many general practitioners were unaware of the fact that we have a drug problem, were too liberal with their prescriptions and were too careless with their blank prescription forms.

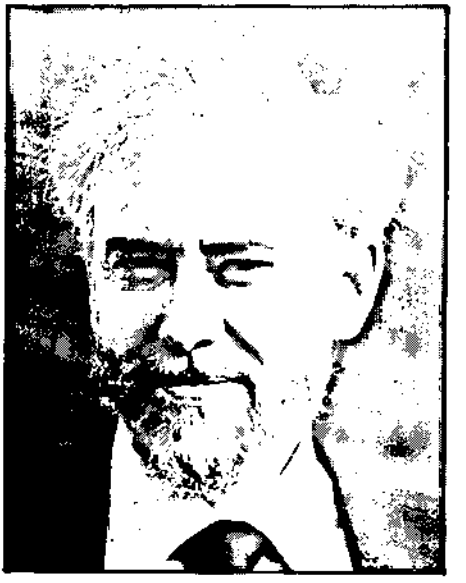
Dr. Marian Newman (West Hampstead) disputed Superintendent Rodgers' claim that the use of canabis lead to hard drug addiction, saying that there was no more reason to make canabis illegal than there is to make alcohol illegal. She also added that she did not think that the police's approach to cutting down on heroin suppliers was particularly helpful to addicts, although she did not offer any alternative proposals.

Consultant Psychiatrist, Dr. Bruce Ritson, talking on the emergency treatment of drug abusers and the mentally ill, pointed out that in Scotland 78% of

all assaults were committed under the influence of alcohol. Alcohol withdrawal symptoms can be very frightening for the patient. Alcohol withdrawal fits occur usually between 12 and 48 hours after ceasing drinking but may occur one week after a drinking bout. Alcohol withdrawal fits were not an indication for long term therapy. Treatment of a patient suffering withdrawal symptoms should include reassurance — Dr. Ritson acknowledged that this might prove difficult for the prisoner in police custody.

A.G.M.

At the Annual General Meeting Dr. James Hilton's term of office as President drew to an end as he formerly installed Dr. Ian Craig as the new President. The report on the Annual General Meeting will appear in the next issue.



Conference Secretary Tim Manser

Safe Driving Project

Dr. James Dunbar reported on the Tayside Safe Driving Project; he commented on the lack of co-operation of some Police Forces. The information obtained indicated that the breathalyser machines were inaccurate particularly at higher levels. It was evident that the breakdown rate of alcohol in the body varies more greatly than was hitherto supposed and also that there are difficulties in attempting to correlate breath alcohol and blood alcohol readings. Many of the breathalyser machine failures have been due to overheating.

Association Secretary Hugh Davies reported that the introduction of new drink driving legislation had not resulted in a fall in the Association membership.

Inspector Sandra Hood of Strathclyde Police discussed the role of the Police in the investigation of sexual assaults. It was evident that she was greatly concerned for the after care of the victim, not just in the prosecution of the offender.

The low-down on criminal statistics was given by Dr. Jason Ditton of The Department of Sociology, Glasgow University. He defined criminal statistics as an unknown percentage of an unknown total and decided that statistics were an effective method of judging those who construct and compile them. He described how illusory rises in crime rates might occur after introduction of new laws, recruitment of more Police or by the concentration of Police on a particular crime e.g. speeding.

Mr. Harry Gordon, Consultant Gynaecologist from Northwick Park Hospital discussed medical legal problems particularly in relation to child birth. He listed as reasons for concern the upsurge of consumerism, the discrediting of some obstetrical practices and the advent of genuine advances in obstetrical practice. Some of his comments have since aroused the ire of feminist organisations. It is quite clear that a doctor wishing to practice in an area free of litigation should not choose obstetrics.

Following a review of forensic odontology practice by Dr. Gordon Webster (Glasgow) The Lowthian Borders Police, represented by Chief Inspector Garbutt

and Superintendent Cuningham presented a review into the investigation of missing and murdered children, illustrated by a video of the investigations into the death of the unfortunate Caroline Hogg. The vast number of enquiries in such cases emphasised the important part to be played by computers in such major enquiries, particularly the computers ability to recall seemingly unimportant items of information, which take on a new significance when that item recurrs on a number of occasions.

Dr. Robin Moffat

Robin Moffat presented a nicely researched paper into the use of firearms in London, illustrated by the tragic shooting of three people by a mentally disturbed young man, followed by his suicide. Robin reviewed the legislation governing the issue of gun licences. He also compared the vast number of cases of violence against the person with the small number of homicides using firearms and the large number of occasions on which authority was given to the Police to carry fire-arms and the small number of occasions on which the firearms were used during the last few years.

Professor Arthur Harland (Glasgow University) blamed sloppy medical practice for the escalating medical defence society fees, expected to reach £1,000 a year by the year 2000. There are also increasing numbers of patients induced to try their luck and sue. If Doctors practised with more care there would be no medical negligence claims and no medical negligence crises.

Carlisle Police Surgeon, W.P. Honeyman, also holds an appointment as Medical Examiner for the Civil Aviation Authority. He described a tragic accident in which an instructor and pupil were killed and showed how the accident was the result of turbulence following the take off of a large aircraft 100 seconds previously.

David Filer reviewed the positive and negative sides of association research. Up to now David's comments have usually been gloomy on this topic but he now reported three areas of research success — The Workload Survey 1981, The Death in Police Custody Survey and The Tayside Safe Driving Project. David still feels that much could be done by the Association to encourage research and commented that as yet no-one has done an MD Thesis in clinical forensic medicine.

For those who feel that forensic medicine in the U.K. is fraught with difficulty, Professor H.E. Emson, Professor of Pathology at the University of Saskatchewan gave an illustrated paper on what forensic medicine in a really difficult terrain is like. Professor Emson described medicine in Saskatchewan as 'The last great amateur night in medicine — if you are there you do it'. The State's population is 1,000,000, distributed at 4.4 persons per square

Professors Harland & Usher

Professor Emson

mile compared with the United Kingdom 600 persons per square mile. The great distances involved, the extreme climate, the ethnic and cultural diversity and the liberal gun laws all combine to make forensic pathology in Saskatchewan a demanding but interesting occupation.

Referring to Professor Harland's paper, Professor Emson referred to a North American car sticker which read, 'Become a Doctor and support a Lawyer'.

Banquet

The Conference ended with the annual banquet. The menu reflected the Scottish venue (Cockie Leekie Soup, Haggis Neeps, Tatties) and the diners were entertained by David McLay, Professor Emson, and Chief Constable W.G.M. Sutherland, Q.P.M.

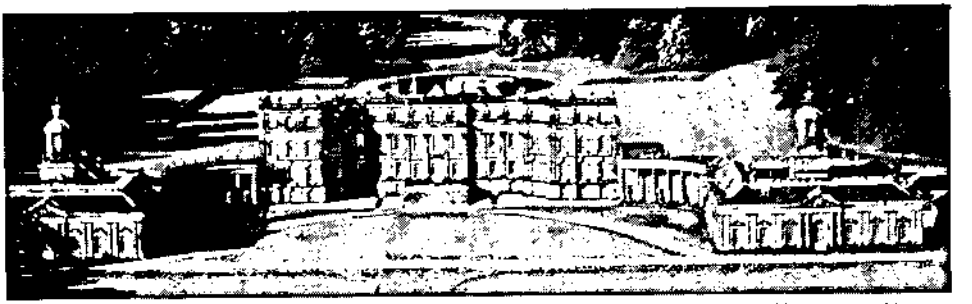
President Ian Craig's speech was punctuated by the Penwortham Pixie who has discovered electronics and who had wired himself into the President's microphone circuit. There were so many "Alleluia" that one felt transported to a revivalist meeting on a cloud of Drambuie.

Penwortham Pixie and pixilated peers.

Strange Sights at Peebles

Delegates who recalled that, among the many attractions of the Peebles Hotel Hydro, was a swimming pool, which could in the past most kindly be compared to a municipal swimming bath, were pleasantly surprised to see the transformation which has occurred in the hotel basement. The pool has been delightfully modernised and the pool-side attractions now include a jaccuzzi, sauna, needle shower, sun bed and a pool-side bar. Delegates venturing in for a pre-breakfast swim, however, were somewhat horrified to see the disembodied head of the retiring President, James Hilton, floating it would appear in the frothing inferno of the jaccuzzi smiling the strange smile that made the Mona Lisa such an attraction.

Another sight to curdle the blood of the more delicate police Surgeons was the Hon. Secretary, Hugh Davies, sitting in the sauna like a melting Buddah, wearing little but a strained smile. Nearby could be found Assistant Secretary for Northern Ireland, 'Bing' Crosbie, lying in the sun bed like an over-large purple salami in a giant sandwich toaster.



Hopetown House

SOCIAL ACTIVITIES

Tuesday

We were unable to visit Bilston Glen Colliery due to industrial action, so as an alternative we set off for Hopetown House situated at South Queensferry.

Arriving for coffee, always a good start, we then had a short talk on the history of the house and the Hope family, before setting off for a tour of this very pleasant and interesting house, gathering at 11.55 a.m. to hear the orchestral rendering of a famous old clock in the garden room, before going to lunch.

Leaving Hopetown house we set off for Edinburgh, passing the famous Forth bridges and hearing from our 'ex bus conductor guide' about all the places and points of interest en route. His knowledge of the city was unending, so our City Tour was very interesting, and we finally arrived at the Celtic tea rooms, near the castle, to find tea all ready; after which we were free to explore the Royal Mile on foot.

After boarding the coach, for our return to Peebles, some of our party donned funny faces and outsize ears, much to the amusement of passers by and to ourselves. We left Edinburgh in a very lighthearted mood after a very enjoyable day's tour.

Wednesday

Leaving Peebles in our now familiar coach with Charlie at the wheel, we headed for Walkerburn to visit the CLAN ROYAL TWEED, picking up two guides on the way in. The tour of the mill was fascinating; we saw the raw dyed wool, combed, teased and eventually twisted and coned into usable yarn for weaving and knitting. Leaving the noisy clatter of the mill we made our way to the cafeteria for a welcome cup of coffee, and a visit to the museum and shop, where many of our party were tempted to purchase the good quality merchandise. All duly satisfied we returned to our coach and back to Peebles for lunch.

On Wednesday evening, Mrs. Sylvia Craig gave a reception for the ladies, drinks were served, then we sat down to watch a fashion show given by Langue du Chat of Edinburgh.

A selection of fashionable clothes were shown by Jean Hatton and her girls, ably compered by Katrina, and

Dee Manser

after the show we were invited to go behind the scenes, try on, and buy the goods on display.

Thursday

Off again for a final day tour. Our first stop was the Edinburgh Crystal Glassworks at Penicuik. Accompanied by guides, and equipped with protective goggles, we commenced our tour.

We saw various articles of glassware produced from the molten glass, and go through the various stages of shaping, blowing, cutting and engraving; the finished products admired by all. After coffee the shop visit, which again tempted many of our party to purchase a souvenir or two.

A short coach journey into Edinburgh, to the Mount Royal Hotel for lunch, then freedom to shop or sight see at leisure, only to be marred by a thunderstorm later in the afternoon; but, slightly damp at the edges, we all made our rendezvous on time and returned safely to Peebles.

Friday

On Friday morning we were invited to coffee and shortcake and to watch a demonstration of floral art given by Mrs. Audrey Smith. Tickets were distributed and, as each floral arrangement was completed, a draw was made, and the lucky winner was presented with the beautiful flowers.

To all those who came on the tours, it was a pleasure to be in your company, and I do hope to see you all again next year.

Dee Manser

A family planning expert described at a recent Pill meeting how she was telephoned at home late one Friday evening by a teenage couple who wanted "the morning after" Pill having had sex the first time that afternoon. Somewhat surprised that they had been making love in the afternoon, she asked why they had not been at school. "We were sent home for revision", they said.

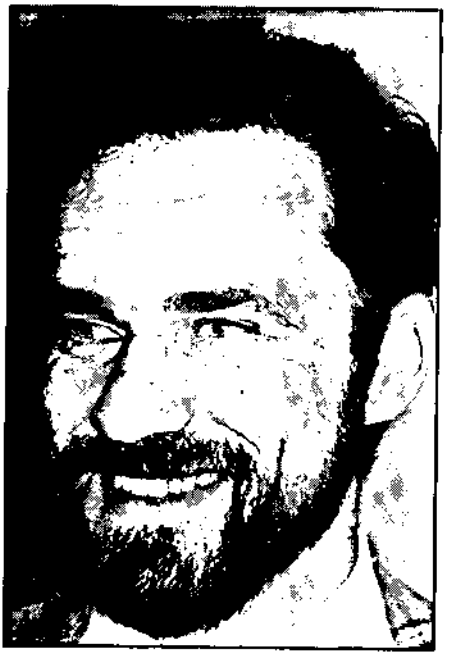
VISITORS TO CONFERENCE

Ken Ball, the General Practitioner and part time Police Surgeon at Mount Elisa, 40 miles east of Melbourne, born in Pickering, Yorkshire, emigrated to Australia 18 years ago and is a member of the A.A.P.A.P.M.O. He is Senior Medical Officer in the Army Reserve, the Australian equivalent to the Territorial Army, described himself as one of the workers.

Pieter W. Blankevoort from Curacao, Netherlands, Antilles, West Indies, is a General Practitioner, who is the only Police Surgeon on the island. He works under a system similar to that in Holland. He is on call 24 hours a day and has to pay a locum when he is not available. He is also a Prison Doctor to the one jail which holds 300 persons including 30 females.

Pieter reports a big drug problem as Curacao is a half-way staging spot to The States and Europe from Colombia and South America. Examination of suspected drug carriers can lead to the palpation of a loaded colon, the contents of which may be recovered with some assistance with castor oil.

Some investigations are done on the Island, but full forensic laboratory

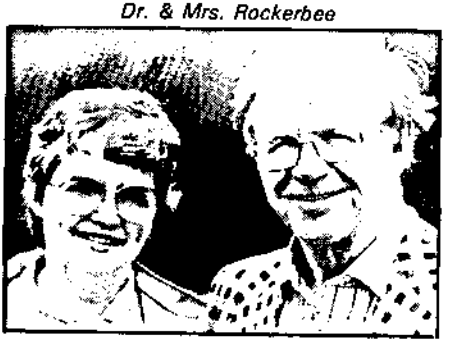


techniques require the material to be sent to Holland. Although he has to provide a written report on every police case seen, Pieter has only had to attend court twice in the last five years.

A surprise visitor to the Annual Conference was Dr. Russell Alfred Rockerbie of British Columbia, Canada. A Doctor of Philosophy with a qualification in pharmacology, he frequently gives evidence on drug identification and the long-term side effects of drugs, on breath testing and the effects of alcohol and drugs on intent, ability and behaviour. He is currently writing a book on impaired driving law enforcement for international use.

Unfortunately he was unable to stay for the full Conference but left clutching a membership application form. *(He has since joined as an overseas member* — Ed).

Dr. & Mrs. Rockerbee



EDITOR — BILL DANIELS

Born in New Zealand, General Practitioner Bill Daniels has been an Auckland Police Surgeon for the last ten years. He has also been Editor of the Journal of the AAPAPMO for the last four years, producing four issues a year.

His experience is that it takes about ten letters to produce one article for his magazine and at times he feels he is importuning his friends. That his soliciting is successful is evidenced by the fact that he produces four issues of his magazine each year.

A one time pilot, he is designated Medical Examiner for the Civil Aviation Authority and holds a part time appointment with Air New Zealand, in which he undertakes pilot medicals.

Bill was heavily involved in the setting up of the Auckland Sexual Assault Referral Centre, known as HELP, or Help Centre for Victims of Sexual Assault.

Association Sports

Bertie Irwin's handicap was dropped five shots during the last year as he had won three club competitions. Association golfers may feel that his handicap reduction was long overdue and this year he did not feature among the winners.

Winner of the Ulster Cup for 1984 was Dr. David Marshall (Dundee) with John Latham (St. Albans) runner up.

The squash competition was won by Douglas Poole (Caithness), with Jay Chitnis runner up. There was a special award to Ms Sheila Hamilton from Hong Kong as the first lady ever brave enough to enter a squash competition. An innovation for this year was a darts competition. The gents section was won by Frank Birch (Lincoln), and the ladies competition was won by Mrs. Jean Gordon, wife of visiting speaker, Harry Gordon.

Bing Crosbie and John Stewart commisserate with Bertie Irwin.

President and Mrs. Craig

Retiring President James Hilton and Mrs. Hilton.

Below: Mrs. Taylor, Irvine and Jenkins — any offers?

Photo: Alistair Irvine

A major highlight of the Conference was the excellent French night.

A tune from the secretary.

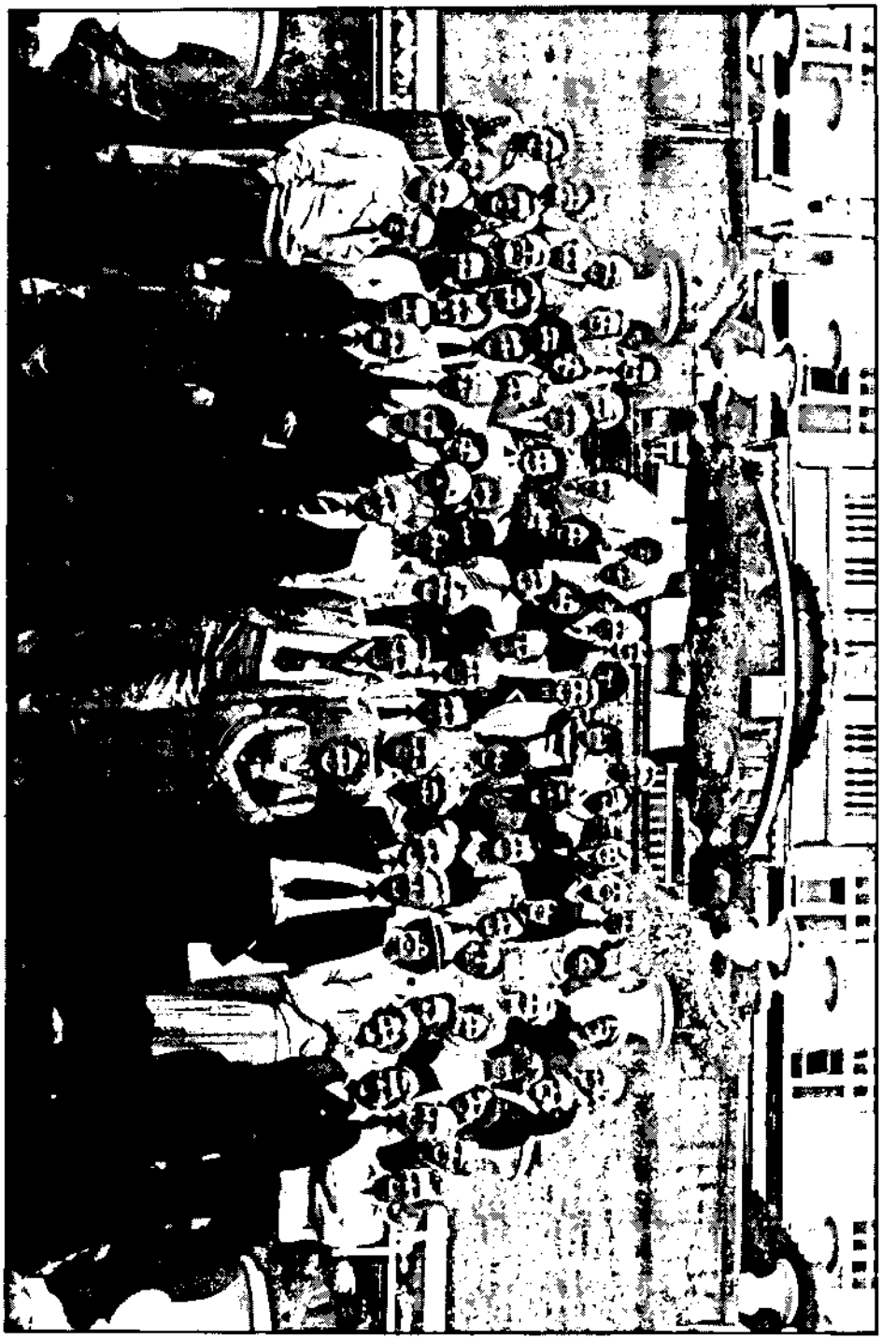
Song and Dance Man Ivor Doney.

Jill and Jim Hine with Ann Clarke.

Mrs. Jill Hine is now Chairman of Ely, Cambridge Bench of Magistrates. Jim Hine says he is frequently up before her.

The identity of the lady below may be found in Fleshmarket Close.

Photo: Alistair Irvine



CORRESPONDENCE

DEATHS IN CUSTODY

Dear Sir,

Dr. Tony O'Sullivan's article concerning deaths while in police custody in the May 1984 isssue of the Supplement demands reply. No caring individual, let alone a doctor, would be complacent about the number of deaths which occur in police custody; there is, of course, cause for concern.

However, Dr. Sullivan's ill-informed and scathing attack on the police and police surgeons, offers no constructive suggestions for improving the system other than 'to look closely at the treatment of detainees in police custody'.

In Ipswich in 1983, one hundred and seventy two persons were examined in custody by the police surgeon or his deputies. The examinations were carried out either at the request of those in custody, or their custodians. The purpose of these examinations was to assess the fitness or otherwise for detention of the person in custody, and to render such medical treatment as was immediately required, or make appropriate arrangements for transfer if necessary.

Of those one hundred and seventy two persons, ten were transferred to the local psychiatric hospital, either informally or under the appropriate Section of the Mental Health Act, and twenty were either admitted to the District General Hospital, or were transferred to the Accident and Emergency Department for immediate treatment. Not included were those persons detained as a result of industrial action within the prison service, who subject to their consent, were examined as a routine. This series offers little credence to the allegation by Dr. O'Sullivan that 'people who may need medical attention for mental illness are not offerd help . . .' In addition to this number, all other persons seen at the police station, whether complainants, accused persons, or a third party, have their mental and physical health assessed at the time of examination as a matter of course.

Dr. O'Sullivan alleges that 'detainees have no legal right to medical examination by a doctor of their choice'. Home Office Circular on 'Crime and Kindred Matters', Paras. 4.22 to 4.27 deal specifically with those in custody, either having been arrested on a charge of a sexual offence (4.22-4.24), or prisoners who ask for medical examination (4.25), or persons in police custody who appear to be ill or drunk (4.26-4.27). In all cases 'he should be told that if he desires the attendance of a qualified medical practitioner on his behalf, in addition to the police surgeon, an opportunity for this will be given'.

Paragraph 4.25 states 'when a prisoner . . . desires a medical examination the examination should be made either by the police surgeon or by a doctor attending on behalf of the prisoner'. Detainees therefore, *do* have a right to medical examination by a doctor of their choice, but whether or not the nominated general practitioner, clinical medial officer or whatever chooses to attend is a separate issue.

Dr. O'Sullivan states that '. . . patients do need an alert doctor who is independant of the police'. At least we are in agreement on these issues! All patients are deserving of an alert doctor, whether in custody or not; the very nature of clinical forensic medicine ensures that those practising the discipline are otherwise at their peril. Can Dr. O'Sullivan name any other branch of medicine subject to more scrutiny?

As to their independence, although paid by the local police authority, police surgeons work *with* the police not *for* the police. Their prime concern is the health and well being of those held in custody, or otherwise the subject of

attention at a police station. A police surgeon's secondary function is that of an independant collector of evidence, who questions, observes, and examines persons involved in an alleged crime, and formulates an opinion based on his findings. The results may either be used by the defence or prosecution.

Of course there is cause for concern as long as deaths in police custody still occur. There is need for supervised 'wards' where those in custody who are either drunk or ill, or both, can be observed in conditions more reminiscent of a hosptial than a police cell. There is need for closed circuit television to monitor 'at-risk' detainees. Although this may appear reminiscent of George Orwell, it is no more so than the standard modern coronary monitoring unit. There is need for expert psychiatric opinion as soon as possible after an alleged offence has occurred, where there is evidence that psychiatric illness might be involved. At present the Courts have no power to order psychiatric examination at a remand hearing, and such an examination can only be carried out at the request of the defence solicitor, the police surgeon, or the prison medical officer.

The terms 'cost effectiveness' and 'financial constraints' apply equally to the care of those in custody as to the rest of the National Health Service, therefore great changes are unlikely in the immediate future. Hopefully increasing vigilance by police and police surgeons will result in better care of those in custody.

Yours faithfully

M.A. Knight, Ipswich

BAN ON (POLICE) BOXING

Dear Sir,

A number of doctors question the acceptability of boxing as a sport and support a lobby to ban boxing.

A neutral doctor unrestrained by any knowledge of the sport would readily agree because of some accidents which may result in incapacity or death.

I was invited, as was Peter Bush, to act as Medical Officer to what I understood to be a police boxing match, without knowing anything more about the sport than what I had seen of Mohamed Ali on television. The Dutch Association of Sports Medicine was unable to give any information.

The following observations made me continue to accept invitations to act as M.O. to boxing matches:—

- An atmosphere of friendship with strong interpersonal interest amongst boxers, relatives and fans.
- Contestants are in extremely good physical condition.
- The checking of body weight before matches is as accurate as the weighing of sporting capability in order to avoid unequal and thus risky matches.
- In the ring coaches, as well as referees, watch the balance of the match and will stop it as soon as any great difference of ability appears.
- The apparently increased capacity of enduring head blows and quick restoration of cerebral function and in general the lack of post-match complaints. This contrasts with my experience of complaints, sometimes long lasting, by police officers after a fight in the course of their work or after slight concussion. Of course this is subjective, together with my assumption that boxing, training, participation in and watching matches may result in increased mental endurance of fight effects.
- Apparently it is a great sensation for sportsmen to test their own potential in hazardous activity which test their skills, as it is for spectators

watching others risk their lives. People enjoy the tension of watching and of success, feel sorrow at failure, injury or death. The excitement must be the moving force in the mind of the sportsman as well as in the spectator.

— This excitement makes the following sports popular:—
racing with motor cycles or cars, in boats, on ski's, in bobsleighs and horseracing, particularly steeplechasing. Individual hazardous sports, such as mountain climbing (with many casualties each year). In the first half of 1983 I saw reported in the newspapers the deaths of four drivers and ten motorcyclists either in training or in the races. How many were severely injured for life? — I stopped counting.

The difference between these sports compared with boxing is that injury *appears* to be the aim in boxing and is *seen as accidental* in other sports.

In boxing, the intention is not injury but the earning of points by hitting the opponent and winning by obtaining the larger score, or by making the opponent surrender, his coach throw in the towel, or by the referee stopping the fight.

Immediately a boxer appears to be drowsy, by loss of concentration and dropping his defence, the referee or ring doctor (and the good coach) should intervene, according to the rule. In amateur boxing the referee should prevent knock-outs.

In my experience to date, whenever I decide to intervene, at that same moment the referee gives an 8-count rest or stops the match. If the rest appears insufficient or after two "time-outs" the match is stopped, and the boxer has lost the match.

Knock-outs in amateur boxing are unintended accidents, but, as with a car crash in a race, the spectators want to feel excitement. That is human nature! In the T.V. presentation of the Olympic Games boxing was given a major part of the time and this reflects the eagerness of people to watch this sport. But the T.V. presentation of this top-level amateur boxing also showed that, most probably because of the public's eagerness to be thrilled, the referee's intervention was often too late in my opinion.

Further facts regarding the prevention of injury:—

— Maximum duration of a match is only three rounds of three minutes.
— Most amateur boxers stop boxing after a few years, particularly if not successful.
— In the event of a knock-out, an E.E.G. check and, regardless of the result, an eight weeks ban on matches, prolonged if there is any abnormality of the E.E.G.

Does this prevent injury and *possible* lasting cerebral effects? No. But does this give sufficient ground to prohibit boxing? No, because no one has a right to interfere in the way another person wants to live or show his ability if that way of living does no harm to anyone else not taking part in that activity. Otherwise not only boxing but the more hazardous sports and activities I have named should be prohibited.

There is no reason to single out boxing.

Finally, health is not based on physical condition alone. Mental happiness, or contentment, is much more important. If someone has suffered mentally by objective standards (E.E.G. and intelligence) but the person himself does not suffer, who has a right to judge? I know a few professional 70-year old boxers who regularly attend boxing matches and who are still regularly honoured by officials and the public for their fame of 40 years ago — they enjoy it! The most famous one, who has cauliflower ears and some mental effects from boxing, is still very fit, keeps his fitness up by training and enjoys life!

CONCLUSION — Everybody has a right to choose his way of life if hazardous sports are part of it.

When sportsmen choose to have a doctor nearby, for first aid, recognising the risk of injury, the doctors willing to help should be seen as the straw-bales

in a curve of the racetrack, as a means of lessening the risk, not as guarantee of safety nor as an official medical acceptance of the risks!

If a doctor wants to protest, he may do so as a private individual with medical knowledge to substantiate the protest, as in protesting against nuclear warfare, based on his private philosophy of life.

If a doctor wishes to protect police-officers, he should weigh the pros and cons. He should know about advantages of boxing training (and possibly matches) equipping the police officer against possible injuries at work, which may lead to short or long term incapacity.

I am against a ban on boxing. I would rather ban football as an obligatory part of the physical training of police officers, and I am sure that I could substantiate this ban by injury statistics. But football is such an attractive and enjoyable part of physical training that such a ban would have a negative effect on the total results of training. Such is life!

Hubert Cremers, Rotterdam

Dear Sir,

Subject: Boxing

Many of your readers will have been interested in Peter Bush's letter in regard to the W.M.A.'s report that boxing is a dangerous sport and recommends that it be banned. I understand this is also the opinion of the British Medical Association whose report has been given wide publicity in the National Press.

It would be most unwise for the Association of Police Surgeons of Great Britain to campaign against boxing — a sport which is encouraged in many police forces throughout the country.

The Amateur Boxing Association recognises that the sport is popular and introduces boys and young men to the 'Noble Art of Self-Defence' and provides a healthy, mental and physical recreation which teaches boys self-control, self-discipline and sportsmanship. Every boy is under the constant supervision of an experienced medical officer throughout his boxing career and there are stringent regulations regarding the treatment and management of injuries sustained during a contest.

Many medical practitioners hold the view that rugby football is equally hazardous and probably produces many more serious injuries than boxing. During the past forty years there have been 10 deaths in the British Ring. Between 1969 and 1981 there have been 480 deaths reported in sport, 2 of these deaths were professional boxers.

If it were possible to ban boxing, I believe it would only be driven 'underground', where it would no longer be subject to the present controls and medical supervision exercised by the Amateur Boxing Association and the British Boxing Board of Control.

There is no evidence today that boxing is compulsory. Unhappily, the British Medical Association decided to campaign against boxing *before* it produced its report and has weakened its position. Therefore it is unlikely to succeed.

A prospective study to include a reporting system on serious injuries and deaths in boxing would be invaluable and surely Dr. Bush is the best man to understake this study.

Yours sincerely

Robin Moffat, London

Prisoners arriving at a new jail on the Mediterranean island of Ibiza promised not to try to escape after warders told them their cell doors would only lock from the inside because of a builder's blunder.

HELP IN AUCKLAND

In metropolitan Auckland, New Zealand, there are approximately 35 sexual assaults a month involving adults and children. Two years ago the Help Centre for Victims of Sexual Assaults opened, after a gestation period of some 18 months. The Centre is in rooms hired for a peppercorn rent from the Presbyterian Social Services and is in the centre of Auckland, one kilometre from the Police Station and one kilometre from the Hospital.

Initially the Centre occupied four rooms, a medical room, two interview rooms and a waiting room, but three larger rooms have just been incorporated into the Centre for group work.

In addition to the 35 fresh victims a month, covering the full spectrum of sexual assaults, there are currently between 200 and 300 people receiving counselling in any one week. Group sessions are extremely successful; family sessions are held in cases of incest.

The Centre costs $NZ 100,000 per year, of which a third comes from the National Accident Compensation Scheme and the rest from private fund raising. In New Zealand victims of sexual assault are entitled to compensation by the National Insurance Scheme and this includes medical services, counselling and rehabiliation. Bills are never sent to the victim.

The medical staffing is by eight women doctors who are first on call for sexual assault cases, with a back-up male rosta of five in central Auckland. The women doctors are all experienced General Practitioners and all have had specific training by Bill Daniels and the C.I.B. All the women doctors are second on call for other police work. The doctors are paid either by the police or by the Accident Compensation Scheme. In about one-third of cases, the Doctor may not receive a fee, particularly in long-standing cases where the primary need is counselling.

The key to the success of the Centre is the Counsellors chosen by the Psychology Department of Auckland University, all are experienced in other forms of counselling and are non-political and non-'progressive'. Their aim is to restore the victim to the condition she was in prior to the assault.

In addition to the full medical, making use of the nationally produced sexual assault kits, the Doctors perform STD baseline swabs and offer STD referral access. Pregnancy testing can be undertaken. The Doctors by law have to offer the morning-after pill or, if necessary, make arrangements for termination.

One third of the cases are referred by the police, one third are self-referrals and one third are referrals from other agencies. In cases with Police involvement, the Police take a brief initial statement only, with particular note of the description of the alleged assailant. The victim is then seen by a Counsellor for ten to twenty minutes and then the medical examination follows. After the examination the victims are able to shower and spare clothing is available, if required. The shower has been observed to have a remarkably beneficial psychological effect. A comprehensive interview and statement is taken by the police after the victim has had some rest and the Counsellor is present during the interview in a supportive role. The Counsellor will also attend the court with the victim.

A full time co-ordinator manages the Centre. Two part-timers visit schools and lecture to a wide variety of organisations. Following the success of the Auckland HELP Centre, similar systems have been started in Christchurch and Tarronga and a Centre opens in Wellington this year.

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.

1983 BY MICROCOMPUTER

Ever since starting to work as a Police Surgeon in 1965 I have always wanted to do a statistical survey or a review of a year's calls, not necessarily as a research project but purely for my own interest.

I did in fact start to do this in 1975 but I found that the laborious effort of collating all the details of the individual calls over the year took much more time than I had anticipated, even before attempting to extract the relatively simple statistics I was looking for. However, for my younger son's Christmas in 1983 I purchased a BBC Model B Computer (this seems to have superceded the electric train set for the modern father!) and I started to think seriously again about the project.

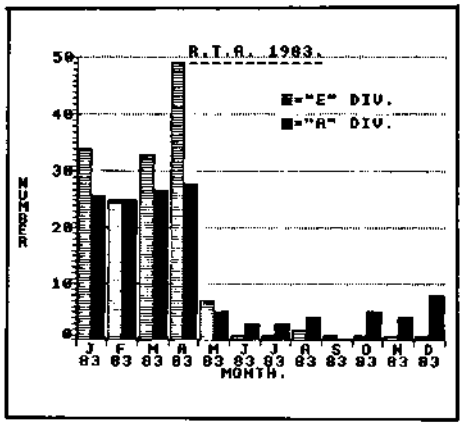
Obviously, I needed some software in order to enter in all the relevant data which would form the basis of the study. At this time I was a complete computer novice and had no idea of the available software for the purpose so my choice was totally arbitrary and unresearched. Perhaps it was beginner's luck but my purchase of Vu-file by Psion Software turned out to be about the best thing I could have done. This database is tape-based but transfers without any problem onto disc, which speeds up loading from about two and a half minutes to two and a half seconds. It is a very 'user-friendly' program, is very versatile in use, and its facilities for sorting, listing, searching, ordering, printing and storing are excellent. It was at this stage, very early on, that I realised the main limitation of the BBC Computer — its lack of memory. There was obviously no way that I could store a whole year's information in one single package so I recorded it in monthly chunks — in fact this was a sensible way of doing the job anyway.

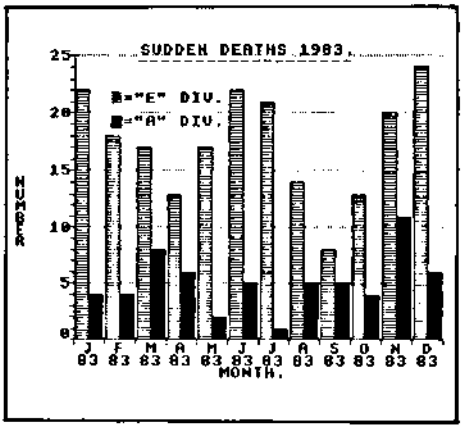
Using Vu-file I simply entered basic details of each call made by myself and my colleagues over the year — name, age and address of the person seen, the Doctor's name, the date and time of the call, at which Police Office the examination was done, and a simple note of the type of examination or charge involved. Having done this I could then start extracting the statistics I was after and this was where the computer and Vu-file came into their own. Using the 'search' facility I was able to find and count any of the above parameters, either singley or in combination, very quickly and I found the task to be a lot of fun as well as being informative.

Having collated all my figures the next step was to put them on to paper in an

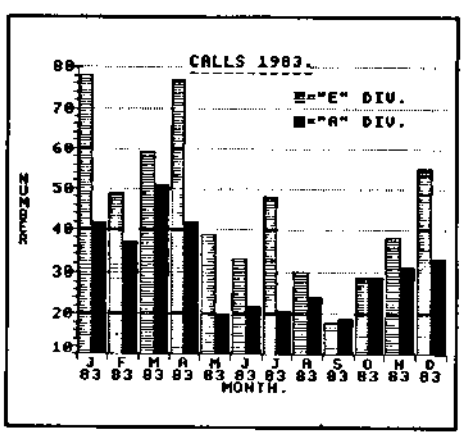
NAMES AND ADDRESSES DELETED

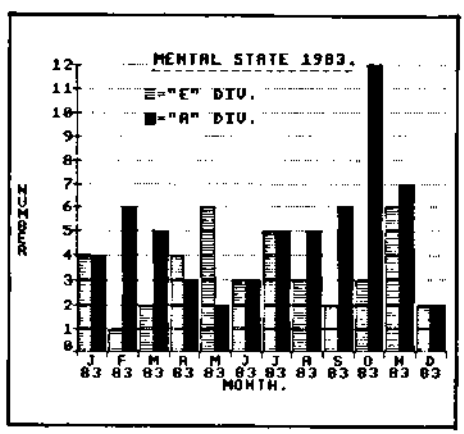
NAME	ADDRESS	AGE	DOCTOR	DATE	TIME	DIV.	EXAMINATION
****	*******	***	******	****	****	****	**********
	:ORN ST.	56	DONNELLY	5.1.83.	1825	"E"	SUDDEN DEATH
	'IELD RD.	44	MCNAUGHT	10.1.83.	0115	"E"	SUDDEN DEATH
	ST.	48	MCKELVIE	22.1.83.	0150	"A"	SEC.6.
	'ELD ST.	52	MCKELVIE	25.1.83.	2350	"E"	SUDDEN DEATH
	ST.	22	ZAKI	24.1.83.	1150	"A"	RE EXAM SEC.5.
	ST.	22	ZAKI	24.1.83.	0222	"A"	SEC.5.
	I AVE.	?	DONNELLY	16.1.83.	1035	"E"	SEC.6.
	:UIN RD.	22	MCNAUGHT	27.1.83.	2155	"E"	SEC.6.
	URST ST.	27	ZAKI	23.1.83.	0110	"A"	SEC.6.
	ST.*	50	ZAKI.	1.1.83.	1340	"E"	SUDDEN DEATH.

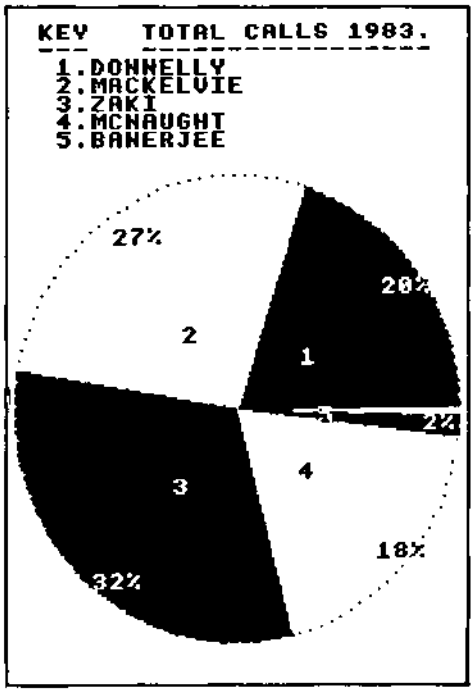




easily readable form. For this I obviously needed a printer and her I have to admit to indulging myself unashamedly — I bought an Epson FX80 (if not the Rolls-Royce of printers then certainly in the Porsche class). The advantage of buying Epson was immediately apparent in that Vu-file was already configured to print on Epson printers so that a computer idiot like myself could produce a very reasonable printout with the minimum of effort. However, it was also immediately apparent that a long list of name, address, age etc. did not exactly strike the eye as being attractive to look at nor did it give a great deal of information at a glance. I wanted to produce graphs, bar charts or pie charts which would present all my statistics in a form which could be instantly appreciated. Again I came up against the question to which software to use and here my first choice turned out to be disappointing. I suppose I was attracted by the glossy packaging of Beebplot by Gemini and at first I was quite impressed with it. However, I soon found it to be very limited for my purposes and I looked around for something else. I took a chance on an advert in a computer magazine and sent to Synergy Software for their Easiplot and Dataplot package and this, although cheaper than Beebplot, turned out to be an excellent tool for the production of the necessary charts. The tape version of this software proved to be very versatile and fun to use, especially its







ability to merge up to three graphs or charts in one display — this was an important facility for me as I was able to display in one chart statistics from the two Divisions of Strathclyde Police in which we work for instant comparison. I can unreservedly recommend this particular software for anyone contemplating a survery of this sort. I have now bought myself a Cumana disc-drive and have purchased the disc version of Easiplot which is even more versatile than the tape version at little extra cost.

With the above relatively simple software I was able to present a very reasonable statistical survey of the work done by us throughout 1983. It is difficult to say just how long it took me to do it. Certainly, the longest part was the inputting of the initial data — even using three or four fingers for typing it took me quite a long time to enter the nine hundred and twenty-four calls made by us in the year. I reckon that it probably took me about six weeks of fairly steady work in all to produce the first finished effort although I have since

spent quite a fair bit of time refining my charts. For example, I brought a Printmaster Rom (by Computer Concepts) which enabled me to alter the Easiplot program slightly so that I could produce larger printouts using its screen-dump facility.

The whole exercise gave me a lot of fun as well as giving us for the first time an accurate picture of our work for the Police. I am sure that there must be a number of other Police Surgeons who would like to do something similar and I hope that this short article will have given them some useful guidance and encouragement to go ahead and do it. If a total computer novice like me can do it, so can you!

John W. Donnelly

Veteran Conference attender, Ralph Summers, missed the 1984 Annual Conference. Misled by erroneous dates printed in the Association Diary, he arrived at the Peebles Hotel Hydro one week early. Returning from Peebles to Edinburgh by train, he failed to notice that he had arrived in Edinburgh and returned to Peebles on the same train, leaving him with a £17 taxi fare back to Edinburgh.

The Association once more apologises for the publication of erroneous dates in the Diary.

BOOK SHELF

MULTILINGUAL DICTIONARY OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES UNDER INTERNATIONAL CONTROL

A United Nations Publication

The Multilingual Dictionary of Narcotic Drugs and Psychotropic Substances' was requested and sponsored by the United Nations Secretariat to increase the effectiveness of National and International control of these substances. It is intended for use as a reference manual listing the numerous names of the substances and the names of preparations containing these substances.

Part I of the dictionary consists of monographs in English alphabetical order describing chemical structure, generic and trade names, code designations and control details, and the names of associated pharmaceutical preparations.

Part II is an alphabetical cross-index in the English, French and Spanish languages; in addition the principal names of the drugs in Arabic, Chinese and Russian are listed in the index, and when available, drug names in other languages are also mentioned.

This comprehensive dictionary should be available to Forensic Chemists, National and International Police and drug control agencies as an aid to informational transfer and co-operation.

Clinicians, Forensic and general, would find the book useful on the occasions when they are involved with patients from abroad carrying or being treated with substances labelled in other languages.

The book is not recommended for purchase by individual clinical or forensic practitioners as an addition to their own libraries. However, the information contained in the dictionary should be available to them from central libraries or poison centres.

H.B. KEAN

What the Critics say about "RAPE"

Published as part of the educational material prepared by the Association of Police Surgeons for its members, *Rape* is a series of illustrated lectures on the medical aspects of serious sexual assaults, presented by authorities in their respective fields.

The editor, himself the chief medical officer of the Strathclyde Police, deals with the concept of rape, while the police surgeons of Norfolk, Suffolk, Manchester and Merseyside, among others, discuss examination rooms, clinical examinations, sexual offence victims after care and examination kits for surgeons.

Concise, factual and explicit it is a book which no senior detective should miss the opportunity of obtaining — if only to remind himself what the competent police surgeon can produce by way of evidence. If your police surgeon is not as experienced as those contributing to the book you could do worse than provide him or her with a copy. One criticism is the absence of an index.

Owing to the explicit nature of the book and the photographs, copies are only available through the Association.

POLICE REVIEW

NEW BOOKS:

THE ESSENTIALS OF FORENSIC MEDICINE (Fourth Edition) C.J. Poulson, D.J. Gee & B. Knight, 880 pages, 169 illustrations, 1,758 literary references. Cost £95.00, Pergamon Press.

TAYLORS PRINCIPLES & PRACTICE OF MEDICAL JURISPRUDENCE (13th Edition) Edited by A. Keith Mant, 415 pages, Published by Churchill Livinstone. Cost £32.00

MEDICO-LEGAL SOCIETIES

BRISTOL MEDICO-LEGAL SOCIETY

Thursday, 15th November, 1984
"The Role of the Firearms Examiner"
Mr. Peter Prescott, Forensic Science Laboratory, Huntingdon.

Thursday, 17th January, 1985
"Surgery in the Egyptian Old Kingdom"
Professor John Nunn, Department of Anaesthesia, Clinical Research Centre, Harrow.

Friday, 22nd February, 1985
Annual Dinner
Professor Alan Usher, Department of Forensic Pathology, University of Sheffield.

Thursday, 21st March, 1985
"In the Underworld"
Professor Laurie Taylor, Department of Sociology, University of York.

Thursday, 16th May, 1985
Members Papers

Friday, 5th July, 1985
Summer Social Gathering.

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,
Martindale,
Bridgwater Road,
Winscombe, Avon BS25 1NN.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

Thursday, 6th December, 1984
"Medico-legal Aspects of Brain Damage Following Head Injury"
Mr. M.M. Cameron, F.R.C.S., Consultant Neuro-Surgeon, Wakefield.

Thursday, 17th January, 1985
(Time to be promulgated)
Joint Meeting with Leeds Division of the British Medical Association.
"Legal Regulation of Clinical Decisions Affecting Life and Death"
Dr. J.D.J. Havard, M.A., M.D., Barrister-at-law,
Secretary, British Medical Association.

Thursday, 7th February, 1985
"Some of the More Subtle Cognitive Effects of Brain Damage"
Mrs. M.R. Anderson, B.A. (Hons) Psych. District Clinical Psychologist, Harrogate and Northallerton.

Thursday, 7th March, 1985
"Psychological Effects on Victims of Disasters"
Professor A.C.P. Sims, M.D., F.R.C. Psych. Department of Psychiatry, University of Leeds.

Saturday, 9th March, 1985
ANNUAL DINNER in Banquet Hall, Civic Hall, Leeds, by kind permission of the Lord Mayor.

Meetings for this session will be held at 8.30 p.m. at the Littlewood Hall, The General Infirmary, Leeds.
Application for membership of the Society should be made to:—
Mr. J. Fairhurst,
30 Parks Square, Leeds 1.

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

December 1984
Title to be announced.
Mr. Peter Weitzman, Q.C.

January 1985
"Policing the Miners' Dispute"
Mr. Peter Wright, Chief Constable, South Yorkshire.

February 1985
"Child Custody and Access after Divorce — the Impact of a Second or Third Marriage"
Jackie Burgoyne, Reader in Applied Social Studies, Sheffield City Polytechnic.

March 1985
"Goodbye, Legal Aid"
Mr. John Richman, Chief Clerk to the Justices, Sheffield.

April 1985
ANNUAL GENERAL MEETING
"Screening for Sick Doctors"
Dr. Philip Connell, Physician in Psychological Medicine, Bethlem Royal Hospital and The Maudsley Hospital.

May 1985
ANNUAL DINNER

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:—
Mr. John Napier,
Legal Secretary,
Irwin Mitchell & Co., Belgrave House,
Bank Street, Sheffield S1 1WE.
or to:—
The Medical Secretary,
Arthur Kaufman,
Children's Hospital, Sheffield 10.

MEDICO-LEGAL SOCIETIES

THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

Wednesday, 5th December, 1984
"Emotional Sequelae of Accidents at Work and on the Road"
Dr. Michael Tarsh, M.A. (Oxon), D.M., F.R.C.Psych.

Wednesday, 30th January, 1985
"The Dingo Baby"
Prof. J.M. Cameron, M.D., Ph.D., F.R.C.S., F.R.C.Path., D.M.J. (Path).

Wednesday, 27th February, 1985
Subject to be announced.
Mr. H. Ognall, Q.C.

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,
Chester House,
Boyer Street,
Manchester M16 0RN.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

Tuesday, 27th November, 1984
"Thomas Wakley and the Foundation of the Lancet"
Dr. Peter Froggatt, The Vice Chancellor, The Queen's University of Belfast.

Friday, 25th January, 1985
Annual Dinner. 7.30 for 8.00 p.m.
Belfast City Hospital.

Tuesday, 19th February, 1985
"Nigerian Leopard Murders — 1947"
Master Stephens, Q.C.

Tuesday, 19th March, 1985
"A Tale of Two Paintings"
Professor Bertram Cohen, CBE, FDS, FRCS

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.

Membership enquiries should be directed to:—
Dr. Elizabeth McClatchey,
Honorary Secretary,
40 Green Road,
Belfast BT5 6JT.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Thursday, 15th November, 1984
"In Vitro Fertilization — Ethical Dilemma"
Mr. Gerard Wright, Q.C.
Mr. B.A. Lieberman.

Wednesday, 30th January, 1985
"Homicide and the Dentist"
Mr. B.G. Sims, The London Hospital.

Wednesday, 13th March, 1985
"The Scientific Detection of Forgery"
Mr. Robin Keeley, Metropolitan Police Laboratory.

Meetings are held in the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool 3 commencing at 8.00 p.m.

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

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

26th January, 1985
Winter Symposium of A.P.S.G.B.
The London Hospital Medical School, Whitechapel, London.
"Drugs and Drug Smuggling".
Dinner at the Wine Cellars, Cafe Royal, London.
See page 45.

12th March, 1985
"Psychotherapy for Offenders".
Half-day meeting of the Section of Psychiatry, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.
For further details see page 45.

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, Bideford, North Devon.

12th-18th May, 1986
A.P.S.G.B. Annual Conference and 2nd Cross Channel Conference.
Kensington Close Hotel, London.

September, 1986
A.P.S.G.B. Autumn Symposium
Belfast, Northern Ireland.

INTERNATIONAL MEETINGS

11th February, 1985 — U.S.A.
Interim Meeting of the National Association of Medical Examiners, to be held at the Riviera Hotel, Las Vegas, Nevada.
Further details from:—
Dr. George Gantner, Pathology Dept., 1402 South Grand Boulevard, St. Louis, Missouri, U.S.A.

12th-16th February, 1985 — U.S.A.
Annual Meeting of the American Academy of Forensic Sciences, to be held at the Riviera Hotel, Las Vegas, Nevada.
Further details from:—
AAFS, 225 South Academy Boulevard, Colorado Springs, Colorado 80910.

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

23rd-24th May, 1985 — U.S.A.
Western Conference on Criminal and Civil Problems to be held at the Holiday Inn Plaza, Wichita, Kansas.
Further details from:—
WCCCP, P.O. Box 8282, Wichita, Kansas 67208, U.S.A.

27th-31st May, 1985 — JAPAN
10th Congress of the International Association of Accident and Traffic Medicine, to be held at the Takanawa Prince Hotel, Tokyo.
Further details from:—
Secretariat, International Congress, Serv. Chikusen Building 5F, Nhonbashi 2-7-4 Chuo-ku, Tokyo 103.

10th-13th June, 1985 — U.S.A.
First International Conference on Forensic Paediatric Pathology. To be held at Brown University, Providence, Rhode Island, U.S.A.
Further details from:—
Dr. W.Q. Sturner, 48 Orms Street, Providence. Rhode Island 02904, U.S.A. See page 45.

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.

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.

16th-20th September, 1985 — HUNGARY
XIII Congress of the International Academy of Forensic Medicine andd 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 Somogyni, Semmelweis Medical School, Department of Forensic Medicine, Budapest 9, Ulloi Ut 93, Hungary.
See page 44.

3rd-4th October, 1985 — U.S.A.
The Western Conference on Criminal and Civil Problems, to be held at the Holiday Inn Plaza, Wichita, Kansas.
Further details from:—
WCCCP, P.O. Box 8282, Wichita, Kansas 67208, U.S.A.

9th-14th February, 1986 — AUSTRALIA
Fifth Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers. Sydney, New South Wales, Australia.
Further details from:—
The Honorary Secretary, AAPAPMO, Baronia Medical Centre, 152 Baronia Road, Baronia, Victoria, Australia.
See page 44.

February, 1986 — AUSTRALIA
International Forensic Science Symposium, organised by the Australian Forensic Science Society. Melbourne, Victoria, Australia.

16th-21st February, 1986 — ISRAEL
Second International Congress on Psychiatry, Law and Ethics.
Further information from:—
Organising Secretariat, International Congress on Psychiatry, Law and Ethics, P.O. Box 394, Tel Aviv 61003, Israel.

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.

August 1987 — CANADA
11th Meeting of the International Association of Forensic Sciences. To be held in Vancouver, Canada.
Further details from:—
Professor James A.J. Ferris, Department of Pathology, Vancouver General Hospital, 855 West 12th Avenue, Vancouver, BC Canada V5Z 1M9.

MEMBERSHIP LIST

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

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

F = Founder Member
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d. Paul	Wick
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