



# The Police Surgeon SUPPLEMENT



Vol 19 NOVEMBER 1985



# **ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN**

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## PRESIDENT'S LETTER



In my last letter I listed the many and varied problems that faced us, both as police surgeons and as general practitioners. Not surprisingly few of them have been resolved, but one matter of anxiety has been successfully concluded, and I'm delighted to open this letter by offering our congratulations to all those who have laboured so long and hard to achieve success in the negotiations involving the Metropolitan contract. Not only our congratulations but also our thanks are due to colleagues such as Neville Davis, David Jenkins and not least, that good friend of the Association, Andrew Bosl, secretary of the Private Practices Committee. We offer our thanks in the knowledge that the contract which they have successfully negotiated will almost certainly form the basis of most if not all other Police Authorities. Let us recognise that they have been working on our behalf as well as their own.

This year the Metropolitan Police Forensic Science Laboratory celebrated its Golden Jubilee, and I was privileged as your President to be invited to two of the functions arranged for this

memorable occasion. In March there was an open day for invited guests to visit the laboratory and to see an exhibition of the work they undertake. We were escorted in groups of 2 or 3 by members of the Laboratory staff who went to endless trouble to ensure that we missed nothing of the fascinating exhibits which were so beautifully presented. All sections of the laboratory were represented — Biology, Chemistry, Fire Investigation, Toxicology, Electron Microscopy and many others. There were special displays including a macabre one of Nilson's kitchen and bathroom including the cooking utensils he put to such dire purposes. Road safety was an impressive presentation and after seeing what can happen to a tyre when water gets in through an unnoticed split in the wall or when overheating occurs through incorrect pressures, I've started looking at my tyres the more carefully. But as a Police Surgeon I found the sections on trace evidence the most useful and the most intriguing, and after seeing some of the remarkable techniques now in use such as the 'lifting' of foot prints by

the transfer of dust using an electrostatic process, I began to think that nobody should be allowed anywhere near a scene of crime before the scientists have completed their examination. Regular visits to the appropriate laboratory should be compulsory for police surgeons. We have so much to learn from them but it has been sadly true that when the opportunity to visit has been offered, the response has been disappointing.

In a lighter vein, but as part of the same celebrations, Sylvia and I were invited to the Golden Jubilee Ball at the Royal Garden Hotel in Kensington. It was a memorable evening and any possible post-dinner torpor was rapidly dispelled by the cabaret consisting first of a ladies choir of some fifty sopranos singing a repertoire ranging from Oklahoma to Cavalleria Rusticana followed by the Brass Band of the Metropolitan Police marching and counter-marching up and down the hall. Their selection was even more varied — from O Sole Mio through the Lambeth Walk to Ragtime and to Rule Britannia and Colonel Bogey. An enthusiastic gathering joined in singing Rule Britannia, but, perhaps out of deference to the presence of the Commissioner, not Colonel Bogey.

### Council on Alcoholism

I mentioned in a previous letter that I was involved with the Medical Council on Alcoholism in the organisation of a Seminar on Alcohol and Violence. I duly chaired this meeting at the Royal College of Surgeons, attended by an audience of magistrates, police officers, social workers, psychiatrists and others — but alas no police surgeons. The speakers included Colin Brewer, His Honour Judge Oddie and other eminent persons. I do commend to you any future meetings organised by the Council — their work and objectives have much in common with ours. I am a member of the Education Committee of the Council and as future seminars are arranged I will bring them to the notice of the Association.

On the weekend before Cheltenham Sylvia and I had the very great pleasure of visiting Belfast for the joint meeting of the Forensic Medicine and Medico-Legal Societies of Northern Ireland and the Association of Forensic Medical Officers. It was a great honour to be invited to share this meeting with such a learned and distinguished group of lawyers, doctors, pathologists, scientists and police officers, and to meet so many old friends of the Association such as Bernard Knight and Jack Harbison, as well as to meet many new ones. The theme of the meeting was 'The Role of the Expert at the Scene of an Incident' and we had eleven papers on the subject during the course of the Saturday morning. There are few better qualified to speak on this subject than our colleagues in Northern Ireland, and the standard of the papers was uniformly high. I hope that some at least will be reprinted in our journals. The proceedings had begun the previous evening with an excellent dinner followed by an address by Bill Rodger from Strathclyde who spoke with his usual fluency and wisdom so preparing us for the symposium of the following day.

### Hospitality

I need not tell any of you who have already visited Northern Ireland that the hospitality was — to put it mildly — generous. We could not have been made more welcome, both by our hostess for the weekend Betty McClatchey and by all the many new friends we met. On the Saturday afternoon Betty took us on a ground tour of Belfast and the surrounding countryside, including a drive down the Falls road — a trip which would not have been permitted during our previous visit to Belfast. It was certainly quieter than it had been then but the nature of the graffiti and the presence of armoured cars in the streets reminded us forcibly of the strain and pressure under which our colleagues work. They are looking forward to receiving us for the September symposium next year, and I hope that there will be a record

representation from the Association. I promise you, you will not regret it.

Of Cheltenham full accounts will be written elsewhere so I will restrict myself to thanking all those who made this one of the happiest and most successful Conferences I have attended. The organisation was impeccable, the hotel comfortable, the staff friendly and willing. The standard of papers was uniformly high and the social programme excellent. I am given to understand, by the way, that there is no truth in the rumour that Tim Manser has been invited by the BBC to officiate at a revival of 'Old Tyme Music Hall'. One other rumour to be scotched is that suggesting there was collusion between Bill Thomas and myself at the opening of my speech. It was purely and simply a matter of two devious minds thinking alike and quite independently — honest. Bill is convinced that a mole was responsible but there wasn't. Sylvia has asked me to pass on particular thanks to the ladies who gave her such friendly and whole-hearted support. They helped to make the whole week a memorable one for us both.

### **Youth Detention**

Earlier this year, in common I presume with all other police surgeons, I received a Home Office circular concerning Regimes in Youth Detention Centres. While the circular contained a fair amount of information about the regime to be expected at these centres, I felt that as medical examinations to establish the fitness or otherwise of prospective detainees were to be carried out by police surgeons, it would be helpful if I was able to visit a centre and find out exactly what was expected so that I might advise colleagues. I wrote to my Chief Constable and through his Prison Liaison Officer I was put in touch with the Hollesley Bay Colony in Woodbridge, Suffolk. There I was very kindly received by the Chief Officer and by the Deputy Governor, and spent the whole day at the unit. It was a most interesting and impressive day, but it was clear that the co-operation between the outside

authorities and the Centre staff left much to be desired, particularly in the sphere of medical fitness of detainees. I spoke at length with members of the staff including nursing officers and an appointed medical officer, and it was very clear that many of the referrals were physically unsuited to the strenuous demands of the short, sharp shock policy. Furthermore, information concerning the medical and social problems of new entrants was woefully inadequate. At the end of my visit I joined in a discussion with a group of magistrates who were also visiting that day, and it was apparent that they were unaware of the need for adequate assessment medicals before referral.

Conversation with magistrates from other areas has produced the same response. I will be very grateful if any members who have personal experience of the situation in other centres will let me have their impressions. Before I left Hollesley I discussed the situation with the Deputy Governor and his Staff and in view of their disquiet I wrote to the Home Office suggesting that a more adequate form of Medical Report be produced and offering assistance in its production. I have had a letter of thanks promising further communication after consultations with the departments involved. I hope to have something useful to report at a later date and in any case will offer an account of my visit for publication in the next Supplement.

### **Presidential Pleasure**

One of the greatest pleasures I've had as President has been to attend meetings, seminars and social gatherings in so many different parts of the country and to meet so many new and old friends who share our common interest. Now I'm not one to go name-dropping — I said as much to Charlie Clark when we met at the Buckingham Palace Garden Party in July — there, it's slipped out — Saul Veeder was also there and I like to think that our invitation was in recognition of our Association. We very much enjoyed the occasion but unfortunately I didn't have an

opportunity to invite the Duke of Edinburgh to open the London Conference.

You will have read of the descent upon London of some 10,000 lawyers from the USA — hardly a taxi or theatre ticket to be had for the whole of that week. One amongst them had been at St. Andrews University with Sylvia and he invited us to a reunion dinner attended by other former students and also several other American lawyers. I had interesting discussion with them and they were intrigued to hear about the work and function of the police surgeon. They have nothing comparable in North Carolina (they had not even heard of Milton Helper!) and I think that they envied their opposite numbers in the UK having available such a wealth of clinical medico-legal expertise. I learnt a great deal from them too and was particularly interested in their views on contingency fees in damages cases.

By the time this letter goes to press the year will be three-quarters over but there is still much to look forward to. The Devon Symposium in October; I hope to attend Police Surgeons meetings in Essex, Kent and Bristol during the Autumn and to support Ivor Doney at the BMA Careers Convention in October. I've been asked to address the Essex Branch of the Royal College of Nursing on the role of the police surgeon. The time will pass rapidly but pleasantly until the London Conference combined with the 2nd Cross Channel in May. Tim is now well into his stride and I know we can look forward to another memorable Conference. And by the way, have you noticed that he has been able to reduce the Conference fee and still show a profit? Thank you for your letters, enquiries, messages etc. over the past month — always glad to hear from Members. See you in Devon.

IAN CRAIG

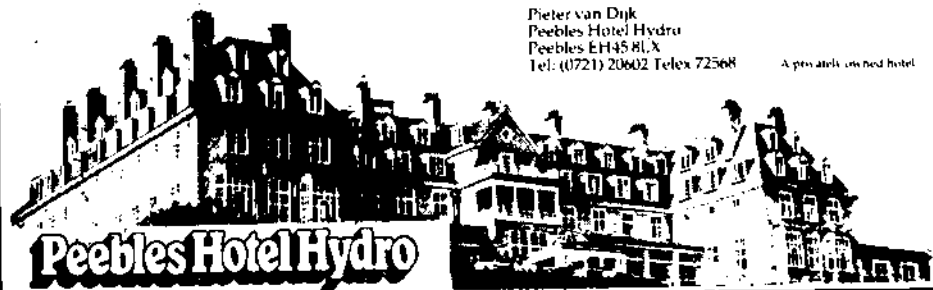
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CONFERENCE ON FORENSIC MEDICINE**

**14th-17th MAY 1986  
THE KENSINGTON CLOSE HOTEL,  
LONDON**

THE 35th ANNUAL CONFERENCE will open on Wednesday 14th May at 2.00 p.m. Papers and short reports are required for this afternoon session, which is likely to be attended by a number of overseas delegates, who will be attending the 2nd C.C.C. Please contact the Conference Secretary at the address below if you have a contribution, or ideas for speakers.

THE ANNUAL GENERAL MEETING of The Association of Police Surgeons of Great Britain will be held at 5.15 p.m. on Wednesday 14th May.

Following the success of the 'Open House' session at the conference this year, Thursday morning, 15th May will be a similar session. The Association's Annual Conference will end at coffee time, and there will then be a period to greet the delegates to the 2nd C.C.C.

THE 2nd CROSS CHANNEL CONFERENCE will open at 2.00 p.m. on Thursday 15th May, and will close at lunchtime on Saturday 17th May. Papers have already been offered from Great Britain, Holland, Belgium, Austria, Denmark and Indonesia: on topics varying from the infamous Nilsen Case to Alcohol and Driving, and from Terrorism to Teeth. Short papers and reports are still required. I KNOW from delegates at previous conferences that many police surgeons have a single slide or item of interest, that would take less than 5 minutes to present. Please let the conference secretary know if you have one, or if you know of someone else who has one! I hope to have one or two quick fire sessions of these 'Quickies'. If the prospect of presenting a paper or case is too much, then please let me know of a Quickie instead. If you have one good slide taking only 30 seconds to present, then please contact me I CAN USE IT.

Please contact the conference secretary if you have an item for either part of this combined conference.

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## KEITH SIMPSON

Cedric Keith Simpson, CBE, died on July 21st 1985 at the age of 78. He became during his lifetime one of the legendary figures of forensic pathology, both in the United Kingdom and abroad.

The son of a doctor, he trained at Guy's Hospital, where he remained for all of his professional career. In 1962, he became the first Professor of Forensic Medicine in the University of London, and on his retirement in 1972 was made Professor Emeritus. His retirement from the University did not signal his retirement from work, and indeed he continued working until a few months before his death.

His reputation was established in famous cases in his early days — the Wigwam case (Sangret), in the Baptist Chapel murder (Dobkin), the acid bath murder (Haigh) and the Neville Heath case (sex murderer).

Perhaps his greatest contribution to forensic medicine was his ability to teach, both in the lecture hall and through his books. His textbook 'Forensic Medicine' first appeared in 1947 and received universal acclamation; it has now run to nine editions. He edited editions of 'Taylor's Principles and Practice of Medical Jurisprudence'. His autobiography 'Forty Years of Murder', published in 1978, was amongst the 10 best sellers for several months.

Keith Simpson published over 200 articles on forensic medicine, including early descriptions of child abuse.

From its inception in 1951, the Association of Police Surgeons owes much to the recognition and encouragement given by Professor Simpson. He, with such illustrious colleagues as Donald Teare and Francis Camps, acknowledged that clinical forensic medicine was evolving as a discipline in its own right, and was always ready to assist police surgeons both individually and collectively. The Association was proud to elect him in 1968 one of the earliest of its Honorary Members.

As an examiner he was well known to no less than seven Universities, the Royal College of Pathologists, and, of course, many DMJ candidates.

In 'Forty years of Murder', he wrote — 'I know of no finer and more rewarding career than medicine . . . and, particularly for the few who have the good fortune to practice it, forensic medicine'. His many colleagues, friends and students are the richer for his devotion to his art.

---

## POLICE HISTORY SOCIETY

The first conference of the Police History Society was held at Cambridge in September 1985.

Membership is open to any individual; the subscription is £5.00 per year. Further information may be obtained from:

Inspector S. Swain, BA  
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# HON. SECRETARY'S REPORT FOR THE YEAR 1984-85

This report directs your attention to the two issues of the Journal and Supplement published this year where full reports are given of our activities since the 33rd Annual Conference at Peebles Hydro.

The membership state is as follows:  
1984/5

- 581 Full members.
- 45 Associates.
- 156 Life Associates.
- 34 Overseas members.
- 16 Honorary members.

This shows that the Association has made a nett gain over the year of 10 full members.

Your Council has held two full meetings during the year (at Cheltenham and during the IAFS meeting at Oxford). Further day to day business has been conducted by the Finance and General Purposes Committee usually by telephone contact so that the funds of the Association have benefited considerably by this economy. Members of Council have responded well during the year to communications from the office and although we no longer hold the quarterly Saturday afternoon meetings in London it is felt that Councillors are more involved than in those days, and the two full day meetings we have held in recent years have been much more productive as well as economical.

## **Metropolitan and City Group**

After a prolonged period of negotiation and discussions the proposed New Contract for Metropolitan Police Surgeons has been agreed, but currently is being considered by Home Office.

The British Medical Association through the Forensic Medicine sub-

committee on which Dr. David Jenkins and myself serve continues to represent our interests and held a watching brief (as we did ourselves) during the Metropolitan negotiations. Through the Private Practices Committee discussions continue in respect of our fees not only those paid by the Authorities but also our fees for giving evidence in Court. Once again I stress that our role is to prepare the brief for this Committee and such benefits as we enjoy are maintained and improved by its continual vigilance and negotiation on our behalf.

We have been consulted by the BMA Ethical Committee during the various stages in the passage of the Police and Criminal Evidence Bill especially on the question of intimate searches. While this Association and the BMA may give ethical guidelines on this or any other matter, in the final analysis the way a police surgeon conducts his duties is down to his own individual conscience. Those of us 'at the sharp end' know full well that there are many grey areas in our work and ethical problems are not just a matter of 'black or white'. It is stressed by your Council that Codes of Ethics are advisory and not mandatory — in the event of any member having difficulty with a particular problem advice can be obtained from the first instance from myself or the President acting in his role of Chairman of our own Ethical sub-Committee.

## **Liaison with the Association of Chief Police Officers**

Mr. Alan Goodson (Chief Constable of Leicester), Mr. Maurice Buck (Chief Constable of Northamptonshire), Mr. Stanley Crump (Chief Constable of Lincolnshire) and myself (APSGB) have made progress as the ACPO sub-

committee on the training of police surgeons.

A wealth of material has been collated as a result of a questionnaire sent to all Chief Constables (which our Association would not have the expertise or resources to have carried out) from which a suggested induction/familiarisation course for newly appointed police surgeons has been devised. While final approval from ACPO Council is being awaited the course would also provide a series of modules that candidates for the DMJ could follow especially in getting their practical knowledge up to the standard required for the examination. It has been said to me on more than one occasion that rural surgeons do not have sufficient case-load to get the necessary experience but by spending sufficient time at the Regional Forensic Laboratory and also in your own Force scene of crime department, talking to the grass-roots operators (SOCO's and Detectives) you will get a far better grounding in clinical forensic medicine than you will by amassing a large case-load, especially without constructive criticism and discussion of your techniques. As there is only a small financial implication (very important these days) I am sure that Police Forces will welcome both novice and expert police surgeons who wish to follow the suggested modules in their own time and at their own pace.

All Force training programmes were severely curtailed during the period of the miners' strike and before further attention can be paid in depth to police surgeon training other matters of greater priority must be attended to but it is encouraging to know that a start has been made by this ACPO sub-committee.

Mr. Alan Goodson our official liaison officer has circulated all Chief Constables and advised them of the desirability that newly appointed police surgeons should be made aware of our Association. This has obviously been effected judging from the applications for membership received at the office from newly appointed surgeons.

### **Medical Women's Federation**

Through Police sources as well as our Association Office a questionnaire was distributed to all doctors who carry out examinations of victims in sexual crimes. Although the questionnaire was designed by the MWF we ourselves were consulted in the planning and assisted in framing the questions. The final report of the analysis has yet to be prepared but predictably it will demonstrate that there is a lack of uniformity in standards of training and performance throughout the UK. We as an Association have been fully aware of this for some time and indeed mentioned it in our evidence to the Heilbron Committee on Rape as long ago as 1976, although some improvements have been seen much more still needs to be done especially in the field of training. The recent well publicised book by Det. Inspector Ian Blair, Metropolitan Police ('Investigating Rape' published by the Police Foundation, 314 Vauxhall Bridge Road, London SW1V 1AA) makes favourable reference to our Association and has published a copy of our information leaflet for victims — this book is recommended reading for any doctor involved in these examinations — is thought provoking and may be considered controversial in parts but certainly points the way for improvement both in the medical care and Police handling of these victims.

### **The DMJ Self Learning Course**

Unfortunately there is a delay in following up the intentions decided at Peebles to institute a course in partnership with the University of Dundee. Finance is the main problem but hopefully there is light at the end of the tunnel and progress is being made slowly which is something to be thankful for when one sees the financial constraints presently being suffered in educational establishments.

The publication of the '*Rape Monograph*' was achieved during the year and Dr. David McLay and the contributors are to be congratulated on the quality and content of their work

which has attracted favourable reviews in the responsible part of the Medical Press and the Police Review. Unfortunately some weeklies subsidised by drug companies who have printed many columns on the subject and send reporters to our Conferences are conspicuous by the absence of any review, even though complimentary copies have been sent to their editors!!

### **International Association of Forensic Sciences**

The Autumn Symposium this year was cancelled to enable members to attend the Oxford meeting. Thirty papers were given in the Forensic Medicine section and also another thirty papers in the section 'I always wanted to give a paper on —'. Three quarters of these sixty papers were given by APSGB members. Many faces were also seen during the week, it was impossible to count them all as so much was going on in so many different places but our flag was kept flying high both literally and metaphorically during the week.

It was a personal pleasure to attend a meeting of the Kent Police Surgeons organised by Dr. Eugene Gancz in October. Kent is a big County and one member had travelled 50 miles to attend. A later meeting was held in January organised by Dr. Phillip Nash at the other end of the County and attended by our President. Police officers and CID also attended and both evenings were very successful.

The Metropolitan and City Group held an enjoyable day at the London Hospital in January with the theme being 'drug addiction'. An interesting input was provided by HM Customs among others. Following a successful one-day course at the University of Leeds, Department of Forensic Medicine where Professor Gee and his Department attracted a full house, the exercise is being repeated on the 7th June and again the Association is assisting Professor Gee in providing some of the speakers.

The Association financed by membership of the CIBA Foundation working

party on Child Sexual Abuse and the report 'Child sexual abuse within the Family' was published in November by Tavistock Publications. While on the subject of child abuse the DHSS has been reviewing two aspects — enquiries and procedures. A consultative document on the former is about to be issued and during the coming summer I will be attending the Department for a series of informal discussion meetings with other professionals involved. I would welcome views from members which I can bear in mind during these discussions.

Evidence was submitted by Council on your behalf to the Social Services Committee of the House of Commons dealing with the topical question of drug abuse. I wish to thank Drs. Qureshi and Irvine for completing their three years on Council. Dr. Smart who was co-opted this last year to represent Area 3 will continue to serve having been the only nomination for his area as were Dr. Stephen Robinson for Area 1 (North-west) and Dr. Saul Veeder Area 2 (Northeast) who will therefore replace the retiring Councillors.

Finally, on your behalf may I express our thanks to Tim and Dee Manser for all the hard work they have put in during the year which I am sure will culminate in a successful and enjoyable Conference.

**HUGH DE LA HAYE DAVIES**

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NE3 4SA  
Tel: 091-285 8366 or  
The Health Centre, Brenkely Avenue, Shiremoor,  
Newcastle-upon-Tyne NE3 4SA  
Tel: 091-253 2421
- Area 3 (Midlands):** Dr. C.J. Smart, DMJ  
22 Beaks Hill Road, King's Norton,  
Birmingham B38  
Tel: 021-458 2147 or 021-458 5507
- Area 4\* (Eastern):** Dr. M.A. Knight, DMJ  
11 Tuddenham Road, Ipswich, Suffolk  
Tel: 0473 57284  
or  
35 Hatfield Road, Ipswich, Suffolk  
Tel: 0473 59556
- Area 5\* (South East):** Dr. S.M. Hempling, DMJ  
2 Onslow Close, Woking, Surrey  
Tel: 04862 67020  
or  
Sunnymead, Oriental Road, Woking, Surrey  
Tel: 04862 72760
- Area 6\* (South West):** Dr. Ivor Doney, DMJ  
'Hazeldene', Hazel Avenue, Chapel Green Lane,  
Bristol BS6 6UD  
Tel: 0272 733110
- Area 7 (Wales):** Dr. Reginald Yorke,  
43 Park View,  
Waunlwyd, Ebbw Vale, Gwent NP3 6DG  
Tel: 0495 243  
or  
Errigal,  
Bryn Deri Road, Ebbw Vale, Gwent  
Tel: 0495 303208

**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 1986.

**Council Subcommittee Membership**  
(Subcommittees have power to co-opt).

**Finance and General Purposes Subcommittee:** President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary, Drs. M. Clarke, D. Filer.

**Ethical Subcommittee:** President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary, Drs. S. Burges, N. Davis, A. Irvine, S. Hempling.

**Education and Research Subcommittee:** President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary, Drs. J. Bain, S. Burges, M. Clarke, J. Dunbar, D. Filer, J. Hilton.

## **TREASURER'S REPORT**

I am pleased to say that the financial reserves of the Association continues to be built up; but it has now slowed down because in 1984 we had to pay:

- 1) £3,150.00 for the Group Insurance — this was the first payment.
- 2) The Journal cost an extra £1,170.00 to produce (this was an unexpected demand).
- 3) £2,000.00 was donated to the Johnson Trust Fund to help finance the monograph on rape.

It was with regret that I had to request an increase in the Associate Members subscription, especially in view of the support they have given, and continue to give to the Association. However, each Associate Member receives — one diary, two supplements and two journals, as well as postage in the year.

There will be very little lee-way in the accounts for 1985, but it is sincerely hoped it will not be necessary to ask for an increase in subscriptions in 1986.

May I thank everyone for their co-operation in reducing expenditure.

**DAVID JENKINS**

**A.P.S.G.B. WINTER SYMPOSIUM  
BIRMINGHAM 25th JANUARY 1986**



**ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN**  
**INCOME AND EXPENDITURE ACCOUNT**  
**For the year ended 31st March 1985**

1984	EXPENDITURE	£	£	1984	INCOME	£
873	Stock of Goods April 1984	621	28325		Subscriptions	28888
159	Goods Purchased	617	954		Bank Interest	1758
1450	Diaries	1836				
617	Printing and Stationery etc.	318	350		Conference Receipts — Peebles	944
93	Atlas Booklet	86	—		Symposium Receipts — Metropolitan	1678
760	Telephone	675	383		Symposium Receipts (Cardiff)	—
632	Postage	673	705		Sale of Books, Journals etc.	1028
—	Conference Expenses — Peebles	837	23		Sale of Diaries etc.	725
190	Symposium Expenses — Metropolitan	451	277		Sale of Atlas Books	156
987	Council Meetings	989	988		Advertising — Supplement	1073
258	(Expenses — Funerals)	—	192		Sundry Receipts	59
100	(Donation — Dr. J.A.G. Clarke Memorial)	—	489		Sale of Goods	435
—	Johnstone Trust — Donation — re publication of monograph (Other Meetings)	2000	621		Stock of Goods March 1985	816
143	Conference Facilities Preview (Northern Ireland Expenses)	237	325		Sale of Body Sketches (Net)	179
66	Sundry Publications	86				
3566	Police Surgeons Journal	5736				
4197	Police Surgeon Supplement	4050				
604	Accountancy etc.	775				
195	(Presentations)	—				
—	Medallions	78				
100	Miscellaneous Expenses	85				
150	Insurance	3150				
106	Bank Charges	155				
50	Depreciation — Equipment	60				
—	Expenses — President	88				
229	Expenses — Honorary Secretary: Travel and Subsistence	371				
1829	Attendance	1900	2271			
3893	Assistants — Salary	4292				
1420	National Insurance & expenses	1542	5834			
975	Rent and Rates — Office	1000				
90	Heating — Office	97				
24360		32786				
9272	Excess of Income over Expenditure	4953				
33632		£37739	33632			£37739

**BALANCE SHEET**  
**As at 31st March 1985**

1984	£	£	1984	£	£
<b>General Fund</b>			<b>Fixed Assets</b>		
22971 Balance 1st April 1984	22971		Office Equipment		
Add Excess of Income over Expenditure for year	4953		At Cost	1115	
		27924	Less Depreciation to date	835	320
<b>Current Liabilities</b>			<b>Photographic Equipment</b>		
1215 (Bank Overdraft)	—		At cost	425	
500 Sundry Creditors	792		Less Depreciation to date	356	70
		463	Medallions — Cost	—	386
		1452	<b>Current Assets</b>		
		22294	Stock of Goods	1661	
		27	Cash in Building Society	25051	
			Cash at Bank and in Hand	1328	27940
24688		£28716	24688		£28716

**ACCOUNTANTS REPORT**

We have prepared, without undertaking an audit, the above accounts from the books and information supplied and we certify that they are in accordance therewith.

40 York Road, Northampton

ORTON DESBOROUGH & CO  
Accountants

7th May 1985

# COUNCIL MEMBERS



**DR. STEPHEN ROBINSON**

**Area 1 North West**

Stephen qualified at Manchester University in 1971. Following house jobs at Manchester Royal Infirmary and the University Hospital of South Manchester, he entered general practice in 1974. He is now senior partner of a four handed group training practice of which he is the trainer.

Stephen became a deputy police surgeon immediately on joining the practice, and noticing a certain hiatus in his forensic education, discovered and joined the Association of Police Surgeons in 1980. He obtained the D.M.J. in 1984. He presented a paper at the International Association in Forensic Sciences meeting in Oxford 1984.

Other clinical interests include psycho-sexual counselling and epilepsy. He explores the use of recording media in all aspects of forensic medicine, with particular reference to the video camera.

In his spare time, he is G.P. member of the Trafford District Health Authority, member of the Trafford F.P.C., G.P.

member of the Area Review Committee on non-accidental injury to children, Hon. Secretary of the local B.M.A., and member of the liaison committee of the police surgeons of Greater Manchester. He is a member of the British Academy of Forensic Sciences, the Forensic Science Society, and the Manchester and District Medico-Legal Society.

Leisure pursuits include food, wine, running, sailing, board sailing and rock climbing. He is also keen on karate and squash but gets little time to follow the former and little time to include the latter!

Stephen is married to Madeleine, who is one of his partners and a police surgeon, and who demands her share of time off to attend police surgeon meetings!

Stephen Robinson may be contacted at:—

277 Manchester Road,  
West Timperley, Altrincham,  
Cheshire WA14 5PQ  
Telephone: 061-962 4351  
or  
145, Framingham Road,  
Brooklands,  
Sale M33 3RQ  
Telephone: 061-973 2156

**DR. A.S. VEEDER**

**Area 2 North East**

Saul Veeder entered general practice in Newcastle-upon-Tyne in 1945 after war-time service in the RAMC.

An active Police Surgeon in the Northumbria Police, he is now serving a third term on Council as the North-East representative.

He has contributed to symposia at Annual Conferences and was responsible for the Gosforth Park Conference (1974) where probably the outstanding contribution was the 'Geordie' session at the Civic Centre, Newcastle-upon-Tyne.



or

The Health Centre,  
Brenkley Avenue, Shiremoore,  
Newcastle-upon-Tyne NE27 0PR.  
Telephone: 091-253 2421.

**DR. JEREMY SMART**  
area 3 Midlands

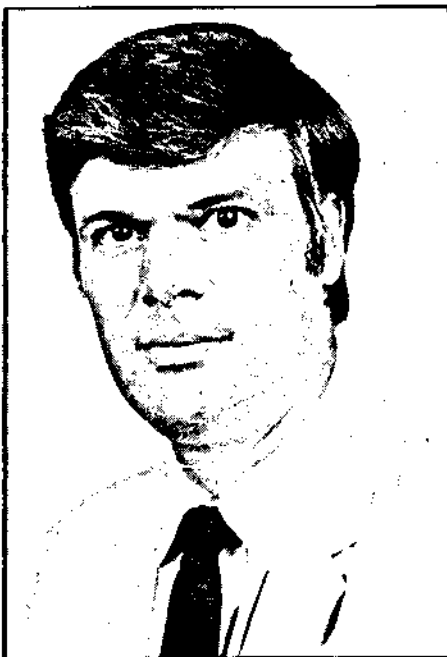
Jeremy was co-opted as area representative for the Midlands in 1984. He was elected area representative at the Annual General Meeting. A profile was published in the December 1984 (vol. 17) issue.

He was a founder member of the Northumberland GP Road Accident Service, County Surgeon of the Northumbria St. John Ambulance Brigade, President of the British Legion and at present he is President of the Newcastle-upon-Tyne division of the BMA.

He was a contributor to the 'New Police Surgeon'. Apart from lecturing to the CID he has participated abroad at Medico-Legal Conferences. In 1980 he undertook a forensic lecture tour in California, where he became an 'honorary' member of the California Association of Criminalists, an organisation which has close association with the Forensic Science Society.

His hobby is bridge, and he is very lucky in having as his partner his wife Bertha (a Newcastle JP), as she is an outstanding and far superior player!

He may be contacted at:  
3 Carlton Close, Gosforth,  
Newcastle-upon-Tyne NE3 4SA.  
Telephone: 091-285 8366



### COUNCIL ELECTIONS

In accordance with the rules of Constitution, Councillors for Areas 4, 5 and 6 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 January 15th 1986.

Note: Area 4 (Eastern) retiring Council Member Dr. M.A. Knight, D.M.J., Area 5 (South-East) retiring Council Member Dr. S.M. Hempling, D.M.J. Area 6 (South-West) retiring Council Member Dr. Ivor Doney, D.M.J.

# ASSOCIATION OFFICE

## DEATHS

We regret to record the following deaths:—

Dr. F.H. Brown	Northampton
Dr. J.A.W. Devlin	Leeds
Dr. J.A. Gavin	London
Professor Keith Simpson	London
Dr. H. Watkin-James	Gresford

## NEW MEMBERS

### Overseas

Dr. P.F. Roberge	Ottawa, Canada
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### Area 1 (North West)

Dr. Madeleine Robinson	Manchester
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### Area 2 (North East)

Dr. B.S. Brewster	Settle
Dr. M.E. George	Seaham, Co. Durham
Dr. A.W. Curry	Northallerton
Dr. S.G. Shaw	Sunderland
Dr. A. Margaret Staniforth	Sheffield

### Area 3 (Midlands)

Dr. Elaine Archibald	Kenilworth
----------------------	------------

### Area 4 (Eastern)

Dr. R.P. Archer	Leicester
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### Area 5 (South East)

Dr. U. Aron	Tidebrook, Surrey
Dr. S.M.T. Chan	Ewell, Surrey

### Area 6 (South West)

Dr. John Cawood	Yeovil
Dr. M.E. Robertson	Salisbury

### Area 8 (Metropolitan & City)

Dr. M.R. Moore	Weybridge
Dr. A. Quastel	Beckenham, Kent

### Area 9 (Scotland)

Dr. R. Dickie	Stornoway
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## Associate Members

Dr. G.S. Duncan	Isle of Wight
(from full membership)	
Dr. J.M. Hall, DMJ	Leicester
Dr. J. Malone	Dublin
Dr. David Ranson	Bristol
Dr. P.J.T. Pearson	Banstead
Dr. Gillian Penton, DMJ	Leicester

## Life Associate Members

Dr. H.R. Dickman	Lincoln (from Associate)
------------------	-----------------------------

## RESIGNATIONS

### Area 1 (North West)

Dr. J.W. Bradshaw	West Kirby
Dr. M.F. Hendron	Preston

### Area 1a (Northern Ireland)

Dr. W.K. Steele	Lisburn
-----------------	---------

### Area 3 (Midlands)

Dr. K.H. Flynn	Nuneaton
----------------	----------

### Area 4 (Eastern)

Dr. D.H. Henry	Nottingham
----------------	------------

### Area 5 (South East)

Dr. P.C.J. Nicholl	Lewes
Dr. S.K. Yadava	Grays, Essex
Dr. H. McLean	Goring by the Sea

### Area 6 (South West)

Dr. D.C. Watts	Yeovil
----------------	--------

### Area 7 (Wales)

Dr. S.J. Parker, DMJ	Barry
----------------------	-------

### Area 8 (Metropolitan & City)

Dr. B.J. Golden	London NW11
-----------------	-------------

## Associate Members

Dr. P. Dalgleish	Northampton
Dr. J. Morgan	Brixham
Dr. H.T. Thomson	Risca, Gwent
Dr. W. Bellinger	Banstead
Dr. P. Brantingham	Newcastle

# 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**

## W.G. JOHNSTON TRUST FUND COMBINED ACCOUNTS 5th APRIL 1984 — 5th APRIL 1985

### 1983/4 RECEIPTS

6118	Balance at 5th April 1984	7306.00
	Deposit Account	
27	Current Account	67.60
387	Interest on Deposit Account	558.31
	Sale of 'Rape' Monograph	2649.25
	Hutchinson/Benham Refund	1200.00
	Grant from Ass. Police Surgeon	
	Great Britain	2000.00

£13781.16

### 1983/4 EXPENDITURE

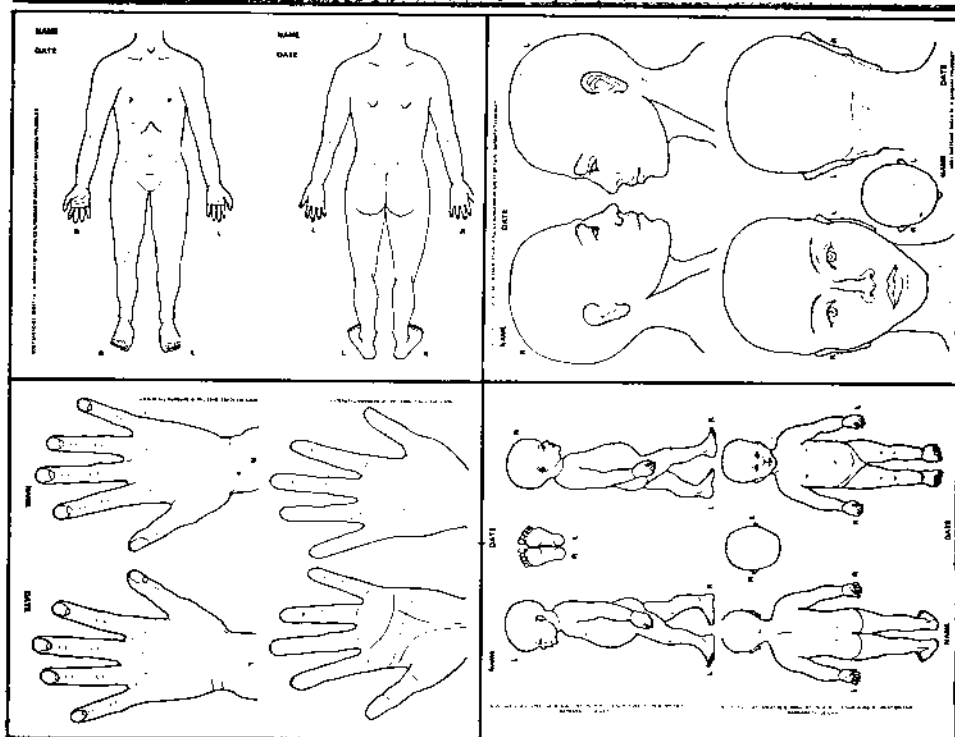
Printing of 'Rape' Monograph	10378.50
Printing and Stationery	64.56
Refund to Ass. Police Surgeons	31.00

### Balance at 5th April 1985

Deposit A/C £2,713.56	
Current A/C £593.52	3307.08

£13781.16

# ETCHES BODY SKETCHES BODY SKETCHES



Body Sketches 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.

**\* NEW PACK** containing 9 sheets each of sheets 1-4 and 6 and 5 sheets of sheet 5 now available — £2.00 plus 95p p. & p. Order name — "Mixed pack of body sketches".

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.

## POLICE AND CRIMINAL EVIDENCE ACT 1984

EIGHTEEN Memocards explaining the Police and Criminal Evidence Act 1984 are now available. Memocards are handy laminated plastic cards — 3½ in x 5½ in — that fit into your pocket and cost just 35p each including post and packing for a minimum order of four cards. A discount of 10% is available for orders of 30 cards or more. Single cards may be bought at 70p per card.

Title	No. of cards at 35p (inc. p&p)	Cost
1. Powers to stop and search persons and vehicles	.....	.....
2. Arrestable and serious arrestable offences	.....	.....
3. Powers of arrest	.....	.....
4. Road checks	.....	.....
5. Complaints against police initial action	.....	.....
6. The application, issue and execution of search warrants	.....	.....
7. Powers of entry and search without warrant	.....	.....
8. Seizure and retention of evidence	.....	.....
General duties of a custody officer	.....	.....
10. Duties of custody officer before and after charge	.....	.....
11. Superintendent's duties — detention, legal rights and fingerprinting	.....	.....
12. Superintendent's duties — intimate searches, taking of samples and road checks	.....	.....
13. Rights of detained persons	.....	.....
14. Detention — general principles	.....	.....
15. Superintendent's authorisation of continued detention	.....	.....
16. Review of police detention and duties of review officer (s.40)	.....	.....
17. Intimate searches and taking of intimate and non-intimate samples	NEW .....	.....
18. Fingerprint powers	NEW .....	.....

Please send me the Memocards indicated. I enclose a cheque/P.O. for ..... made payable to Police Review Publishing Co.

Name .....

Address .....

Signed .....

Send to: Police Review Publishing Co. Ltd., 14 St. Cross Street, London EC1N 8FE.  
Reg. No. 133929.

# PAGE AND POLICE SURGEONS

The following are extracts from the "Codes of Practice for the Detention, Treatment, Questioning and Identification of Persons by the Police". The police and Criminal Evidence Act (PACE) comes into force on 1st January 1986, and the provisions below apply to police surgeons.

9.2 If a complaint is made by or on behalf of a detained person about his treatment since his arrest, or it comes to the notice of any officer that he may have been treated improperly, a report must be made as soon as practical to an officer of the rank of inspector or above who is not connected with the investigation. If the matter concerns a possible assault or the possibility of the unnecessary or unreasonable use of force then the police surgeon must also be called as soon as practicable.

**(b) Documentation**

9.3 A record must be made of any arrangements made for an examination by a police surgeon under paragraph 9.2 above and of any complaint reported under that paragraph together with any relevant remarks by the custody officer.

**Notes for guidance**

9A All officers dealing with detained persons are of course under a duty to observe not only the above provisions but also those set out in the Police Discipline Code.

**10 Medical treatment**

**a) Action**

10.1 The custody officer must immediately call the police surgeon (or, in urgent cases, send the person to hospital or call the nearest available medical practitioner) if a person brought to a police station or already detained there:

- a) appears to be suffering from physical or mental illness; or
- b) is injured; or

- c) does not show signs of sensibility and awareness or fails to respond normally to questions or conversation (other than through drunkenness alone); or
- d) is thought to be a drug addict; or
- e) otherwise appears to need medical attention.

This applies even if the person makes no complaint and whether or not he has recently had medical treatment elsewhere (unless brought to the station direct from hospital).

10.2 If it appears to the custody officer, or he is told, that a person brought to the police station under arrest may be suffering from an infectious disease of any significance he must take steps to isolate the person and his property until he has obtained medical directions as to where the person should be taken, whether fumigation should take place and what precautions should be taken by officers who have been or will be in contact with him.

10.3 If a detained person requests a medical examination the police surgeon must be called as soon as practicable. He may in addition be examined by a medical practitioner of his own choice at his own expense.

10.4 If a person is required to take or apply any medication in compliance with medical directions, the custody officer is responsible for its safe keeping and for ensuring that he is given the opportunity to take or apply it as the



appropriate times. But no police officer may administer controlled drugs subject to the Misuse of Drugs Act 1971 for this purpose: a person may administer such drugs to himself only under the personal supervision of the police surgeon.

- 10.5 If a detained person has in his possession or claims to need medication relating to a heart condition, diabetes, epilepsy or a condition of comparable potential seriousness then, even though paragraph 10.1 may not apply, the advice of the police surgeon must be obtained.

**b) Documentation**

- 10.6 A record must be kept of any request for a medical examination, of the arrangements for any examination made, and of any medical directions to the police.

- 10.7 The custody record shall include not only a record of all medication that a detained person has in his possession on arrival at the police station but also a note of any such medication he claims he needs but does not have with him.

**Notes for guidance**

- 10A It is important to remember that a person who appears to be drunk or behaving abnormally may be suffering from illness or the effect of drugs or may have sustained injury (particularly head injury) which is not apparent, and that someone needing or addicted to certain drugs may experience harmful effects within a short time of being deprived of their supply. Police should therefore always call the police surgeon when in any doubt, and act with all due speed.

- 10B If a medical practitioner does not record his clinical findings in the custody record, the record must show where they are recorded.

## **CODE OF PRACTICE**

### **FOR POLICE SURGEONS**

**(England, Wales and Northern Ireland)  
(Amended 14th May 1985)**

1. A Police Surgeon is required to conform to the standards of ethical conduct applicable to doctors in the United Kingdom.

2. Any information acquired by a Police Surgeon in the course of his duties with regard to police practice, procedures or operation, is to be regarded as confidential and should not be disclosed to any person who is not a member of, or acting for, the Employing Authority.

3. A Police Surgeon should not normally appear as a medical witness for the Defence in any criminal proceedings in the Police Area(s) in which there are police stations to which he or she is appointed except in the following circumstances:

a. Where the defendant is already a patient of the Police Surgeon, or of a partnership to which he or she belongs.

b. If in the time available no other doctor but the Police Surgeon can be called by the Defence.

c. If the Police Surgeon has been called to examine a defendant by the Police and the Prosecution then decide not to call him.

4. If a Police Surgeon intends to give oral evidence for the Defence, or otherwise to assist them at any Court proceedings, he or she shall observe the traditional professional courtesy of informing his or her colleague of such intention, except in those cases where the Defendant's legal advisers specifically prohibit this action on the grounds that it would be prejudicial to their client's case.

*(This code is advisory)*

# Examining Child Victims of Sexual Abuse

*Dr. Hugh de la Haye Davies discusses the problems of Police Surgeons called in to examine children who may have been sexually abused*

In cases of alleged sexual abuse of children the medical examiner should be competent, impartial and sensitive to the needs of the victim as well as being an expert in clinical forensic medicine. The police surgeon's examination may corroborate the allegations made by the child but equally important he may be the public's only protection against police suspicion. For example, it is not uncommon to see a female child with a very irritated, reddened perineum/vaginal area after an accusation has been made by the mother that the father has been interfering with the child, but in some cases this redness and irritation is caused by the child scratching herself because of a normal clinical disease, namely threadworms. This is the type of case where an expert medical opinion can help not only the suspect but the police as well.

The police surgeon's role is mainly to look for physical signs of corroboration of the victim's story or — equally important — lack of corroboration. The police require to know whether sexual intercourse has been possible, or not possible, and whether the clinical findings support or contradict the allegation. Often the answer must be that the findings neither support nor contradict. Such an answer is often helpful to the investigating officer since it must be remembered that the medical evidence is only one part of the jigsaw puzzle.

The examiner must not only be flexible but must make certain that the medical examination is not more traumatic than the assault on the child. For this reason it is better that police surgeons should be practising family doctors who deal with children all the time.

In the United Kingdom the police surgeons who undertake these exami-

nations are all general practitioners. They should have had proper post-graduate training in forensic medicine and the necessary experience to interpret their findings and present them to a court. They must be able to withstand cross-examination, because like non-accidental injury cases, these are nearly all strongly contested when it comes to court (not necessarily for a prosecution but perhaps for a care order in the juvenile court).

The medical examination should take place in a clinical setting. The medical room in a police station should be properly equipped: the Association of Police Surgeons of Great Britain has produced guidelines for police authorities planning medical examination rooms in new police stations. Home Office Inspectors of Constabulary have recently been paying attention to the standard of medical rooms in the older police stations and despite the financial constraints suffered by local authorities there have been some improvements.

## Medical room

The simplest, most effective way to maintain a proper medical room in a police station is to keep it locked when it is not being used. Ideally, it should be clean and well-lit, some distance away from the cells and the charge-room but near the women's police office and the scene of crime photography studio. In this way statements, medical examination and forensic investigations can be concentrated in one place without moving the subject around thereby losing trace evidence, particularly if the child has been recently assaulted.

As a general rule no doctor should examine a patient in a police station medical room if he would not be happy for his own child to be examined there.

If he has any doubt he should use his surgery. Alternatively, the local paediatric consultant can arrange a room at the hospital. This has the advantage that assistance from the hospital staff is readily available. I find it is much better for the paediatric registrar to take a blood sample from a child since he does this manoeuvre many times a day, whereas my own experience of venesection is nowadays mainly concerned with adult veins often dilated under the influence of alcohol.

A further advantage is that any follow-up is easily arranged. The child may require examination under anaesthetic, which can be done as soon as possible with the police surgeon attending to the forensic aspects while the hospital doctor undertakes any necessary treatment.

It has been suggested that female doctors should always be used in the examination of these cases. I do not think this matters as long as the doctor is competent, sympathetic and — most important — sensitive to the needs of the victim. Like her male counterpart, the female medical examiner must be familiar with the examination of the genitalia but have knowledge of all aspects of clinical forensic medicine.

In a case where intercourse has taken place within the last 24 hours the medical examination is similar to a rape examination. It should be done as soon as possible without the girl being washed or changed so that the medical examiner can obtain as much contact trace evidence from the clothing and body of the victim before it is lost. Locard's principle states that when two surfaces are in contact there is an interchange of material between them. This means that material from the assailant such as hair, clothing fibre, saliva and seminal fluid may be found on the clothing or body of the victim while similar material from the victim may be found on the assailant. In addition, material from the locus where the offence took place will be found on the body and clothing of both victim and assailant.

As laboratory methods have become more and more sophisticated, especially in the past 10 years the collection, preservation and transport of samples of contact trace evidence have assumed a greater prominence in the functions of the police surgeon examining these cases. They are in fact so important that the Association of Police Surgeons in conjunction with the Home Office forensic science laboratories runs regular courses on this subject and all police forces now use special sexual offence kits to ensure that the samples reach the laboratory in good condition. No matter how sophisticated are the scientific techniques used by the laboratory, its results ultimately depend on the correct samples being correctly collected, packaged and transported at the right time.

### Scientific evidence

The corroboration which the laboratory can give to the allegations is often more crucial than the findings of the medical examiner, especially if these are equivocal at the time of the examination. But by conscientious attention to detail and following a proper routine the police surgeon may provide the scientific evidence which ensures the success of an investigation.

In cases where the collection of contact trace evidence is not necessary or practical — for example, if the last time the child was interfered with was two weeks ago — there is obviously no need for an urgent examination and a time should be chosen which is convenient to doctor, police and patient.

The examination should be conducted like a normal physical examination of the child either in the surgery or at school. If this approach is adopted the intimate part of the examination, which should be left to the end, can be carried out with little, or preferably no, mental trauma to the child.

Parents should be reassured of this either by the policewoman or social worker in the very early stages of the investigation before the child is brought to the doctor. This allays the parents'

anxiety and is a most important point: if the parents are anxious, their anxiety will be communicated to the child.

The doctor should also be flexible about who should accompany the child in the examination room. With pre-school children the mother, if she is sensible and not emotionally upset, is probably the best person to assist the doctor. After all, previous medical examinations of the child by the family doctor will almost certainly have been undertaken in her presence.

But, as children get older, especially around puberty, it may be preferable for some non-related, non-involved person to act as chaperone. I often find that the policewoman who has taken the initial statement and has developed a rapport with the girl is the best person to attend. Equally, a social worker or any other worker of the same sex whom the girl trusts could be asked.

### **Child's modesty**

The medical examiner should start by weighing and measuring the child, now dressed as for a school medical examination in pants and vest. As in a school medical examination a complete physical examination is carried out; ears, nose and throat are inspected; heart and lungs listened to; eyes tested; and then the child is asked to jump on the couch and covered with a sheet — this is most important as the child's modesty must be respected. My own technique is first to palpate the abdomen through the sheet — this is a very necessary manoeuvre: on two occasions in teenage girls I have felt a pregnant uterus. Then the child is asked to remove her pants, still covered with the sheet, she is asked to draw her knees up and open her legs wide.

The examiner standing at the foot of the bed can then lift up the sheet a little and direct the anglepoise light to the perineal area without the child being aware that a visual examination is taking place. It may be necessary for the examiner to separate the labia in order to obtain a view of the hymen but it should not be necessary to do more than this.

Instrumentation or the insertion of a finger is not necessary and if it is indicated — perhaps in older children — the serious thought should be given to continuing the examination under anaesthetic in hospital. This incidentally would apply not only to children but also to older females above the age of consent who, when they consent to the examination, may not appreciate that an internal examination or instrumentation may be carried out. If there is any likelihood of distress being caused to the victim, the examiner should seriously question whether the consent to examination is still valid and suggest that any further examination be carried out under anaesthetic.

As with non-accidental injury procedures, the police surgeon can act as a liaison officer between medicine and the law. As a general practitioner in the district he has a foot in both camps being known to his fellow general practitioners and also to the members of police and social services. Increasing numbers of police surgeons are undertaking this work in non-accidental injury cases and they could with advantage do the same for cases of sexual abuse in children.

This is especially appropriate if these cases are dealt with by the case conference procedure which is established for non-accidental injury cases. Although there are certain difficulties, with goodwill and co-operation on all sides they can be overcome. Social workers must refer any case that comes to their knowledge to the police. The police have to investigate all cases of alleged sexual abuses, whereas with non-accidental injury cases they do have a certain discretion and can delay investigation especially if another agency is acting in this capacity.

General practitioners and others who suspect that sexual abuse is taking place in the family are sometimes reluctant to report facts to the police or social services. They know that a police inquiry is inevitable and that the family may well be split up with lasting

damage to the children who may have to be put in to care.

If there are no proper facilities and follow-up support for these families then many professionals hold the view that it is best to try and sort things out without involving the police or social services. If — and only if — there are no proper follow-up facilities (which unhappily appears to be the situation in many parts of the country) then there may be some grounds for this decision.

But the arguments against should be carefully considered, especially the mental and physical damage which may be caused not only to the child in question but to any younger siblings. It should be realised that sexual abuse does not only just involve fingering or intercourse but also deviant practices which in my experience appear to be increasing in all aspects of sexual offences both in adults and in children. I refer to such practices as oral sex, sado-masochism and the ever-increasing use of children as models for pornographic photography.

Co-operation with the police and other agencies is extremely difficult, but with a little goodwill and initiative on all sides these difficulties can be overcome. In Northamptonshire the NSPCC special unit chairs case conferences as well as keeping the 'at risk' register. With sexual abuse cases there will almost certainly be a prosecution if the allegations are true, but the court will invariably ask for probation reports and a medical report which in turn will contain the recommendations of the case conference. As an example I would like to quote the successful outcome of a case involving two children aged nine and six who had an incestuous relationship with their father over the previous 12 months.

#### Questions and answers

The matter came to light when the older girl told a schoolfriend about the father's behaviour and was overheard by the schoolfriend's mother who was a near neighbour of the family. After discussion with other neighbours she

reported the facts to the police and a policewoman talked to the child in the presence of the mother when the father was still at work. She later took a statement using question and answer technique which is usual with young children.

It is important in such statements to use the words actually said by the child for certain parts of the anatomy, but it is permissible to write the name in brackets afterwards. An extract from the statement appears below:

Q. What happened when your daddy played with you?

A. He put his hand on my Mary Jane (vaginal).

Q. Did you tell him that you didn't want him to put his hand on your Mary Jane?

A. I told him that I didn't want him to.

Q. Did you try to push his hand away?

A. No.

Q. Why not?

A. Because I thought he would smack me.

Q. What else did he do?

A. He rubbed it.

Q. Do you mean he rubbed your Mary Jane?

A. Yes.

Q. Did he ask you to anything to him?

A. Yes, rub his willy (penis).

Q. Did you?

A. Yes, I had to.

Q. Why did you have to?

A. Because daddy told me to and I thought if I didn't he might smack me.

Q. Did daddy put his willy anywhere else?

A. Yes, in my legs and in my bum.

Q. Did he do anything else to you on other days?

A. Yes, he did. He put his willy in my mouth.

Q. Where were you when he did that?

A. In mum's bed.

Q. Did daddy tell you to put his willy

into your mouth, or did daddy put it there?

A. Daddy told me to put it in my mouth.

Q. Was daddy lying on his back?

A. No, on his side.

Q. Did he put his willy into your mouth?

A. Yes.

Q. What did daddy do when you had his willy in your mouth?

A. He made me rub my hands on his willy.

Q. Did he stay still?

A. Yes.

Q. Did anything happen while daddy's willy was in your mouth?

A. Yes, some white stuff went on to my tongue.

Q. What did you do then?

A. I took his willy out of my mouth, I wiped my mouth and went for a drink of water to spit it out. I told him I didn't like it.

Q. Did you see any more white stuff come out of his willy?

A. Yes.

Q. Where did it go?

A. On his hand. He had hold of his willy and went to the bathroom.

Q. What did he do in the bathroom?

A. He wiped it.

Q. When you had told daddy that you didn't like it when the white stuff went into your mouth, did he say anything.

A. He said it was all right, just like ice-cream, but it isn't.

Q. Did daddy tell you why you weren't to tell?

A. Because I would get him into a lot of trouble and he might go to prison.

After the father had been interviewed by the CID he left home. He was charged with six offences relating to incitement to commit acts of gross indecency and committing acts of gross indecency with the girl. The mother had expressed total ignorance of what was going on — indeed the revelation came

as a great shock to her. She reluctantly decided to file for divorce, because of pressure from neighbours, relatives and the social services.

What was interesting was that this type of offence had occurred in both parents families. The mother's mother had been sexually assaulted by her father, and the father's mother had been sexually assaulted by her father. In both cases outside agencies had not been told. As a result the mother developed great feelings of guilt blaming herself for what had happened in her own case, and also for not standing by her husband and opting for divorce.

After the initial crisis the mother brushed the problem aside believing it to be a hereditary characteristic. While the father was on bail and separated from the children they developed serious psychological disturbances manifesting themselves in psychosomatic illness. The younger children especially blamed the older child for the loss of her father, and another three-year-old child in the family also suffered from the loss of the father.

At the first case conference the police representative said it was likely that the father would receive a prison sentence, and would therefore be out of the area for some time. However, because of the mother's ambivalence towards the divorce proceedings it was felt that if the divorce went through she would take the husband back on his release from prison, so in effect the girls would be at risk for many years.

I, as the police surgeon who had examined the girl, had a long discussion with the family doctor, who expressed the view that attempts should be made to assess and treat the family using if necessary the services of a consultant family psychiatrist attached to the NSPCC special unit. After a further case conference the psychiatrist undertook to co-ordinate the management of this family working with the father's probation officer, the psychiatrist in the child guidance centre, the family doctor and the social services.

### Psychological state

This multi-disciplinary approach works well provided that the initial assessment is properly carried out. All the parties in this particular case moved-fast — indeed treatment of the whole family was instituted very shortly after the second case conference — but because of the delay in the case reaching Crown Court, when it came to trial the judge had the benefit of medical reports and probation reports. In fact, because the treatment was going so well, the judge passed a suspended prison sentence which meant that the family could be kept together. Already the children's psychological state is greatly improved and has attracted favourable comments from school teachers, family doctors and social workers.

Since there is a remote possibility that the father may offend again, a care order has been taken out until the children are 18. Not only the children but both parents are being helped. The line being taken with the children is:

'Your dad's OK most of the time, but watch out for his problems and his funny little ways'. Hopefully, this will result in a restoration of trust between each family member.

Cases such as this stimulate the adoption of a case conference procedure. Perhaps if there is a little delay before the court proceedings, the court may be in a better position to balance its punitive function with reforming the offender and rehabilitation of the family.

*This article first appeared in 'Police Review', and is reproduced by kind permission of the Editor.*

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# ANNUAL CONFERENCE = CHELTENHAM 1985

The 34th Annual Conference of the Association of Police Surgeons was held at The Golden Valley Thistle Hotel, Cheltenham. The hotel is a superior motel with very comfortable bedrooms and excellent cuisine; however the hotel lacked sporting facilities enjoyed at other conference hotels. The exterior of the hotel will be familiar to students of the television soap opera 'Crossroads'. The many delegates were welcomed by the Chief Constable of Gloucester Constabulary, Mr. L.A.G. Soper, QPM.

Dr. David Ranson, Senior Lecturer in Pathology at Southmead Hospital who has a strong interest in Forensic Pathology, thanked police surgeons particularly from Bristol, for help in developing his forensic expertise, but he promised not to mention any of Ivor Doney's jokes. Although in the programme his paper was entitled 'Glue

**MR. L.A.G. SOPER, Q.P.M.**



Sniffing' Dr. Ranson suggested that a more appropriate title should be Volatile Substance Abuse. Between 1971 and 1981 there were 140 deaths from misused volatile substances and Dr. Ranson listed a wide range of everyday substances now being misused by children and young adults. He paid particular note to a case of a 13 year old boy who collapsed whilst running along a road. There was a trace of white material around his left thumb nail. Bottles of typewriter correction fluid and thinner were found in the boy's bedroom. Toxicological investigation confirmed the presence of 111 Trichloroethene, the volatile constituent of typewriter correction fluid. The white material at the base of the thumb nail proved to contain titanium, a whitener used in typewriter correction fluid. It transpired that boys inhaling typewriter correcting fluid from plastic bags heard a continuous buzz in the ears; during this state of intoxication they were unaware what was happening and ran around behaving in a silly manner. The deaths from inhaling typewriter correction fluid appeared to be associated with collapse during activity, probably due to cardiac arrhythmia. During the discussion that followed, President Elect David Jenkins reported on a death in police custody of a glue sniffer, who was examined on admission to the police station. At that time he appeared to be fit for custody; he was subsequently found dead and Tuinal capsules were found strapped to the genitalia.

## **President's Paper**

President Ian Craig posed 'A Question Without Answer'. The question was why a man should kill his wife and family of small girls and why a husband should kill his wife. The first case involved a mild inoffensive man who



killed his wife and children with a heavy iron bar by smashing their skulls. A plea of manslaughter due to diminished responsibility was accepted and the patient was sent to Broadmoor where he is a model patient. A diagnosis of paranoid schizophrenia was established but what caused this mild mannered man to slaughter his family will never be established.

The second case involved an epileptic woman who had a bizarre and violent temperament. For a period up to her death she was under constant observation by her general practitioner Ian Craig and partners who were increasingly concerned about her behaviour and sought psychiatric assistance with a view to admission to hospital on more than one occasion. The woman previously attempted suicide by overdose, and by slashing her wrists. Her behaviour at home deteriorated and further psychiatric assistance was obtained. Admission to mental hospital was in the offing when her husband strangled her. The husband was given a suspended prison sentence for manslaughter.

The judge put to Ian Craig the question of whether Ian thought the man's mental state was impaired at the time he committed the crime. He also commented that as he held a medico-legal qualification (DMJ) he was well able to give a balanced opinion.

### Photography

Mr. Roger Summers, Deputy Chief Scenes of Crime Officer, Derbyshire Constabulary, gave a penetrating survey of the development of police photography, which has paralleled the development of Police Forces since the early 19th century. His talk was illustrated by fascinating photographs from the last century, including a photograph of one of the Jack the Ripper bodies, and also of the exhumation scene of Cora Crippen. Mr. Summers then continued with a well illustrated survey of modern day photographic techniques. One of the illustrations included multiple injuries on the back of a woman who

complained that she had been assaulted, which in fact she had self-inflicted with a Stanley knife. Another case was the investigation of the death of a child who had multiple injuries. With the Pathologist, Mr. Summers was able to establish that a number of injuries corresponded to imprints from projecting parts of toys which were lying on the floor adjacent to the child's cot.

Mr. Summers paid tribute to the late John Furness and recalled a case where he and John had visited Missouri to give expert evidence in a murder trial in which the victim had sustained a bite to her breast, their evidence resulting in a conviction.

### Relationships

Former President, Dr. Stanley Burges gave a survey on the relationships between the police and the police surgeon. Police surgeons are members of a team, the captain of the team being the senior investigation police officer. Dr. Burges indicated a number of circumstances where the relationships between the police officer and the police surgeon might become strained, but said that this would be alleviated by a better understanding of each others roles. Dr. Burges emphasised that there is no absolute secrecy in any form of medical practice. Complaints against the police should be investigated as top priority and with complete impartiality.

Dr. Burges thought that the Official Secrets Act, if police surgeons are required to sign it, might present a problem if the police surgeon discovered a serious abuse in a police station. Dr. Burges reminded delegates that in addition to the ethical responsibility of confidentiality to the patient, the doctor also has a duty to society which might override this responsibility. He also considered the obligations of the doctor in appearing for the defence. Police/doctor relationship depends on mutual trust in each other's integrity, mutual understanding that the law of the land must be respected and mutual co-operation; the latter point follows the

first two but perhaps would benefit from greater input.

Dr. Peter Bush, President of the AAPAMO, gave a paper on self-inflicted injuries. Police surgeons should be aware of the possibility that an injury might be self-inflicted. There is sparse literature on the subject, relating mainly to persons who are mentally disturbed. The incidence is small but it exists. It is clearly seen in suicide cases, Munkhausen syndrome and dermatitis artefacta. Dr. Bush restricted the major part of his paper to cases where persons had alleged assault by others and self-inflicted injuries to substantiate their complaints. These cases are usually 'a cry for help'. The injuries are in areas which are usually accessible, shallow, of even depth, not harmful, and may result in scars. There may be repetitive hesitation cuts, and the injury may not be compatible with the story. There is an absence of injury in inaccessible sites although great ingenuity may be used in injuring sites which are not normally regarded as accessible.

### **Mental Health Maze**

Dr. J. Chitnis conducted us through the maze which is the 1983 Mental Health Act, particularly as it applies to mentally disturbed patients in police custody. It is quite clear that Dr. Chitnis has mastered this complex legislation and that in his area he is backed by co-operative social workers, approved doctors and hospitals. He said that he expected his average case to take about 40 minutes from call to disposal of the patient. The reaction of the audience was that Dr. Chitnis was fortunate to be working in his area. Other delegates are encountering difficulties in disposing of patients in a satisfactory manner.

The Annual General Meeting past without incident. There appeared to be no contentious matters and a full report on the Annual General Meeting will be published in the first issue of The Supplement for 1986.

### **Thursday 16th May**

Dr. David Jenkins gave a paper in which he described how a 13 year old boy made allegations of buggery to the local police. The dilation of the anus and the presence of a fissure appeared to give medical support that the appearances were consistent with buggery. The boy alleged that the offences had continued for a number of years and that a vibrator had been used. However, as the police checked the story it became evident that the boy was an unreliable witness. The house where he alleged the assaults had taken place were occupied by an immigrant family who were totally innocent. The situation is that nobody now knows what in fact happened to the boy, if anything.

Dr. Yvonne Wylie, Consultant Psychiatrist and Senior Lecturer in Mental Health at the University of Bristol described a case of temporal lobe epilepsy (episodic discontrol syndrome). An 18 year old girl with a low IQ had become involved with the police because of violence and antisocial behaviour. She was referred to Dr. Wylie by Dr. Ivor Doney. The girl suffered a head injury in 1982 following a fall. It was not known whether the fall was the result of a fit or whether fits were subsequent to the fall, the fits being described as blackouts. A diagnosis of temporal lobe epilepsy was established on the history. Treatment was started with carbamezenine. The girl resented taking the tablets and stopped taking them with a recurrence of her previous behaviour. She was then put on the syrup of carbamezenine which she takes much more readily. Temporal lobe epilepsy should be considered in any case of irrational behaviour or violence.

David Filer examined a case of assassination from The Book of Judges (Chapter III) and reviewed the feasibility of the successful assassination as described in the Old Testament in view of modern day knowledge, both of assassination technique and archaeological evidence.

Dr. Bert Kean (Merseyside) discussed the incidence of sexual offences against children with particular reference to Merseyside. He was in particular concerned with the management of the child victim and warned of the strong pressures being exerted to ensure that children are examined only in hospital by women doctors with the gradual exclusion of the police surgeon. He warned of the dangers associated in non-forensically trained doctors giving evidence in court, their poor presentation ruining good evidence.

### Poor Results

Professor Bernard Knight gave a paper on 'Injuries from the Outside'. He complained that he reads many reports, particularly from hospital doctors, which lack any structure or description of injuries and which are often confusingly complex. He gave an example 'Biventricular myocardial hypertrophy' when the phrase 'a large heart' would have been sufficient. Professor Knight commended the practice of making drawings or injuries, together with photographs; such evidence can be produced in court later.

Professor Knight then reviewed the various categories of injuries, emphasising some of the pitfalls in interpretation. He emphasised the value of the examination of scars and gave examples where significant information had been obtained from the examination of healed injuries. Professor Knight commented that the best examination is no good if nobody knows how good it was five months or five years later — a plea for adequate note keeping and records.

An open house session opened with a report by Dr. Peter Bush (President AAPAPMO) on a case which he had reported to the Oxford IAFS Conference. A man has now been convicted of two murders and a number of rapes. The whole case will undoubtedly form a fascinating paper at some future association meeting. Roger Hunt (North Devon) suggested that community psychiatric nurses should replace social

workers, particularly when dealing with mental health cases in custody. He said that his social workers were neither social or workers.

Dr. Alan Lees (South Wales) in reply to a question said that his Occupational Health Unit was open for private consultation for police officers suffering from stress and other matters. Every effort is made to ensure that police officers may approach the Occupational Health Unit discreetly.

In an answer to a further question, Dr. Lawrence Addicott (Mid Glamorgan Coroner) said that the cause of death on the death certificate of a murder victim is that cause of death given by a pathologist. The coroner later issues a certificate to the registrar, which includes the details of Crown Court findings.

### Police Presentation

In past years police forces in the county hosting the Association's Annual Conference have been invited to present a significant case in some detail. This year was no exception and Gloucestershire Police presented the investigations into the murder of a 20 year old woman found strangled in a copse near Cirencester. The girl was what is described as 'very sociable' and more explicitly 'sexually liberated'. With the aid of video film and slides, Detective Chief Superintendent Holland of Gloucester Constabulary, described the on scene investigations, together with the post mortem findings and the reports from the Forensic Science Laboratory. The enquiries were protracted and it was not until a second woman was attacked, survived serious injury and gave the police vital information that this crime was solved. This presentation maintained the high standard of police presentations in past years.

Dr. Myles Clarke gave a short paper on 'Polythene Bag Suicide Deaths'. He pointed out that should the bag be removed prior to the investigators arriving at the scene there were usually no

indication that the death was due to polythene bag asphyxia.

## PACE

Mr. Maurice Buck, Chief Constable of Northampton Constabulary gave a clear description of those parts of the Police and Criminal Evidence Act, which will affect police surgeon work and which will come into force on January 1st 1986. Medical files will remain confidential and police will have no power to obtain a warrant to search a doctor's premises or his medical records (a doctor may be subpoenaed to produce his records in court). Should a doctor's records be stolen and believed to be on premises elsewhere, a Circuit Judge may issue a Theft Act Warrant to search those premises to recover the records.

Body searches are divided by the Act into intimate and non intimate searches. Searches of intimate body orifices (which include the mouth) may be undertaken for the safety of persons searched and others and for Class A

Drugs. There will be no power to search for evidence generally. The conditions for searching for weapons include:

1. reasonable grounds.
2. a Superintendent's authority.
3. the search to be undertaken by a Medical Practitioner or Nurse. A Constable may carry out the search if a Superintendent certifies that condition 3 is not practicable.
4. the search must be carried out at a Police Station, Hospital, Doctor's Surgery, or other medical premises.
5. details are to be recorded on the custody record.
6. the annual number of searches are to be published.

That the mouth should be regarded as a place of concealment was emphasised by Mr. Buck when he referred to a case of a man who had a razor blade taped to the roof of his mouth.

Compulsory searches for Class A drugs may be made under the following conditions:



1. That the drugs are believed to be possessed with intent to supply or export.
2. The search may be undertaken with a Superintendent's authority only.
3. Only a Doctor or Nurse may search a suspect.
4. The search must be carried out in Hospital or Surgery or other medical premises but not at a police station.
5. The details of the search must be recorded on the custody record.
6. The annual numbers of searches are to be published.

Mr. Buck gave another example of concealed items when he referred to a radio transmitter which had been concealed in the rectum of a suspect,

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*Details of the two gullible Metropolitan police surgeons who, during Conference, placed bets on horses with an unknown man in a bar, who then departed with the money, never to be seen again, will be revealed in return for a suitable bribe.*

transmitting to a receiver outside a police station.

Intimate samples, which include blood, semen, tissue fluid, urine, saliva, pubic hair, genital or rectal swabs or dental impressions may only be taken with written consent and under a Superintendent's authority, by a registered Medical or Dental Practitioner.

Non-intimate samples which include hair other than pubic, nail clippings or nail scrapings, swabs (other than intimate) footprints or impressions may be taken with the consent in writing or on a Superintendent's authority in writing.

The code of practice which accompanies The Police and Criminal Evidence Act requires consultation with police surgeons regarding custody matters or disciplinary matters affecting police officers.

Mr. Buck, who is now Chairman of the Association of Chief Police Officers is sending a modular training pro-



gramme for police surgeons to all Chief Constables with a recommendation that the training programme should be introduced to provide basic training for police surgeons.

During the subsequent discussion Coletta Pickstock (Portsmouth) regretted that some hospitals in the United Kingdom resented the ingress of police surgeons in cases of medico-legal importance. X-Rays can be used for search purposes and do not constitute an intimate body search.

Dr. Ivor Doney (Bristol) gave a paper in which he suggested that police surgeons should consider using ultra violet light examinations for detection of semen and lubricants on the skin, acid phosphate reagent strips and a microscope as part of the examination of sexual assault victims, in order to provide the police with early additional evidence in assaults. Dr. David Reid (Home Office Forensic Science Laboratory at Chepstow) had doubts on the use of the reagent strips and the microscope, not that the tests may not be in themselves reliable, but because of improper use of such findings. He pointed out that not all men produce phosphatase.

Dr. D.A.T. Jackson (London) reported on a case where a suspect arrived at a police station with elastoplast across his mouth. His solicitor said, 'My client is not making a statement'. The police requested Dr. Jackson to remove the plaster to search the mouth for concealed items.

The final paper was given by Mr. Charles Irving, MP for Cheltenham, and Chairman of the Victim Support Scheme Association. In addition to the Victim Support Schemes, Mr. Irving referred to the many social and housing problems associated with family breakdown, illness, addiction and discharged prisoners. During the discussion at the end of the paper, it became apparent that funding for Victim Support Schemes is urgently needed. Some 300 Victim Support Schemes have developed since the first scheme commenced in Bristol.

The academic content of the Conference could not be faulted and students for the Diploma in Medical Jurisprudence will have benefitted greatly from the many pertinent topics discussed. The Golden Valley Thistle Hotel proved to be an excellent venue for the Annual Conference. Its central situation encouraged not only a large number of delegates but also a number of first attenders at the Annual Conference. The Conference closed as usual with the Annual Banquet, at which in addition to the President, the speakers were: Dr. Michael Knight (Ipswich), Professor Bernard Knight (Cardiff), and Mr. L.A.G. Soper, Chief Constable of Gloucester Constabulary.

**MYLES CLARKE**

## **SOCIAL PROGRAMME**

### **Tuesday 14th May**

On Tuesday afternoon a small party set off from the Golden Valley Hotel on a guided walking tour of Cheltenham. We saw some of the fine old houses and buildings of historic interest before the drizzly weather turned into a downpour. We made a dash for the teashop and enjoyed a warming cup of tea and cream cakes, returning, rather bedraggled to the hotel.

### **Wednesday 15th May**

Many of us welcomed the chance to attend the opening of the Conference, before leaving for an enjoyable lunch at the Olde Manse Hotel, Bourton on the Water. With the weather greatly improved we had plenty of time to wander around the picturesque village and visit the museums and shops, before returning through the lovely countryside to our hotel.

On Wednesday evening we attended a reception given by Mrs. Sylvia Craig. We were entertained by Mr. Bill Cooke from Bickford Silks, who showed slides and gave an interesting talk on the history, production and printing of silk.

Examples of his firm's products were not only examined, but a scene remini-

scent of Harrod's sale developed. Evidently Mr. Cooke was not expecting his goods to be in such great demand and all saleable items were quickly snapped up — he almost lost his own personal scarf. Some ladies visited Bickford Silk on the following day to make further purchases.

#### Thursday 16th May

Thirty five of us boarded the now familiar coach and set off at 9.30 a.m. for Worcester. During our journey I was offered various alternatives to money by those who had not paid for the tour. Even a Credit Card — unfortunately Visa or was it Access did not fit the 'Bill'.

Arriving at Worcester Royal Porcelain, tickets for the factory tour were issued. Groups of ten people set off at ten minute intervals for a guided tour of the factory. We saw the production and finding of the many beautiful objects made by Worcester Royal Porcelain. People commented on the skill and dexterity of the craftsmen and women.

Beautiful objects were on show in the Museum and a wide range of goods were on sale in the three shops. Many purchases were made, and afterwards a light lunch was available in the cafeteria.

In glorious sunshine we set off after lunch for a short stroll to Worcester Cathedral. We were conducted on a very enjoyable tour of the interior of this ancient building and we were impressed by the efforts being made to maintain its original character. The good ladies, 'Friends of the Cathedral', provided us with an excellent tea, set out in the cloisters, with homemade cakes and scones.

Duly refreshed we returned to our coach, only to find that we had lost some of our party. After a search, two were found blissfully browsing in the shops, but two remained AWOL and were unfortunately left behind to make their own way back to Cheltenham.

Our coach returned us safely to the Golden Valley Hotel in good time to get ready for the evening's entertainment.

#### Friday 17h May

On Friday morning we were offered coffee and a chance to see a make-up demonstration by two charming ladies from Oriflame. This proved very popular, and some two hours later, make-up and nail varnish were still being liberally applied. I am sure we all learned a great deal about the use and application of the varied range of cosmetics on show.

During the demonstration, ladies were given the chance to have their names included in a free draw, being promoted nationally, the winner to get a trip on the 'Orient Express'.

Once again it was good to meet old friends and to greet new ones. I look forward to seeing you all again in London in 1986.

DEE MANSER

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**WORLD MEETING OF POLICE SURGEONS**

The First World Meeting of Police Surgeons (President Dr. Ivor Doney) will be held 10th-14th August 1987 at the Holiday Inn Plaza, Wichita, Kansas, U.S.A.

It will be held in the week following the 11th Meeting of the International Association of Forensic Sciences in Vancouver.

The programme will coincide with the International Meeting of the Pan-American Association of Forensic Sciences, which will include sessions on International Terrorism, Investigations of Serial Murders, International Drug Trafficking, and Missing Persons and their Identification.

Papers for the First World Meeting of Police Surgeons lasting 15 minutes on any interesting cases or on any aspect of police work or forensic matters will be welcome.

Further details from:— Dr. Ivor Doney, "Hazeldene", Hazel Avenue, Green Chapel Lane, Bristol BS6 6UD, England, or from Secretariat, Dr. William Eckert, P.O. Box 8282, Wichita, Kansas, U.S.A.

**COURSES FOR POLICE SURGEONS  
Leeds**

A one day course for newly appointed police surgeons will be held in the Clinical Sciences Building, St. James' Hospital, Leeds on Friday, 8th November. Further details are available from Professor D. Gee, Department of Forensic Medicine, St. James' Hospital, Leeds.

It is intended that the course will cover basic matters with which the tyro police surgeon should be acquainted at the very beginning of his forensic career. Topics will include General Considerations, the Law relating to Offences Against the Person, Changes after Death, What to do with a Dead Body, Sexual Assaults, Evidence, Road

Traffic Act, and Interpretation of Injuries. Contributors will include Professors Usher and Gee, Drs. Clarke, Davies and Green, Mr. P. Seago and Miss Sarah Gray.

**Leicester University Medical School**

The Final Year course in Forensic Medicine will be held in the Clinical Sciences Building, Leicester Royal Infirmary. This is a four day course being held on Wednesdays — 20th November, 27th November, 4th December and 11th December 1985, between 2.00 p.m. and 4.20 p.m.

Although primarily for undergraduates, the course will serve as a refresher course on basic principles and will be a useful starting point for potential D.M.J. candidates. Principle speakers will be Dr. Hugh Davies and Professor Alan Usher.

Those wishing to attend the Leicester course are requested to contact Dr. Hugh Davies, Creaton House, Creaton, Northampton NN6 8ND, telephone 060-124 722.

**ICOFOS '85**

The International Conference on Forensic Sciences, 1985 (ICOFOS '85) will be held at the Hotel Aydar Park, Madras, India, December 12th-16th 1985. The theme will be "Forensic Science — the State of the Art".

The key-note address will be given by Professor J.A.J. Ferris, President of the International Association of Forensic Science, on "Forensic Science: Yesterday, Today and Tomorrow".

Specialist sections will include Alcohol and Drugs, Poisons, Body Fluids, Fibres, Bones, Teeth and Firearms and Explosives.

The official language will be English. Further details from Dr. C. Damodaran, The Forensic Science Society of India, "Forensic House", 30A Kamarajar Salai, Madras 600 004, India.



**INTERNATIONAL CONGRESS ON RAPE**

An International Congress on Rape will be held in Israel April 7th-11th 1986.

There will be three principal sections — Perspectives on Rape (including epidemiology, patterns, sequelae, the media and education), Rape and Society (historical, attitudes, the feminist movement, the family, law enforcement and medico-legal aspects) and Rape: the Victim and the Offender (psychology, homosexuality, treatment, prevention and victimology).

Further details from — Secretariat, Rape, P.O. Box 394, Tel Aviv 61003, Israel.

**POSTGRADUATE COURSE IN FORENSIC MEDICINE**

The next Postgraduate Course in Forensic Medicine (DMJ Course) will

take place at the London Hospital Medical College from 3rd to 14th March 1986. The course fee is £190.00.

The course is recognised by the British Postgraduate Medical Federation under Section 63 with zero rating. General Practitioners in the United Kingdom with a special interest in the subject may therefore claim their travelling expenses and subsistence allowance, but not the course fee. Application for Section 63 should be made to Dr. A. Paton, Regional Postgraduate Dean, The British Medical Federation, 14 Ulster Place, London NW1 5HD, *before the commencement of the course.*

Further details of the DMJ Course may be obtained from:

The Postgraduate Dean,  
The London Hospital Medical College,  
Turner Street,  
London E1 2AD.  
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### SRI LANKA CONGRESS

The second Indo-Pacific Congress on Legal Medicine and Forensic Sciences will be held at the Hotel Lanka Oberoi, Colombo, Sri Lanka 14th-18th August 1986. The Congress will be opened at the Bandaranaike International Conference Hall by His Excellency J.R. Jayewardena, the President of Sri Lanka. His Excellency, who is a founder member of the Medico-Legal Society of Sri Lanka, will be the chief guest of the Congress.

Details of topics and registration fees were given in the last issue of the Supplement.

### Security

The Congress has received security clearance from the Ministry of Foreign Affairs in Sri Lanka. Dr. M.S.L. Salgado, President of the Medico-Legal Society of Sri Lanka, and Chairman of the Organising Committee, writes — "The troubled areas are in the arid Northern Peninsula which is 240 miles from Colombo and in some areas of the Eastern Province which is about 200 miles away too. Kandy, the Southern bathing resorts and parts of the North Central Province which are places of tourist attraction are completely trouble free. I have however arranged with the Ministry of Defence and the Police Department who are represented in our Organising Committee, for maximum security of participants, which was done specially in view of the large delegation expected from Israel".

### Social Programme

Mrs. D.M. Atapattu, wife of the Hon. Minister of Health, chairs the Ladies Committee concerned with ensuring that accompanying persons will have a wide choice in sightseeing, shopping and entertainment.

One of the special features of the Social Programme will be the historic Kandy Perehara, a pageant in which over 100 caparisoned elephants and kandyan dancers take part in a parade in the former Royal Capital, Kandy. The Congress Organising Committee has ensured that foreign participants will have the most advantageous seating from which to view the pageant at the end of the Congress.

Professor David Bowen, who was in Sri Lanka recently as external examiner, reports that the Congress Hotel, the Hotel Lanka Oberoi, is "fabulous".

### BELFAST SYMPOSIUM

The Association's 1986 Autumn Symposium will be held at the Police Training College, Garniville, Belfast, Northern Ireland 19th-21st September 1986.

The provisional programme includes an emphasis on the forensic medical examination, particularly of injured persons and suspects. Dr. Jack Harbinson, State Pathologist for the Republic of Ireland, will throw some light on the internationally famous case of the Kerry Babies.

Sexual Abuse of Children and Drug Abuse in Northern Ireland will be considered. The workings of the "Diplock" courts will be described.

The last Association meeting in Northern Ireland was a tremendous success — Irish hospitality is quite remarkable! The wealth of forensic material available in Northern Ireland, much of which does not cross the Irish Sea, will ensure that this meeting will be a MUST for 1986.

Further details from — Dr. John Stewart, Downings, Randalstown, Co. Antrim, Northern Ireland.

5th Century Fresco





### SYDNEY CONFERENCE

The fifth biennial meeting of the Association of Australasian and Pacific Area Police Medical Officers will be held at the New South Wales Police Headquarters, College Street, Sydney, Australia, 9th-14th February 1986. It follows the triennial conference of the Australian Forensic Science Society, to be held in Melbourne the previous week.

One of the conference highlights will be an Oration by Professor A. Keith Mant, Emeritus Professor of Forensic Pathology, Guy's Hospital. Another highlight will be the crime presentation "The Bikies Shoot-out".

Accommodation will be provided at a number of quality hotels/motels in several cost categories, in close proximity to the N.S.W. Police headquarters, city shops and other Sydney attractions.

A full social programme will be arranged. For those who have any doubt about going to this meeting, contact any of the increasing numbers of A.P.S.G.B. members who have thoroughly enjoyed past A.A.P.A.P.M.O. meetings.

For further information please contact The Hon. Secretary, A.A.P.A.P.M.O., Boronia Medical Centre, 152 Boronia Road, Boronia, Victoria, Australia, or Dr. Bill Ryan, Box 267, P.O. Nowra, New South Wales 2541, Australia.

### MELBOURNE FORENSIC SCIENCE SYMPOSIUM

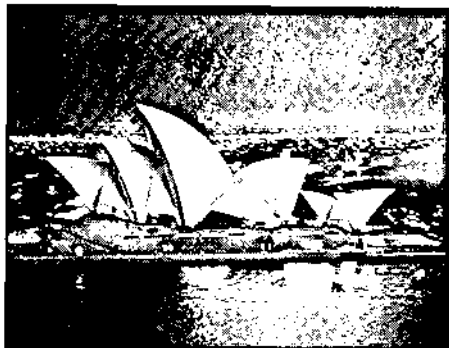
The 9th Australian International Forensic Science Symposium will be held in Melbourne from 3rd-7th February 1986, at the Diplomat Motor Inn, St. Kilda, Victoria. This will be during the week preceeding the A.A.P.A.P.M.O. Conference to be held in Sydney.

The theme of the symposium is "Raising the Profile of Forensic Science". Recent controversial criminal trials and inquiries and associated media exposure have, in addition to misconceptions raised by popular television programmes, highlighted the need for a detailed examination of Forensic Science.

A plenary session will be devoted to this theme where the need to raise the profile of Forensic Science and any necessary mechanisms will be discussed.

A visit to the new State Forensic Science Laboratory at MacLeod is planned.

Further details from Mr. David Gidley, State Forensic Science Laboratory, 193 Spring Street, Melbourne, Victoria 3000, Australia.



# WHO EXAMINES SEX ASSAULT VICTIMS?

MYLES CLARKE

Considerable publicity has been given to the establishment of schemes whereby teams of women doctors are available in certain areas to examine the victims of sexual assaults, in particular women and children under the age of 17. The scheme operating in Northumbria was published in *Police Review* in July 1985.<sup>1</sup>

In recent years, the long established routine of examining sexual assault victims, usually in police stations, has been under review by the Association of Police Surgeons of Great Britain and others. Attention has been paid to the examination venue, the collection of evidence, examination aids, the after care of the victim, and the examining doctor.

## Medical Rooms

The standard of police medical rooms varies throughout the country despite considerable improvements made in recent years. Some are definitely unsuitable for sexual assault examinations; others may be adequate in size and equipment, but are badly located in police stations so that the complainant has no privacy when proceeding to the medical room (e.g. close to the cells with the approach through the charge office area). Many do not have toilets en suite, an essential during a prolonged examination. To my knowledge, no police station medical room has a shower attached in this country.<sup>2</sup>

Some examining doctors use their surgeries for the examinations, and in these cases, the surgeries are usually better equipped than police station medical rooms. With the exception of the Sheffield Medico-Legal Centre, there are no examination facilities away from police stations, which are devoted

exclusively to clinical forensic examinations.

Hospitals are usually co-operative when requested to supply facilities for examinations, but do not reserve rooms solely for this purpose. In Northumberland, use is made of gynaecology, paediatric or accident departments as appropriate.

## Examination Suites

The Metropolitan Police is seeking to establish a number of Victim Examination Suites, with the first hopefully opening in Hendon later this year, but apart from the fact that they will incorporate a shower and be decorated with pastel paints, details of the suites have proved impossible to obtain. Even those Police Surgeons who expect to work in these suites have no idea of what they will be like.<sup>3</sup>

Sexual Assault Examination Kits are now used throughout the country. The kits, provided by Forensic Science Laboratories, include all the items required for a sexual assault examination. They have been modified in the light of experience, and have contributed to a higher standard of forensic material being sent to the Laboratories.

Aids to examination recently introduced by the Association of Police Surgeons include a series of large body sketches on which findings can be recorded.

The after-care of victims remains fragmented in most cases. The victim may be referred to her own general practitioner, or to a series of specialists — gynaecologists, psychiatrists or sexually-transmitted disease specialists. Unless the general practitioner takes a particular interest in the case, no one doctor is in control of the overall situa-

tions. The Association of Police Surgeons has produced a leaflet which may be used when referring a victim for after care. Provision of the 'morning-after pill' remains at the discretion of the individual doctor.

The APSGB continues to work for higher standards in examining doctors. At present, most police forces do not set standards for newly appointed police doctors other than the most basic, and it is a regrettable fact that some doctors make little effort to reach an acceptable standard or expertise. The numbers at present sitting the Diploma in Medical Jurisprudence remains appalling low, and this situation will remain until police forces insist that their doctors attend properly organised training courses and are given positive encouragement to obtain the Diploma.

Unfortunately, there are some doctors working as police surgeons who are incompetent and totally insensitive to the needs of the sexual assault victim. It requires only one or two such doctors to tarnish the good name of the remaining reputable police surgeons in a force area.

### **Women Doctors**

The establishment of teams of women doctors to examine sexual assault victims (and children) may seem laudable. Certainly all police forces should have a woman police surgeon available to examine those women who insist on a woman examiner. In my experience, most women do not mind what the sex of the examining doctor is, provided that the doctor is compassionate, caring and competent.

In Northumberland, the 35 women doctors examine about 200 cases a year, (including 49 rape cases in 1984). One woman doctor has in the last two years examined nearly 40 cases. The remaining 34 doctors therefore see on average five or six cases a year, one every two months, hardly the basis to establish any depth of clinical experience.

Those experienced in all forms of clinical forensic medicine, including sexual assaults, know that there are serious problems in establishing corroboration on the basis of the examination. The woman is in most cases not a virgin, and therefore medical corroboration is to be found elsewhere on the body. Interpretation of minor injuries and marks need forensic skill, which of necessity must be founded on forensic experience gained from examining all forms of assault. This skill is not going to be obtained by examining one forensic case every two months.

Furthermore, if a woman is going to consent and submit to a prolonged medico-legal examination, she is entitled to assume that the doctor will submit a report which is beyond reproach; a good report may lead the assailant to plead, a bad report encourage him to fight every inch of the way.

### **Defence Experts**

If the case does go to court, the victim is entitled to assume the 'her' doctor will be competent in the box. Skill in the box can only be acquired by practice, and that practice will be slow coming with a forensic case load of one every two months. Increasingly, defence teams are seeking help from experienced police surgeons to advise in the presentation of the defence case and probe the efficiencies of the prosecution medical case. No rape case should be lost because of an incompetent or inexperienced medical witness — this must surely be a bitter pill for the unfortunate victim.

What should be done? I suggest —

- \*All tyro police surgeons should receive a thorough basic training. The 'apprentice' system whereby a doctor is attached to a senior surgeon for a short period is of limited value. Attendance at a nationally organised course should be compulsory. Police surgeons should be expected to reach Diploma in Medical Jurisprudence standard within five years of appointment.

\*Police surgeons of proved incompetence and lack of compassion should be excluded from examining sexual assault victims.

\*Facilities for examination should be reviewed. Consideration should be given to providing examination suites to the standard in use in Australia and New Zealand. These may or may not be on police premises, provided the privacy of the complainant is preserved.

\*The after-care of the victim should be improved with rapid access to

appropriate specialists and trained councillors.

This may be a counsel of perfection, but this surely is the standard to be aimed at throughout the country.

1. Police Review 26th July 1985, pp.1508-9.
2. I have learnt since this article was written that two police stations in Suffolk have en suite showers.
3. See also page 61 regarding planned facilities in West Midlands, and information recently received from the Met.

*This article first appeared in 'Police Review', and is reproduced by kind permission of the Editor.*

## FULL TIME POLICE SURGEONS?

Robin Moffat reflects on the State of the Art

During the first half of this century the police doctor was the despised dogsbody of forensic medicine. Usually a person with modest academic qualifications, he was a general practitioner whom the local police found obliging and helpful, and — most of all — someone who would turn out of his bed at night without complaining!

He was patronised (and ridiculed) by the grandees of medicolegal practice, that is, the forensic pathologists. These men, with power and influence, could in the witness-box effectively send a defendant on a capital charge to the gallows.

The Home Office pathologist, with his teaching hospital/university back-up, was always quick to condemn the findings of the part-time forensic practitioner — usually in connection with a missed murder: the unspotted knife in the back or the undetected ligature around the neck! But in truth the retained family doctor was untrained, relatively inexperienced and woefully short of expertise and equipment.

The advent of the NHS in 1948 and the creation of a national Association of Police Surgeons in 1951 altered everything. Albeit slowly, in the past

three decades the police surgeon (actually not police and not a surgeon) has emerged as the only practitioner able to discharge the duties of a forensic clinician.

Unlike the forensic pathologist — experienced in 'death' and little else — he has become the expert sought by the prosecution and by defence lawyers at every stage of the game from disclosure to conviction. No longer the Cinderella of medical jurisprudence, he has trained himself at courses in the UK and abroad to provide a service which the police and public appreciate and support.

Here is a clinician who can deal effectively with rape, child abuse, unexplained death and drunken drivers. He can determine fitness for detention, act as a phlebotomist, interpret wounds, treat ill and injured officers, advise judges and barristers, prescribe for the bereaved and lecture medical students.

And still have time for his patients? Well yes, but here comes the rub: there are occasions when his loyalty is sadly torn and he needs like-minded partners or colleagues to assist when there is a day to be spent in court or sleep to catch up on. This mini-speciality is not for the academic or the faint-hearted.

Commonsense and stamina are high priorities. The disturbance to family life can be devastating and may lead to resignation or to divorce.

The next 30 years could see the evolution of a full-time forensic medical service with the police surgeon turning into a truly independent forensic medical officer — a change in status and in name.

The introduction of the independent prosecutor may accelerate this development. In the major cities with a high incidence of serious crime the police doctor is fully stretched at the present time and an urgent appraisal of his terms and conditions of service is essential if the battle against crime is to be fought and won.

Many of these doctors have given 40 or more years in the service of law-enforcement. Rightly the rising generation entering the specialty will refuse to work the long hours of their predecessors, and who can blame them?

I do not accept the arguments against having a full-time service, provided a proper career structure is brought in with under- and post-graduate training

at college and university level. After all, the forensic scientists and laboratory technicians are full-timers. Does anyone believe that they distort their findings to suit the chief of police or the Crown's counsel? Of course not.

The new challenges of the Police and Criminal Evidence Act will be faced by the profession known to give its full support to the detection of major crimes and the prosecution and conviction of dangerous offenders.

The members of the Association of Police Surgeons of Great Britain should be the trendsetters in clinical practice 'at the sharp end' where instant fact-finding and shrewd judgment predominate. The past decade's technical advances require a cadre of enthusiastic clinicians, ready and willing to assist all law-enforcement agencies on a 24-hour basis.

Let us hope the politicians, the BMA and the universities will co-operate and produce a service second to none. Surely the present climate is favourable.

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

## **MET CONTRACT**

The new contract for Metropolitan police surgeons was agreed earlier this year.

The proposal that police surgeons should sign the Official Secrets Act has been dropped; surgeons will merely have to confirm that they have seen the provisions of the Act.

In addition to training on appointment, police surgeons will be required to attend refresher courses as and when necessary.

**A.P.S.G.B. WINTER MEETING**  
**"Anatomy of a Siege"**  
**BIRMINGHAM**  
**25th JANUARY 1986**

## **CONFERENCE SPORTS PRIZES**

*The Ulster Golf Cup was won by Dr. John Latham (St. Albans); runner up was Dr. Jim Hine (Ely).*

*First prize in the squash competition was won by Dr. Bill Beeby (Middlesbrough); runner up was Dr. Jay Chitnis (Birmingham).*

*The Gentlemen's Darts Competition was won by Dr. Frank Birch (Lincoln), and the Ladies' Darts Competition was won by Mrs. Nicki Taylor (Northampton).*

**NEED ONLY A FEW  
BODY SKETCHES?**

**THE NEW ECONOMY PACK  
IS FOR YOU. SEE PAGE 22.**

CORRESPONDENCE

*From Dr. Lawrence Addicott, Bridgend, Glamorgan*  
Dear Sir,

I note that in the Police Surgeon Supplement of December, 1985, reference was made by a prominent member of the Association that he had declined to give an estimate of blood alcohol from a breath alcohol concentration and that he had been supported by the Forensic Science Laboratory.

As doctors of medicine, we have studied physiology, biochemistry and pharmacology in the process of attaining our degree. Those of us who have become police surgeons therefore, have developed a special interest in clinical forensic medicine, have made specialised study of such matters. A number of members of the Association have, in fact, extended their studies to include taking the Diploma in Medical Jurisprudence, which surely gives some credence to their ability and qualification to speak on such matters as alcohol concentrations.

I have been a member of the Police Surgeons Association for a substantial period and have always believed that the purpose of the Association was to provide a sphere for education, with the aim of taking the Diploma in Medical Jurisprudence by as many members as possible and therefore providing a body of doctors who were specialised in clinical forensic medicine. If the Association is then to accept that we are not qualified to make such calculations, it is my submission that the aims for which the Association started are being debased.

It has been apparent to me that there are doctors who are not police surgeons or qualified in forensic medicine who are prepared to advise the courts as experts on such matters. It then becomes more difficult for the police surgeon to make a comment on their calculations when requested to do so by his own Force if it is deemed by the Association that he is

not qualified to do so. I believe it to be a duty of the Association to appropriately educate its members so that they can receive its support, particularly as there are certain police surgeons who are highly qualified in this field.

Yours faithfully,

Lawrence S. Addicott

**BLOOD SPECIMEN REPLACES BREATH ANALYSIS**

Once a specimen of blood or urine has been taken from a driver who previously supplied samples of breath (Road Traffic Act 1972 and Transport Act 1981), neither specimen of breath can be used in a subsequent prosecution.

The Queen's Bench Divisional Court so held on June 17th 1985 in allowing an appeal by a driver against his conviction by the Fenny Stratford Justices of driving while unfit through drink or drugs contrary to section 5(1) (Archbold v Jones).

The defendant had provided two samples of breath for analysis both of which read 43 microgrammes of alcohol in 100 millilitres of breath. A blood test was offered.

When analysed, the sample was found to contain alcohol. However, an accurate assessment of the amount of alcohol was not possible as the sample was contaminated by isopropanol which probably originated from the cleansing swab used by the doctor. In addition the blood sample had been placed in a phial which did not contain an anti-clotting agent.

Section 8(6) of the Transport Act 1981 provides that if a blood or urine sample is provided after breath samples, neither sample of breath shall be used. The Court of Appeal held that even if the blood sample was spoiled, the results of the breath analyses could not be used.



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# BOOK REVIEW

## "Blood and Judgment"

I found this energetic account by Jonathan Havard of the operating surgeon's life, in a major disaster setting, irritating because of the many minor hackneyed situations the Author found necessary to reproduce.

He is obviously at home in the operating theatre and his descriptions of the industrial catastrophe and Court scenes are exciting. Add the surgical hero's love for his drunken neighbour's wife and there is enough meat without the rabidly anti-doctor, trade unionist chairman of the Community Health Council. Guess who operates on the drunken neighbour and the trade unionist in the end?

The theatre sister (in love of course with the surgeon) "asks not for whom the bell tolls" and this book did not ring my bell.

Perhaps medical novels should not be reviewed by doctors who have not attempted the arduous task of producing a novel themselves. However, the

general reader addicted to medical soap-operas, will find this book a good read.

"Blood and Judgment" by Jonathan Havard

Published by William Henemann Ltd., 1985, at £9.50

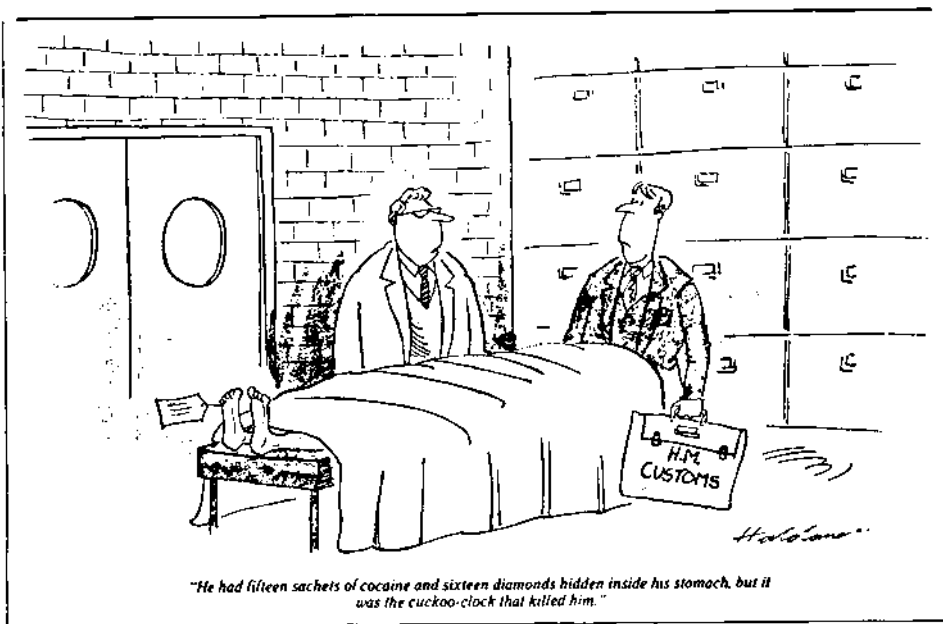
H.B. Kean

## BLOOD SAMPLES FROM ADDICTS

An inquiry was made of the Department of Virology, St. Thomas' Hospital, London, as to whether a capillary tube sample would be sufficient for testing blood for Hepatitis B.

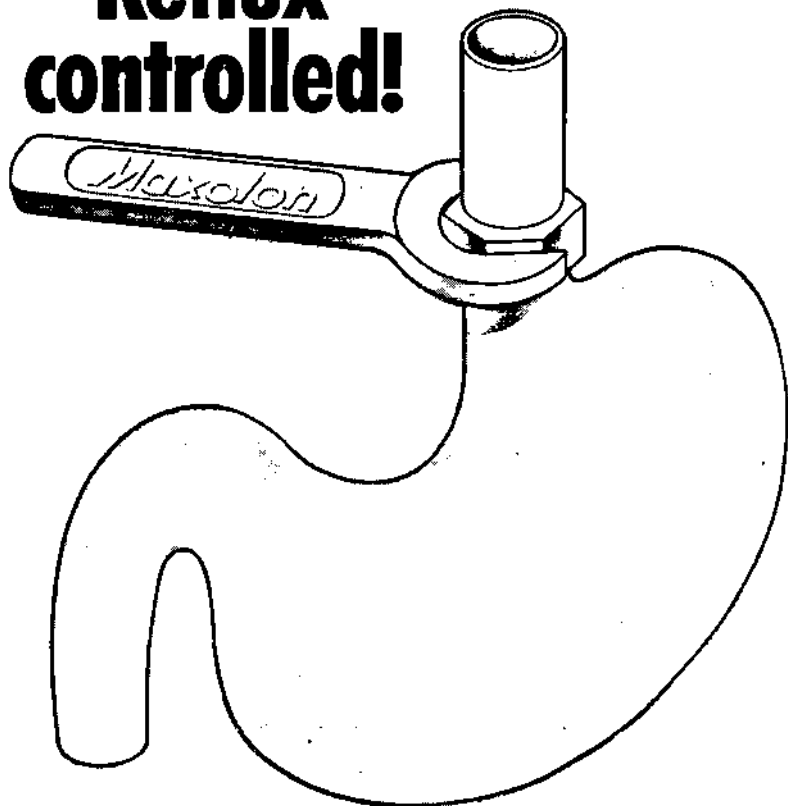
The minimum requirement for satisfactory testing and confirmation is 0.5 ml. of SERUM. Capillary tubes themselves present an inoculation hazard when attempting to recover the specimen, and there is a tendency for small specimens to clot whilst being processed, which frequently results in false positives. There is insufficient serum in a capillary tube sample to run confirmatory tests.

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"He had fifteen sachets of cocaine and sixteen diamonds hidden inside his stomach, but it was the cuckoo-clock that killed him."

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### NEW PRESIDENT FOR F.M.G.

It is not often that rising early is a pleasant experience, but it was for those travelling to the Dutch Police Surgeons meeting (Forensisch Medisch Genootschap) in Utrecht in April.

Spring is particularly beautiful in Holland. Swans, storks, herons and dippers were on the move in the sunlit morning mists; daffodils and tulips added their colours to the background of windmills and rivers — an inspiring sight.

F.M.G. meetings are always slick, peppy and of high standards, and over 100 delegates from various forensic disciplines attended.

Jacob Scherpier, forensic odontologist, talked on identification procedures. Sculpture and reconstruction of facial features and even of teeth may be required to achieve identification.

Association member James Dunbar gave an excellent paper on the drinking driver, and Dr. W. Neuteboom also spoke on another aspect of the alcohol problem. There was much discussion about these two papers because the Dutch are considering introducing the evidential intoximeter.

### PRESIDENT BAREND COHEN



A joint paper into an investigation which resulted in a conviction for manslaughter was given by Hoof-dinspecteur N. Mastenbroek and Dr. Barend Cohen.

Dr. Alan Watson, University of Glasgow, was one of the British delegates. He has been managing the Forensic Medicine Department in Glasgow since the sad death of Professor Arthur Harland. Alan speaks fluent Dutch — an achievement few if any British pathologists (or police surgeons — Ed.) can emulate.

Dr. Hubert Cremers, the imposing and distinguished president of the F.M.G. since its inception, retired at the end of his term of office and handed over to Dr. Barend Cohen. Hubert has seen the F.M.G. go from strength to strength — who better than Barend to maintain the society's forward progress?

**IVOR DONEY**

### TATTOOS

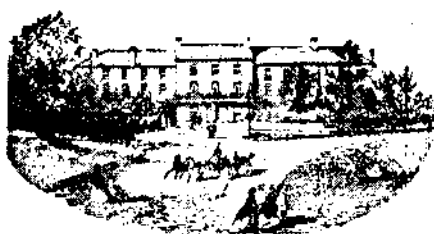
Candidates for the Metropolitan Special Constabulary may be ineligible if they have unsuitable tattoos on the upper part of their bodies. The prime concern is to exclude those candidates with tattoos which could be seen by members of the public and which could cause offence.

Tattoos on other parts of the body could be indicative of a candidate's character. It is not intended to issue a definitive list of acceptable or non-acceptable tattoos as each case would need to be considered on its merits. However, it is unlikely that any political slogans, daggers, dripping blood, skull and crossbones etc. would be acceptable, and neither would tattoos on the head or hands.

*Old lawyers never die — they just loose their appeal.*

### COURT FEES

Court fees for medical witness were increased in September.



### CRIME WRITERS SYMPOSIUM

The Forensic Science Society's symposium "Crime Investigation: Fact and Fiction", held at the Old Swan Hotel, Harrogate in April, attracted almost as many journalists, reporters and television crews (national and international) as there were delegates. A dozen or so A.P.S.G.B. members also swelled the audience (an omen of contributions to come for the Journal and the Supplement?).

The purpose of the symposium was to indicate to crime writers the more glaring errors which creep into crime fiction from time to time, errors which the enlightened (lecturers) pounce on with evident glee.

Foremost amongst the critics must be Dr. Michael Green, whose witty but penetrating presentation set a standard early in the meeting which those following found almost impossible to match. (Note for conference organisers: Mike Green should be the last speaker in a session!) Your reporter (secretly thankful that M. Green did not examine him in the D.M.J.) had the pleasure of hearing his talk repeated four times the following week on BBC radio!

My favourite fictional murder method: victim's head held in a basin of water until dead by drowning, the murderer then drinking the water, there being no water in the room!

It was a most pleasurable and not too serious a weekend. It may be repeated, and if so perhaps the crime writers, not included in the formal list of speakers, may have the opportunity to reply.

### CHURCHILL FELLOWSHIP AWARD

#### Occupational Health

Dr. Edward Ogden, Honorary Secretary to the Australasian and Pacific Area Police Medical Officers Association, has been awarded a Churchill Fellowship to visit the United Kingdom and the United States in 1986. He will be looking at the role of the doctor in support of the police, particularly in the neglected area of occupational health.

Edward writes — "There is a growing awareness in the community that policing is a career fraught with stresses and strains that are in some ways peculiar to the work. There is a growing acceptance by management that an attitude of indifference and treating manpower as expendable is no longer acceptable. It is thought to be cheaper and more efficient to implement preventative programmes than attempt to replace valued experienced staff.

"My task is to attempt to define the nature of such programmes and to find the economic rationale that will convince governments that this is not only the humane, rational expedient path to follow, but that such expenditure actually has a cost benefit.

"I have subsidiary tasks to look at — medical support in operations of high risk, the teaching of first aid skills and anything of forensic interest".

Edward will welcome observations, ideas and suggestions; he will be in the United Kingdom for about a month, and will be attending the 1986 A.P.S.G.B. Annual Conference. Ideas to Dr. Edward Ogden, "Sunnyside", Sunnyside Avenue, Kallista, Victoria 3791, Australia.

### RAPE PENALTY

Papua New Guinea's Prime Minister obtained Cabinet approval for a Bill providing for castration for rapists and public hanging for gang rape or rape where murder is involved.



*At the Utrecht meeting: Barend Cohen, Alan Watson, Ivor Doney, Hubert Cremers and James Dunbar*

#### BREATH AND BLOOD ANALYSES

One of the conclusions of the Home Office Report on breath alcohol analysis was that 'There is good evidence that the Lion Intoximeter 3000 is not over-estimating the concentration of alcohol in breath'.

The findings were supported by an independent survey carried out by the Royal Society of Chemistry which concluded 'the study found no evidence to support the suggestion that individuals are being falsely convicted on results obtained from evidential breath testing machines'.

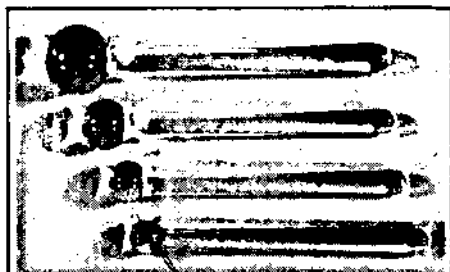
In a news release, Lion Laboratories, producer of the Lion Intoximeter 3000, said 'the report substantiates our statements that alcohol readings cannot be affected in any way by such substances as cough sweets, garlic, Chinese meals, false legs and many other spurious claims'.

In the meantime, the extended blood option will continue until 1986.

**OPINIONS EXPRESSED IN THE POLICE SURGEON ARE NOT NECESSARILY THOSE OF THE ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN.**

#### AROUND THE BEND

*In July this year, firemen in Cheltenham were called to free a hedgehog stuck in the U-bend of a disused toilet.*

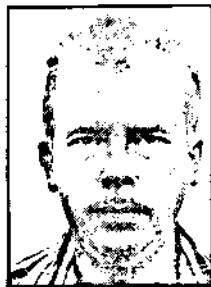


#### GLAISTER'S GLOBES

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success to find some for years".*

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Huyton, Church Road, Huyton,  
Merseyside, L36 5 SJ, England.



### DIPLOMA IN MEDICAL JURISPRUDENCE

Congratulations to Drs. Gillian Penton and John Hall who recently obtained the Diploma. Both are Prison Medical Officers, and have joined the Association as Associate Members.

*Dr. Roger Hunt, organiser of the Autumn Conference, is also medical officer at the Smithfield Show. He took first and second places in the Exmoor Horn Class, his sheep being paraded in the ring by co-operative Metropolitan police officers!*

### BODY SKETCHES

Dr. Fraser Newman reported at Conference that in his area body sketches are now preferred to photographs in court after a woman fainted in court on seeing photographs.

A non-Association guest at Peebles Hotel Hydro, on seeing a display of body sketches, is reported to have enquired, "Are these for children to colour?"

### A.P.S.G.B. WINTER MEETING

The Association Winter Meeting will be held at the Tally Ho Police Training Centre, Pershore Road, Birmingham, on Saturday, 25th January 1986.

The topic will be "Anatomy of a Siege", and reference will be made to major cases with historic medico-legal implications.

Limited accomodation will be available for those travelling from furthest afield. Further details from:—

Dr. Jeremy Smart,  
22 Beak Hill Road,  
King's Norton, Birmingham B38  
Telephone: 021-458 2147  
(Surgery: 021-458 5507)

*First police surgeon at the Bradford City Disaster was Dr. Lesley Lord of Halifax.*



# MEDICO-LEGAL SOCIETIES

## BRISTOL MEDICO-LEGAL SOCIETY

President: Mr. Charles Clarke

Thursday, 17th October 1985

'Forensic Mythology'  
Professor Bernard Knight, University of Wales College of Medicine.

Thursday, 21st November 1985

'Judging Women'  
Dr. Pat Carlen, Department of Law, University of Keele.

Thursday, 16th January 1986

'Psychiatrist at the Siege'  
Professor John Gunn, Institute of Psychiatry.

Friday, 28th February 1986

Annual Dinner  
Professor Eric Wilkes, OBE, FRCP, Banqueting Room, Council House, Bristol.

Thursday, 27th March 1986

'The Markov Case'  
Mr. Robin Keeley, Metropolitan Police Laboratory

Thursday, 15th May 1986

Members Papers.

Friday, 4th July 1986

Summer Social Gathering.

The meetings will be held in the School of Nursing, Bristol Royal Infirmary at 8.00 p.m. A buffet supper will be available from 6.30 p.m.

Further details from:—  
Hon. Legal Secretary,  
Malcolm Cotterill,  
Guildhall Chambers,  
23 Broad Street,  
Bristol BS1 2HG

or

Hon. Medical Secretary,  
Hugh Roberts, FRCS,  
Martindale,  
Bridgewater Road,  
Winscombe,  
Avon BS25 1NN.

## NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: Mr. Ivan Montgomery O.B.E.

Tuesday, 22nd October 1985

'The Legal Threat to Medicine — Fact or Fiction'  
Professor J.K. Mason, C.B.E., M.D., F.R.C. Path, D.M.J.

Tuesday, 19th November 1985

'Murder in Newtownstewart'  
Judge Brown, Q.C.

Friday, 24th January 1986

ANNUAL DINNER  
The Whitla Hall, Queen's University.

Tuesday, 11th February 1986

'Professional Conduct and Fitness to Practice — a Review of the Practitioner's Position'  
James A.A. Watt, Esq.

Tuesday, 11th March 1986

'Responses to Problems of Dependence on Drugs'  
Dr. T. Bewley, M.A., M.D., F.R.C.P.I., P.R.C.Psych.

Tuesday, 14th October 1986

ANNUAL GENERAL MEETING  
'Don't Die Abroad'  
Dr. M. Green, M.B.Ch.B., D.C.H., M.R.C.Path., D.M.J.

All meetings are held at the Ulster Medical Rooms, Medical Biology Centre, Belfast City Hospital, at 8.00 p.m. unless stated otherwise. Attendance at meetings is limited to members of the Society and their guests.

Membership enquiries should be directed to:—

Dr. Elizabeth McClatchey,  
Honorary Secretary,  
Northern Ireland Medico-Legal Society,  
40 Green Road,  
Belfast BT5 6JT

## LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

President: H.A. Fowler, Esq., LL.B.

Thursday, 3rd October 1985

ANNUAL GENERAL MEETING  
Presidential Address  
Mr. H.A. Fowler.

Thursday, 7th November 1985

'Consent to Medical Treatment — The Recent Legal Developments'  
Professor Brian Hogan, Professor of Common Law, University of Leeds.

Thursday, 5th December 1985

'Voice Identification'  
Mr. Stanley Ellis, School of English, University of Leeds.



# MEDICO-LEGAL SOCIETIES

## Thursday, 16th January 1986

"Problems and Pitfalls in Prenatal Diagnosis of Foetal Abnormalities"  
Dr. M.K. Mason, Consultant Pathologist, Leeds.

## Thursday, 20th February 1986

JOINT MEETING WITH LEEDS DIVISION OF THE BRITISH MEDICAL ASSOCIATION  
"The Influence of Forensic Pathology"  
Professor J.M. Cameron, Professor of Forensic Medicine, London Hospital School of Medicine.

Note: this meeting will be held in the Kaberry Theatre, General Infirmary, Leeds.

## Thursday, 20th March 1986

"Spirit Possession — Cult or Madness"  
Dr. Montague Barker, Consultant Psychiatrist, Barrow Hospital, Bristol.

## Saturday, 22nd March 1986

### BANQUET

Except where stated, meetings will be held at 8.30 p.m. at the Littlewood Hall, the General Infirmary, Leeds.

Further information from

Mr. R.E. Collins, Hon Secretary, Leeds and West Riding Medico-Legal Society, 150 Roundhay Road, Leeds LS8 5LD.

## MERSEYSIDE MEDICO-LEGAL SOCIETY

President: Dr. H.B. Kean

## Wednesday, 9th October 1985

"Is there Life after Simey?"  
"Can the Police hold the Line?"  
Mr. Tony Judge, Police Federation.

## Thursday, 21st November 1985

"The Nilsen File"  
Professor David Bowen

## Wednesday, 22nd January 1986

Details to be announced.

## Wednesday, 26th February 1986

Details to be announced.

## Wednesday, 7th May 1986

Annual Dinner.

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.

## SOUTH-YORKSHIRE MEDICO-LEGAL SOCIETY

President: Mr. W.J.W. Sherrard, F.R.C.S.

## Wednesday, 13th November 1985

"How to be sued via the media without really trying"  
Mr. Charles Christian, Barrister turned Journalist.

## Tuesday, 10th December 1985

"Does the left hand know what the right hand is doing in legal matters?"  
Mr. Frank Smythe, Criminal Author.

## Tuesday, 7th January 1986

"Child Abuse and the problem of Children in Trust"  
Mr. Louis Blom-Cooper, Q.C.

## Wednesday, 19th February 1986

"The Gillick Case"  
Mr. Vaughan Bevan, Faculty of Law, University of Sheffield.

## Tuesday, 11th March 1986

"A new boy's look at the Coroner's job in South Yorkshire"  
Dr. Stefan Popper, H.M. Coroner.

## Wednesday, 16th April 1986

ANNUAL GENERAL MEETING  
"Medical Negligence, Lawyer's Paradise, Doctors' Nightmare — is A.V.M.A. bridging the gap?"  
Mr. Arnold Simanowitz, Director of A.V.M.A.

## Thursday, 15th May 1986

ANNUAL DINNER  
Cutler's Hall, Sheffield.

Meetings are held at 8.00 p.m. for 8.15 p.m. at the Medico-Legal Centre, Watery Street, Sheffield 3. Applications for membership should be made to:—

Mr. John Pickering,  
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

## MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

President: Dr. G. Garrett

Wednesday, 16th October, 1985

'The Manchester Woolworths Fire'.  
Mr. L.M. Gorodkin, HM Coroner for  
Manchester.

Wednesday, 6th November, 1985

'The Nilsen File'  
Professor D.A.L. Bowen.

Wednesday, 4th December, 1985

'Medico-Legal Aspects of Infertility and  
Dame Josephine Barnes.

Wednesday, 22nd January, 1986

'Marsh Pete - The Wilmslow Corpse'  
Dr. Iain West.

Wednesday, 19th February, 1986

'A Pathologist's View of Terrorist Violence'  
Professor T.K. Marshall  
Venue to be arranged.  
For further information please write to:-

Mr. A.R. Taylor,  
Hon. Secretary,  
Office of Chief Prosecuting Solicitor.  
Chester House,  
Boyer Street,  
Manchester M16 0RN.  
Tel: 061-855 2972.



## FYLDE MEDICO-LEGAL SOCIETY

Those interested in joining the newly-  
formed Fylde Medico-Legal Society  
should contact the Hon. Secretary, Mr.  
M.S. Cornah, 4 Forest Gate, Blackpool.

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# TRAINING IN HOLLAND



## Barend Cohen, D.M.J., Coroner and President of the F.M.G., reports on a Dutch Training Scheme

In 1984 in Holland a post-graduate training course in Forensic Medicine was initiated. The course was organised by the SSG<sup>1</sup> (an institute which specialises in various courses in the field of Social Health Administration), of which Dr. Henk Leliefeld (a Social Health Administrator) is the director.

Much research had to be done, and many authorities in the field of forensic medicine had to be consulted, before an adequate plan could be drawn up. For reasons of quality control supervision, a supervisory board was formed with representatives of the Medical Health Inspectorate of our Department of Welfare, Public Health and Culture, the Department of Justice, the Association of Directors of Regional and Local Public Health Departments and the Netherlands Forensic Medicine Society.<sup>2</sup>

Nearly 40 lecturers were invited to teach on a variety of subjects during this course, which lasted 13 days in total (two days each in September, October, November, January, February and March plus a final day in June). Though most of the lecturers were from Holland, special mention should be made of Dr. Myles Clark and Mr. Bernie Sims from England, Professor Jacques Timperman from Belgium and Professor Allan Watson from Scotland, who went to the trouble of travelling back and forth to Utrecht, to share their knowledge and experience with us.

Apart from the course attendance, each candidate had to submit a casebook, containing at least 8 different case reports of working as a police surgeon. These casebooks were submitted for judgment to the 5 members of the Supervisory board as well as to the SSG Director and the Course leader.

I am pleased and proud to report that 14 police surgeons passed all requirements and were issued with the Diploma on June 14, 1985. Their names are:

Piet Blankevoort	Haarlem
Frits Buljze	Ede-Wageningen
Barend A.J. Cohen	Stolwijk
Marcel H. Durand	Hilversum
Gerard J. Heederik	Deventer
Jurjen H. Jager	Arnhem
Wim M.G. Klasen	Bergen op Zoom
Henk Klein Leugemors	Utrecht
Dick J. van Lammeren	Nijmegen
Frans J.J.M. Metz	Roermond
Siegfried Nuijen <sup>3</sup>	Leeuwarden
Peter Slikker	The Hague
Mrs. Marianne M.P. Soors	Schiedam,
	Vlaardingen and Maassluis
Johan G. Vissers	Leeuwarden

Two candidates have not been able as yet to submit their casebooks and have applied for an extension of six months. One of them, Harry W. Kanis, who is a police surgeon in Lelystad is now half way while the other colleague, Jan Beijering, police surgeon in Veendam has arranged for a practical

training period with Professor Watson in Glasgow so that he will be submitting his casebook on the Glaswegian scene.

Looking back on the five years now behind us, when forensic medicine was almost never spoken of (except of course by Hubert Cremers and his deputies, who has been a police surgeon for well over 15 years) we have come a long way! The FMG<sup>2</sup> was founded in October 1980 by a dozen or so doctors and dentists, who felt the need for a professional association, for permanent education, for interprofessional consultation, for publications and for formal training. We now boast a membership of almost 250, six conferences in our history (one of which was the well-known 1983 CCC<sup>4</sup> in

Rotterdam) and a quarterly journal which is now in its 4th year. Fourteen of us (almost sixteen!) have received formal training in Forensic Medicine and the new course (1985-1986) is already over-subscribed! With the 1986 Cross Channel Conference to take place in London, I feel that we all have something to celebrate: not in the last place the warm friendship and the fine co-operation, which exists between APSGB and FMG and which will hopefully remain for many, many years to come.

1. Stichting voor Sociale Gezondheidszorg.
2. Forensich Medisch Genootschap.
3. Pathologist.
4. Cross Channel Conference 1983.

## VICTIM EXAMINATION SUITES

### Metropolitan

There has been a delay in the programme for the development of the Victim Examination Suites in the Metropolitan area.

However, it is hoped that the first suite will be opened at Hendon Medical Centre in late October.

The Hendon Suite will be a prototype, and the one which should be regarded as the Force model is being prepared at Brentford Police Station, and it is hoped that this will be completed late November 1985.

The Metropolitan Suites will consist of an examination room, with all the necessary equipment for the divisional surgeon, a shower room, and a small rest room where the victim can be interviewed and statements taken.

### West Midlands

It is intended to incorporate Examination Suites in three new police stations which are to be built in the Birmingham, Wolverhampton and Coventry areas of the West Midlands Police Force. These Suites are not intended solely for examination of sexual assault victims,

but will also be used for medical examinations in connection with other serious assaults.

The design of the suites will be based on the recommendations in the publication "Rape" (A.P.S.G.B. publications) and "The Design of Police Surgeons Rooms", a booklet published by the Metropolitan Police based on the recommendations contained in "A survey for the Chief Medical Officer of examination facilities provided for Police Surgeons in police stations" by Dr. R.F. Lewington.

Particular emphasis will be given to establishing a comfortable and clinical environment for the interview and examination of victims, and the provision of a separate entrance into the Suite may lessen any embarrassment victims may feel.

It is hoped that work on the first of the three new police stations at Rose Road, Harborne, Birmingham will be commenced during 1986.

**THE CONFERENCE  
FOR 1986  
ANNUAL CONFERENCE AND  
CROSS CHANNEL  
CONFERENCE  
LONDON 12th-17th MAY 1986**



## INTERNATIONAL MEETINGS

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, A.A.P.A.P.M.O.,  
Boronia Medical Centre, 153 Boronia Road,  
Boronia, Victoria, Australia.

See page 43.

Interim meeting of the National Association of Medical Examiners, to be held at the Hyatt Regency Hotel, New Orleans, Louisiana.

**Further details from:—**

Dr. George Gantner, Pathology Department  
SLU, 1402 South Grand Boulevard, St.  
Louis, Mo. 63104, U.S.A.

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.

International Congress on Rape, to be held in Israel.

Further details from:—

Society for Medicine and Law in Israel, P.O.  
Box 394, Tel Aviv 61003, Israel.

See page 41.

International Conference on Legal Medicine  
to be held in Boston, Massachusetts.

Further information from: —

American College of Legal Medicine, 213 W.  
Institute Place, Suite 412, Chicago, Illinois  
60610, U.S.A.

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.

See page 42.

September 9th-12th 1986 — NEW HAVEN, CT  
10th International Conference on Alcohol,  
Drugs and Road Safety.

Further details from:—

Dr. Johan de Gier, Subfaculteit der farmacie,  
Toxicologisch Centrum, 3521 GE Utrecht,  
Holland.

24th International Meeting of the International Association of Forensic Toxicology, to be held in Banff, Alberta, Canada.

**Inquiries to:—**

Dr. Graham Jones, Office of the Medical Examiner, P.O. Box 2257, Edmonton, Alberta, Canada T5J 2PW. Telephone: 403 427 4987.

11th Meeting of the International Association of Forensic Sciences. To be held in the Hotel Vancouver, Vancouver, Canada.

Further details from:-

Professor James A.J. Ferris, Department of Pathology, University of Vancouver, Vancouver, British Columbia, Canada V5Z 1M9. Telephone: 604 738 4445.

Third International Meeting of the Pan American Association of Forensic Science. To be held at the Holiday Inn Plaza, Wichita, Kansas, Canada. The First World Meeting of Police Surgeons will be part of this programme.

Further details from:—

Dr. William G. Eckert, P.O. Box 8282,  
Wichita, Kansas 67208, U.S.A. Telephone:  
(316) 685-7612.

**First World Meeting of Police Surgeons and Medical Officers (Medicos Forenses). To be held at the Holiday Inn Plaza, Wichita, Kansas.**

Further inquiries to:—

Dr. Ivor E. Doney, "Hazeldene", Hazel Avenue, Chapel Lane Green, Bristol, England BS6 6UD or to Secretariat, Dr. William G. Eckert, P.O. Box 8282, Wichita, Kansas, U.S.A. 67208.

See page 40.

A young Chinese peasant ate more than 1,800 live, poisonous snakes to cure himself of convulsions, the Canton Daily reported.

The cure was effective, but after eating snakes for two years, he has become addicted to them and needs one before every meal. He has started breeding them to ensure he has enough for the winter.

# MEMBERSHIP LIST

Owing to the difficulty in keeping up with changes of address, it is suggested that if members are unable to contact other members at the address shown in the Medical Directory contact 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 case of serious illness or death of a member would be brought to his notice by neighbouring members.

F = Founder Member

PP = Past President

## COUNCIL MEMBERS

J. Bain	Dundee	M.A. Knight, DMJ	Ipswich
M.D.B. Clark, DMJ	Liverpool	T.I. Manser, DMJ	Totnes
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D. Filer	London	(F) (PP)	London
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D. Jenkins	London	R. Yorke	

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Prof. D.A.L. Bowen, DMJ	Charing Cross	The Lord John Richardson	London
Prof. J.M. Cameron, DMJ	London	Dr. R.D. Summers, OBE,	
Dr. M.H. Hall	Preston	DMJ, (F) (PP)	London
Rev. Dr. W. Hedgcock	Windsor	Dr. W.M. Thomas (PP)	Preston
Dr. I.F.B. Johnston, DMJ	Knarborough	Prof. A. Usher, OBE, DMJ	Sheffield
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Prof. T.K. Marshall	Belfast	Dr. Peter Wilson	London
Prof. J.K. Mason	Edinburgh		

## OVERSEAS

Lieut. A.A.E. Abbas	State of Bahrain	M.B. Holmes	Jersey
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J.H.W. Birrell	Australia	I. Nicholson	Australia
F. Buijze	Holland	P. Nwanze	Lagos
B.V.H. Bray, DMJ	Guernsey	N. Patel, DMJ	Zambia
J.P. Bush, DMJ	Australia	C. Pathmanathan, DMJ	State of Brunei
J. Chalon, DMJ	America	N. Pearson, DMJ	New Zealand
B. Chavda	South Africa	Lam Ping-Yan, DMJ	Hong Kong
B.A.J. Cohen, DMJ	Holland	P.F. Roberge	Ottawa, Canada
H.T.P. Cremers	Holland	R.A. Rockerbie	Burnaby, Canada
W.L. Daniels	New Zealand	J.E. Simon, DMJ	New Zealand
M.B. Garg	Zambia	T.J. Stamps	Zimbabwe
D.A.L. Gibson	Australia	W.J. Treadwell	New Zealand
J.A. Grogan	Canada	J.E. Trotter	Australia
Sheila Hamilton	Hong Kong	B.P. Webber	Guernsey
		A. Vane, DMJ	Australia



## AREA 1 (North West)

Council Member: S.P. Robinson, DMJ, Cheshire

R. Barr	Penrith	M.A. Khan	Liverpool
A.J. Borkin	Salford	R.A. Khan	Liverpool
D. Brooks	Manchester	M. Kirwan, DMJ	Liverpool
G. Burgess, DMJ	Cheshire	M.S. Kukula	Worsley
P.E. Burke	Blackburn	B.K.W. Lightowler, DMJ	Stockport
A.K. Canter	Liverpool	A. Macgillivray	Mallor
J. Caprio	Stockport	K.S. Mackenzie	Oldham
J.T. Caramitsos	Burnley	K. Mason	Liverpool
P.C. Chaudhuri	Rawtenstall	M. Mendick	Liverpool
R.D. Choudhury, DMJ	Bolton	R. Messing	Liverpool
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P.L.S. Dixon	Preston	H.C. Palin, OBE	Burnley
T.M. Doran	Wigan	Z.A. Qureshi	Nelson
C. Drouet	Cockermouth	H.R. Ritson	Douglas, I.O.M.
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M.A. Gouda	Skelmersdale	Madeleine Robinson	Manchester
R.F.E. Harrington	Lytham	A.S. Russell	Manchester
P.A. Harrison	Isle of Man	M.J.R. Ryan	Lancashire
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R.P. Hoskinson	Liverpool	L. Tragen	Birkenhead
M.S. Irvine	Preston	R.P.B. Whitefoot	Altrincham
Sylvia Jayson	Liverpool	A. Whiteside	Cleleys,
I.M. Johnstone	Penrith		Lancs.
H.B. Kean, DMJ	Liverpool	D.L. Whitton	Lancaster
I.M.S. Kerse	Carlisle		

## AREA 1a (Northern Ireland)

Council Member: W.E. St.Cr. Crosbie, Bangor

J.D. Adams	Portadown	W.A. McCartney	Ballymnoney
J.D. Boyd	Enniskillen	E.R. McClatchey	Belfast
B. Bryans	Ballycrochan	P. McConnell	Craigavon
J. Burton	Moneymore	M. McNight	Newry, Co.
N.D. Chauhan	Londonderry		Down
J. Crane, DMJ	Belfast	M. McVerry	Rostrevor
A.J.J. Darrah	Newtonabbey	H. Montgomery	Coleraine
W.R. Dick	Ballymena	C.K. Munro	Londonderry
J.B. Dunn	Larne	H.R. Ormonde	Lisburn
B.J. Farnan	Newtonabbey	I.S. Palin	Londonderry
J.S. Garvin	Armagh	G.W. Rainey	Belfast
B.P. Glancy	Magherafelt	N.A. Rainey	Belfast
H.N. Glancy	Bellaghy	G. Rowan	Lisburn
C.H.G. Gould	Newtonabbey	S. Sayee	Magerfelt
R.L. Guy	Belfast	E.N. Shannon	Londonderry
I.F. Hamilton	Belfast	B.A. Sheils	Londonderry
R.T.S. Harrison	Co. Down	J.E. Smythe	Cookstown
M.J. Hill	Ballyclare	C.H. Stewart	Randalstown
R.B. Irwin	Belfast	J.H.H. Stewart	Randalstown
J.C. Jefferson	Belfast	P.J. Ward	Newry
M.T.A. Kemp	Omagh	J. Wilson	Carrickfergus
N.B. Kerrin	Enniskillen	M. Wilson	Portadown
C.W.D. Knipe	Armagh		
P.W. McAvinney	Belfast		

## AREA 2 (North East)

Council Member: A.S. Veeder, DMJ, Newcastle-upon-Tyne

S.M. Amin	Barnsley	W. Jack	Durham
J.G. Ashton	Sheffield	B. Kapur	Maltby
W.J. Beeby	Middlesborough	H.A. Khan	Hartlepool
C.J. Bennett	Ripon	Jeanette Ledbury	Sheffield
W.H. Bexon	Durham	Lesley Lord	Halifax
P.J.W. Bolt	Hartlepool	J.H. Loose	Hull
D.H. Bottomley	Durham	T.B.G. Lowe	Berwick-on-Tweed
B.S. Brewster	Settle		Bridlington
J.G.E. Bruce	Selby	J.D. Lucey	Hartlepool
R. Carr	Blyth	J.D. Lyon	Middlesborough
G.A. Crouch	Harrogate	J.H. Marr	Wakefield
A.W. Curry	Northallerton	A.K. Marsden	Wakefield
D.R. Deacon	Hull	M.D. Matuck	Gateshead
P.J. Dennis	Skipton	K. Megson	Northumberland
G.S. Everson	Sheffield	M. McKendrick	Halifax
P. Gardner	Northumberland	J. McKennell	Beverley
M.E. George	Seaham, Co.	A.E. Meek	Rotherham
	Durham	T. Moore	Whitley Bay
W.J. Glass, DMJ	Newcastle-upon-Tyne	R. Murphy	Leeds
	Harrogate	M. Naseem	Batley
R.J. Givans	Rotherham	J.F.M. Newman	Rotherham
P.K. Goel	Hull	A. Paes	Belford
J.K. Gosnold	York	P.H. Pawson	Leeds
W.C.J. Gray	Sunderland	I.M. Quest	Leeds
C.S. Hargreaves	Newcastle-on-Tyne	C.P. Shinn	Sunderland
O.D.E. Herbert	Bridlington	S.G. Shaw	Hull
	Felling	J.G. Shores	Sheffield
J.G. Hillman	Cleveland	Margaret C. Staniforth	Gateshead
J.P. Hurley		G.K. Taylor	Tadcaster
A.J. Irving, DMJ		C.W. Verity	Huddersfield
		K.W. Wood	

## AREA 3 (Midlands)

Council Member: C.J. Smart, DMJ, Birmingham

M. Allbason	Penkridge	A.J. Laidlaw	Worcester
R.D. Antani	Walsall	I.W. Lawrence	Shropshire
Elaine Archibald	Kenilworth	M. Lowe	Shrewsbury
L.E. Arundell	Birmingham	H. McCollum	Penkridge
C. Bate	Birmingham	P.C. Miller	Kenilworth
C.J. Bruton	Birmingham	J.P. Paw	Walsall
V.P. Budh-Raja	Sutton	J.A. Phillips	Bromsgrove
	Coldfield	K.S. Rajah	Birmingham
J.C. Camac	Burton-on-Trent	L.S. Ratnam	Birmingham
D.J.G. Chitnis	Birmingham	G.A. Readett	Birmingham
R.N. Davies	Kenilworth	D.K. Roy	Stourbridge
K.S. Dick	Newcastle, Staffs.	S. Saika	Castle Bromwich
R.K. Dutta	Coventry	P.R. Shaheena, DMJ	Coventry
P.J. Franklin	Stoke-on-Trent	Z.A. Shaikh	Tipton
S.E. Grant	Warley	S.V. Sharma	Bilston
J.S. Grenville	Derby	R.E. Steel	Worcester
S.K. Gupta	Newcastle under Lyme	W.N. Stirling	Newcastle, Staffs.
G.T. Haysey	Market Drayton	W.R. Sullivan	Kenilworth
K.K.A. Hofheinz	Smethwick	M.S. Swani	Birmingham
F. Horsley	Wolverhampton	D.H. Targett	Birmingham
R. Horton	Burton-on-Trent	E.I. Taylor	Birmingham
G. Hoyle	Tamworth	S.S. Venugopal	Birmingham
J.A. Humphreys	Birmingham	D.J. Weddell	Birmingham
R.A. Ingles	Worcester	P.T. Wong	West Bromwich
J. Keeling Roberts	Wem	D. Wright, DMJ	Birmingham
D.W. Kett, DMJ	Birmingham		

## AREA 4 (Eastern)

Council member: M.A. Knight, DMJ, Ipswich

R.P. Archer  
R. Au-Yong  
G.F. Birch, DMJ  
M.H. Bletcher, DMJ  
S.H. Burges, DMJ (PP)  
T.K. Burley  
D.F. Burton  
J.F. Caskey  
T.R. Chandran

J. Ciappara  
B.P. Collins  
D. Connan, DMJ  
C. Corbyn  
D.D. Cracknell, MBE  
T.F.C. Dibble  
P.A. Eckstein  
A.A. Fairclough  
R.H. Foxton, MBE, DMJ  
J.R. Freeman  
W.G.H. Gamble  
P.J. Gordon  
J.J. Hamill  
B. Hayhow  
J.L. Hine  
J.S. Hood  
A. Houston

Leicester  
Leicester  
Lincoln  
Derby  
Ipswich  
Peterborough  
Peterborough  
Sutton-in-Ashfield  
Northampton  
Nottingham  
Huntingdon  
Mansfield  
Huntingdon  
Kettering  
Cambridge  
Norwich  
Flixborough  
Derby  
Sleaford  
Wellingborough  
Leicester  
Sudbury  
Isle of Ely  
Sleaford  
Northampton

N.M. How  
P.J. Keavney  
T.K. Khong  
T.R. Lavelle  
R.A. Lawrence, OBE, DMJ  
J. Lines  
A.D. Lower  
W. Milburn, MBE  
J.V. Mitchell  
N.C. Modi  
C.M. Moss  
J.K. Murphy, DMJ  
J. Nelson, DMJ  
D. Noble  
R.J. Paget  
A.W. Parry  
C.K. Rao  
D.L. Scawn  
R.E. Scott  
E.M. Skinner  
J.L. Skinner, OBE, DMJ  
R.J. Smeeton  
T.H. Warrender  
M.J.H.B. Waas  
R.J. Williams

Daventry  
Nottingham  
Leicester  
Nottingham  
Alfreton  
Wisbech  
Stowmarket  
Derby  
Stamford  
Corby  
Guisborough  
Peterborough  
Nottingham  
Heanor  
Nottingham  
Nottingham  
Northampton  
Corby  
Bury St.  
Edmunds  
West Hallam  
Ilkeston  
Leicester  
March  
Worksop  
Thetford

## AREA 5 (South East)

Council member: S.M. Hempling, DMJ, Woking

D.F.W. Adey  
N.D. Arnott  
U. Aron  
J. Barker  
B. Bendkowski

J.J. Bourke  
J.L. Bowen  
J.H.M. Buckley

R.T. Casson  
L. Carlyon  
S.M.T. Chan  
D. Chastell  
J.D. Clark  
N.M. Cole, DMJ  
A.G. Cope  
B. Christopher  
J.C. Cummins  
M.T. Darlison  
W.H. Davis  
A.D. Dean  
R. Diggle  
S.R. Domoney  
M.H. Draisey  
P.K. Durkin  
A.M. Easton  
C.J. Eaton  
D.C. Egerton

Southampton  
Sevenoaks  
Tidebrook  
Maidenhead  
Southend-on-Sea  
Woking  
Dover  
Westcliff-on-Sea  
Drayton  
Colchester  
Surrey  
Broadstairs  
Dunstable  
Hellingley  
High Wycombe  
East Grinstead  
Havant  
Wokingham  
Banbury  
Orsett  
Newbury  
Brighton  
Seaford  
Clacton-on-Sea  
Gt. Bookham  
Saffron Walden  
Liss

L.C. de R. Epps  
R.J. Farrow  
Diana Ferguson  
R.A. Ferns  
G.S. Flack  
K.D. Forsyth  
R. Foster  
A.J. Fraser  
E. Gancz  
J.C. Garvey  
R.W. Glenn

G. Gover  
R. Gray  
J.K. Guly, DMJ  
C. Harris  
D.P. Hart  
S.C. Hicks  
A.C.C. Hildrey  
D.M. Hoare  
C.A. Hood

H.C.M. Jarvis, MBE, DMJ  
A.V. Karia  
A.O.C. Knight  
G.N. Lall  
R.S. Lamba  
D.A. Lamont  
J.W. Latham

Chichester  
Clacton-on-Sea  
Oxford  
Lewes  
Wye  
Oxford  
Oxford  
Windsor  
Bexley  
Chelmsford  
Haywards  
Heath  
Horsham  
Brighton  
Southampton  
Maidstone  
Bedford  
Highworth  
Braintree  
Chichester  
Princes  
Risbury  
Brighton  
Bletchley  
Southampton  
Margate  
Harlow  
Colchester  
St. Albans

## AREA 5 (South East) Continued

D.A. Lawrence  
J.H. Lewis  
J. Llewellyn  
Z. Ludwig

C.D. Lund, DMJ

M.P. Madigan  
V. Mansueto  
J. Marriot  
A.B. Malik  
H.J. Missen  
E.M. Moulton  
I.T. Nash  
A.V. Nirgude  
J.H. Nodder

M.R. O'Connell

D.F. Parkin  
D. Paton  
Colette Pickstock  
M.D. Qureshi  
S.P. Rajah  
T.Y. Rajbea  
R.J. Rew, DMJ  
R.H. Reynolds

Dartford  
Lancing  
Essex  
St. Leonards-on-Sea  
Welwyn Garden City  
Dunstable  
Chatham  
Andover  
Gillingham  
Chelmsford  
Horsham  
Kent  
Reading  
Hemel Hempstead  
Wickham, Hants.  
Guildford  
Maidenhead  
Portsmouth  
Gillingham  
Northfleet  
Hastings  
Eastbourne  
Crawley

L.A. Rigg-Milner  
T.E. Roberts, DMJ  
J.E. Routh  
G. Saraf  
R. Sarvesvaran, DMJ  
P.K. Schutte, DMJ  
S. Shackman

R. Shanks  
J.H.S. Sichel  
P.N. Singh  
P.C. Smart  
P. Snell  
J.D. Spink  
R.A. Stroud  
S. Syed  
G.C.M. Third  
P.G. Thomas  
J.M. Thompson  
R.G. Titley

P.J.H. Tooley, DMJ  
J. Walsh  
R.D. Watson  
J. Weston  
D.G. Yetman  
T.G. Zutshi

Corrington  
Basingstoke  
Crowborough  
Folkstone  
Surrey  
Ryde  
Northwood, Middlesex  
Northfleet  
Oxford  
Sittingbourne  
Farnborough  
Colchester  
Marlow  
Pangbourne  
Rochester  
Fareham  
Swindon  
Rochester  
Shoreham-on-Sea  
Twyford  
Rustington  
Newbury  
Essex  
Southampton  
London W1

## AREA 6 (South West)

Council member: I.E. Doney, DMJ, Bristol

H.S. Badve  
W.R.I. Barrie  
Gillian Belsey  
D.D. Bodley-Scott  
R. Bunting, DMJ  
J. Cawood  
K.J. Clapton, DMJ  
K.A. Clark  
P. Densham, DMJ  
N. Fisher  
J.E. Flood  
D.M. Garratt  
R.N. Hodges  
R.F. Hunt  
Helen M. Jago  
J.P.H. Jago  
A.J.S. James  
D.C. Jeffery  
P.J. King  
N. Kippax  
R.G. Lambert  
G.A. Langsdale

Illogan, Redruth  
Taunton  
Bideford  
Lymington  
Bristol  
Yeovil  
Plympton  
Salisbury  
Torquay  
Torquay  
Devizes  
Warminster  
Cheltenham  
Bideford  
Bridgewater  
Bridgewater  
Gloucester  
Bristol  
Chippenham  
Glastonbury  
Bristol  
Bournemouth

P.A. Leech  
S.A. Macoustra  
R.D. Martin  
J.C. Merry  
P.J. Money  
J. W. New  
P.A.G. Payne  
W.R. Phillips  
K. Pritchard  
H.I. Rein  
A.M. Rigby  
M.E. Robertson  
D.C. Shields  
G.H. Smerdon  
A.K. Smeeton  
R.E. Steele  
M. Sutherland  
T. Timberlake  
A.S. Wallace, DMJ  
M.R. Watts  
H.P. Williams

Minehead  
Swindon  
Newquay  
Exeter  
Trowbridge  
Devizes  
Bristol  
Bristol  
Gloucester  
Poole  
Tewkesbury  
Salisbury  
Okehampton  
Liskeard  
Bristol  
Worcester  
Devon  
Ferndown  
Salisbury  
Bristol  
Trowbridge

### BOOKS AVAILABLE FOR THE ASSOCIATION OFFICE

RAPE £8.50. Non-members £9.00.  
AN ATLAS OF NON-ACCIDENTAL INJURIES IN CHILDREN £3.50.  
(Non-members £4.50).

## AREA 7 (Wales)

Council member: R.J. Yorke, Ebbw Vale

L.S. Addicott, DMJ	Glamorgan	H.O. Jones	Hengoed
R.G. Baldwin	Risca, Gwent	P.A. Knolly	Cardiff
R.T. Baron	Porth	A.P. Lees	Cardiff
D.J. Bowen	Holyhead	A.M. Lindsay	Carmarthen
V.S. Chandran	Merthyr Tydfil	N.J. Lupini	Llanelli
B.M. Cronin	Swansea	J.B. Lloyd	Aberystwyth
E.J.J. Davies	Corwen	S.D. Morgan	Barry
J.V. Davies	Pembroke	K. Nookaraju	Ebbw Vale
A.D. Earlam	Bwlchgwyn,	D. Osborne, DMJ	Neath
	Wrexham	O.C. Parry-Jones	Anglesey
D. Ferriday	Swansea	J. Plumb	Abergavenny
G.W. Griffiths	Holyhead	F.I. Powell, DMJ	Carmarthen
R.J. Hilton	Cwmbran,	A.C. Pugh	Cwmbran,
	Gwent		Gwent
M. Hopkin-Thomas	Carmarthen	W.C. Thomas	Llanelli
F.W. Humphreys, DMJ	Colwyn Bay	I.S. Toor	Pontypridd
Z. Hussain	Pontypridd	M.W. Watson, DMJ	Cardiff
E.W. James	Llandudno	W.J.B. White, DMJ	Cardiff
M.G. Jeffries	Betws-y-Coed		

## AREA 8 (Metropolitan & City)

Council member: D.S. Filer, London W6

R. Andrew	Southall,	V.M. Markose	Epsom Downs
	Middx.	C.D. May	London SE9
D.J. Avery	London E16	A. Mendoza, DMJ	London
A.W.H. Bain	Beckenham	M.V. Meyer	London E9
A.J. Barratt	New Maldon	K.G. Mistry	South Ruislip
J.M. Barnett	London N3	R.J.R. Moffat	South Croydon
J.F. Bray	South Croydon	M.R. Moore	Weybridge
C.E. Brownsdon	London SE21	C.H.F. Morrish	Sittingbourne
S.J. Carne, OBE	London S12	I.S. Muir, DMJ	London N21
N.R.B. Cary	London W3	M.A. Muhareze	Hillingdon
S. Chatterji	London NW9	L.A. Nathan	Banstead
J.W. Comper	Orpington	M.F. O'Halloran	London N6
D.G. Craig, DMJ	Blackheath	G.D.S. Pallawala	Kenton
F. Cramer, DMJ	London SE6	F. Patuck	Barnet
J. Curley	London	G.M. Preston	London SE5
N. Davis	London N11	A.E. Pruss	Ilford
P.C. Drennan	Ashford	A. Quastel	Bow
P.S. Durston	London SE5	A.S. Rayan	Wanstead
Gisella Ferraris	Woolwich	Clare Roden	London
N.L. Frazer	London W2	D.I. Rubenstein	Woodford
D. Goldman	Bromley		Green
G.J. Grainger	Streatham	B.G. Sims, BDS	London E1
P.G. Green	London SW17	B.K. Sinha	London E11
K. Gupta	London E8	J. Smallshaw	Banstead
A. Haidar	London N11	I.A.P. Smythe-Wood	London SW11
M.J. Heath	Surrey	T.H. Staunton	London E18
J.D. Hendley	Middlesex	Hannah Streisow (F)	London E7
J. Henry	London E8	C. Sudhaker	South Croydon
D.A.T. Jackson, DMJ	London W2	H.J.W. Thomas	Barnet
P.G. Jerreat, DMJ (Path)	London E3	Phyllis Turvill, DMJ	London NW3
S.E. Josse, OBE, DMJ	London	P. Vanezis, DMJ	London E1
D. Keys	Bow	Bridget A. Wadsworth	London N20
J.I. Koppel	London W12	C.D. Walker	London SE9
B.D. Lascelles	Hadley Wood	I.E. West, DMJ (Path)	London
S. Lazarus	Ilford	D.M. Wilks	Chiswick
S. Lewis	London SW18	M. Woodliff	Ealing
A.J. Lyons, DMJ	Surbiton	S. Yogadeva	London E14
J. Mangion, DMJ	London	L.J.F. Youlten	London SE
G.T.K. Mant	London SE21		

## AREA 9 (Scotland)

Council member: J. Bain, Dundee

S.K. Adgei	East Kilbride	G.K. Macdonald-Hall	Kirkcaldy
D.P. Anderson	Kinross	C.S.S. MacKelvie	Glasgow
J.P. Black	Kilmarnock	N.M. Maclean, DMJ	Clydebank
G. Boyd	Glasgow	D.C. Marshall, DMJ	Dundee
R.H. Brown	Bothwell	J.G. Mather	Glasgow
J.G. Buchanan	Balloch	J.C. McBride	Glasgow
J.G. Carruthers	Kilmarnock	P.L. McNaught	Glasgow
J.P. Deans	Thurso	J.G. Murty	Glasgow
R. Dickie	Stornoway	R. Nagle	Edinburgh
J.W. Donnelly	Glasgow	M. O'Keefe	Edinburgh
R.C. Dowell	Alloway, Ayr	D. Paul	Wick
P.R.S. Duffus, DMJ	Aberdeen	S.S. Parker	Larkhall
D.S. Dummer	Midlothian	M.L. Peacock	Dumbarton
J.A. Dunbar, DMJ	Dundee	J.L. Penny	Crieff
G.S. Dyker	East Kilbride	N.M. Piercy	Montrose
J.S. Finnie	Aberdeen	A.E. Pitchforth	Aberfeldy
D.E. Fraser	Dyce	M.A. Pratt	Aberdeen
G. Fraser	Glasgow	H.A. Rankin	Larkhall
J.C. Gourlay	Glasgow	G.B. Rhind	Aberdeen
R.L. Grant	Falkirk	R. Rodger, DMJ	Hamilton
M. Hamilton	Paisley	M.W. Smillie	Falkirk
T. Hannah	Edinburgh	K. Sorooshian	Glasgow
A.S. Harper	Alexandria	J.G. Stevenson	Dumbarton
G.B. Hutchinson	Dumfries	K.S. Stewart	Stirling
B.D. Keighley	Balfour	A.M. Tait	Hamilton
Yew-Nee Lan	Ayr	J.P. Weir	Glasgow
R. Lynch	Kilwinning	A.N. Weston	Aberdeen
N.J. Macdonald	Aviemore	M. Zaki	Glasgow

## ASSOCIATE MEMBERS

P.R. Acland, DMJ (Path)	Birmingham	A.M.P. Kellam	Cardiff
B.L. Alexander, OBE	Manchester	A. Khaliq	Rhondda
R. Latham Brown (F)	Derby	Prof. B. Knight	Cardiff
C. Clark	London	J. Malone	Dublin
D.H. Clark, BDS	Bishops	G.C. Mathers	Gloucester
R.G. Congdon, DMJ	Stortford	T.P. McCarthy	Sudbury
J.C. Corbett	Worthing	M. Mida, BDS	Bristol
S.M. Corder	Wellingborough	J. Moorhouse	Birkenhead
A.F. Crick	London	S.P.S. Oswald, DMJ	Solihull
A.B. Cross, OBE	Northfleet	P.J.T. Pearson	Banstead
N. Cummins	Solihull	Gillian Penton, DMJ	Leicester
G.S. Duncan	Hartlepool	W. Phillips	Whitley Bay
B.T. Davis	Isle of Wight	J. Prentice	Keighley
M. Glanville, DMJ	Birmingham	D. Ranson	Bristol
C.W. Glassey, DMJ	Chard	R.D. Simper B.D.S.	Birmingham
M. Green, DMJ (Clin et Path)	Beverley	W.H. Spencer	Ashton-in-
A.C.R. Gujjali	Leeds		Makerfield
C.B. Hall	Sheffield	J. Stein	London W6
J.M. Hall, DMJ	Medical Centre	J.G. Stewart	St. Leonards-
K. Harding	Colchester		on-Sea
Derek Jackson, BDS	Leicester	N. Stoy	Banstead
P.R.S. Johnson	Manchester	Glenna Thomas	Cardiff
	Newcastle-	J.M. Torry, DMJ (Path)	Wigan
	upon-Tyne	P.E. Turnbull	Dundee
	Worcester	J.S. Lilburn Watson	London E11

## LIFE ASSOCIATE MEMBERS

J.K. Adamson  
D.L. Bennett  
J.G. Benstead (F)  
T.S. Blaiklock (F)  
M.G. Bridger  
M.L. Blair  
D.P. Brown, DMJ  
J.D. Busfield  
M.B. Clyne  
M. St. J.U. Cosgrave, DMJ (PP)  
L.M. Craig  
A.P. Curtin  
H.R. Dickman  
W.A. Eakins  
H. Fidler  
J.O. Fitzgerald  
G.W. Fowler  
K. George  
H.J. Gilbert  
H.R. Gray  
J.F.A. Harbison, DMJ  
C.W. Hall  
P. Hopkins (F)  
D.A. Ireland (F) (PP)  
P.J. Jarvis  
J.E. Keen, DMJ  
T.G. Kennedy  
T.C.T. Killen

Northumberland  
Ilford  
Southport  
Morpeth  
Southampton  
Heywood  
Eccleshall  
Hull  
Southall  
Gateshead  
Argyll  
Cheltenham  
Lincoln  
Belfast  
Bramhall  
Wallsend  
Otley  
Maldon  
Gosforth  
Gravesend  
Dublin  
Ambleside  
London NW3  
Shrewsbury  
Bletchley  
Birmingham  
Larne  
Larne

G.A. Lawrenson, OBE  
H.W. Lees  
A.B. Lishman  
F.E. Lodge  
S.J. Lundie  
D.R. Martin  
D. McBain, DMJ  
J.D. McFadyen  
A.S. Mitchell  
A.A. Morgan  
R.P. Parkinson  
T.D. Parsons  
J.R. Patridge  
D. Paul, DMJ  
K.F.M. Pole  
A.N. Redfern, DMJ  
D.E. Robertson  
C. Rotman  
J.E. Ryner  
D. Sandilands, DMJ  
F.S. Shepherd  
W.B.G. Simmonds, DMJ  
J.C.F. Crombie-Smith  
S.E. Johnston-Smith  
G.R. Staley (F)  
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