



The Police Surgeon **SUPPLEMENT**



Vol. 20 MAY 1986



ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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RAPE

The latest Association publication, in association with the W.G. Johnston Memorial Trust Fund. "A clear description of the medical examiner's duty when confronted with a case of alleged rape". From the Association Office price £8.50 (non-members p&p 50p). See page 15

THE POLICE SURGEON SUPPLEMENT

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WELCOME TO THE SECOND CROSS CHANNEL CONFERENCE



From Dr. David Jenkins

Welcome to all delegates and their wives to the Second Cross Channel Conference.

The 17th March 1983, was a memorable day for myself, and I'm sure for a number of our colleagues in the APSGB — This was the day we flew from Heathrow to Rotterdam Airport for the First Cross Channel Conference; where we met old and made new friends.

The Conference was a resounding success educationally and socially, due to the hard work put into it by our colleagues of the Forenisch Medisch Genootschap and their wives.

I have recently returned from the XIIIth Congress of the International Academy in Budapest, where some of our members presented papers. It was

obvious that the APSGB members gave a very good account of themselves and created a great deal of interest amongst delegates from other countries. This stimulated talk in the coffee lounges and in the bars and eventually the Second Cross Channel Conference was mentioned and discussed. This was of immediate interest to delegates from other countries, and when the programme and its social aspect were explained, a number of delegates from Canada, USA, Scandinavia, Malaysia, Austria and Denmark expressed a wish to come and see us in London and also hoped to be able to read papers at the Second Cross Channel Conference.

Cross fertilization of ideas is essential to us, individually and also to our separate Associations, and consequently on behalf of the Association of

APSGB President Elect David Jenkins and FMG President Barend Cohen discuss the CCC in Budapest.



Police Surgeons of Great Britain and also on behalf of the Metropolitan and City Branch of the Association may I cordially welcome you to the Second Cross Channel Conference.

From Tim Manser, Conference Secretary

We very much hope that you will be able to attend this combined conference, and hope that you have already sent your booking form to Tyson's. The programme has an international flavour and should be well worth the effort of attending. You will already have received the details.

To those who have not attended an Annual Conference in the past, and for those attending from abroad, our conferences have a strong tradition of friendliness and informality, and I am sure our members will make you feel welcome.

There are one or two specific points for this year's conference that I would mention.

Almost all the Conference Fee is to pay for lunches and refreshments. No delegate therefore can be excused this fee for days of the conference that they attend. For the same reason delegates attending for the day at short notice must pay that day's Conference Fee to the Conference Secretary, Tim Manser. If this is not done then it is the Association which loses the money and not the Hotel!

As mentioned in the Brochures, Car Parking at the Hotel is limited. Bringing a car may result in considerable frustration when you come to try and park it, so please come by Public Transport if you can.

Finally, if at any time during the Conference you have a problem please contact the Conference Secretary, who will be available at all times.

We hope that you enjoy this combined Conference, and that you will join us again for our Annual Conference in future years.



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W.P.C. Vesta Tilley



PRESIDENT'S LETTER



It hardly seems possible that nearly two years have passed since I read in the Supplement James Hilton's expression of regret that he was writing his last Newsletter and I realised, not without some apprehension, that it would soon be time for me to take over. That the time has passed so quickly is evidence that my term as President has been a rewarding and enjoyable experience. It has given me the opportunity to develop and enlarge my interests in clinical Forensic Medicine and allied disciplines by attending meetings in different parts of the country. It has enabled me, following the international Forensic meeting at Oxford, to make and to maintain contact with associates from overseas, and above all, through correspondence and telephoned enquiries to have regular contact with the membership, and, I hope, to be of assistance to them in dealing with some of their medico-legal problems.

I have enjoyed every minute and I am profoundly grateful to my friends and colleagues who conferred upon me the very great honour of Presidency and

who have given me so much help and support over the past two years.

Since I last wrote in the Supplement the Association has maintained its high level of activity and I have been privileged to participate and to contribute. The Autumn Symposium was held at Northam in North Devon on the 5th and 6th October. Roger Hunt and his colleagues had put together a full and varied programme on the theme of High Velocity Missile Injuries. Of particular interest to me was Bertie Irwin's contribution on rubber bullets — or baton rounds as they are more correctly called — a subject which may well become of more than academic interest to us police surgeons in the future. On the Saturday afternoon the Police Firearms Unit presented a practical demonstration of firearms at a nearby farm, but unfortunately I was not able to attend this having had a detached retina put back only a few days before. An excellent dinner with somewhat unusual fare which was the subject matter of a competition was held on the Saturday evening and further papers on the Sunday

morning completed an excellent and well-organised weekend.

Later in October I joined Ivor Doney at the B.M.A. Careers Convention at the Royal College of Surgeons. Ivor will be reporting on this himself but I would like here to pay tribute to the excellent work that he has put in at this exhibition for a number of years. His enthusiasm and the excellence of his presentation stand have done much to enhance the prestige of the Association and have won us many friends amongst whom we hope will be future police surgeons. I was most impressed and heartened by the intense interest shown in Clinical Forensic Medicine by the medical students and at the same time alarmed at the apparent lack of instruction available at many Medical Schools. There must be scope for our Association to offer our services in this field of education.

Somerset Symposium

On 2nd November Ivor and Tanya again were my host and hostess when I had the pleasure of attending the Avon and Somerset Constabulary Police Surgeons Symposium in Bristol. This will no doubt be reported elsewhere but I must express my appreciation to the organisers — both our Association members and their police colleagues for an excellent and entertaining presentation. I strongly advise colleagues to take any opportunity they may have to attend their regional meetings. There is always something new to be learned and a new point of view to be considered.

On the 15th November in my own Police Force in Essex we had for the first time a whole day meeting for police surgeons. Happily the attendance was better, though still disappointing, than in the past. Contributions were made by members of the C.I.D. by Graham Caddock, from Huntingdon Forensic Science Laboratory, Professor Cameron and myself. We hope that this day seminar will become an annual event

and that it may be opened to surgeons from adjoining forces. The comparative success has encouraged the Police Force and the Forensic Science Laboratory to organise a visit to the Lab. in April. We also have an evening meeting with the C.I.D. in March. I have already stressed the value of Laboratory visits and I do recommend that every surgeon should visit his Laboratory at least once. I have always found a warm welcome and a fascinating experience.

In November I was asked to speak to a group of N.A.C.R.O. (National Association for the Care and Rehabilitation of Offenders) managers representing schemes in Kent, Bedford, Peterborough, Essex, Norfolk and Suffolk. Each manager has up to 200 workers in his or her scheme — long-term unemployed, ex-offenders or potential offenders, and their objective is to co-operate with representatives of industry and commerce to rehabilitate and find employment for those who might otherwise continue in a life of crime. I was asked to speak to them on the subject of the drug abuse and drug associated crime. It is always gratifying to be invited to address organisations such as this. In addition to N.A.C.R.O. I have been asked to talk again to the Victim Support Group members and to several other official and voluntary organisations. There is a very keen interest shown by these people in the work of police surgeons and they have a very real wish to learn. We should always be prepared to offer our services to them and to be prepared not only to teach but also to learn from them for their contribution is invaluable and their work is closely linked to our own and that of the Police.

Youth Detention

I wrote in my last letter of my interest in Youth Detention Centres and in particular of the medical implications of this particular form of correction. Following my correspondence with the Home Office I was invited to a meeting at H.M. Prison Service H.Q. at Cleland House

with the head of P4 and other interested Home Office representatives. I was pleased to be told that it had been decided to set up a three month monitoring study throughout the country aimed at assessing the total number of referrals, the percentage found to be unfit, the number referred back to the Courts as unsuitable and those put on restricted activity by the medical officer. In addition consideration is to be given to whether the correct guidance was being given to remand centres and magistrates courts. I had expressed concern at the inadequacy of the medical certificate which accompanied the offender but it was pointed out that this was purely for the guidance of the magistrate and not intended as a medical report. It is the police surgeon who is called to make the recommendation of fitness or otherwise for the regime so it would seem to me that we owe it to our colleagues to write, where appropriate, a letter containing all available medical information, to accompany the offender to the centre. It is after all only the same courtesy

which we would extend to colleagues on referral to hospital or other practice. I have had no response to my request for information about the experiences of colleagues in this field which suggests either that they have no problems or — as I suspect — that police surgeons are not being consulted as frequently as they should. Any information will be welcome and put to good use.

PAGE

P.A.C.E. is now with us and as far as my own experience is concerned it has come in like a lamb and few of the gloomy prognostications have come to pass. I believe that this is not the case in other forces and it will be interesting to collect information and experiences from areas where difficulties have arisen. If you have had problems please pass details on to myself, the Secretariat or your Council Member.

I have attended several meetings on the subject, notably one at Scotland Yard admirably organised by Frances Lewington who continues to play an

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invaluable role in the education of police surgeons, and it has been abundantly clear that there are still areas of confusion. One remembers the chaos which followed when the Road Traffic Act brought us the Breathalyser and what a field day it was for the legal profession. P.A.C.E. with its strict procedural rules may prove another bonanza for them.

Intimate Search

Concern is still being expressed by some surgeons on the implications of intimate search. The police surgeon cannot of course be required to carry out such a search without consent but it can be done by a properly authorised police officer under clearly defined circumstances. At one meeting which I attended the view was expressed that a police surgeon should not agree to be present when such a search was being carried out as to do so would be condoning an assault. This view seems to me to be wrong. In the rare event of a police officer carrying out an intimate search without consent it is surely essential for the surgeon to be present for the protection of all concerned, particularly of the person undergoing the search. We must respect the views of those holding contrary opinions but I suggest that those who do should notify their force in order that should the occasion arrive they will not be called upon to be present.

On 25th January for the first time a Winter Symposium was held in the West Midlands at the Post-graduate Centre in Birmingham. The subject was 'The Anatomy of a Siege' and my sole regret is that because much of the material was confidential and not for publication it will not be possible for a full account to appear in the Journal. We have had many successful symposiums over the years and this meeting ranked with the very best — for its content, for the presentation of the papers and exhibits and for the excellent organisation. This latter was due almost entirely to the hard work and en-

thusiasm of Jeremy Smart to whom must go the congratulations and thanks of the Association for a prestigious event which did much to enhance the reputation of the Association. Jeremy has expressed his willingness to make this a regular event. I feel sure that we will accept his offer.

These are only a selection of the events and meetings which I have had the pleasure of attending over recent months. There is such a wealth of opportunity today to meet and discuss matters forensic with colleagues that there can be no complaint of lack of educational facilities for aspiring police surgeons. We must do our best to encourage those of our colleagues who are not regular attenders at meetings to take advantage of these opportunities to increase their expertise and their value to the Association and to our police colleagues.

I look forward to a record turn-out at the Cross Channel (and our own) Conference in May.

IAN CRAIG

J.C.G. HAMMOND

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PRINCIPLES OF MEDICAL ETHICS

Relevant to the Role of Health Personnel. Particularly Physicians, in the Protection of Prisoners and Detainees against Torture, and other Cruel, Inhuman or Degrading Treatment or Punishment

(adopted by the UN General Assembly, 18 December 1982)

Principle 1

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees, have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Principle 2

It is a gross contravention of medical ethics as well as an offence under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.

Principle 3

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees, the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

Principle 4

It is a contravention of medical ethics for health personnel, particularly physicians:

- a) to apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments;
- b) to certify, or to participate in, the certification of the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments.

Principle 5

It is a contravention of medical ethics for health personnel, particularly physicians, to participate in any procedure for restraining a prisoner or detainee unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee himself, or of his fellow prisoners or detainees or of his guardians and it presents no hazard to his physical or mental health.

Principle 6

There may be no derogation of the foregoing principles on any ground whatsoever, including public emergency.



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ASSOCIATION OFFICE

DEATHS

We regret to record the following deaths:—

Dr. M. Lois Blair — Heywood, Lancashire
Dr. J. Chalon, D.M.J. — New York
Dr. P.K. McAvinney — Belfast
Dr. D. McBain, D.M.J. — Aberdeen
Dr. W. Milburn, M.B.E. — Derby
Mr. R. Taylor — Nottingham

NEW MEMBERS

Area 1 (North West)

Dr. M.J.S. Page — Poulton-le-Flyde
Dr. J.W. Veitch — Egremont

Area 1a (Northern Ireland)

Dr. M. McCavert — Omagh

Area 2 (North East)

Dr. D.R. Barker — Batley
Dr. D. Bhuyan — Huddersfield
Dr. N. Gold — Helmsley
Dr. J.R. Sykes — Batley

Area 3 (Midlands)

Dr. S. Ravindran — Wolverhampton

Area 4 (Eastern)

Dr. T.R. Cowan — Kettering
Dr. Robyn Scott — Nottingham
Dr. M.P. Shanks — Leicester
Dr. I.F. Wall — Orlingbury

Area 5 (South East)

Dr. C.G. Bale — Dorking
Dr. Judith M. Collier — Worthing
Dr. H. Hammersley — Oxford
Dr. M.J. Keen — Watford
Dr. J. A. Khan — Coulsdon
Dr. R.M.P. Kumar — Newport
Dr. P.T.F. Tierney — Lancing
Dr. R.M. Young — Dorking

Area 6 (South West)

Dr. A.J. Blunt — Weymouth

Area 7 (Wales)

Dr. N. Sartori — Swansea

Area 8 (Metropolitan & City)

Mr. R. Goulden, B.D.S. — London W1
Dr. S. Solomon — London WC1

Area 9 (Scotland)

Dr. Jill Murie — Lanark
Dr. D.C. Nandy — Muirkirk
Dr. A.D. Smith — Inverness

Associate Members

Dr. L. Al-Alousi — University of Glasgow
Mrs. T.R. Fifield — Basingstoke
Mr. P.E. Hughes, B.D.S. — Gillingham, Kent
Dr. J. Lewis (from full membership) — North Lancing
Mr. I.K. Pett, B.D.S. — Herne Bay
Dr. P.K. Schutte, D.M.J. (from full membership) — Amersham

RESIGNATIONS

Area 1a (Northern Ireland)

Dr. J. Adams — Portadown

Area 6 (South West)

Dr. D.C. Shields — Okehampton

Area 8 (Metropolitan & City)

Dr. A. Quastel — Bow
Dr. C.D. Walker — London SE9

Area 9 (Scotland)

Dr. M. Hamilton — Paisley

ERRORS OMISSIONS AND AMENDMENTS

LIFE ASSOCIATE MEMBERS

Dr. C. Rotman, D.M.J. — Watford

POSTAL CODES

Postal Codes are now essential to ensure prompt delivery. Please check the address label on Association mailings to you to ensure that the address is correct, and that it includes the Post Code. Without the Code, your mailing may go astray. Notify the Association Secretary or the Editor of the Supplement of any address alterations.

OBITUARIES



RON TAYLOR

Ron Taylor, Clerk to the Association of Police Surgeons for nearly eleven years, died on 31st March 1986. He will be remembered as a man of considerable and diverse qualities.

Ron played an important role in the Association Office at Creton, and he made a most valuable contribution to the smooth running of the Association. Members who telephoned the office and spoke to Ron, or who attended Association meetings and in particular the Annual Conference and were able to meet him, will remember him for his humour, his consideration and his ready willingness to extend a helping hand. He brought a boundless enthusiasm and energy to his work on behalf of the Association.

He will be particularly missed by the Association Secretary and his family. Ron was a close friend to the family and his death will be a sad loss to them.

Our sympathies go to his widow Nicki, who supported him at all times, and in particular at Conferences, and to his son and daughter.

JACK CHALON, D.M.J.

Dr. Chalon died in June 1985. A graduate of London University, he was a general practitioner in Hampshire from 1949-1964.

He was a police surgeon to Hampshire Constabulary, and obtained the Diploma in Medical Jurisprudence.

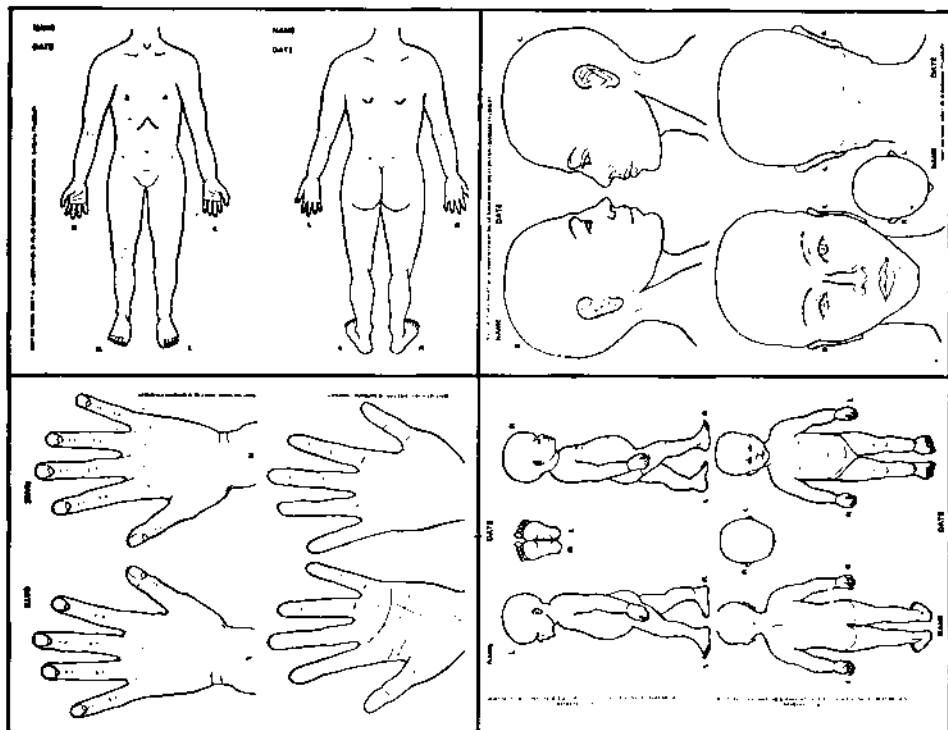
He emigrated to the U.S.A. in 1964, where after completing an anaesthesiology residency at the Mount Sinai Hospital he joined the faculty at the Albert Einstein College of Medicine.

Dr. Chalon was primarily responsible for the Research Division of the Department of Anaesthesiology at New York University. However, he continued his interests in medical jurisprudence and was Consultant in Anaesthesiology to the Chief Medical Examiner's office. He was an overseas member of the Association.

The late Dr. M. Lois Blair



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.



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50 each of sheets 1-6 including p & p. — £14.00 (U.K.); £16.00 (overseas).

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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 **0.25p**
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.

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Office hours:

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CONTROLLED DRUGS IN CUSTODY

The Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers (paragraph 9.5), provides that no police officer may administer controlled drugs subject to the Misuse of Drugs Act 1971 in a case where a detained person is required to take them in compliance with medical directions.

The Code provides that the person may administer such drugs to himself only under the personal supervision of the police surgeon.

Where a custody officer is responsible for a detained person who requires to take a controlled drug in accordance with medical direction, the custody officer shall consult the police surgeon. **This may be done by telephone.**

The police surgeon will consider

whether his personal attendance at the police surgeon station is necessary. If, having regard to all the circumstances, he decides that it is not, he may authorise the custody officer to permit the detained person to administer the controlled drug to himself. For the purposes of paragraph 9.5 of the Code of Practice, consulting the police surgeon in this manner will constitute his personal supervision and should be noted in the custody record accordingly.

(Prescribing by telephone has its hazards — what is inside the bottle may not be what is on the label and may not belong to the person in custody.)

To the 33 benzodiazepine tranquilisers and six other drugs already controlled under the new Schedules 2 and 4 of the Misuse of Drugs Regulations 1985 are now added glutethimide, lefetamine and pentazocine (fortral).

MINUTES

OF 34th ANNUAL GENERAL MEETING HELD AT THE GOLDEN VALLEY HOTEL, CHELTENHAM ON 15th MAY 1985

MINUTES OF 34TH ANNUAL GENERAL MEETING

1. The Hon. Secretary reported 23 Apologies for absence.
2. The Minutes of the 33rd Annual General Meeting held at Peebles Hotel Hydro on 23rd May 1984 were received and approved nem con after a proposal by Dr. M. Knight seconded by Dr. I. Doney.
3. There were no matters arising.
4. Dr. David Jenkins presented the Hon. Treasurer's Report. He reported that there was a healthy state to the finances of the Association with an increased income of £4,700, due to increased membership, interests on deposits, sales of goods and contributions from organisers of the Symposia that had been held during the year. Despite an increased expenditure of £8,100 brought about by increased printing costs, the £3,000 premium paid for members "Accident Insurance", and a donation to the W.G. Johnston Trust of £2,000, the overall balance at the end of the year was an excess of income over expenditure of £4,953. He proposed that Associate membership should be increased to £20 per annum, but that the ordinary members' subscription should remain at £50. The Report was accepted after a proposal by Dr. Knight seconded by Dr. Ralph Summers.
5. Hon. Secretary's Report. He presented his report on the work of the Association during the year; it was subsequently published in the 'Police Surgeon' Supplement (Vol.

19 Nov. 1985). The Report was accepted nem con after a proposal by Dr. S. Burges seconded by Dr. P. Bush.

6. Dr. Ralph Summers presented the Report of the W.G. Johnson Trust. Publication had been achieved during the year of the "Rape Monograph". The Trust had already paid £10,000 to the publishers and so far succeeded in selling copies to the value of £3,700. The need for more publicity to push sales was stressed by several speakers and the Report was accepted after a proposal by Dr. Myles Clarke seconded by Dr. David McIay.
7. Hon. Secretary reported 5 Deaths and 22 Resignations. The Annual General Meeting confirmed 53 new members as posted on the Notice Board.
8. After a proposal by Dr. James Hilton seconded by Dr. Eugene Ganz the Officers were elected 'en bloc'. Dr. Ivor Doney and Dr. 'Bing' Crosby were appointed scrutineers of accounts. Area representatives, following the resignation of Councillors from 1,2,3, (having served for a 3 year period) the new Councillors elected were Area 1. Dr. S.P. Robinson, Area 2. Dr. S. Veeder. Area 3. Dr. J. Smart.
9. Any other business. Dr. Fraser Newman asked if the Association could provide any advice on the subject of AIDS to those Officers who were in a position to be asked to advise their own Police Forces on this subject. Hon. Secretary replied that he was in close touch with the D.H.S.S. and A.C.P.O. on this sub-

ject and was keeping the matter under close review. In view of the fact that A.C.P.O. was shortly issuing guidelines to Chief Officers, it was considered unnecessary to duplicate these from the Association but Hon. Sec. stressed that enquiries were welcomed by him and he would provide an urgent response. Dr. Peter Shaeena asked if Forces were considering the appointment of full time police surgeons. Hon. Secretary stated that this had been considered especially by the Metropolitan Police during their recent Management Services enquiry into Police surgeon services, but it had been rejected on the grounds that it would take at least 6 full time doctors to do the work currently carried on by 1 part timer. Although such full timers could work larger areas it would still not be cost effective. After discussions with senior Police Officers in the provinces Hon. Secretary was of the opinion that the same arguments applied but

conceded that both in the Metropolitan areas and in the provinces it may well be possible as is already happening that some doctors do fulfil what might honestly be described as a maximum part-time contract with their Police Authority.

The BMA Forensic Medicine Subcommittee had expressed an opinion on several occasions that in order to preserve the independence of Police surgeons no one surgeon should receive more than 50% of his total professional income from Police work. This view had also been expressed by the Commissioner for the Metropolitan Police (Sir David McNee) prior to his retirement.

No other matters the meeting was adjourned. The next meeting would be on Wednesday 14th May 1986 at a time to be decided by the Hon. Assistant Secretary (Conference).

Hugh de la Haye Davies
Hon Secretary

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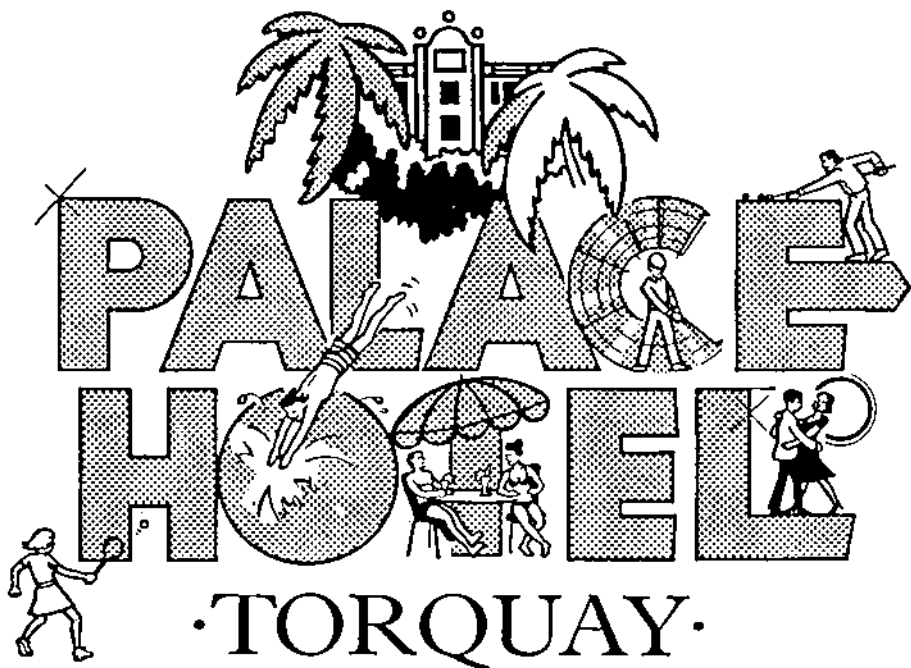


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SEXUAL OFFENCES

In March 1986, the Home Office reported a 29% increase in reported rape offences in England and Wales for 1985, compared with 1984. The figures were 1,068 in 1981, 1,336 in 1982, 1,334 in 1983, 1,433 in 1984 and 1,842 in 1985. In the Metropolitan Police area alone, the number of rapes or attempted rapes increased from 365 in 1984 to 570 in 1985. Some of the increase is said to have been due to changes in police reporting procedures.

64% (1,177) of the rape offences reported in 1985 were solved. The total of sexual offences for 1985 was 21,456, of which 15,384 (72%) were reported as solved.

A week after these figures were published, the National Society for the Prevention of Cruelty to Children reported that the number of known cases of sexual abuse of children had increased by 90% to 2,850. The figures were based on local authority registers maintained by the N.S.P.C.C.'s child protection units, covering about 10% of the child population under 17.

A week before the Home Office figures were published, what has become known as the Vicarage Rape case occurred in London, in which a woman was raped, and two men including the vicar received serious injuries. The case received extensive publicity; the rape victim was identified in some newspapers. This appeared to be contrary to the law which protects the identity of rape victims but astoundingly it transpired that the anonymity of the victim only commences once an alleged assailant has been charged.

Emotion without thought

Consideration of sexual offences stimulates much emotion without the necessary thought. Even the medical press has recently published letters sug-

gesting that unilateral or bilateral orchiectomy should be the punishment for rape, without any consideration as to who should carry out the necessary punitive procedure.

After barbaric punishments, the next outcry is for female examiners for all women and children, with the establishment of schemes for women doctors to be available to examine sexual assault victims, and abandoning rather than improving on the system previously existing — a case of throwing the baby out with the bathwater.

The defects of the women doctor examiner schemes has been aired in the past (Supplement Vol.19, November 1985). The most serious defect is that a woman doctor restricting her forensic experience to her work load of sexual offences is unlikely to gather sufficient proficiency to become expert. Such experience is only likely to be obtained by undertaking the full range of clinical forensic work, that is by becoming a police surgeon.

It is relevant to note that the Metropolitan Police have been recruiting more women police surgeons, and that there has been a reduction in the number of participants in the Northumbria Women Doctors Scheme, thus increasing the work load and experience per doctor.

Professor Bowden

Professor Ruth Bowden, chairman of the Medical Women's Federation working party on Rape and Sexual Assault, has said — "A compassionate, experienced male police surgeon is to be preferred to a reluctant, inexperienced, female G.P." She also said — "It is useless to offer a choice unless women doctors are available. If we believe that there is a choice, we must encourage women to join the service."

Association onus

Is the Association doing enough to encourage higher standards of medical care for sexual assault victims? The answer must be "No" — we can always do better. Do we bring sufficient pressure to bear on police forces to encourage them to insist that police surgeons should attain D.M.J. standard within a few years of appointment? The number of surgeons with the D.M.J. remains at about 10% of membership.

Should the Association institute introductory courses for newly appointed police surgeons, with possibly a certificate of attendance? Police forces could require tyro surgeons to attend

such a course on appointment, the course being additional to locally organised training programmes.

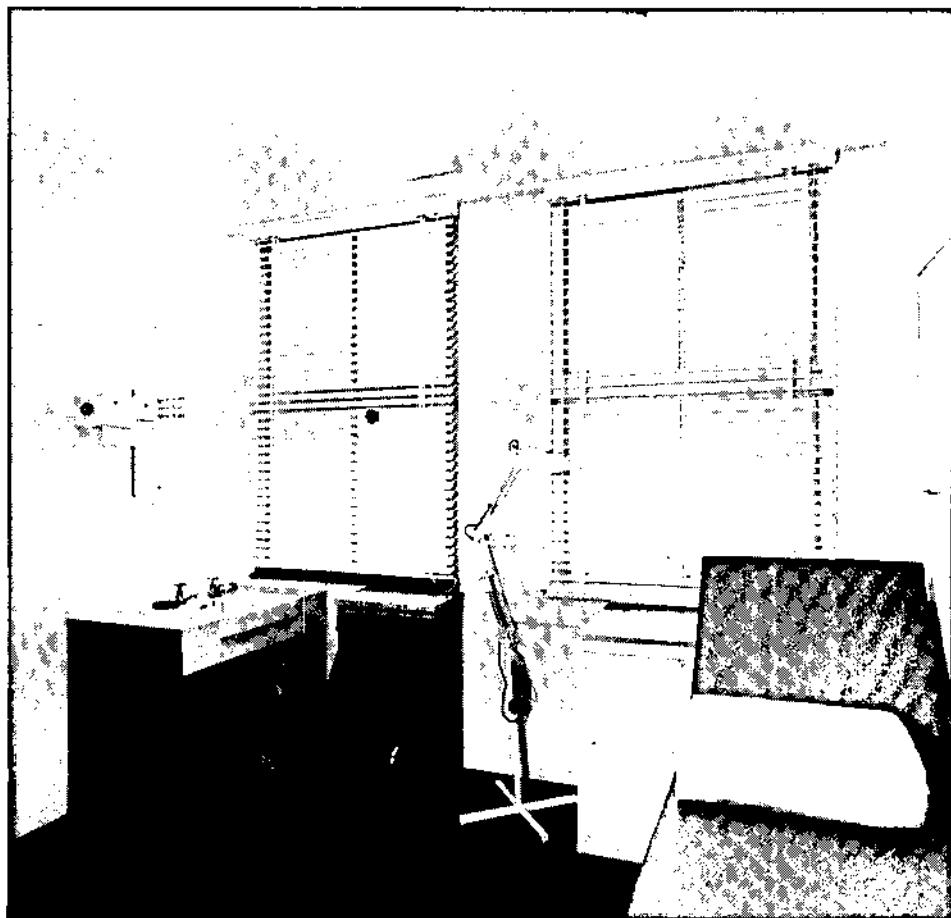
Examination suites

Has the Association done sufficient to encourage the development of victim examination suites? That the United Kingdom lags behind other countries in this matter cannot be doubted.

The first of eight planned victim examination suites has been opened in the Metropolitan Police area at Brentford; it is hoped that a further three will be operational by the end of 1986.

The facilities at Brentford include a medical examination room, a room with

Brentford Victim Examination Suite — the police surgeons room



easy chairs where the victim can rest, and a shower. At present a toilet has not been included in the suite, but one will be built in later. Disposable one-piece overalls are provided if the victim does not have spare clothing available and her clothing is required for forensic purposes.

The Brentford Victim Examination Suite has been set away from the main charge office and more active parts of the police station, partly to give privacy and confidentiality.

The development of the Victim Examination Suites is part of the

Metropolitan Police's response to a Home Office circular on the investigation of rape issued in 1983.

Last year, West Midlands Police revealed plans to develop three Victim Examination Suites at three new police stations.

West Yorkshire Police plan four suites within the next two years, the first opening in Leeds.

The Editor will be delighted to learn the plans of other police forces to develop improved examination facilities.

Det. Chief Supt. Thelma Wagstaff and WPC Donna Purkis in the rest room.



Photographs: Metropolitan Police

MEDICO-LEGAL SOCIETIES

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

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 8.0 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

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

Wednesday, 7th May 1986

Annual Dinner, Lyceum, Liverpool
Guest Speaker: His Honour Judge M.S. Blackburn

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.

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.

BRISTOL MEDICO-LEGAL SOCIETY

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 8.0 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

SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

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

The Medical Secretary, Arthur Kaufman,
Children's Hospital, Sheffield 10.

MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

For further information please contact:—

Mr. A.R. Taylor,
Hon. Secretary,
Office of Chief Prosecuting Solicitor,
Chester House,
Boyer Street,
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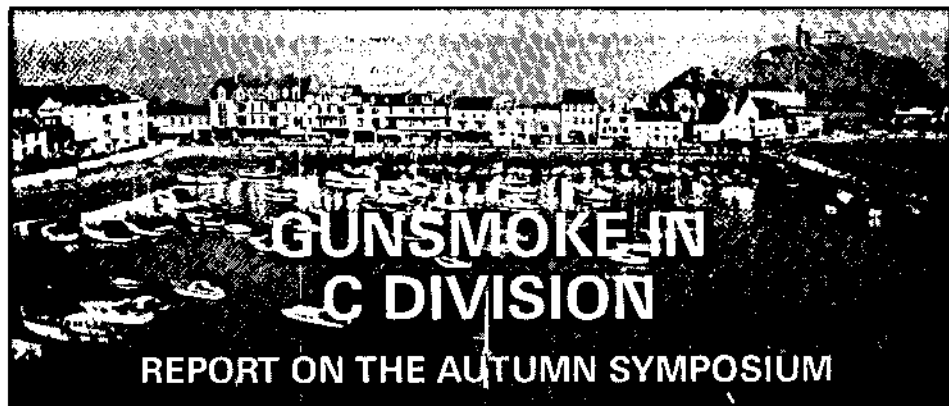
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Edward Arnold

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Charles Kingsley, a Victorian author, cleric and historian wrote of North West Devon as 'combining the soft warmth of South Devon with the bracing freshness of the Welsh mountains'. Kingsley was a great patriot and the inhabitants of Bideford have a statue of him looking boorishly down the waterfront of the River Torridge marked 'A tribute of honour and esteem; June 12th, 1919' (the centenary of his birth). But forensic psychiatrists would have found him most interesting. One moment he would be championing the working classes, the next he would be loathing Irishmen ('white chimpanzees') and Negroes ('ant-eating monkeys'). He also had a penchant for drawing naked ladies enduring unspeakable tortures.

As it was, only police surgeons, spouses, forensic scientists, and policemen — all armed with wellington boots (in the knowledge of what happens when warm air meets bracing air) drove past poor old Kingsley, past the mostly silted up port, and up to Northam where Dr. Roger Hunt and his partner, Gillian Belsey had organized the

weekend symposium at the Durrant House Hotel.

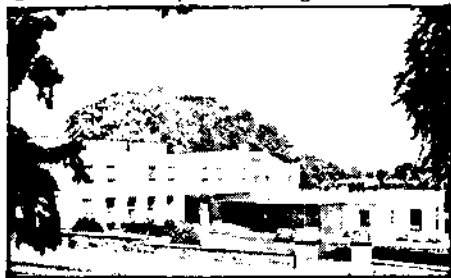
On Saturday morning Chief Superintendent Ivan Pollard of the Devon and Cornwall Constabulary welcomed us, and told us that 'C' Division (North Devon) covered 1,000 square miles with 6,000 reported crimes per annum. The main theme of the conference was to be firearm injuries. In 'C' Division there are 8,800 shotgun licences and 1,600 firearm certificates; inevitably some of these guns feature in local crime.

Shotguns

Dr. Albert 'Bill' Hunt, H.O. Pathologist for Devon then spoke on Firearm Injuries, considering those caused by smooth bore weapons, i.e. shotguns, (most of these are suicidal head injuries) and rifled weapons, reminding us that 'gun buffs' are more likely to kill themselves (or others) with guns — and sometimes use home made ammunition.

Generally, shotguns inflict severe wounds up to about 10 yards. If fired into the skull, the cranium explodes and brain tissue scatters out from the wound. An extraordinary slide showed some frontal lobes neatly lying in a frying pan on the stove, with the body some distance away under the breakfast table.

Another slide showed the body of a man with no obvious entry wound. He had shot himself in the roof of the mouth with a low powered '410'



shotgun, the pellets from which had not had the energy to make an exit wound in the skull.

Suspicion is aroused when the shotgun is found a few feet away from the body perhaps with no stick or implement with which the victim might have pushed the trigger. However, it is a fact that many victims stoop and twist to operate the gun with their outstretched limb and after discharge the recoil may cause the gun to jump away from the body.

Reconstruction

Dr. Hunt 'stitches up' a ragged entry wound. This can delineate the actual entry wound centre from lacerations due to the explosive energy of the shot entering the wound. A muzzle fired close to the skin will obviously leave burns and powder stains, (sometimes with eddying patterns and sometimes not on the skin but between the layers of clothing). From a greater distance the size of the wound (due to the spreading shot) will give an indication of the position of the firer. 'An inch a yard' is an old adage — it is not accurate but is a good rough 'guesstimate'.

Abrasions can occur where the clump of shot grazes past, e.g. the ear lobe, before entering the skull.

Radiology is helpful in showing the direction of the shot and the eventual

pattern of the shot within the body. Sometimes it reveals more than one shot was fired.

Discussing rifled weapons, Dr. Hunt showed entry wounds with their 'rim' or contusion collar, as against some exit wounds which can be stellate, oval, and/or everted. The bullet is sometimes found just under the skin where an exit wound might have been expected, or, if there is an exit wound, between layers of clothing. An oval entry wound can mean that ancient ill-fitting ammunition had been used. He showed a case of 'inexplicable suicide' in a young soldier using a service weapon. The skin near the entry wound showed blackening in five directions, matching the porting at the gun muzzle. At post mortem the tissues near the wound showed pink colouration due to carbon monoxide.

Airgun

Dr. John Smith, Pathologist from Bristol, presented a case of death by shooting with an air rifle from about 10 feet. At post mortem the track of the pellet could be seen through the brain with a short ricochet. Cardio-respiratory arrest supervened rapidly, cerebral oedema causing coning.

Mr. Robert Green, the Chief Prosecuting Solicitor for Devon and Cornwall, gave a short talk entitled 'Firearms and the Law'. There are



48,000 shotgun licences and 10,500 firearm certificates in Devon and Cornwall. Under the Firearm Act, 1968, the Chief Constable *shall* grant certificates if a person has a good reason for having a gun and is no danger to the police or public safety. In practice this leaves Chief Constables a lot of discretion and 'good reason' is interpreted as a 'need to possess'. For example shooting clubs, vermin controllers, and bona fide collectors.

However, shotgun licences are easier to obtain and appeals against refusal are strongly fought. There will be little practical change in these arrangements when the independent prosecution service come in next year.

Prosecution Service

Mr. Green went on to discuss this new service and how decisions whether or not to prosecute will be made. Is there enough evidence? Is there a reasonable prospect of a conviction? Will a prosecution be in the public interest? Will an eventual acquittal worsen the situation? Will the likely penalty be so slight as not to justify action? What is the mental state of the accused?

The police might be advised to issue a caution and in deciding this the prosecutor will take into account the youth of the offender, illness or infirmity, threats of suicide, and even the complainant's attitude (as in marital disputes).

Perhaps not all is progress. Mr. Green concluded with an extract from a file he had dug out of the records for a case in 1948 where a young man admitted carnal knowledge of a girl of 15. The Magistrates bound him over in the sum of £10 'if he goes to sea immediately'.

The redoubtable Dr. 'Bertie' Irwin, of Belfast, then addressed the meeting. He has to date attended at 411 terrorist murders. Examinations at the scene in the open can be somewhat cursory due to the knowledge that an Armalite rifle might be pointing at one from a couple of miles away, the bullet having a muzzle velocity of 4,000 feet per second. 80% of his cases are murder due to

gunshot and 82% of these are head wounds.

31% of the prisoners Bertie sees to assess 'fitness for custody' have gunshot wound scars and 50% of them are due to so-called 'kneecapping'. Curiously, I.R.A. kneecapping means a shot through the back of the lower thigh. 'Loyalists' shot their victims through the joint latero-medially. Strangely, some people have no discernible psychological reaction. In others, the victim is devastated by the 'punishment'.

'Kneecapping' continues despite the I.R.A.'s announcement in 1982 that they had abandoned it. The Belfast Telegraph reports 1,070 cases of kneecapping from 1973 to 31.7.85., but Dr. Irwin feels that the true figure must be of the order of 10 x that figure. Many of the victims obtain clandestine treatment, some over the border.

Rubber Bullets

Dr. Irwin went on to describe so called 'rubber bullets'. They are, in fact, made of plastic and the original design killed 16 people. It had an irregular flight and could ricochet alarmingly. The modern version of the 'Baton round' (still looking like a nasty type of gynaecological instrument) has a straighter trajectory and an effective range of 60 meters. The firing weapon weighs 16½ lbs. and has a rifled bore (one turn). Handpicked officers are trained for a month in their use. Under 20 metres the rounds are dangerous and have caused serious injuries with lacerations. Reducing the powder charge from 50 to 25 grammes has ensured most injuries are minor, but it remains an unpleasant experience to be struck. Contrast with the Armalite Rifle; its missiles penetrate 1 inch steel plate!

Professor Ronald Belsey, now of Chicago, formerly of Bristol, addressed the conference, taking as his subject 'Firearm Injuries to the Chest'. Apparently there is an annual peak of incidents in America at the start of the stag hunting season. Hunters use bullets which tend to fragment; far bet-

ter to be shot with a military jacketed bullet which will probably 'go straight through'. Penetrating pulmonary wounds have a contusion ring around the missile track which effectively seals the blood vessels and therefore there is surprisingly little bleeding unless the major vessels are hit. Mediastinal shift indicates haemothorax (pneumothorax is unusual). Cardiac tamponade is marked by a characteristic peripheral cyanosis. The pericardium may be tapped by passing a needle up behind the xiphisternum, rapid recurrence indicates the need for urgent operative intervention. When the site of the bullet is unknown a median sternotomy is the best approach, but only 17% survive emergency thoracotomy.

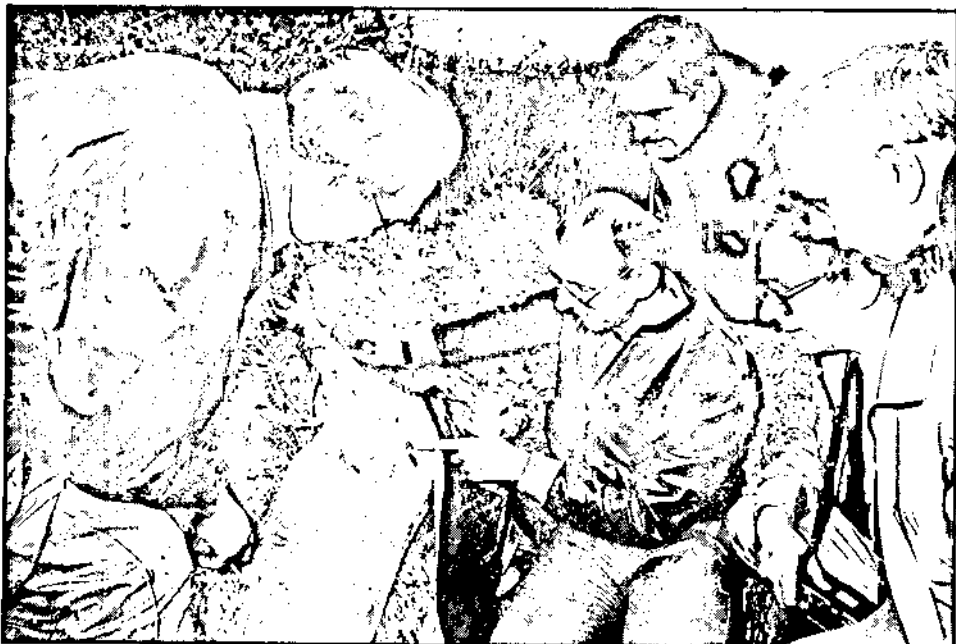
In general, ventricular wounds do better because the thick muscle walls self-seal, unlike the atria or the major vessels. Buckshot wounds are very dangerous; using a full choked gun, a single piece of shot can cause death at 30-40 yards. Entry wounds can be small, but X-ray might reveal widely

scattered buckshot. In a series of 357 gunshot wounds to the chest (29.5% due to shotguns) followed in Out Patients, there have been no complications apart from the 'momento syndrome' (people who are shot seem to want to keep their foreign bodies!) and minor wound infections. The average cost of caring for each of these patients was \$1000. Missed diagnoses include oesophageal perforations (avoid with Lipidol swallow), and diaphragmatic injury resulting in hernias. Finally Professor Belsey informed us that he initials all bullets he removes for later production in court. Attorneys follow ambulances in the U.S. and they will exploit any uncertainty in court.

Demonstration

After lunch, two coach loads of doctors eventually found Dr. Hunt's 'Brownscombe Farm' where D.C.I. Terry Brigham demonstrated various firearms using various ammunition. The sight of so many people feeling the chill of an exposed Devon hillside and stan-

Examining the bullet wounds left to right: Roger Hunt, Roger Phillips, Roger Tetley, Myles Clarke and Zafar Questin.



Photograph: Permission of Police.

ding to attention with their fingers stuck in their ears was not to be missed. Two slaughtered pigs were dressed up in coats in front of a banked-up hedgerow and were well peppered by teatime.

Each fusillade was followed by an eager rushing up to the animal to inspect the damage fore and aft. The .22 Beretta and even the hollow nosed bullet from a .22 rifle left very little evidence in the skin and could easily be missed. The 9 mm. Browning and the .38 Semiautomatic gave more typical clean round bullet holes as illustrated in books, but the exit wounds looked similar to me despite what the books say. We also observed the difference in wounds produced at a given distance by buckshot and birdshot, and saw a large selection of firearms on display. The session was very valuable and many thanks to all concerned.

Tea and scones were taken at the farm, courtesy of Dr. Hunt, but the food served at the symposium dinner that evening was the subject of a quiz which had most of us fooled. The main problem was identifying testicular tissue after 90 minutes at No.4 and I think only the winner, Dr. Lewis, managed this identification. He was duly awarded his prize; a massive joint of beef.

Bullet Identification

On Sunday morning, Dr. Tim Manser in the chair, Mr. Brian Arnold, Scientist at the Metropolitan Police Forensic Science Laboratory, opened the proceedings with a talk on bullet identification. The number of murders by shooting in the area of the Metropolitan Police is about 30 per year and recent increases have been due to armed robbery, commonly using shotguns. Shootings are usually within the range of 8 feet. Fortunately for the Laboratory, amateurishly sawn-off shotguns with their rough muzzles leave excellent tracing marks on the ammunition used, and also, operated by cack-handed crooks occasionally cause lacerations in the web between thumb and forefinger or can bruise the trigger

finger. In one case, a gunman shot his own finger. Full length shotguns are not used in crime because of the difficulty of concealment.

Rifled weapons, with a full twist of 1 in 16 or 20 inches, mark the bullets with an individual pattern which is reproducible over hundreds, even thousands, or rounds. (Even air gun rifles mark pellets in this way). Difficulties are experienced with .22 bullets in so-called accelerator cartridges where the bullet is unmarked and the plastic sleeve may not be found.

Cartridge cases become marked characteristically when they are ejected from the breech. Shotgun cartridges have as many as four wads between the propellant and the shot. Modern cartridges have been using plastic wadding which does become marked consistently by the weapon used despite heat causing distortion. As it happens, plastic wadding is causing environmental problems in that they are a hazard to grazing animals and so paper wadding may come back into vogue.

Eye Injuries

Mr. David Watson, Senior Consultant Ophthalmic Surgeon at Guys Hospital, spoke on blunt injuries to the eye. He opened with the somewhat surprising statement that blunt injuries often did more damage to vision than penetration. Examination of the eyelids may show haematoma or avulsion — the latter injury must be repaired by one experienced with the technique to ensure canal etc. canalicular continuity. Mr. Watson gave us some useful clinical 'tips', four of which I mention here; 1) bilateral subconjunctival haemorrhage may indicate fracture in the anterior cranial fossa; 2) a blow to the eye can cause a 'blow out' fracture of the orbit — note any restriction of eye movement; 3) a severe blow to the nasal bridge can cause a fractured sphenoid with subsequent blindness due to ischaemic 'severance' of the optic nerve; 4) chronic hypertrophic conjunctivitis especially of the lower lid, sug-

gests self-infliction. Possible injuries to the anterior segment include hyphaema which can result in a secondary glaucoma. Sufficient rest for the patient can avoid this. Posterior segment injuries can be various but trauma to the vitreous gel can cause liquefaction and collapse with retinal traction and eventual vitreous haemorrhage and detachment.

Young men with injured eyes often tell lies when giving the history of trauma and examination under police surgeon conditions will be difficult. There may be problems of inaccessibility to the eye due to gross eyelid oedema, impaired consciousness due to alcohol or concussion, diabetes, or coma. Then there is the problem of compliance. A minimal examination should include an effort to assess the visual acuity, an inspection for gross global injury, a noting of pupillary shape, size, equality, and reactivity to light, ophthalmic examination of the red reflex, disc and macula, and gross visual field assessment. An urgent specialist opinion should be sought when there is major gross injury, visible hyphaema, orbital haemorrhage with reduced visual acuity, or eyelid lacerations. The major pitfall remains the massive eyelid haematoma which conceals unknown injuries.

Case of the headless body

The final session on Saturday morning was presented by Detective Chief Inspector G. Henthorn of the Devon and Cornwall Constabulary. He gave a masterly description of the investigation that followed the gruesome discovery of the decomposed, headless body of a young woman at a well known beauty spot. Subsequent publication of the results of the detailed forensic examination of the clothing led to identification of the victim and the arrest of her husband, later convicted of her murder.

The case illustrated the merits of painstaking 'routine' forensic investigations. It transpired that the body was kept in a sauna room for several months

before being transported to Devon and decapitated. Several tons of earth were sifted to find all but one of the teeth from the victims head. The head itself was later found in the murderer's car.

ALAN CANTER

Additional material Gillian Belsey

ESTIMATING AGE

Dr. David Filer reported an uncommon case in 'General Practitioner' (January 10th 1986). Last November, he was called to a Metropolitan police station, and was introduced to two small girls claiming to be sisters under the age of 10. The police thought that they were older, an important point as persons in England below the age of 10 are not prosecuted.

David saw the girls in the police surgeon's room in the presence of a woman police constable, the parents being unobtainable.

Both girls removed their outer jackets but refused to remove any other clothing; each said that their parents had told them never to take any clothing off in the presence of a strange man. However, David observed that both children had definite early breast development and both were wearing brasieres.

David gave a statement to the officer in charge expressing the view that, despite the absence of full clinical examination, both girls were over the age of ten.

David later learnt that both girls had given false ages and false names. The elder sister was nearly 15 and the younger 13. Their somewhat juvenile appearance — they were quite small — had enabled them to gain the sympathy and confidence of adults and subsequently steal from them.

On identification via computer, the police discovered that they were wanted for similar offences in various parts of the country. They are now in a secure community home.

THE DETENTION CENTRE — A SHORT SHARP SHOCK?

The Criminal Justice Act 1982 requires the Courts 'to have regard to the physical and mental condition of a young offender before considering the most appropriate disposal in his case.' It further states that 'for the purpose of determining whether there is any appropriate method of dealing with the person under 21 years of age other than by custodial sentences, the Court shall, inter alia, take into account any information before it which is relevant to the persons physical and mental condition.' A Court is prohibited from imposing a detention centre order if it considers this would be unsuitable because of his mental or physical condition. A Home Office circular published in 1983 expressed the opinion that in view of these instructions the Courts should obtain medical reports on offenders under the age of 21 more frequently than was then the case and that they should make as much use as possible of the arrangement under which an offender may be examined at court by a police surgeon. A further circulation was distributed to police surgeons early in 1985 containing notes for their guidance on the assessment of fitness or otherwise of young offenders to be dealt with by a Detention Centre Order. The aims of a Detention Centre as defined in the Detention Centre rules 1983 are:

'to provide a disciplined daily routine; to provide work, education and other activities of a kind which will assist offenders to acquire or develop personal resources and aptitudes; to encourage offenders to accept responsibility; and to help them with their return to the community in co-operation with the services responsible for supervision'.

I had not been called upon to examine potential detainees and I felt that it would be of interest and value to myself and colleagues to visit a centre and see for myself what is involved. Accordingly I wrote to my Chief Constable and he kindly, through his Prison Liaison Officer, established that there would be no difficulty and he put me in touch with the Hollesley Bay Colony in Suffolk. The Deputy Governor was delighted to know that I was interested in visiting the centre and extended a warm invitation to me to do so. I made my visit in May 1985 and the purpose of this paper is to describe my findings and to put forward some of my conclusions as to the value of the 'Short Sharp Shock' regime. I have already described in successive Newsletters (including the current one) some of the sequelae to my visit and will not repeat these here. Hollesley Bay is an open centre covering 3,000 acres with 500 lads undergoing either Youth Detention or Youth Custody. It is a senior centre, i.e. over the age of 16 and under 21. The minimum sentence is 3 weeks and the maximum 4 months. Where a sentence in excess of 4 months is appropriate the offender must be sentenced to Youth Custody — under no circumstances can he be detained longer than 4 months at the Detention Centre.

As I spent the whole day at Hollesley I was able to follow through a full day's routine. The day starts at 7.30 when the detainees wash, shave and prepare for work; 8-9 is the breakfast period — the meal is taken in silence for the maintenance of discipline and the avoidance of time wasting. At 9.00 a.m. there is an inspection parade — cleanliness, tidiness etc. both of the detainees and of their living quarters,

and they are then marched off, under escort, to their place of work. The work period lasts from 9-noon and may involve marching to a part of the farm 3 miles away. During the working day there is a minimum of one hour's physical exercise for all but the medically unfit and if this has to be fitted in in the middle of a work period a lot of marching to and fro is involved. At midday they clear up and return to base for dinner at 12.30 — again this is supervised and silent. After dinner there is a 30 minute break for a smoke and association, then a further work period from 2-5 (more marching); return at 5 for a shower and change, tea at 5.30, inspection at 6.00 and then educational classes from 6-8 followed by an association period from 8-9 when they may play table tennis, snooker etc. To their rooms at 9.00 p.m., further inspection and bed down at 9.15.

Menial Tasks

As to the work carried out, for detainees this consists basically of dull menial tasks — road sweeping, cleaning out, tidying, polishing, digging, reclamation of swamp land, drainage, preparation of beetroot for bottling (bottled beet is a centre export speciality!). The work done contrasts with the more interesting work carried out by the Youth Custody offenders — for example milking, farm work, care of the horses (they have a number of magnificent Suffolk Punches which are taken to various shows). The Colony has its own orchard and jam factory (producing 10 tons of jam and marmalade a week using fruit from their own orchards and orange pulp imported from Spain). They also have 300 cows and 100 dry stock.

How is discipline maintained? As I have said, the maximum sentence is 4 months so they can't lose remission beyond that period and can't be awarded further sentence. For minor offences the punishment is loss of pay and extra work in the evenings. For the more serious offence the offender goes

before the Governor who may impose loss of remission, loss of pay or privilege. Violence or attempted escape is dealt with by the Board of Visitors and may result in transfer to a closed unit or special unit, or he may be referred to the Courts for sentencing — usually to Youth Custody when a longer sentence may be awarded. For the most part, though, discipline is applied by the strength of personality of the officers who achieve respect and obedience by the firmness of their attitude. A weak officer would stand little chance — I saw no evidence whatsoever of bullying or overbearing attitudes towards detainees — neither did I see any sign of rebellious or insubordinate behaviour by detainees — a tribute to the calibre of the officers. The unit rules are displayed and must be obeyed by all, but the basic rule is simply: "Do as you are told".

Strenuous P.E.

I attended a P.E. session — there were 12 detainees present but only 8 taking part — the remainder were physically unfit and remained only as observers — it was this that led to my representations on behalf of the medical staff. The P.E. itself was strenuous and hard work but good humoured. It was interesting to note that when told to form 2 teams for an obstacle relay they automatically fell into 4 white and 4 coloured — you won't be surprised to know that the coloured boys were considerably fitter and won easily. The prize for the winners was 12 press ups — for the losers it was 20.

Is it really a short sharp shock? Those of you who underwent 6 weeks basic training in the Services would regard it as comparatively gentle but there is not much time wasting. They march everywhere — they are constantly under supervision and a high standard of smartness and cleanliness is demanded. I understand that certain organisations would protest vigorously if the regime was made any tougher!

I believe that the principle of the Detention Centre is a good one but at

the same time there are several aspects which I feel are open to criticism. Of the medical problems I have already written elsewhere and I believe that they will be overcome. I believe that police surgeons will be increasingly involved and hope that they will co-operate with the centre's Medical Officer to ensure that inappropriate referrals are reduced to a minimum.

My second reservation is with the length of sentence. The first 2 weeks at the centre is supposed to be an induction period but some lads are there for only 3 weeks. Remand time is subtracted from their sentence and although the Home Office circular specifically states that detention in custody solely to obtain medical reports should be avoided wherever possible, it still happens regularly. The correct use of the police surgeon's service should avoid this. In addition when you consider that Day 1 is reception, Day 2 reception, Chaplain and Medical Officer, the penultimate day is preparation for discharge and the last day is for off, the lady who has been on remand and is on minimum sentence may have only 3 or 4 days actual training. A sentence of 2-3 weeks dating from the day of sentencing would be more effective and give the centre more opportunity to achieve results.

I also have reservation about the type of work done. It is deliberately dull and not to be enjoyed — imagine spending a whole day peeling beetroot! Admittedly the sentence is a punishment, but refer back to the aims as defined in the 1983 rules — does this work regime really help offenders to acquire or develop personal resources or aptitudes? Does it encourage them to accept responsibility and does it help them in their return to the community? It is easy to criticise and it is probably unwise to base an assessment of a system on just one day spent at one centre, but my discussions at Hollesley Bay with members of the Staff, Officers, the Medical Officer, the Nursing Staff and others lead me to believe that the centre is not untypical. They

believe in the system, they are dedicated to it and are determined to make it work, but at times they become frustrated; it is to be hoped that these frustrations can be allayed and they will be given the support and encouragement which they need to make the short sharp shock treatment a long-term success.

IAN CRAIG

See also 'Detentin Centres' Supplement Vol. 16, May 1984, 'Consistent Regimes in Detention Centres', Supplement Vol. 18, April 1985.

MEDICO-LEGAL PRIZES Cambridge Graduates

Prizes of between £500 and £4,000 are offered for the Ver Heyden de Lancey Prizes in Medico-Legal Studies. Candidates must be graduates of the University of Cambridge (in any subject) but must also be professionally qualified in Medicine (including Dentistry but not Veterinary Medicine) or in Law.

Any aspect of medico-Legal Studies may be proposed, and includes legal aspects of Medicine and medical aspects of Law. The subject of essays must be approved by the Managers in advance. Essays should not normally exceed 25,000 words.

Further details from The Registrar, University Register, The Old Schools, Cambridge CB2 1TN, England.

APSGB AUTUMN SYMPOSIUM BELFAST

19th-21st SEPTEMBER 1986
SEE PAGE 40

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DRUG ABUSE IN AVON AND SOMERSET — The Annual Seminar

Once again this year Kingsweston House Police Training School, Bristol, was the venue for the Annual Seminar organised by Avon and Somerset Constabulary.

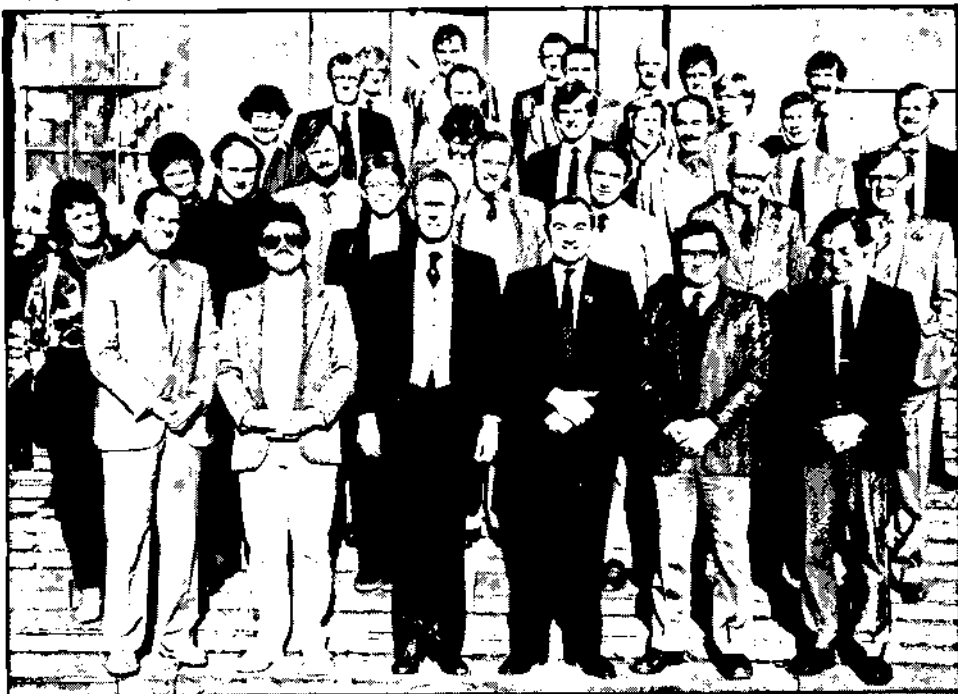
On Saturday 2nd November there was a gratifying turnout for a meeting which provided much of value for both olds and newcomers alike. We were particularly privileged to have the President of our Association, Dr. Ian Craig, with us throughout the day and much appreciated his presence at this regional event.

The proceedings were opened by the Chief Constable, Mr. R.F. Broome, who welcomed us warmly.

The morning was then devoted to the problem of drug and solvent abuse.

Detective Chief Inspector Worrall presented a talk entitled 'The current drug scene'. He presented a very worrying picture of dramatic increases in drug usage in the area. We were told that there had been a 34% increase in arrests for supplying drugs over last year's figures. In particular there had been a 100% increase in arrests for amphetamine abuse locally in 1985. Apparently 'Hells Angels' won't use heroin but see nothing wrong in taking amphetamine! He also pointed out that in the decade 1973-1983 national figures for seizures by customs and police, whilst only up by 220% for cannabis had increased by 2000% for both cocaine and amphetamine, and a truly alarming 7000% for heroin.

Front Row, left centre Force Surgeon Roger Phillips, right centre Det. Chief Supt. Alan Elliott.



After coffee Dr. Martyn Gay, a local consultant psychiatrist, talked about young drug offenders. He told us that young males predominate in this respect in a ratio of 3 to 1 over girls. He sees drug and solvent abuse in youngsters as a way of upstaging their parents, who drink and smoke too much, by going one better. With respect to solvent abuse, he explained that half the young population within the city are exposed to someone abusing solvents. Half of the group exposed to abusers are actually offered a solvent to try. Half of these accept. Half of those who do so use it only once, and half of those who experiment again do it on a regular basis at weekends only.

Six per cent of those who use solvents regularly go on to hard drugs, i.e. heroin, in due course. He wound up a most interesting and sometimes controversial talk by discussing the many factors such as educational failure, severe deprivation, social delinquency, neurotic parental illness and inadequate impulse control, which increase the chance of a young person succumbing to drug or solvent abuse.

Typewriter Fluid Death

This talk was followed by Dr. Ranson, senior lecturer in pathology at Southmead Hospital, who gave us the pathologist's view of solvent abuse. He presented his own case which concerned a young boy who collapsed whilst running along beside a road. He was able to show the presence of 111-Trichloroethane in his blood and lungs. This is a constituent of a brand of typewriter correction fluid, many empty bottles of which were found in his bedroom. Death from acute ventricular dysrhythmia due to solvent abuse was recorded.

The meeting then broke for lunch following which we were treated to a succinct, concise and informative presentation by Detective Chief Inspector Brock concerning a recent, much publicised murder and subsequent trial. This highlighted the difficulty in determining the precise cause of knife

wounds, those displayed by the defendant in this case being self inflicted and extremely substantial, and intended to look like defence injuries. It was appropriate that Professor Bernard Knight, an old friend to us in Bristol, should follow on with a further look at self inflicted injuries. If we remember nothing else from his talk but his dictum that such injuries 'do not occur in inaccessible sites — nor in sensitive or painful places' then his visit to see us was not in vain.

After tea Detective Superintendent Taylor spoke on the police investigation of rape. Helen Jago, Ivor Doney and Roger Phillips gave their various views on the examination of victims.

Sample detail

Following yet another break, this time for high tea, David Reade from the Home Office laboratory at Chepstow suggested ways in which we can help the scientists by attention to detail in taking samples, emphasising the importance of supplying as much information as possible when sending specimens. He reminded us that the Chepstow laboratory now has the facility for testing for drugs in blood placed in RTA blood alcohol containers — obviating the need for sending clotted blood samples.

Discussion during open forum brought the day's formal proceedings to an end. Judging by comments overheard, the seminar succeeded in stimulating thought and interest, and was voted as valuable as in former years.

Finally Dr. Roger Phillips, force surgeon, thanked attenders and participants, and brought the meeting to a close.

TONY SMEETON

GONE FISHING

A family from Dartmouth, Devon, have become world worm-charming champions after coaxing 149 worms from a square metre of soil in 15 minutes.

A LEGAL DEFINITION OF THE VAGINA

Classically the crime of rape does not involve in any of its elements the concept of what or is not the vagina. However changes to the Crimes Act in Victoria have led to new definitions of sexual crimes. Following medical and legal argument in a recent unpublished case His Honour Mr. Justice Crossley (County Court, Victoria) made a ruling that may be of use to members in other jurisdictions.

The Crimes (Sexual Offences) Act 1980, No.9509 gives the following definitions:-

'Rape' includes the introduction (to any extent) in circumstances where the introduction of the penis of a person into the vagina of another person would be rape, of —

(a) the penis of a person into the anus or mouth of another person (whether male or female); or

(b) an object (not being part of the body) manipulated by a person (whether male or female) into the vagina or anus of another person (whether male or female)

and in no case where rape is charged is it necessary to prove the emission of semen.'

and later

'(2) For the purposes of this Act, an act of sexual penetration is —

(a) the introduction (to any extent) of the penis of a person into the vagina, anus or mouth of another person of either sex, whether or not there is emission of semen; or

(b) the introduction (to any extent) of an object (not being a part of the body) manipulated by a person of either sex, otherwise than as a part of some generally accepted medical treatment.'

In this recent case penetration was alleged to have been partial. Semen was found on a direct smear of the vulva and not in the vaginal vault. The qualification 'to any extent' in the definition of

sexual penetration meant that the definition of where the vagina began became crucial. A definition of the vagina beginning at the labia minora and including the vaginal vestibule was offered during evidence in chief. In cross examination it was asserted that the vagina began at the hymen. This assertion was denied by the medical witness. After resuming later in the day his Honour offered the following ruling.

RULING

HIS HONOUR: 'The position, firstly, is we seemed to be talking this morning and regarding as important the concept of what was or was not constituted by the vagina. It appears to me that the relevance of that concept depends a little on the recent amendments to the Crimes Act.

It seems to me that classically the crime of rape does not involve as part of any of its elements the concept of what was or was not the vagina. The cases speak of penetration of the woman, and there are very few cases that aspect any real definition. There is much talk of whether or not there need to be emission, whether or not there need be perforation of the hymen and such matters, but very little of what constitutes penetration. I have however found one case which appears still to be accepted as good law and coincides with the directions that have long been given in the courts. That is the point of penetration is the labia minora. The labia majora really enclose nothing, they being, as I understand it, fatty lips on the exterior and are part of the external female genitalia, whereas it may be fairly said, the inner lips do in fact close over something. The fact is, however, as a matter of anatomy, the vagina is a sheath or canal. I have perused the Oxford English Dictionary, Blakiston's Gould Medical Dictionary and the text of the classical work Gray's Anatomy. Blakiston's definition of 'Vagina' is as follows:— '(1) the vagina is a sheath.

(2) The musculomembranous canal

from the vulval opening to the cervix uteri, ensheathing the latter and the penis during copulation." The full Oxford English Dictionary gives, effectively, a similar definition:— 'The membranous canal leading from the vulva to the uterus in women and female animals'. I find that consistent too with the treatment by Gray.

The fact of the matter is that the orifice of the vagina is, however small the distance between them at the labia minora, a different concept from the labia minora. In fact the orifice of the urethra, by way of demonstration, lies between the actual orifice of the vagina and the labia minora. However that may be, as a matter of anatomy and as a matter of fact, I would add that it is quite consistent with the evidence given by the doctor called for the prosecution. The only difference there might be between this analysis and his view is what he said constituted the beginning and the end of the vagina but, everything I have said is consistent with what we have so far heard in evidence. However, there is the point beyond which penetration is constituted for the purposes of the crime of rape that is the inner lips, or labia minora. The case to which I referred earlier is the case of *The Queen v. Joseph Lines*, reported Vol.1 Carrington and Kirwan at p.393, and I quote:

'If, on the trial of an indictment for carnally knowing and abusing a female child under ten years old, the jury are satisfied that, at any time, any part of the virile member of the prisoner was within the labia of the pudendum of the child, no matter how little, this is sufficient to constitute a penetration, and the jury ought to convict the prisoner of the complete offence.'

That accurately states the opinion of Baron Parke in that case, and although it is old, it has not been disagreed with by any court that I have been able to discover in the common law world. So it would seem to me that the labia be the labia minora and I will, irrespective

of the definition of the doctor who gave evidence, be instructing the jury that penetration for the purposes of the crime of vaginal rape is penetration of the labia minora.'

EDWARD OGDEN

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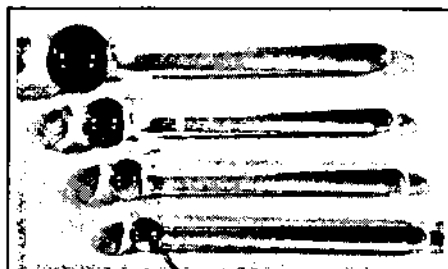
ULTRA-VIOLET LIGHTS

P.W. Allen & Co. supply a wide variety of ultra-violet lights. A pocket lamp similar in size to the one demonstrated by Dr. Ivor Doney at various meetings is available at under £20.00 (A588). It has a 6-inch tube and is powered by four "AA" (HP7) size batteries.

Further details from P.W. Allen & Co., 253, Liverpool Road, London N1 1NA.

AIDS Murder Charge

An Aids carrier in Michigan, U.S.A., has been charged with trying to murder four policemen by spitting at them.



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SRI LANKA CONGRESS

'The Pearl of the Orient', 'Serendib', 'the finest isle', 'beautiful and most sumptuously tropical' — with Sri Lanka the venue, the 2nd Indo-Pacific Congress on Legal Medicine and Forensic Sciences promises to be *THE* Conference of 1986.

Hosted by the Medico-Legal Society of Sri-Lanka, the Congress will be inaugurated by the President of Sri Lanka, His Excellency J.R. Jayewardene, at the Bandaranaike Memorial International Hall, whilst the academic sessions will be held at the fabulous Hotel Lanka Oberoi.

Working on the principle that no profit should accrue to the organising society, remarkable concessions have been obtained at the Congress hotel. Accommodation at the Hotel Lanka Oberoi will now cost only US\$35.00 for a double room (single or double occupancy). A child below the age of 12 will be accommodated without extra charge in the same room. Transport from the airport to the hotel (and return), normally US\$21, will be free of charge.

Registration fees: until 30th June, delegate US\$275.00, accompanying person US\$100.00; after 1st July, the fee for the delegate increases to US\$300.00, the fee for the accompanying person remaining the same.

Scientific Programme

There will be plenary sessions with lectures given by speakers of world-wide eminence. In addition several symposia will be held on topics of special current interest. Free paper sessions will be held twice a day; papers will last ten minutes with five minutes discussion time. In addition there will be film and poster sessions.

The Congress has already received abstracts of papers on a wide range of subjects, many of which will be of interest to clinical forensic specialists. A number of United Kingdom police surgeons have already made their reservations for the Congresses!

Social Programme

Delegates will have to exercise strict self control if they are not to be tempted away from the lectures to join in the tours for the accompanying persons. Visits to the Parliament, a Buddhist Temple with a 2000 year history, to the National Zoological Gardens to see the 'Elephant Dance', and lunch and tea at a seaside resort, are among the delights to be sampled.

Fortunately, the social climax of the Congress can be attended by all. 116 kilometers from Colombo is the charming hill city of Kandy. A capital in the 14th Century and seat of much of Sri Lanka's culture, the Royal City fell when the last Kandyan King, Sri Wickrema Rajasinghe, was captured by the British in 1815. There are many historic and beautiful temples in and near Kandy, and Kandy is a centre for many exciting day tours.

On 19th August, delegates, wives and friends will travel to Kandy for one of the most spectacular pageants in Asia, the Kandy Esala Perahera. Scores of gaily caparisoned elephants, chieftains in jewelled costumes, whip crackers, torch bearers, drummers and dancers accompany the splendidly ornamented Maligawa Tusker carrying the golden replica of the Tooth Reliquary in solemn procession through the town. The Congress Organising Committee has ensured that foreign participants will have the most advantageous seating from which to view the pageant.

Tempted?

U.K. delegates may obtain registration forms and other documents from Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside L36 5SJ.

For further information write to: Congress Secretariat, P.O. Box 869, No.111, Francis Road, Colombo 10, Sri Lanka.

NOTICE BOARD

SYMPOSIUM ON MEDICO-LEGAL MATTERS

A morning symposium of medico-legal interest will be held at Peterborough District Hospital on Saturday, 4th October 1986. The audience will be drawn from general practitioners and hospital medical staff, but a cordial welcome has been extended to all police surgeons who would like to hear speakers of distinction in the forensic world.

Topics will include Rape (speaker Dr. Raine Roberts, Manchester), Drug Abuse including Alcohol (Dr. Morgan, King's Lynn), Sudden Death in Adults (Dr. Iain West, Guy's Hospital), Unexpected Death in Children (Dr. P.S. Andrews, Home Office Pathologist, Kettering), and Homicide (Professor G.A. Gresham, Home Office Pathologist, Cambridge). The meeting will be chaired by Dr. Hugh de la Haye Davies, Association Secretary.

Further details regarding this meeting may be obtained from — Dr. P.M. Dennis, Consultant Histopathologist, Peterborough District Hospital, Thorpe Road, Peterborough PE3 6DA, tel: 0733 67451 ext 648.

REGISTER OF EXPERTS

Forensic Science Services Ltd., incorporated in 1985, is establishing a panel of experts from the whole range of professions which may from time to time act on behalf of the police or legal professions.

The panel will include experts from the arts, commerce, management, engineering, medicine, police, science and technology. Membership of the panel is confidential.

Forensic Science Services Ltd., will seek commissions on behalf of panel members by wide but discreet publicity in legal and other publications.

Approach to a panel member will be made by the company only when it appears that the panel member is the

best available choice to act in a particular case. No charge is made to any solicitor or other person seeking an expert. The income of the Company will be derived from a fixed percentage (currently ten percent) of the fee charged by the panel member to the person seeking the expert, in cases arranged by the Company.

The principal director of the Company is Professor Stuart Kind, D.M.J. holders requiring further information should write to:

Forensic Science Services Ltd.,
7 Beckwith Road,
Yorkshire,
England HG2 0BG

BRITISH ASSOCIATION FOR FORENSIC ODONTOLOGY

At the A.G.M. of the Forensic Odontology Association, Dr. J.K. Holt was elected President, Mr. R.D. Simper Secretary, and Mr. L. Ciaperelli Treasurer. Wing Commander I.R. Hill and Dr. E. Dykes are Committee Members.

During 1985, the services of forensic odontologists were required at the Bradford City Football fire, the Manchester Airport crash, and the Air India disaster off the coast of the Irish Republic.

The Spring Meeting of the British Association for Forensic Odontology will be held in Birmingham 18th-19th April 1986.

The first London Hospital Medical College course in Forensic Odontology concluded in June 1985, and 8 candidates were awarded the Diploma in Forensic Odontology. Three of those on the course have since enrolled as Research Fellows for a PhD.

For further information regarding the British Association for Forensic Odontology, please contact the Secretary: — Mr. R.D. Simper,
231, Bristol Road,
Edgbaston, Birmingham B5 7UB
Tel: 021-440 1555 (H),
021-236 8611 (O)

NOTICE BOARD

WORLD MEETING OF POLICE SURGEONS

The First World Meeting of Police Surgeons has already attracted international attention. President and organiser Dr. Ivor Doney has had returns indicating interest from Japan, Australia, Zambia, Guyana, Mauritius, Portugal, Spain, Italy, Denmark, Sweden, Holland, France, U.S.A., Canada, Israel, Egypt, Nigeria, New Zealand, Belgium, Singapore, U.K. and India.

The meeting is organised to bring police surgeons, medical and dental officers, police officers, lawyers, pathologists, psychiatrists and administrators together to discuss problems involving victims as well as assailants, prisoners and others in custody, as well as problems involving mental patients who have to be committed after examination.

Subjects to be discussed will include the investigation of problems in custody, including deaths and injuries and alleged police ill-treatment, sexual assault victims, child abuse, police health, court presentation of evidence, and problems of civil and terrorist unrest.

The meeting will be held 10th-14th August 1987 at the Holiday Inn Plaza, Wichita, Kansas, U.S.A. Further details from Dr. Ivor Doney, 'Hazeldene', Hazel Avenue, Green Chapel Lane, Bristol BS6 6UD.

MET CENTENARY

The 1987 Winter Symposium corresponds with the Metropolitan and City Group's Centenary. The theme for the meeting will be 'Recent Advances in Medico-Legal Practices'.

The meeting will be held in Tower Block, London Hospital, which gives spectacular views of London. The Symposium will be a whole day meeting, with lunch and supper at the top of the Tower Block.

Further details from Dr. Robin Moffat, 180 Brighton Road, South Croydon, Surrey CR2 6XQ.

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 morning of the first day will be given to considering the Northern Ireland Forensic Medical Scene. The requirements of the R.U.C.'s Forensic Medical Service will be discussed together with the organisation of the Forensic Medical Service of a major city. A paper will be given on the Forensic Medical Officer's relationship with the police.

This will be followed by papers on the pathology of terrorist murders, injuries at the scene, and the examination of suspects.

The afternoon will commence with contributions on child crime in Ireland, including sexual abuse, and a paper by Dr. J. Harbison of the Republic on suspicious child deaths. Later a joint presentation on the 'Kincora Affair' will include police, medical and forensic aspects.

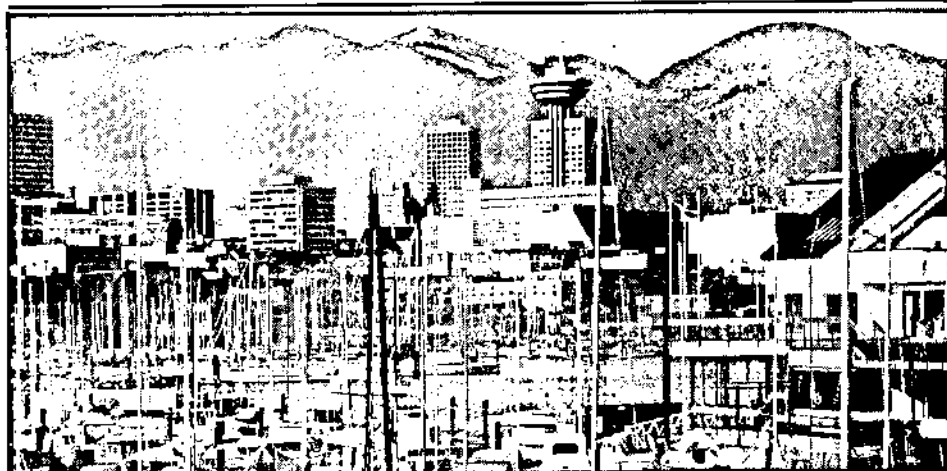
The second day will start with papers on non-jury trials (the Diplock Courts), and will continue with papers comparing the new forensic medical officer with the 'old hand'. The drug scene in both Northern Ireland and the Republic will be compared, and the meeting will close with an open house discussion.

The wealth of forensic material available in Northern Ireland will ensure that this meeting will be fully subscribed, and there may even be opportunity to sample some of the delights of Irish hospitality!

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

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

NOTICE BOARD



VANCOUVER 1987

Planning for the 11th Meeting of the International Association of Forensic Sciences progresses. There will be a (at present) two plenary sessions three symposia and 21 sections. The sections include Human Hair, Human Rights, Law, Odontology, Other Bodily Fluids, Patterns and Procedures (Chairman Professor Stuart Kind), Psychiatry (Chairman Professor R. Bluglass), Statistics, Toxicology, Blood and Paternity, *Clinical Forensic Medicine*, Chairman Peter Bush, Secretary Derrick Pounder, Criminalistics, Crime Scene Investigation, Documents, Explosions and Fires, Fibres, Firearms and Toolmarks, Forensic Pathology (chairman Professor David Geel), Traffic, and Education. If your paper does not fit into any of these sections, try 'I've Always Wanted to Give a Paper on . . .', chairman Ivor Doney.

The symposia will include Footwear and Tire symposium, Aviation Pathology symposium (chairman Ian Hill), and Pathology of High Energy Missiles symposium.

Many of the sections at the Oxford International Association meeting in 1984 were eventually oversubscribed. In addition to helping those planning the meeting, it might ensure a place for you if you notify your section secretary or

chairman of your wish to give a paper earlier rather than later.

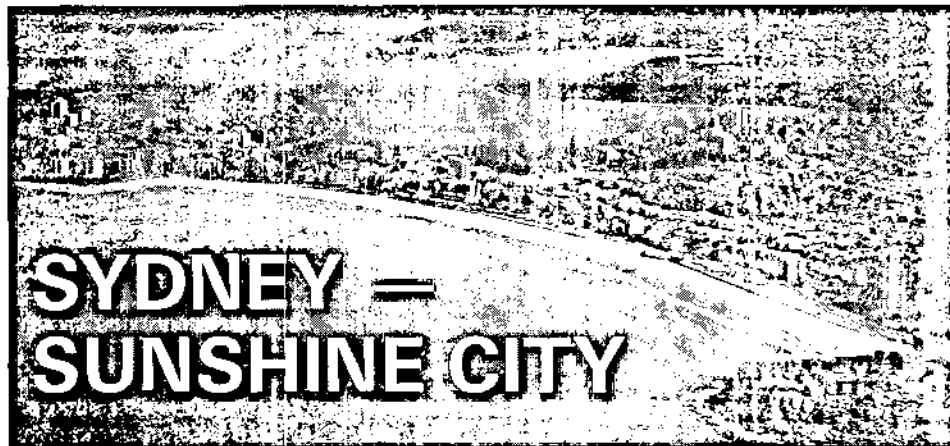
The time available for oral presentations has been divided into 20 minute blocks to allow for presentation, questions and speaker changeover — i.e. 15 minutes for your paper. In addition, there will be poster sessions and technical exhibits.

Natural Beauty

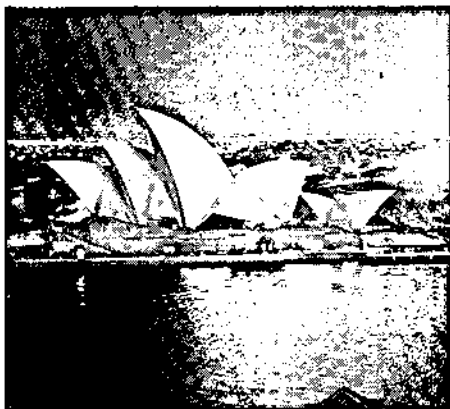
Vancouver, Canada's third largest city and a major seaport, is noted for the beauty of its setting on a large natural harbour amongst the coastal mountains. It boasts the second largest Chinese community in North America; a number of spectacular gardens including a Japanese tea garden at the University of British Columbia, the Van Dusen Botanical Display Garden, and the Bloedel Conservatory. There is a Planetarium, Museums and an Aquarium. And of course shops, including speciality shops in Robsonstrasse. There is fishing, sight-seeing, sailing, mountains . . . and the Social Committee have some special plans which will be revealed later.

Date: 2nd-7th August 1987.

Further information: International Association of Forensic Sciences, 801-750 Jervis Street, Vancouver, British Columbia, Canada V6E 2A9, telephone (604) 681-5226.



If you asked your Travel agent for a week's sunning in Sydney, a magnificent dinner in the Sydney opera house, a day's coach trip through breathtaking Australian scenery, a swim in the Pacific ocean, a treat every night of the week and a matinee of "Cats" you would probably find the cost prohibitive. But that's what delegates got when they attended the Australian Police Surgeons' meeting in Sydney in February. In addition there was a chance to take a trip around the harbour, see curvaceous nude bathers on Bondi Beach, and hear numerous excellent forensic lecturers. Then to cap it all, Lindy Chamberlain (of the Dingo — Baby case) was released in the middle of the week to a tumult of hysterical excitement by the media.



Two remarkable doctors, Bill and Pat Ryan, from Nowra, organised the police surgeons' meetings, with assistance from President Peter Bush. Dr. Ray Williams from the London Metropolitan Police Laboratory, on a whistle stop lecture tour of Australia and New Zealand, was first speaker; he cheered police surgeons by emphasising their importance to the forensic science scene. Professor Mant later gave the now celebrated oration to the Association in St. Andrew's Cathedral on the History of Forensic Medicine, starting from the days of Sheriffs and Coroners when death certificates gave 'typhus', 'age', or 'surfeit' as causes of death.

Stan Burges gave a 15 minutes review of the medico legal highlights of the last two years in the U.K. and included PACE, Multiple Child Abuse, Mrs. Gillick, DNA finger printing and the increase in the number of female police surgeons.

Notorious Murder

No visitor to Australia should miss a cruise around Sydney Harbour. Besides the many bays it includes a close-up of the famous bridge and the fantastic opera house, its shape representing sails billowing in the Sydney Harbour breezes. At the symposium a whole morning was devoted to a report on one

of Australia's most notorious murders. Kim Barrie, aged 19, was murdered by a man who was to be married two days later. He cut off her head and fingers to evade identification and dumped her body down a wooded escarpment. Other pieces he threw elsewhere. It took much forensic evidence to bring him to justice.

There were unusual blood groups involved. Forensic scientist, Joy Kuhl, from Darwin, took the U pipes out of the washbasins and from the bath in the house where the body was cut up to obtain samples for matching.

Kim's hair gave useful indices but the most painstaking work was matching up the hacksaw blade used to cut off the fingers. Over four hundred different types of saw, garden saws, butchers' saws etc, were eliminated using pig's trotters before obtaining the necessary proof.

Strangely, no evidence of sexual assault was found and Richard Walter, prison psychologist from Michigan explained this. He enthralled the audience with a brilliant psychological profile of the murderer. He showed that such people often start with sexual intent but finding they are impotent, transfer their power impulse to violence, aggression and murder.

During the week, delegates were taken on a day excursion to Wollongong, with a bathe in the Pacific ocean and a bucolic party afterwards. The coach passed by the actual cliff over which Kim Barrie had been thrown!

Police Health

Australasian police surgeons take more active interest in the health of their police force personnel than we do. Bill Treadwell (New Zealand) urged doctors to take note of the stresses police officers undergo in violent situations. When certifying fitness to return to work it is necessary to realise that the future is likely to be even more stressful than the present. Can the officer face the possible extra demands of the year 2000?

Bill and Pat Ryan and Peter Bush had installed what they modestly referred to as a Hospitality Room at the hotel. It was an almost continuous free bar, a great place to relax and chat and mix with other delegates.

There was a dinner or banquet every night and on one occasion the inevitable Australian barbeque — a wow of an evening with steaks covering the plates and not a fly or a mosquito in sight.

Peter Bush closed the symposium eloquently and he emphasised the outstandingly generous support, both financial and practical, given to the Congress by the New South Wales Police Force.

IVOR DONEY

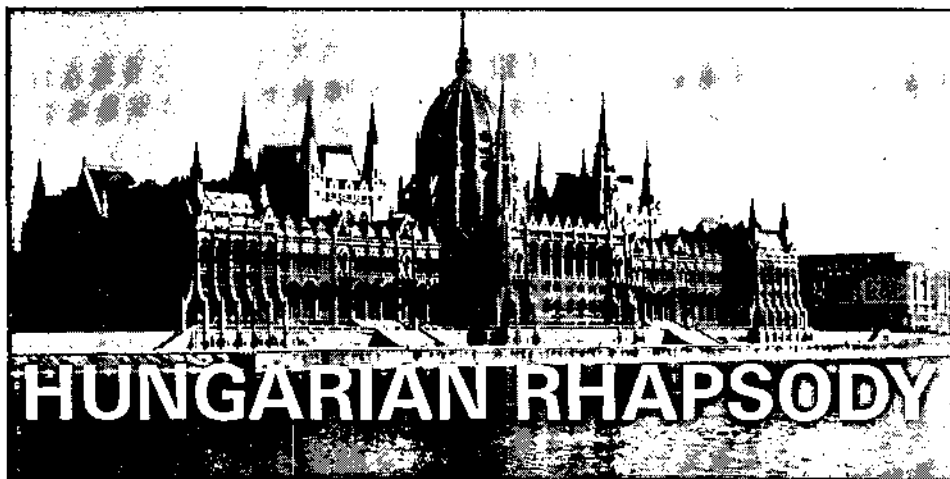
P.A.C.E.

It is said that, following the introduction of the Police and Criminal Evidence Act, solicitors are starting to resemble police surgeons in showing evidence of lack of sleep. Would you want to be represented in court by a solicitor who had spent much of the previous night in a police station?

In a case reported in 'Police', a Liverpool solicitor arrived at a police station two hours late to see a client who had crashed a stolen car into a lamp post. Apologising for his delay, the solicitor said that somebody had stolen his car. Inspection of the charge sheet rapidly revealed the identity of the car thief!

WIFE BATTERING

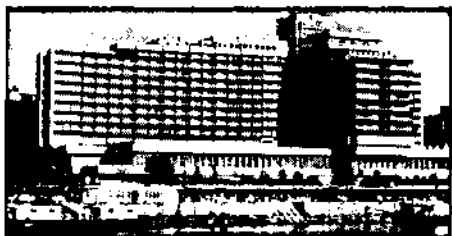
An article in 'The Physician' (December 1985 p.543) described the cases of the wives of a general practitioner, a hospital consultant and an anaesthetist. All three had been subject to physical violence from their husbands. The article was a timely reminder that despite the social and professional standing of the victims and their assailants, domestic violence can involve women from any social background.



Basking in the warm September sunshine while sipping Tokay by the banks of the beautiful Duna river (Danube to the uneducated), I must confess that I hardly gave a thought to my colleagues slaving over their hot stethoscopes back at the practice. I was making the most of a particularly attractive way of combining business with pleasure, for in company with David Jenkins, Robin Moffat and their ladies, my wife and I have come to Budapest for the 'XIIIth Congress of the International Academy of Forensic and Social Medicine.'

The Scientific programme was held in the Duna Intercontinental Hotel where we stayed in considerable luxury in pleasant rooms with balconies overlooking the river, but at affordable prices due to the beneficial rates arranged by the organisers. They certainly had some enviable clout, for the participants were welcomed at the Opening Ceremony by a Cabinet Minister no less, and during the next few days we were ferried

Duna Intercontinental Hotel



around the city and its environs in a convoy of at least twelve charabancs, police cars fore and aft with lights flashing and banshees wailing, given total priority over the unfortunate locals.

In the main salon there was simultaneous translation with English, French, German and Hungarian



available at the turn of a knob. For the most part it worked very well, but there were some hiccups, particularly when speakers raced through or departed from their prepared texts. Coincidentally with these proceedings, other speakers were presenting their papers in three adjacent rooms, but here no translation was available. There was also an ongoing poster section which was by no means without interest.

Sometimes we had to make a choice between two papers which were due to be presented at the same time; unfortunately they did not always run to time since several contributors never actually turned up and this could cause some aggravation since you would miss a



Just good friends — Robin Moffatt and David Jenkins (on knees).

paper you wanted to hear and could have heard, but the organisers did their best to keep us posted by a board in the main hall.

As always, standards varied, but with few exceptions those papers which dealt with matters familiar to us generated considerable interest, particularly those which originated in the Eastern bloc. Oddly enough the Soviet Union's representation was very small,



whereas the UK contingent was quite respectable (in size at least). In addition to our Met. contingent, Bernard Knight, Ivor Doney and Ron Yorke were there, as were several stalwarts from the Department of Dental Anatomy at the London. We found it very interesting to hear how our colleagues in other countries would deal with situations with which we would have to cope ourselves.

We did our best to show the flag: David Jenkins dealt very professionally with 'Deaths in Police Custody' and Robin Moffatt presented his 25 year study of 'Sudden Death in South London.' I spoke on



Photographs: Neville Davies, Ivor Doney, Reginald Yorke



'Nyomozószemélyek újrakiképzése nemi bűncselekmények vizsgálatára' — 'The Re-education of Police Personnel in the Investigation of Sexual Crime.'

What a pleasure it was to see old friends again. Barend Cohen was there from Holland, Bill Eckert from Wichita and Tom Noguchi from Los Angeles to name but a few. We also made some new friends including Judge Amnon Carmi from Haifa who presented a fascinating paper on handwriting. He has organised an important conference on rape in Jerusalem in April.

The social programme was considerable. Most impressive as a superb folklore performance at the Redoute. The dancers and musicians would have done credit to any stage in any sophisticated Western city. It could also be exhausting. The third day was given over to an excursion which began at 8.30 a.m. and continued until late evening. We started off in our hysterical convoy journeying south to the town of Kecskemét, famous for its potent Pralinka, where the local equivalent of a Chamber of Commerce put on a show. From there we were taken by an ancient train to the little terminal of Bugac, thence by pony cart into the Puzsta, the open plains where we were treated to demonstrations of horsemanship which we will never forget. The journey back became somewhat confused since those who came down by train should have gone back by bus and vice-versa, but the message didn't get through and then the train broke down

... One balmy evening, at a function held high up in Buda, we were treated to quite a barbecue. Some of us heard Barend Cohen chatting up the sole professor from Moscow who brought his own vodka and was dishing it out in great tumblerfuls; all went well until dusk, when the floodlights came on at the hotel above us. 'So now we turn on the KGB lights etc?' said Barend ...

The Hungarians were very friendly. There is no doubt that their conditions have improved considerably and many foreigners commented on the difference from years ago. The only sour note was the impossibility of walking anywhere in the city without being repeatedly accosted, not by members of another, ancient profession, but by spivs wanting to buy our hard currency; a dangerous practice, particularly as there was talk of agents provocateurs.

Perhaps too few of us take advantage of these conferences. Apart from the undoubted pleasure that can be derived from them, it makes financial sense to combine them with holiday extensions; conference accommodation is usually at considerably reduced rates and some of the travelling costs as well as the hotel are likely to be allowable by the Revenue against tax, particularly if you present a paper yourself. This summer some of us will go to the Indo-Pacific Congress in Sri Lanka; we have arranged two weeks at a beach hotel before transferring to Colombo for the conference itself. Why not join us?

NEVILLE DAVIES

NEWS AND VIEWS

SPREADING THE GOSPEL — THE BMA STUDENTS FAIR

Petticoat Lane and the B.M.A. Careers Fair for students have something in common! Plenty of stalls and scores of customers!

The hallowed Great Hall at B.M.A. House, the usual venue for the fair, has been turned into a superb library, and the old one has been turned into offices. The students' Career Fair was therefore held in the Surgeons' Hall at the Royal College of Surgeons.

The hall was transformed into a buzzing market of numerous attractive stalls, one for every discipline and manned by consultants and experts ready to direct the aspirations of medical students into appropriate sources of livelihood. Anticipating advice, hundreds of students, some from as far away as Cambridge, came enquiring where they might get jobs and so earn an honest shilling.

The Forensic Medicine stall, adorned with the APSGB flag, appeared to be the most popular stall. Students milled round inspecting leaflets on child abuse, booklets on gunshot wounds and the usual gory pictures of forensic pathology. The old days of forensic medicine exams are clearly gone, for new students know little about the subject. It is a reflection on the present day academic curriculum that one 5th year student was heard to ask "Could you

Ian Craig and Ivor Doney spreading the Gospel.



tell me what is forensic medicine please?" Luckily, student humour is still as good as ever — his colleague, browsing through the Association's "Rape" monograph remarked "I think I'll get one. I always like to give Granny a nice book for Christmas".

President Ian Craig led the forensic team answering queries and demonstrating techniques; Tania Doney was there to help dental students.

A fun quiz for the students to identify certain forensic objects was won by Ruth Ross. Another B.M.A. students career fair was held in Oxford the same week, where the forensic medicine stall was run by police surgeon Roger Phillips and his wife Carole. This year, both events were lengthy and for most people exhausting but not for our intrepid president Ian Craig. At 8.00 p.m. as people started dismantling the stalls around him, Ian could be seen "like Marius amid the ruins of Carthage" still giving guidance to the last two remaining inquisitive students!

IVOR DONEY

PRISON MEDICAL ASSOCIATION

The third Annual Symposium and Annual Dinner of the Prison Medical Association were held in March. The Association's President is Dr. Peter Trafford, who has addressed the A.P.S.G.B. on a number of occasions.

The principal speakers at the Annual Dinner were Sir Douglas Black, Past President of the Royal College of Physicians and of the British Medical Association, and Lord Glenarthur, Parliamentary Under Secretary of State in the Home Office. Lord Glenarthur expressed hope for improvement in future prison medical services; there will be an increase of 300 trained nurses in the next two years or so, replacing non-medical staff.

Two members of the Prison Medical Association obtained the Diploma in Medical Jurisprudence last year; both are Associate Members of the A.P.S.G.B.

SAMPLE WITHOUT CONSENT

In 1980 a man was sentenced to 15 years imprisonment for three counts of rape, two of attempted buggery, and one count of possession of an imitation firearm. He appealed unsuccessfully in 1985.

The strongest evidence which pointed to the appellant's guilt was the fact that each of the girls, as a result of the attack, developed an unusual strain of gonorrhoea. The Crown had to prove that the appellant was suffering from the same strain of the disease, and the appeal was concerned with their attempt to do so.

While the appellant was in prison awaiting trial, the prison doctor suspecting that he had gonorrhoea called in a consultant physician for therapeutic purposes. The consultant examined the appellant and took samples to establish the diagnosis. The consultant assumed that the appellant consented to the examination, but the appellant claimed that he had only done so because he had been told by a prison officer that he had no choice.

The samples confirmed that the appellant was suffering from the same strain of gonorrhoea as the victims, and the Crown called evidence to that effect at the trial.

Objection was made to this, on the grounds that the medical evidence had been obtained without proper consent, and was the same as an improperly obtained oral confession. Their Lordships ruled that it was not.

The rules relating to the admission of confessions date back to the time when a prisoner was not entitled to give evidence in his own defence and could not contradict what he was alleged to have said by way of confession. The admission of evidence as to what had been seen or found was not connected in any way with these rules.

Reference was made to a 1980 precedent concerning a judge's discretion to exclude evidence which had

been unfairly obtained; it had then been held that relevant evidence should be admitted unless there was a rule of law which said it should not be.

The evidence derived from the appellant's body fluid was relevant. There was no rule of law which said that anything taken from a suspect, be it body fluid, hair, or an article hidden in a body orifice could not be admitted unless the suspect consented to the taking, although its intended use in a trial might call for judicial discretion to exclude it.

Their Lordships ruled that the evidence was admissible, that its use did not make the trial unfair, and that the judge had been right in not excluding the evidence.

Regina v Apicella (Times Law Report 5.12.85)

FILM AWARD

The video-film 'Who Dares Loses', which starred President-Elect David Jenkins, has won a B.M.A. Bronze award in the 1985 competition for films and videos.

The film, which deals with drug addiction, was shown during the Cheltenham Annual Conference.

POLICE SURGEON LEARNS LESSON

Autumn Symposium organiser Roger Hunt had his car stolen from his home near Torrington, North Devon.

Earlier the thieves had driven off with a Mini which was found abandoned and had been shot at by a farmer who saw them get away with his Volkswagon.

Remarkably, the thieves parked the car in Roger's Health Centre car park and posted the keys through the letter box. Afterwards Roger said that he had learned his lesson and was determined to lock his car up in future.

There is no truth in the rumour that the thieves were merely attempting to get an early appointment.

GLASGOW SYMPOSIUM

The April meeting of the Forensic Science Symposium, held at Strathclyde University, was attended by a number of police surgeons.

Strathclyde University boasts the only University Department of Forensic Science in the United Kingdom. It was evident that there is concern that the cuts in education funding might eventually affect the Department. Indeed lack of funds was a common complaint amongst speakers, and whilst we share their concern, there is perhaps a limit to the number of times that cash shortage should be bemoaned in a meeting of this sort.

The symposium was entitled 'The Uses of the Forensic Sciences', but those who attended hoping to get a overall view of Forensic Science in action were probably disappointed. There were papers on the future of forensic science, the organisation of forensic

science (in Switzerland — recipe for organised chaos), the future of forensic medicine (Professor Alan Watson), the relationship between the forensic scientist and the solicitor, and so on.

The succulent, meaty bits were provided by Ian Hill (The Air India Jumbo Jet Disaster), Margaret Lawton (New Zealand — The Rainbow Warrior Incident) and Pat Whitehouse on blood grouping, and these three papers best illustrated 'The Uses of the Forensic Sciences'.

David McLay gave a paper entitled 'Handmaidens', the title of which gave no clue as to the content. Ivor Doney provided light relief with his paper 'What am I bid?' He suggested that the forensic science services might be prepared for a fee to investigate the authenticity of antiques and works of art. In view of the complaints of lack of funds, perhaps someone might yet take up his idea.



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THE OFFICIAL SECRETS ACT

The BMA Council Minutes for the meeting held on Wednesday, 2nd October 1985 considered (under para.39) 'Police Surgeons and the Official Secrets Act', a paper by the Secretariat on the matter of police surgeons being required to sign a statement to the effect that they are cognisant with the terms of the Official Secrets Act under their new contract. It was resolved that the BMA's objections to the requirement be submitted to the appropriate authority. In the BMA News Review (October 1985) under the heading 'BMA concerned over secrets act decision', the Secretary of the BMA forensic medicine sub-committee said the declaration had unwelcome implications for other doctors.

I then wrote to the Editor of the BMA News Review as follows:—

With reference to 'BMA concerned over Secrets Act decision' (BMA News Review — October 1985), there is no need for the BMA to be worried. Appointed police surgeons are fully aware of their obligations under the Act. The Official Secrets Act covers material published in a speech, lecture, radio or TV broadcast, in book form or in the press. A London police surgeon may not divulge any information gained by him as a result of his appointment to any unauthorised person, either orally or in writing, without the previous written consent of the Commissioners. A police surgeon is liable to be prosecuted if he or she publishes without official sanction any information acquired in the course of his tenure of an official appointment, or retains without official sanction any sketch, plan, model, article, note or official document which is no longer needed for official duties. These provisions apply during and after period of appointment.

'Bearing in mind the often highly confidential nature of the matters dealt with by police doctors, it is hard to believe that a U.K. medical practitioner (holding loyalty to, and an official position under, the Crown, could object to these provisions. In my view, Scotland Yard is right to ask for this and those who protest or disobey will have to accept the consequences.'

On 6th June 1985, at New Scotland Yard, the Metropolitan and City Group's representatives, (Drs. Davis, Filer, Jenkins and Moffat) with their legal adviser, met Assistant Commissioner Annesley. It was agreed at that meeting that Clause 9 of the new contract should read as follows:—

'By your signature to the document you acknowledge that your attention has been drawn to the provisions of the Official Secrets Act, the effect of which is set out at Appendix 'C' '.

On the 31st October 1985 the Under-Secretary of the BMA, (Dr. John Dawson), wrote to the Chief Medical Officer, Metropolitan Police, (NSY) expressing the view that it was not necessary for the contract to be phrased in these terms.

Dr. Bott then asked me to see Dr. Dawson (who is also a trustee of the 'Medical Foundation for the Case of the Victims of Torture'). A meeting took place at BMA House on January 15th 1986, after which there was an exchange of letters to clarify the position of the parties involved. Several matters came to light including the fact (not realised by the BMA) that police surgeons have access to operational intelligence and to classified information. The Under-Secretary was concerned that doctors should not be

browbeaten now, or in the future, by the threat of the OSA. This writer expressed the view that this was most unlikely to happen and all police surgeons were aware, not only of their Hippocratic Oath, but of the provisions of the Tokyo Declaration: 'In no circumstances may a doctor do anything to weaken the physical or mental resistance of a human being, except for strictly therapeutic indications in the clinical interest of the patient.'

Beyond the Declaration of Tokyo on Torture and Other Cruel, Inhuman or Degrading Treatment, and the International Code of Medical Ethics, a doctor has a special duty to individuals which, in this matter, transcends national interest or security. Doctors having knowledge of any activities covered by the Declaration of Tokyo have a positive obligation to make those activities publicly known (BMA Handbook of Medical Ethics).

Our legal adviser felt that it was sensible to remind police surgeons of the Law, especially the provision of Section

2 of the Act, and this has been reprinted in an appendix to the new contract.

Dr. Dawson agreed, in writing, that the police had to keep some information secret and that prisoners (or detainees) in the Metropolitan Police District stations were held by the most civilised police force in the western world. We also shared the same concern that the police must be able to demonstrate that their standards are impeccable. I felt bound to say that there was not the slightest shred of evidence that prisoners or detainees in London stations are degraded or tortured and assured him that members of the APSGB would never condone or approve violence, nor would they feel inhibited by the OSA in reporting such acts to higher authority. On the other hand, it would also be helpful if the BMA, and other groups, would now and again, openly condemn the murder and maiming of unarmed Police Officers by bomb, bullet and knife.

ROBIN MOFFAT
CHAIRMAN, MET. & CITY GROUP

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ADVICE WITHOUT OBLIGATION

DRUGS HAIR AND BLOOD STAINS

Report from Melbourne



The welcome to the Ninth Australian Forensic Science meeting in Melbourne in February started at the airport. Delegates found a large conference sign held high by welcoming committee members and were whisked off to their destination in a matter of minutes. Britishers were soon made to feel at home.

When the symposium opened Dr. Ray Williams from the Metropolitan Police Laboratory gave a clear account of the forensic sciences in U.K. and how to raise the profile of the discipline generally. He emphasised that in serious crime it was now good policy to send in forensic scientists at the outset to decide the most efficient path to take in the investigation. This meant deciding whether fingerprints, blood matching or trace elements should be the commencing point and getting the appropriate expert involved.

Professor Keith Mant, seemingly more active than ever since his retirement, urged the continued collaboration between scientist, pathologist and police surgeon in the planning stage of forensic services.

Peter Ross to Ivor Doney: 'No, we drink a bottle each before your lecture'.



President of the Australian meeting was Dr. Peter Thatcher (Melbourne). He organised the conference with Tony Raymond and David Gidley and gave delegates an occasion to remember. One original and intriguing feature was the sale of bottles of wine and port with commemorative labels affixed by the vintners. It's a matter for speculation how many such souvenirs arrived, unopened, at their final destinations;

Unusual papers

At such congresses, unusual papers often brighten up the more ponderous academic presentations. John Presser (Tasmania) described how a Constable Buckmaster was shot through the head in 1853 on his front doorstep by bushranger James Dalton. Whenever the sandstone step gets washed, Buckmaster's bloodstains reappear. John took some scrapings and got a possible positive test for blood from stone scrapings after 132 years.

Professor Herbert MacDonell (New York) in his paper concentrated on the physics and mechanics of bloodspatter marks resulting from crimes of violence.

Dr. James Robertson, a Glasgow graduate, discussing the evidential value of hair made a plea for samples from different parts of the scalp. Grey hair from the sides are different from darker hair on the top of the head. Dyed hair and hair with particles of cosmetics attached need differentiation.

Police in Western Australia have the power to request blood or urine from suspect drug affected drivers. Dr. V.J. McLinden showed that the main problems occur with cannabis, benzodiazepines and heroin. Cannabis can seriously impair driving ability.



Delegates from Phillip Island

Barrie Fisher from Los Angeles had some suggestions for forensic science labs who complain of shortage of staff. He gets youngsters from youth employment schemes to do mundane jobs in the laboratory in exchange for an occasional peep at a P.M. or a court scene. He has no shortage of enthusiastic applicants who, later on, begin forensic careers.

In all there were about 150 papers presented at the Congress but there was opportunity for relaxation. There were evening parties and of course a famous Australian barbeque in the Kinglake National Park.

An almost unbelievable sight was the Penguin Parade at Phillip Island. At nine o'clock almost to the minute hordes of penguins swarm out of the waves on to the seashore and start their journey up the floodlit beach to the sand dunes. They are loaded with fish they have caught during the day. Their young live in burrows in the dunes often half a mile or more from the sea. Once home

Richard Walter (USA), Rext Ferris (Canada) and Ray Williams (UK).



they regurgitate the fish for their young to eat.

The penguins don't seem to mind the hundreds of sight seers. As one wag put it "Have we come to see the penguins or have they come to look at us?"

Toy shops would have us believe that koala bears are tiny cuddly creatures you can put under your arm. No fear! — they are the size of a boxer dog. Don't try to cuddle them. Their natural defence weapon is to urinate over any attacker like a skunk! Every tour guide warns people about that just as he likes to tell the silly story of the Daddy Bear and the Mummy Bear who had a baby bear. He was rather thin and didn't have much hair, so what did they call him? Fred Bear, of course!

IVOR DONEY



*"After his jokes
I'm off for a tube"*

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

18th-19th April 1986

Spring Meeting of the British Association for Forensic Odontology, to be held in Birmingham.

Further Information from:—

Mr. R.D. Simper, Secretary B.A.F.O., 23 Bristol Road, Edgaston, Birmingham B5 7UB.

25th-26th April 1986

Forensic Science Society Spring Meeting. To be held at the Old Swan Hotel, Harrogate, North Yorkshire.

Further details from:—

The Forensic Science Society, Clarke House, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX.

6th May 1986

British Academy of Forensic Sciences AGM, Presidential Address and Buffet Supper, at the Law Society, Chancery Lane, London WC2.

Further Details from:—

The Secretary General, B.A.F.S., Dept. Forensic Medicine, London Hospital Medical College, Turner Street London E1 1AD.

12th-17th May 1986

A.P.S.G.B. Annual Conference and 2nd Cross Channel Conference. Kensington Close Hotel, London.

Further details from:—

Dr. Tim Manser, Whiteleaves, Bridgetown Hill, Totnes, Devon.
See page 4.

27th July-2nd August 1986

International Association for Identification — annual meeting to be held at the Tara Hotel, London.

Details from:—

Martin Leadbetter, 43, Halsey Drive, Hitchin, Herts SG4 9QR.

19th-21st September 1986

A.P.S.G.B. Autumn Symposium, Police Training College, Garniville, Belfast, Northern Ireland.

Further details from Dr. John Stewart, Downings, Co. Antrim, Northern Ireland.
See page 40

4th October 1986

Symposium on Medico-Legal Matters. To be held at Peterborough District Hospital.

Further details from:—

Dr. P.M. Dennis, Peterborough District Hospital, Thorpe Road, Peterborough PE3 6DA.

See page 39.

24th January 1987

A.P.S.G.B. Winter Symposium. To be held in the Tower Lecture Theatre, Guy's Hospital, London.

Further details from:—

Dr. Robin Moffat, 180, Brighton Road, South Croydon, Surrey CR2 6XQ.

See page 40.

18th-23rd May 1987

A.P.S.G.B. Annual Conference. Prince of Wales Hotel, Southport, Merseyside.

Further details from:—

Dr. Tim Manser, Whiteleaves, Bridgetown Hill, Totnes, Devon.

INTERNATIONAL MEETINGS

7th-10th May 1986 — U.S.A.

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

Further information from:—

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

22nd-23rd May 1986 — U.S.A.

Western Conference Seminar of Homicide Investigation.

Inquiries to:—

Dr. W.G. Eckert, P.O. Box 8282, Wichita, Kansas 67208, U.S.A.

13th-14th June 1986 — REPUBLIC OF IRELAND

Forensic Science Society meeting — "Drugs and Crime". To be held in St. Patrick's College, Drumcondra, Dublin.

Further details from:—

Dr. Sheila Wallis, Forensic Science Laboratory, Garda Headquarters, Phoenix Park, Dublin 8.

14th-18th August 1986 — SRI LANKA

2nd Indo-Pacific Congress of Forensic Medicine (previously called Asian Pacific Congress). To be held in Colombo, Sri Lanka.

Further details from:—

Dr. Ravindra Fernando, P.O. Box 869, 111 Frances Road, Colombo 10, Sri Lanka.

See page 38.

9th-12th September 1986 — NETHERLANDS

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.

DATES FOR YOUR DIARY

INTERNATIONAL MEETINGS

9th-13th September 1986 — SWITZERLAND

German Society of Justice and Medicine.
Inquiries to:—
Dr. Patcheider, Institute of Forensic
Medicine, Kantonsspital, Roshacherstr 93,
CH 9007, St. Gallen, Switzerland.

17th-19th September 1986 — U.S.A.

Air Crash Investigation Seminar, Georgia
Police Academy, Atlanta, Georgia. Further
details from:—
Dr. E.B. Waldrip, Department of Pathology,
University of South Alabama, College of
Medicine, 2451 Fillingrin Street, Mobile, A1
36617, U.S.A.

23rd-24th October 1986 — U.S.A.

Western Conference Seminar on the
Investigation of Crimes related to Children
and Homicide Investigation, Wichita,
Kansas.
Contact:—
Dr. W.G. Eckert, P.O. Box 8282, Wichita,
Kansas 67208, U.S.A.

18th-22nd November 1986 — U.S.A.

Annual Meeting of the National Association
of Medical Examiners, Tuscon, Arizona.
Contact:—
Dr. George Gantner, 1402 South Grand
Boulevard, St. Louis, Mo. 63104, U.S.A.

16th February 1987 — U.S.A.

N.A.M.E. Interim Meeting, Town & Country
Hotel, San Diego, California.
Contact:—
Dr. George Gantner, 1402 South Grand
Boulevard, St. Louis, Mo. 63104, U.S.A.

17th-21st February 1987 — U.S.A.

Annual Meeting of A.A.F.S. Town &
Country Hotel, San Diego, California.
Information from:—
A.A.F.S., 225 South Academy Drive,
Colorado Springs, Co. 80910, U.S.A.

28th-31st July, 1987 — CANADA

24th International Meeting of the Inter-
national 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.

3rd-7th August 1987 — CANADA

11th Meeting of the International Associa-
tion 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.

10th-14th August 1987 — U.S.A.

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.

10th-14th August 1987 — U.S.A.

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.

February 1988 — AUSTRALIA

Sixth Biennial Meeting of the Association of
Australasian and Pacific Area Police Medical
Officers. Probable venue: Tasmania.
Further details from:—
The Honorary Secretary, A.A.P.A.P.M.O.,
Boronia Medical Centre, 153 Boronia Road,
Boronia, Victoria, Australia.

Tip Off

A man walked into a Hong Kong
police station to report an attempted
mugging, and produced as evidence a
finger tip which he said he had bitten off
one of his attackers.

A man was detained after seeking
hospital treatment for a shortened index
finger.

TURN OFF

A woman said that she was leaving
her husband because he was very in-
considerate — he always made her have
the tap end of the bath.

Whilst every effort is made to ensure the accuracy of details
of meetings published in the Supplement, you are advised to
obtain confirmation from the meeting organiser.

