



The Police Surgeon **SUPPLEMENT**



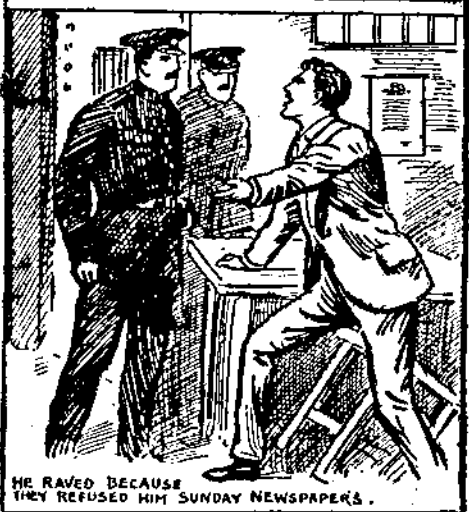
Vol. 21 NOVEMBER 1986



AT WANDSWORTH PRISON GATES HE NEARLY COLLAPSED.



A GAME OF DRAUGHTS WITH HIS WARDER.



HE RAVED BECAUSE THEY REFUSED HIM SUNDAY NEWSPAPERS.

MAHON TAKEN TO WANDSWORTH PRISON.

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ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

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

Editor: Dr. DAVID McLAY,

THE POLICE SURGEON SUPPLEMENT

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

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- Printers:** The Bemrose Press (Michael Bemrose) Limited,
Hunter House, 8 Canal Street, Chester, CH1 4EJ.
Telephone: Chester 26683.

Cover: Scenes from the trial and pre-execution custody of Patrick Mahon,
who killed Emily Kaye at the Crumbles Bungalow near Eastbourne.
*From the July 24th, 1924, issue of The Illustrated Police News,
Law Courts and Weekly Record, "the Oldest and Best Police Jour-
nal in the World, established 1864, with which is incorporated
Great Glove Fights."*



The Police Surgeon

SUPPLEMENT

Vol. 21 NOVEMBER 1986

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PRESIDENT'S LETTER



It had been my intention to discuss the various meetings I had attended since May 1986. However, many important items have occurred since May.

Prior to his death, your late President, Dr. Rosenberg, O.B.E. (Rosie) and I had a long discussion one evening concerning the forensic education of future police surgeons. We both felt that this was the last hurdle to be met and conquered, with the Association being established in the United Kingdom and recognised in Europe and the Americas. I am glad to say that our conversation is now seeing the light of day.

The first item to talk about has been the great upsurge of police surgeon forensic education carried out by the forensic laboratory at Lambeth in the Metropolitan area. Frances Lewington has interpreted the New Metropolitan Police Surgeons Conditions of Service as meaning a far more rigorous and sustained educational programme (she has now been appointed as the yard Co-ordinator of police surgeon training and police surgeon facilities, and is directly responsible to Dr. Bott, Chief Medical Officer at New Scotland Yard). All newly appointed trainee assistant police

surgeons in the Met will in future have to attend a training programme, this programme to be carried out by members of the police laboratories, senior police surgeons, pathologists and retired members of the legal profession. The appointees will also have to attend symposia and conferences and they will be required to take the DMJ after three years as assistant police surgeons, if they wish to achieve police surgeon and senior police surgeon rank.

This can but only help to improve the police surgeon's image in Court and give rise to a much healthier Association.

Training

At the end of this News Letter I have incorporated the new Conditions of Service for the Metropolitan Police Surgeons and also the New Training Programme for newly appointed assistant police surgeons.

Surely it is time that the Association looked at the possibility of carrying out its own co-ordinated training scheme for the DMJ — we have the expertise

amongst our members and are quite capable of carrying out training schedules, both practical and theoretical. A fee could be charged for the tuition.

It is envisaged that an Association Training Scheme would be in conjunction with, and not in opposition to, any schemes run by Home Office Forensic Laboratories. I realise that there are various training schemes going on throughout the United Kingdom, but at this moment, there appears to be no co-ordination. After all, the DMJ is our clinical forensic examination and we should be involved in the training of future police surgeons.

Cross Channel Conference

The second item was the Second Cross Channel Conference held in London in May 1986, this was honoured by the presence of Sir Kenneth Newman, who opened the Conference; he was one of the guests of honour at the final and farewell dinner. The others being the Belgium Ambassador to the Court of St. James, His Excellency — J. Van Bellingham, and the Dutch Consul General Van Der Stroot with the Dutch Military Attaché, Colonel Smit.

You will all I'm sure agree with me and with members of Council that Tim and Dee Manser require a special word of thanks for all the hard work put into the organisation of a very successful conference. Apart from founder members, delegates came from far and wide — America, Australia, New Zealand, Denmark, Norway and France. It was doubly successful, in that at the end of the dinner, a very important meeting occurred — Lady Newman expressed a wish that I arranged for Sir Kenneth to meet those FMO's present from Northern Ireland. When I approached him with this request he showed immediate pleasure at the idea, and without any hesitation agreed to meet them — I took him over and introduced him to 'Bing', 'Bertie', 'Ian' and 'Betty', and an amicable 15

minutes were spent by all, and I hope that a new feeling of comradeship and friendship was re-kindled.

Change of Name

As you are aware, for political and other reasons the police surgeons of Northern Ireland now refer to themselves as FMO's. This is to maintain their independence and impartiality, and to prevent injurious statements like — 'a Police Doctor', 'a Police Surgeon', a servant of the Police Authority'. This now leads me to the third point of this letter, in London it is now very apparent that we are facing the same or should I say similar problems as the FMO's faced some years ago, we are now being attacked in Court as servants of the police — 'How much do you earn in a year as a police doctor?' — 'Is it not more than your NHS income?', 'with the hours you do, surely Doctor you are really a full-time police surgeon?' Even the Rape Crisis Centre personnel object to the words 'Police Surgeon', it gives a picture of a doctor employed by the police and a police orientated doctor and therefore biased towards the police and no longer impartial. The police officers who run the training schemes and carry out rape interviews also notice that the 'victims' are not happy with the name 'police surgeon', but are quite happy to be examined by 'our doctor' who is a specialist in forensic medicine and it is with them in mind that I print a letter I have received from Frances Lewington.

Dear David,

I am writing to you in your capacity as President of the Association of Police Surgeons of Great Britain. The point which I wish to raise is the use of the title 'Police Surgeon'.

As you know I lecture on the Sexual Offences Investigative Course at Hendon and consequently have a lot of contact with women police officers. Several of them have said to me that the term 'Police Surgeon' is frightening to victims and many of the WPCs overcome this by referring to the local police

surgeon as 'our doctor' or the 'police doctor', which sounds more friendly.

I would also suggest that the time has come to consider whether the use of 'Police' conveys the correct image. Many people, particularly some social workers take this to infer that the doctor is not impartial and even suggest that the doctor is totally biased in favour of the Police and the Prosecution.

Perhaps the description 'Forensic Doctor' or 'Forensic Physician' would convey the true image of a caring impartial specially trained doctor.

I do hope that you do not mind me mentioning this, maybe some Police Surgeons also have similar feelings about the present title.

*Frances R. Lewington
Principal Scientific Officer*

If we accept the name of Forensic Physician, this must draw us closer to our colleagues in Northern Ireland and ultimately in the near future I hope for a President from amongst their ranks.

I have been proud to have been called a police surgeon since 1954, but I am quite convinced that we must look forward to and accept a new name and I hope that this suggestion will be included in the May 1987 AGM agenda. After all, our name does not alter the high standard of our work and with the new Conditions of Service, which perhaps other Constabularies will adopt in part or completely, then with the help of ACPO, our membership, which at the moment is approximately 600 out of 2,000 doctors taking part in police work in the country can be increased, and ACPO should insist that no one should be allowed to do police work who has not undergone training and is not a member of our Association.

The third item was the 2nd Indo-Pacific Conference in Colombo in August, 1986. There were a number of Association members present at this meeting, in fact our group was, according to Dr. Salgado, the President of the Conference the largest. There was close

co-operation between the Association speakers and Dr. Ray Williams, Director of the Forensic Laboratory at Lambeth. It was very heartening to hear his praise of our Association and the high esteem with which it is held by the Metropolitan Police and Constabularies throughout the United Kingdom and Northern Ireland.

It was noticeable that the Association speakers spoke with conviction on their themes and their presentation was first class — again supporting the idea that with forensic education and training we can take on the best and show ourselves to be experts in our own right.

On a closing note can I on behalf of us all -- congratulate Stan Burges on his speedy recovery and we now look forward to him taking a more active part in Association matters.

DAVID JENKINS

J.C.G. HAMMOND

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out-of-print books on

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METROPOLITAN POLICE

POLICE SURGEONS' INITIAL TRAINING COURSE

The training course is for five days. Each police surgeon will have to attend each day of the five, but the days may be taken spread over several months. The training course is preceded by attachment to a senior police surgeon tutor.

DAY 1

Location — Cannon Row Police Station

TOPIC

SPEAKER

- | | |
|---|----------------------------------|
| 1. Police ranks, structure, organisation and responsibilities | Police Inspector
A2(1) Branch |
| 2. Sudden and Suspicious deaths and suicides, the involvement of Police and Police Surgeons. The role of the Coroner's Officer. | New Scotland Yard |
| 3. The Police and Criminal Evidence Act, 1984, with particular reference to the Codes of Practice and the role of the Police Surgeon. | |
| 4. Care of Detained Persons,
a) Fitness to be detained,
b) Fitness to be interviewed,
c) Submissions to hospital,
d) Mentally ill prisoners,
e) Prescriptions issued at Police Stations,
f) Causes of deaths in Police Custody. | |
| 5. a) Medical problems associated with the care of Police Officers injured on duty.
b) Problems associated with the care of drug addicts | Experienced
Police Surgeon |

DAY 2

Location — Metropolitan Police Forensic Science Laboratory, Lambeth.

ROAD TRAFFIC OFFENCES

SPEAKER

- | | |
|---|----------------------------------|
| 1. An explanation of the sections of the Road Traffic Act, 1972 and the Transport Act 1981, which concern the work of the Police Surgeon. | Traffic
Legislation
Branch |
|---|----------------------------------|

- | | |
|--|----------------------------|
| 2. Instrumentation for the measurement of breath alcohol at the roadside and at the Police Station. | Forensic Scientist |
| 3. The respective roles of the Police Officer and Police Surgeon with reference to charges under Sections 5 and 6 of the Road Traffic Act, 1972.
Explanation of Book 116 | Police Inspector Branch |
| 4. a) Medical examinations in Road Traffic Offences with reference to sections 5 and 6 of the Road Traffic Act, 1972.
b) Clinical assessment of the effects of alcohol and various drugs. | Experienced Police Surgeon |
| 5. Buffet Lunch and Discussion with panel of experienced Police Surgeons. | |
| 6. The detection of alcohol and drugs in various body fluids and organs. | Forensic Scientist |

CRIME INVESTIGATION

Cases Involving Firearms

- | | |
|---|--------------------|
| 7. The use of the scanning electron microscope in searching for contact trace evidence with particular reference to the detection of firearms residues. | Forensic Scientist |
| 8. The examination of firearms and ammunition and associated wounds caused by firearms. | Forensic Scientist |

DAY 3

Location — Detective Training School, Hendon.

CRIME INVESTIGATION

SPEAKER

Woundings

- | | |
|---|--|
| 1. Police procedures in relation to Woundings and Sexual Assaults.
The Police and Criminal Act, 1984 with regard to intimate and non-intimate samples.
An explanation of sections 18, 20, 42 and 47 of The Offences against the Person Act, 1861. | Instructor, Forensic Science Wing,
Detective Training School. |
| 2. The medical examination of Victims and Suspects in woundings. | Experienced Police Surgeon |
| 3. The laboratory examination in woundings with particular reference to bloodstain distribution, detection of bloodstains and grouping. | Forensic Scientist |

Sexual Offences

4. New initiatives in the Metropolitan Police for dealing with victims of Sexual Assaults.
5. The medical examination of rape victims.
6. The Law relating to Children and Young Persons, Police powers and responsibilities.
7. The medical examination of child victims of assault.
8. The laboratory examination in Sexual Offences. The Sexual Assault Index.

Instructor, Detective Training School.
Experienced Police Surgeon.
Instructor, Detective Training School.
Experienced Police Surgeon

Forensic Scientist

DAY 4

Location — Detective Training School, Hendon.

CRIME INVESTIGATION

The investigation of Murder and Suspicious Death

1. Visit to murder scene training unit to discuss the examination of scenes of crime and the co-ordination of the respective roles of various police personnel and the police surgeon.
2. The role of the Police Surgeon in sudden/suspicious death and suicide.
3. The Management of murder investigations, visit to Major Incident Investigation Training Unit.
4. Note taking and statement writing. Practical exercise concerning samples and information required from the medical examination of a murder suspect in a particular crime.
5. The Role of the Pathologist

SPEAKER

Instructor,
Forensic Science Wing
Detective Training School. Hendon.
Experienced Police Surgeon

Instructor, Detective Training School.
Instructor, Detective Training School.

Dr Iain West,
Department of Forensic Medicine, Guys Hospital, London.

Preparation for Day 5

Prepare written statement from exercise at 4 above for appearance in court on day 5.

DAY 5

Location — Detective Training School, Hendon.

THE BRITISH LEGAL SYSTEM

1. Brief Introduction to the British Legal System.
2. Explanation of the training case currently being heard.
3. Attendance at Court to listen to proceedings and to give evidence.
4. Discussion.

SPEAKER

Instructor, Detective Training School.
Instructor, Detective Training School.

Day 5 is totally concerned with the Law, the Courts and the giving of evidence. It is planned to hold Day 5 to coincide with the Crown Court Training Scheme for young detectives at Hendon, with a retired judge and barristers present. It is hoped to hold an old-style committal court for the trainee police surgeons to give evidence. There are good instructors to play the role of magistrates and solicitors and the trainees can be cross examined on their evidence and statements.

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CONDITIONS OF SERVICE SENIOR POLICE SURGEON

Your appointment as a Senior Police Surgeon will be initially at the following Police stations:— (stations listed), but at the discretion of the Commissioner of Police, within a radius of five miles of each of the above mentioned Police stations, subject to at all times the conditions set out hereunder:—

1. the appointment will, subject to acceptance by you, be effective from: 1st October 1986.
2. The appointment is, subject to prior determination under the provisions of Clauses 10, 11, 12, 13 and 14 hereof, until you attain the age of 60. The renewal of the appointment beyond this age will only be made in special circumstances and will be on a yearly basis.
3. Your remuneration will be in accordance with the scale of fees agreed by the Joint Negotiating Committee for the Fees of Doctors Assisting Local Authorities as revised from time to time. A copy of the current Scale of Fees is enclosed. In the event of your appointment being terminated for any reason you will only be entitled to attendance fees for work previously undertaken by you.
4. No undertaking expressed or implied, is given as to the number of cases which will be allocated to you in any calendar year.
5. The appointment may be terminated by you on giving one month's notice in writing to the Commissioner.
6. You will be required as a Senior Police Surgeon to undertake any of the duties set out in Appendix A hereto and to perform those duties in accordance with the provisions of the Police Surgeons Handbook including in each case any revisions thereof. The Commissioner shall have power to review Appendix A and the Police Surgeons Handbook from time to time as he, in his absolute discretion, considers necessary.
7. You will be responsible for your Income Tax returns and National Insurance contributions as a self-employed person in respect of the services you render for the Commissioner as a Senior Police Surgeon under the terms of this appointment and it is hereby agreed and declared for the avoidance of doubt that this appointment

does not and is not intended by either party to constitute a contract of employment.

8. During the period of your appointment you will be required to comply with any code of practice for Senior Police Surgeons prescribed by the Commissioner, and so far as it is not inconsistent therewith, any code prescribed by the Association of Police Surgeons of Great Britain and adopted by the commissioner. A copy of the current code of practice is enclosed at Appendix B.
9. By your acceptance of this offer you acknowledge that you are bound by and that your attention has been drawn to the provisions of the Official Secrets Acts the effect of which is set out at Appendix C.
10. If you are appointed to any judicial post, you must notify the Chief Medical Officer forthwith in writing and your practice as a Senior Police Surgeon will automatically terminate in the area in which and for so long as you exercise the jurisdiction.
11. If you are arrested, charged, summoned or reported for any criminal offence, you are required to inform the Chief Medical officer in writing immediately. In any of these events, or if you become the subject of a criminal investigation, your appointment may be suspended forthwith by the Commissioner.
12. The Commissioner may terminate your appointment by one month's written notice at any time if he is of the opinion that your conduct or performance of your duties is in any way unsatisfactory, or if you commit any serious breach or repeated breaches of any of the conditions set out herein, provided always:—
 - (i) You will first be informed of the complaint against you and be given a proper opportunity to make representations in writing. If the Chief Medical Officer is satisfied that there is a prima facie case, the complaint and representations made by you or on your behalf will be considered at a hearing before a disciplinary panel consisting of the Chief Medical Officer or his deputy and a Deputy Assistant Commissioner together with a Surgeon nominated by the Chairman for the time being of the London Group of Police Surgeons, whose findings by a majority decision will be submitted to the Commissioner. You will be entitled at the hearing of the disciplinary panel to make represent

ations on your own behalf or to be represented by a Police Surgeon nominated by you. The Commissioner shall exercise his power to terminate your appointment only if so recommended by the Disciplinary Tribunal.

(ii) Where the Commissioner is satisfied that there is evidence of serious misconduct he may, in his absolute discretion, suspend you from the further performance of any services and may subsequently terminate your appointment forthwith if, upon enquiry, in accordance with the provisions of Clause 12(i) above he is satisfied that you were guilty of serious misconduct.

(iii) In the event that you are reinstated following suspension you will be compensated for loss of fees during the period of your suspension at a daily rate calculated by reference to the average monthly payment received by you during the period of six months immediately preceding the date of your suspension.

13. Exceptionally your appointment may also be terminated by the Commissioner by 24 months written notice if, in his view, it is necessary to dispense with your services by reason of any re-organisation of the Police Surgeons Service.
14. If you are unable by reason of ill health or for any other reason unable to discharge the duties of your appointment to the satisfaction of the Commissioner for a period of two years of service, your appointment will automatically terminate at the end of such period and no right to compensation of any kind will arise. This Clause shall not apply where there is a failure to discharge duties in consequence of pregnancy during the first six months of pregnancy.
15. If your appointment is terminated under Clause 14 and the termination is wholly or partly in consequence of pregnancy, you will be entitled to be reinstated provided that within three months of the end of the pregnancy you give written notice specifying a date not more than nine months after the date of the said notice, on which the reinstatement is to take place.
16. It is a requirement of your appointment that you will, so far as reasonably practicable, undertake neither more nor less than a fair share of the work (in terms of both quantity and quality including night

and day attendance) made available to your group. This Clause will only be enforced if a complaint in respect thereof is received by the Chief Medical Officer from a member of the group to which you belong or from the Assistant Commissioner of Personnel and Training which the Chief Medical Officer together with a member of the Management/Association Consultative Committee who is not a Police Surgeon, and a representative of the Police Surgeons, on enquiry finds to be substantiated.

17. You are required to comply with any directions given by the Commissioner on the recommendation of the Management/Association Consultative Committee.
18. The Commissioner may delegate to an Assistant Commissioner authority to act on his behalf in respect of any of the matters which are the subject of this contract.

I hereby acknowledge receipt of the Conditions of Service for Senior Police Surgeons of which this is a copy and the Appendices A, B and C enclosed herewith and accept the appointment as Senior Police Surgeon now offered to me on the foregoing terms and conditions.

Signed:
..... Name (Capitals)
Date:

APPENDIX A TO CONDITIONS OF SERVICE SENIOR POLICE SURGEONS

1. DUTIES

- 1.1 Your duties are to do work outside the scope of the National Health Service, in providing a service to police when requested to do so by:-
 - (a) giving medical attention to persons in police custody.
 - (b) obtaining forensic evidence from, and giving medical attention to, victims and offenders in crime and traffic cases.
 - (c) giving medical examinations to applicants for the Metropolitan Special Constabulary and making a written record of your findings and entering such information in the police document provided for this purpose.

- 1.2 You will be required to attend refresher training as and when necessary.
- 1.3 Your personal copy of the Police Surgeons' Handbook sets out guidance and directions on how to deal with all aspects of your work.

2. RESPONSIBILITIES

- 2.1 You will be required to arrange the rosters for your Group and to supply either a copy of the roster, or a central number from which the duty surgeon can be reached, to each police station whose area is served by your Group.
- 2.2 You will be expected to ensure a fair distribution of work (in terms of both quantity and quality) between yourself and other doctors in the Group.
- 2.3 From time to time an Assistant Police Surgeon will be attached to your group and you may be required to give him training.

3. LIAISON

- 3.1 You should occasionally arrange a meeting of the local police doctors, SOCO and Police representatives (uniform and CID) to discuss matters of mutual local interest.
- 3.2 You will be expected to foster good relations with local medical services, such as hospitals and clinics, to encourage good liaison in police cases.
- 3.3 You will be expected to undertake liaison with neighbouring Police Surgeon Groups so that doctors can stand in for each other in emergencies.

APPENDIX B TO CONDITIONS OF SERVICE CODE OF PRACTICE FOR POLICE SURGEONS

1. A Police Surgeon is required to conform to the standards of ethical conduct applicable to Doctors in the United Kingdom.
2. Any information acquired by a Police Surgeon in the course of his duties as such with regard to police practice, procedures or operation of the Metropolitan Police, is to be regarded as confidential and is not to be disclosed to any person who is not a member of or acting for the Metropolitan Police Service.

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

(a) Where the Defendant is already a patient of the Police Surgeon or a patient of any partner in his practice.

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

(c) If the Police surgeon has been called to examine a Defendant by the Police and the Prosecution then decide not to call him.

(d) In any other case where the Chief Medical Officer considers it justified by the circumstances.

4. If, in any of the circumstances set out in 3 above, a Police Surgeon does give evidence for the Defence or acts as medical adviser to the Defence in any criminal proceedings, he shall:—

(a) Notify the Chief Medical Officer in confidence immediately he elects to accept instructions from the Defence.

(b) Notify any professional colleague in confidence known to him to be appearing for the Prosecution.

APPENDIX C

The Official Secrets Acts cover material published in a speech, lecture, radio or television broadcast in book form or in the press. You may not divulge any information gained by you as a result of your appointment to any unauthorised person, either orally or in writing, without the previous written consent of the Commissioner. You are liable to be prosecuted if you publish without official sanction any information you may acquire in the course of your tenure of any official appointment (unless it has already officially been made public) or retain without official sanction any sketch, plan, model, articles, note or official document which are no longer needed for your official duties. These provisions apply not only during but after the period of your appointment.

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ASSOCIATION OFFICE

MEMBERSHIP LIST CHANGES

DEATHS

We regret to record the following deaths:—

Dr. A.J. Borkin	Salford
Dr. K. George	Maldon
Dr. C.W. Hall	Hawkshead
Professor Hugh Johnson	London
Dr. J.C. McBride	Glasgow
Dr. E.O. Roberts, D.M.J.	Crewe

NEW MEMBERS

OVERSEAS

Dr. Margaret Bayes	Jersey
Dr. M.A. Elfawal	Egypt
Dr. Frans Metz	Netherlands
Dr. Miriam Noel	Jersey
Dr. Esther D. Phillips	Israel
Dr. Abdulrahman B. Yusuf	Malaysia

Area 1 (North West)

Dr. Marguerite Ackroyd	Great Harwood
Dr. A.C. Butler	Cumbria
Dr. S.B. Goldthorpe	Liverpool
Dr. E.M. Jacobs	Manchester
Dr. R.B. Vaidya	Barrow-in-Furness
Dr. Linda Welliver	Saddleworth
Dr. C. Wilson	Barrow-in-Furness

Area 1a (Northern Ireland)

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Dr. Desmond Nutt	Castlerock
Dr. Hazel Siberry	Castlerock
Dr. E.M. Smith	Hillsborough

Area 2 (North East)

Dr. Y.R. Bhipuria	Rotherham
Dr. G.C. D'Silva	Cramlington
Dr. Donald Hasseltine	Doncaster
Dr. T.W. Yellowley	Wylam

Area 3 (Midlands)

Dr. K. Laidlaw	Worcester
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Area 5 (South East)

Dr. J.C. Malkin	Southampton
Dr. G.P. Panting	St. Albans
Dr. David Sales	Haywards Heath

Area 6 (South West)

Dr. Michael Hiron	Bournemouth
Dr. D.N. Philpott	Redruth

Area 7 (Wales)

Dr. C.J. Beech	Newport
Dr. Rodney Gilmore	Llandudno
Dr. Hugh Jones	Prestatyn

Area 8 (Metropolitan & City)

Dr. P.J. Dean	London E9
Dr. Eileen Gorman	London SE18

Dental Associate Members

Mr. Anthony F.V. Pitter	Bath
Mr. Simon Sampson	Brighton
Mr. J.K. Wade	Leigh-on-Sea

Life Associate Members

Dr. David Paton	Slough
(from full membership)	

RESIGNATIONS

Overseas

Dr. A. Vane	Australia
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Area 1a (Northern Ireland)

Dr. B.P. Glancy	Bellaghy
Dr. H.N. Glancy	Bellaghy
Dr. F. Sayee	Magerafelt

Area 5 (South East)

Dr. R.W. Glenn	Haywards Heath
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Area 9 (Scotland)

Dr. A.M. Cunningham	Perth
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ERRORS OMISSIONS AND AMENDMENTS

Area 1a (Northern Ireland)

Dr. J.E. Johnston	Ballymoney
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Area 3 (Midlands)

Dr. L.S. Ratnam, D.M.J.	Birmingham
(Clin et Path)	

MEMBERSHIP FEE

The Association Membership subscription will be increased with effect from 1st July 1987 to £55.00. Members will be receiving standing or bankers order forms in due course.

Please complete and return the forms as soon as possible — reminders cost money.

HON. SECRETARY'S REPORT ON THE WORK OF THE ASSOCIATION DURING THE YEAR 1985-1986

In presenting my Report on the work of the Association during the year, I once again direct you to the two issues of the Journal and Supplement published during the year which describe in greater detail the various activities mentioned in this Report.

As a matter of record, after the 34th Annual Conference held at the Golden Valley Hotel, Cheltenham, an enjoyable and successful Autumn Symposium was held at Barrant House Hotel, Bideford, Devon. We thank Roger Hunt and Gillian Belsey for their hard work in organising an unusual but nevertheless successful meeting. The event was unusual not only for the social content of the weekend but also for the content of the academic programme which was devoted entirely to firearms and the sequelae of their ever increasing use by Police Forces and villains on the mainland as well as in Northern Ireland. Let us hope that our involvement will continue to be unusual but this does not mean that we should not be prepared.

Following a similar theme, a stimulating and instructive Winter Symposium, the theme of which was 'Anatomy of a Siege', was the result of the efficient organising skills of Dr. Jeremy Smart to whom we are also grateful.

There was an Association input into the Police Surgeon's one day course organised by Professor David Gee in the Department of Forensic Medicine, Leeds. The Association has also been represented at Meetings of the Forensic Science Society and International Meetings in Israel, Australia, U.S.A. and Budapest. Papers read and reports from these meetings will no doubt be appearing in the Journal and Supplement.

We congratulate Dr. Ivor Doney on being elected President of the 1st World Meeting of Police Surgeons and Medical

Officers to be held in Wichita, Kansas from the 10th-14th August 1987.

Nearer home, the President and other members of the Council have visited some enjoyable and interesting evening meetings, especially in Kent, Sussex, Manchester, Northumbria and Bristol. These were meetings where Police Officers and Force Surgeons held joint social/training sessions. This type of meeting is extremely popular with the participants and provides an opportunity for your President and members of Council to meet with the grass roots of our membership. The President and Sylvia Craig enjoyed generous Irish hospitality when, this time last year, they attended the Joint Meeting of the Forensic Medicine and Medico Legal Societies of Northern Ireland and the Association of Forensic Medical Officers. Hopefully many of our members will be able to experience this hospitality and the wealth of forensic knowledge that will surely be generated at our forthcoming Autumn Symposium in Belfast. Our Northern Ireland Branch enjoyed a Symposium held at the Royal Victoria Hospital, Belfast and organised by Dr. Jack Crane, Assistant State Pathologist.

New Contract

The Metropolitan and City Group have seen the introduction of the new Contract with few problems which is a credit to the negotiators on both sides who worked so long and so hard to achieve a compromise acceptable to all parties. The Group and indeed the Association was represented at functions held in honour of the Golden Jubilee of the Metropolitan Police Forensic Science Laboratory. The strong and fruitful liaison between ourselves and the laboratory, which has strengthened

especially over the past ten years, has been mirrored by similar liaison with the Regional Forensic Science Laboratories which has also been strengthened in the last decade. Members of the Association have cooperated in joint training schemes with the laboratories and also have spoken at Detective Training Schools at Hendon and other venues outside London.

Women Police Surgeons

Recruitment of fifteen ladies as Assistant Deputy Police Surgeons to the Metropolitan Police has recently been completed. It is Force policy that they will be trained and carry out all aspects of police surgeon work although the prime reason for their recruitment is to provide enough female examiners for those victims who would prefer a female examiner. It is the policy of this Association that competence in clinical forensic medicine and sensitivity to the needs of the victim are more important than the sex of the examiner. Your Council has stressed the view to relevant organisations and the press, both medical and lay, that competence can only be achieved by proper training and experience. Rape is associated in many cases with overtones of drink, drugs or other violent acts. Experience is also needed in presenting evidence to Court and withstanding cross-examination. It is unlikely that any one person can obtain such expertise especially at the beginning of his or her work as a police surgeon if one restricts ones clinical activities to dealing only with sexual offences.

Council

A full day meeting of Council was held in October and there will be a full day meeting on Tuesday of Conference Week. Finance and General Purposes Sub-Committee have had two meetings in between the full Council Meetings and Council expenses have been kept down by telephone contact between members. The Association donated £2,500 to the W.G. Johnston Trust

which in turn donated a similar sum as a priming fund to Dr. James Dunbar, Director of the Tayside Safe Driving Project. A Report entitled 'A Quiet Massacre — A Review of Drinking and Driving in the United Kingdom' was produced by Dr. Dunbar and published by the Institute of Alcohol Studies. This Report was circulated to all members of Council and their comments invited. With minor reservations the Report was accepted unanimously by your Council and I informed the House of Commons Select Committee on Road Safety of this and that we supported the recommendations in the report.

I have featured in a three-part video teaching tape produced by the Department of Audiovisual Communication, University of Leeds dealing with the problem of child sexual abuse. Although originally designed for teaching medical students and nurses the tapes are suitable for viewing by all health care professionals involved with this subject and also discussion groups who can be guided by a booklet supplied with the tapes. The CIBA Working Group on Child Sexual Abuse has now been disbanded but I continue to represent the Association on a Group which has succeeded it and is being funded by the DHSS. I refer to the Training Advisory Group on the Sexual Abuse of Children.

Dr. Neville Davis represents the Association on a Group on 'Out of Court'. This is a Group which explores the possibility of diverting habitual drunkenness offenders from the Criminal Justice System. The secretariat is provided by Action on Alcohol Abuse and many Associations associated with the Criminal Justice System participate in the Group, for example, ACPO, Police Superintendents' Association and Associations of Social Workers, Probation Officers and other professionals who have to deal with the problem of alcohol in relation to crime.

Mr. Maurice Buck, OBE, QPM, Chief Constable, Northamptonshire Police has been appointed our official Liaison Officer in succession to Mr. Alan Goodson, OBE, QPM Chief Constable of Leicestershire Constabulary, on his

retirement from the Police Service. Mr. Buck is no stranger to our Association having been our welcome guest at Cheltenham last year. During Mr. Goodson's time as our Liaison Officer we built many bridges with ACPO and I know that these will be further strengthened and yet more bridges built with Mr. Buck looking after the mutual interests of our two Associations. I would like to place on record our thanks for the special relationship we enjoyed with Mr. Goodson and wish him well in his retirement. At the same time, I express our pleasure in welcoming Mr. Buck and hope he will find the task enjoyable and not too onerous. In his capacity as Chairman of ACPO Crime Committee we have already had several contacts and most recently have been involved in discussions with the Ethical Committee of the British Medical Association on the subject of Intimate Searches.

Guidelines

Although the BMA have had full and frank discussion with us on the production of Guidelines on this subject, at the time of writing this Report, I must state that although we are in general agreement, there is one aspect in which the proposed Guidelines are unacceptable to ACPO and I think on this aspect most of our members would reluctantly disagree with BMA Policy. As is well known, the Law embodied in the Police and Criminal Evidence Act states that if certain conditions are satisfied, then a registered medical practitioner can have the power to search for any Class A drug.

The BMA are proposing that its members should not comply with this section of the law although it can see that there *may* be a reasonable case to conduct a search for heroin in exceptional circumstances. We have expressed the view to the Ethical Committee of the BMA and a view which is endorsed by ACPO that this is not a practical proposition. Drug abusers and traf-

fickers do not tell you what they are carrying and other substances equally as dangerous as heroin are being carried by drug traffickers.

In my Annual Report last year which was accepted *nem. con.* I wrote 'While this Association and the BMA may give ethical guidings on this or any other matter, in the final analysis, the way a police surgeon conducts his duties is down to his own individual conscience. Those of us 'at the sharp end' know full well that there are many grey areas in our work and ethical problems are not just a matter of black and white. It is stressed by your Council that Codes of Ethics are advisory and not mandatory — in the event of any member having difficulty with a particular problem, advice can be obtained in the first instance from myself or the President acting in his role as Chairman of our own Ethical Sub Committee.

I make no apology for reminding you of this and advising you that circumstances alter cases, and each case must be decided on its own merits. It is the view of your Council that ethical constraints rarely may have to be sacrificed in the interests of over-riding public good. Any doctor involved in such problems should consult with senior colleagues and we have established through members of Council and senior members of this Association that we have sufficient members throughout the country of sufficient seniority and experience to assist and advise colleagues who have to deal with such problems.

Apart from this one item, the introduction of the Police and Criminal Evidence Act has from the Police Surgeon's aspect been introduced smoothly. I have had very few letters of complaint or requesting guidance on this subject and one can only assume this is because the Codes of Practice were already being followed by most of our members long before the Act came into operation.

The membership state of the Association as this Report goes to press is

Full Members	606	(+ 25)
Associates	51	(+ 6)
Life Associates	55	(- 1)
Overseas Members	31	(- 3)
Honorary Members	16	
	759	+ 27

The untimely death of Ron Taylor has, to myself and my family, been a personal loss as well as a loss to the Association, which he served so loyally and well. Tributes to him have been paid elsewhere and it is credit to the hard work he put in on our behalf that myself and the Hon. Treasurer have been able to present our Reports to this Conference without much more than the usual activity at this period of our Association year. Ron had fortunately committed to paper most of his encyclopaedic knowledge of the members who will miss the courteous and dignified way he dealt with all your problems.

The Office of Clerk to the Association will remain vacant for the time being but, I am pleased to report that Mrs. Rosemary Farmer will provide secretarial/bookkeeping assistance at the office and I am able to reassure members that Mrs. Farmer is no stranger to the Association, having for the past few years helped us out with typing and other assistance during Ron's holidays and in emergencies.

I conclude my Report with thanks to all members of Council for their support during the year especially those to whom I have delegated some of my workload. It would be invidious to name them all but I especially mention our retiring President, Dr. Ian Craig and Sylvia. I feel that every President brings something distinctive with him when he is installed and leaves a stronger and better Association when he retires from the position. I express my personal thanks for his kind advice and support during the past two years and also to Sylvia for her support of Ian and her kindly tolerance of Association affairs intruding into their private life. The Association is in good heart, we have had a very successful year and, thanks

to the supreme efforts of Tim and Dee Manser (who I think we all agree have worked harder than any of us this year) we are about to enjoy not only our own Conference but also with our friends from Europe and overseas, the Second Cross Channel Conference on Forensic Medicine.

On behalf of the President and Council, I bid you welcome.

HUGH DE LA HAYE DAVIES

SECRETARY WARNS

Association Secretary Hugh Davies gave a warning in the magazine 'Doctor' of a national shortage of experienced police surgeons. He said that he was alarmed that some family doctors were taking on difficult aspects of the work whilst insufficiently qualified.

As a result, crucial evidence was being missed, procedures incorrectly performed and cases lost at the Crown Court through shoddy medical practice.

Dr. Davies warned that the 'ad hoc' use by police forces of GPs in an effort to overcome shortages could result in an inexperienced doctor having to deal with a complex rape case because he or she happened to be on duty.

Support for Dr. Davies's assertions came from City of London coroner Dr. David Paul, who said that there was a shortage of properly trained police surgeons throughout the country. Dr. Paul said that he was coming across 15 to 20 cases a year where examinations were inadequate or samples wrongly taken.

ESTHER INVITES

Esther Ranson has invited Association Hon. Secretary Hugh Davies to represent the Association of Police Surgeons of Great Britain on the Council of the television series 'Child Watch'

COUNCIL DIRECTORY

President:

Dr. David Jenkins, 51 Manor Way, Blackheath, London SE3 9AW.
Tel: 01-852 7448

President-Elect:

Dr. David McLay, Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow. Tel: 041-204 2626

Immediate Past President:

Dr. Ian Craig, D.M.J., 3 Blunts Hall Drive, Witham, Essex CM8 1LZ.
Tel: 0376 513696

Hon. Secretary:

Dr. Hugh de la Haye Davies, D.M.J., Creaton House, Creaton, Nr. Northampton,
NN6 8ND. Tel: 060-124 722

Hon. Treasurer:

Dr. Michael Knight, D.M.J. 11, Tuddenham Road, Ipswich, Suffolk. Tel: 0473
57284 or 35, Hatfield Road, Ipswich, Suffolk. Tel: 0473 59556

Editor, 'The Police Surgeon':

Dr. David McLay, Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow. Tel: 041-204 2626

Editor, 'The Police Surgeon Supplement':

Dr. Myles Clarke, D.M.J., Vine House, Huyton Church Road, Huyton,
Nr. Liverpool L36 5SJ Tel: 051-489 5256

Hon. Assistant Secretary (Conferences):

Dr. T. Manser, D.M.J., Whiteleas, Bridgetown Hill, Totnes, Devon.
Tel: 0803-863 876 or 0803-862 671

Hon. Assistant Secretary (Scotland):

Dr. Peter Jago, 1 'Craigview', Sauchie, Alloa, Clackmannanshire FK10 3HE.
Tel: 0259-213 145

Hon. Assistant Secretary (N. Ireland):

Dr. W.E.St.C. Crosbie, 6 Ranfurly Avenue, Bangor, Co. Down. Tel: 0247 68207

W.G. Johnston Memorial Trust Fund:

Dr. R.D. Summers, O.B.E., 26 Monksham Drive, Woodford Green, London.
Tel: 01-504 7116

Dr. James Hilton, D.M.J. St. Andrews House, Witton, Norwich NR13 5DT.
Tel: 0603 713182

(Other Trust member — Dr. D. Jenkins)

Area 1 (North West):

Dr. Stephen P. Robinson, D.M.J., West Timperley Medical Centre,
277 Manchester Road, West Timperley, Altrincham, Cheshire WA.14 5PQ.
Tel: 061-962 4351 or
145, Framingham Road, Brooklands, Sale M33 3RQ, Tel: 061-973 2156

Area 2 (North East):

Dr. A. Saul Veeder, D.M.J., 3 Carlton Close, Gosforth, Newcastle upon-Tyne
NE3 4SA. Tel: 091-285 8366 or
The Health Centre, Brenkley Avenue, Shiremoor, Newcastle-upon-Tyne NE3
4SA. Tel: 091-253 2421

Area 3 (Midlands):

Dr. C.J. Smart, D.M.J., 'The Lantern House', 22 Beaks Hill Road, Kings Norton,
Birmingham B38 8BG. Tel: 021-458 2147, (Surgery: 021-458 5507)

Area 4 (Eastern):

Dr. G.F. Birch, D.M.J., 71 Waterford Lane, Cherry Willingham, Lincoln.
Tel: 0522 751727 or
2 Mainwaring Road, Lincoln. Tel: 0522 27307

Area 5 (South East):

Dr. R. Sarvesvaran, D.M.J., 89 Tollers Lane, Coulsdon, Surrey CR3 1BG. Tel:
07375 53032 or
Department of Forensic Medicine & Toxicology, Charing Cross Medical School,
Fulham Palace Road, London W6 8RF. Tel: 01-748 2040 Ext: 2746

Area 6 (South West):

Dr. R. Bunting, D.M.J., Boskenna, The Green, Shirehampton, Bristol BS11 0DS.
Tel: 0272 822796

Area 7* (Wales):

Dr. Ronald J. Yorke, 43 Park View, Waunlwyd, Ebbw Vale, Gwent NP3 6DG.
Tel: 0495 370888 or
Errigal, Bryn Deri Road, Ebbw Vale, Gwent. 0495 309303

Area 8* (Metropolitan & City):

Dr. David S. Filer, 3 Shepherds Bush Road, London W6. Tel 01-748 4441 or
Warwick Lodge, Warwick Dene, Ealing, London W5. Tel: 01-567 3284

Area 9* (Scotland):

Dr. John Bain, Coldside Medical Practice, 129 Strathmartine Road, Dundee DD3
8DB, Scotland. Tel: 0382 826724 or
31, Whitefauld Road, Dundee DD2 1RJ, Scotland. Tel: 0382 645048.

*** Retire at Annual General Meeting 1987.**

COUNCIL ELECTIONS

In accordance with the rules of Constitution, Councillors for Areas 7, 8, and 9 will retire at the next Annual General Meeting. Nominations for Councillors should be made by an Ordinary Member supported in writing by four Ordinary Members, together with the agreement of the nominee to serve, if elected.

Nominations should be received by the Hon. Secretary before January 15th 1987.

Note: Area 7 (Wales) retiring Council Member Dr. Reginald York. Area 8 (Metropolitan & City) retiring Council Member Dr. David S. Filer. Area 9 (Scotland) retiring Council Member Dr. John Bain.

COUNCIL MEMBERS



DR. REG BUNTING
Area 6 South West

Reg qualified at Bristol University in 1958; he obtained his D.Obst. R.C.O.G. in 1960.

He joined a two-handed practice in 1960, which merged with another in 1976; there are now 4 full-time and 2 half-time partners.

Reg was co-opted as assistant police surgeon in 1972, and appointed deputy for the Bristol area in 1974. He soon realised his shortcomings, took the Postgraduate Course in Forensic Medicine at the London Hospital, and obtained the D.M.J. in 1982.

Having just moved house into an old property, his current hobby interests are predominantly building, carpentry and joinery, which is leaving little time this year for his sailing boat which is moored in Poole Harbour. Other interests include painting, sculpture, photography, art and music appreciation, fly-fishing and electronics — and he is an avid reader about all of them!

He may be contacted at: —

Boskenna,
The Green,
Southampton BS11 0DS
Tel: 0272 822796

Dr. ESHA R. SARVESVARAN
Area 5 (South East)

Dr. Sarvesvaran graduated in Sri Lanka in 1956. He joined the staff of the Department of Forensic Medicine, Colombo Medical College in 1960. He undertook postgraduate studies in forensic medicine in Edinburgh from 1965 and returned to Sri Lanka in 1968.

In Sri Lanka he then held the post of a Judicial Medical Officer, combining the duties of forensic pathologist, police surgeon and prison medical officer until he returned to the United Kingdom in 1975.

He was appointed Lecturer in Forensic Medicine at Charing Cross Medical School in 1976, and undertakes forensic pathology for the North and West London Divisions of the Metropolitan Police. He was appointed a police-surgeon to the Surrey Constabulary in 1978.

Dr. Sarvesvaran obtained his D.M.J. (Clin) in 1967, D.M.J. (Path) in 1977, and his M.D. in forensic Medicine in 1984.



Away from work, his main interests are 'racquet' games-tennis, table-tennis and badminton. He captained the University of Colombo badminton team in the 1955/56 season.

He may be contacted at —
89, Tollers Lane,
Coudson,
Surrey CR3 1BG
Telephone: 07375 53032 or at 01-748
2040 Ext: 2145
or at
Dept. of Forensic Medicine and
Toxicology,
Charing Cross Hospital Medical School,
Fulham Palace Road,
London W6 8RF
Telephone: 01-748 2040 Ext: 2746



DR FRANK BIRCH
Area 4 — Eastern

Frank qualified at Liverpool University in 1957, and following various junior and senior officer posts in Liverpool hospitals, spent a physically active two years National Service with the Parachute Field Ambulance in Aldershot before settling in general practice in Lincoln in 1962, as a principal in a busy urban group practice.

He obtained the D.R.C.O.G. in 1962 and the D.M.J. in 1980, and became Sub-Divisional Police Surgeon at Lincoln in 1976. He was appointed Lincolnshire Force Police Surgeon with effect from 10 September 1986.

He was appointed Assistant Deputy Coroner for Lincoln and District in 1980, a role which has not proved too onerous, but may become more so, following the recent death of the Deputy Coroner.

He is married to his wife, Pat, an ex-active physiotherapist. They have two daughters and two sons in their teens and early twenties.

Hobbies include gardening, horse riding, DIY, repairs and renovations, rugby — (now as a spectator, both home and abroad), and amateur darts competitions at Annual A.P.S.G.B. Conferences (a definite sign of a misspent youth in Student Unions!).

He may be contacted at: —

Surgey 2 Mainwaring Road
Lincoln
Telephone: (0522) 27307

Home 'Foxford'
71 Waterford Lane
Cherry Willingham
Lincoln
Telephone: (0522) 751727

COMPENSATION

Double murderer Harry Conchie broke both his arms and legs when he fell while climbing over the prison wall. He has been awarded £5,000 accident compensation by New Zealand's Accident Compensation Commission for 'pain and mental anguish'. The Commission is entitled to reject applications from those injured whilst committing crimes, but Conchie had not been charged with attempting to escape. He had been jailed for killing his cousin and the man's mistress.

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 £1.00 (one packet),
£1.80 (two packets).
2. **Sexual Assault Leaflets**. Packets of 100 **£2.50**
Postage £1.00 (one packet), £1.80 (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.

Office Address:

**CREATON HOUSE, CREATON,
NORTHAMPTON, NN6 8ND.**

Office hours:

**1.30-3.30 p.m. Monday—Friday
Telephone: (Creton) 060-124 722**

OFFICE HOURS

Following the sad death of the Association Clerk Ron Taylor, it has become necessary to reorganise the working of the Association Office.

The Office hours will now be from 1.30 p.m. until 3.30 p.m., Monday to Friday, when the telephone will be answered by either the Association Hon. Secretary Dr. Hugh Davies, or by his Personal Assistant Mrs. Rosemary Farmer.

Outside Office hours, and if the Association Hon. Secretary is not available, an answering machine will be in operation on which messages can be left. Dr. Davies will answer all messages when he returns.

Should the Association Hon. Secretary not be available for urgent consultation, consider telephoning other members of Council, details of whom are found in the Council Directory.

**One Hundred Years of
Police Surgeons — Celebrate
in London on January 24th 1987**

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

INCOME AND EXPENDITURE ACCOUNT

For the year ended 31st March 1986.

1985	EXPENDITURE	£	1985	INCOME	£
621	Stock of Goods — April 1985	1561	28888	Subscriptions	30888
703	Goods purchased	982	1758	Interest received	3072
1836	Dairies	1885	844	(Conference Receipts)	—
318	Printing, Stationery etc.	274	1678	Symposium Receipts — Metropolitan	74
675	Telephone	834	—	Symposium Receipts — Birmingham	70
672	Postage	581	1078	Sale of Books, Journals etc.	1082
837	Conference Expenses	716	725	Sale of Dairies etc.	45
451	Symposium Expenses	50	179	Sale of Body Sketches	270
—	Symposium Expenses (1985)	1489	1073	Advertising — Supplement	1296
989	Council Meetings	1392	59	Sundry Receipts	170
—	Johnston Trust — Tayside Safediving Project	2500	591	Sale of Goods	736
2000	(Publication of monograph)	—	816	Stock of Goods March 1986	1462
237	Conference Facilities Preview 1985/7	603			
66	Sundry Publications	60			
5736	Police Surgeons Journal	4743			
4050	Police Surgeons Supplement	4343			
775	Accountancy etc.	747			
77	Medallions	56			
86	Miscellaneous Expenses	185			
3150	Insurance	3300			
155	Bank Charges	142			
80	Depreciation — Equipment	60			
88	Expenses — President	198			
371	Travel and Subsistence	341			
1900	Attendance	1950	2291		
4292	Assistants — Salary	4508			
1542	National Ins. & Expenses	1499	8005		
1000	Rent & Rates — Office		1025		
97	Heating — Office		71		
32786		36093			
4953	Excess of Income over Expenditure	3182			
37739		39275	37739		39275

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

BALANCE SHEET

As at 31st March 1986

1985	£	£	1985	£	£
General Fund			Fixed Assets		
Balance 1st April 1985	27924		Office Equipment — Cost	1200	
Add/Excess of Income over			Less/Depreciation to date	875	325
Expenditure for year	3182	31106	Photographic Equipment		
Current Liabilities			At cost	426	
		70	Less	375	
792 Sundry Creditors		757		60	
			386 Medallions — Cost		330
			Current Assets		
			1561 Stock of Goods	1462	
			25051 Cash in Building Society	28623	
			1328 Cash at Bank in Hand	1073	
				31158	
28716	31863	26716			31863

ACCOUNTANTS REPORT

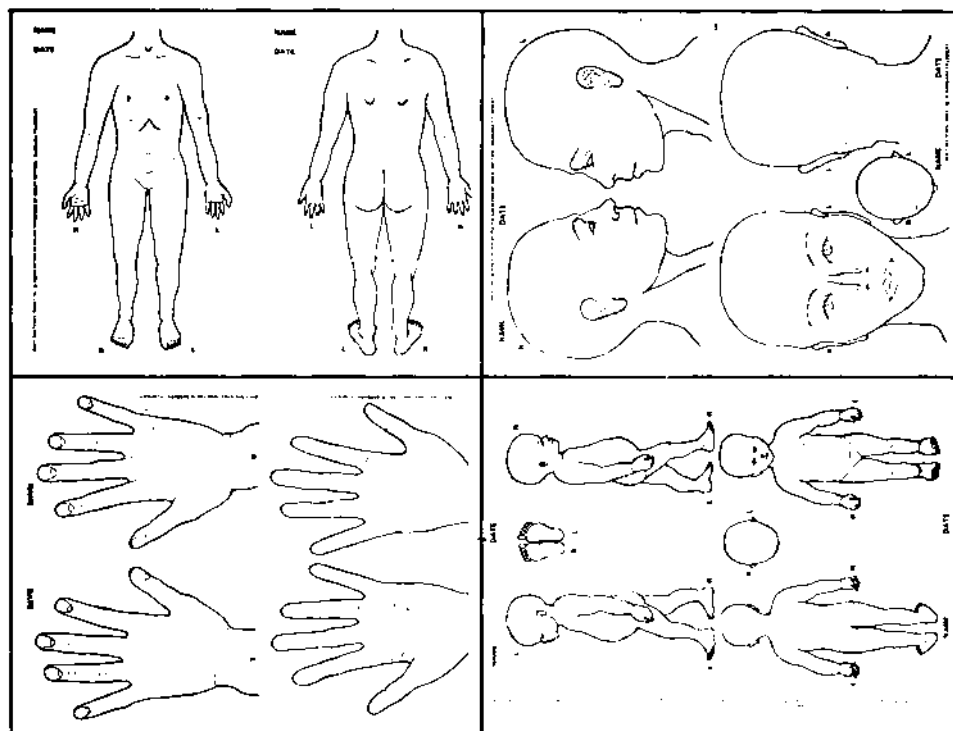
We have prepared, without undertaking an audit, the above Accounts from the books and information supplied and we certify that they are in accordance therewith.

40 York Road
Northampton

ORTON DESBOROUGH & CO
Accountants

30th April 1986

ETCHESBODYSKETCHESBODYSKE



Body Sketches are printed on A3 sheets, but may be easily divided into A4 sheets if required.

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



NEW PACK containing 9 sheets each of sheets 1-4 and 6 and 5 sheets of sheet 5 now available — £2.00 plus £1.10 p.&p. Order name — "Mixed pack of body sketches".

Each sheet is available in packets of 50 at £2.00 per packet.

Postage — United Kingdom: 1 packet £1.10; 2 or 3 packets £1.50; 4 or 5 packets £2.20; 6 packets £2.60.

Postage Overseas (Surface Mail)

1 packet £2.00; 2 or 3 packets £3.00; 4 or 5 packets £4.00; 6 packets £5.00.

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

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

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moderate pain

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NEW FORENSIC DIPLOMA

UNIVERSITY OF GLASGOW DIPLOMA IN FORENSIC MEDICINE (DFM)

Scheme of Courses and Examinations

This part time postgraduate Diploma course is provided in the Faculty of Medicine by the Department of Forensic Medicine and Science with the assistance of other departments. The course is intended for lawyers, scientists, social scientists, doctors and others who are involved in court work and court procedure.

Entrance Requirements

The normal standard of admission to the course will be a degree in medicine, law, science, social science or a related subject from a University recognised for this purpose by the University Court on the recommendation of the Senatus.

Period of Study

The course will be taught over a period of nine months; normally on one weekday evening during the Martinmas and Candlemas terms and two weekday evenings during the Whitsun term. Additional lectures and seminars, for example at weekends, may be arranged after consultation with the candidates.

Course Requirements

Each candidate for the Diploma shall be required to undertake a prescribed course of study and thereafter to present himself for an examination which will include written papers, a practical examination and an oral examination.

Prescribed Courses

Candidates will be expected to have studied the following subjects:

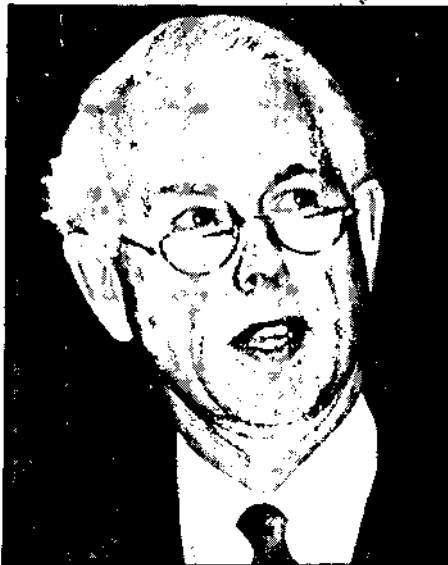
1. The principles of forensic and general pathology.
2. Clinical forensic medicine.
3. Forensic toxicology.
4. Analytical techniques and the principles of instrumentation.
5. Basic statistical evaluation of the results.
6. Comparative legal systems.
7. The principles of the law of evidence and procedure.
8. Medico-legal problems.

These subjects will be taught in lectures, seminars and tutorials. Practical work will be conducted in general and forensic pathology and visits will be made to the Forensic Science Laboratory for demonstration purposes. Visits will also be arranged to hospitals and the Courts of Justice.

Examination

Examiners will be appointed to cover the medical, scientific and legal aspects

Professor Alan Watson



of the examination. The written examination will take the form of two three-hour papers in which there will be at least one compulsory question; further questions will be answered from a selection of subjects in medicine, science and law. The practical examination will take the form of short reports to be made on a number of objects presented to the candidate. Such objects or photographs will be of a similar nature to those used as productions in a Court of Law. The oral examination will be held before medical, scientific and legal examiners.

The weight attached to each part of the examination will be as follows:

Written papers	— 50%
Practical	— 25%
Oral	— 25%

Postponement of Examinations

Postponement of the examination or part of the examination will be permitted only in exceptional circumstances such as illness or hardship or professional duties. Postponement may only be granted by Senate on the recommendation of the Faculty of Medicine.

Final Assessment for the Diploma

A candidate must satisfy the examiners in the written, practical and oral examinations before he may be awarded the Diploma.

Course Fee: £420.00

For further information contact:
Professor A.A. Watson,
Department of Forensic Medicine
and Science, 8 University Gardens,
Glasgow, G12 8QQ.

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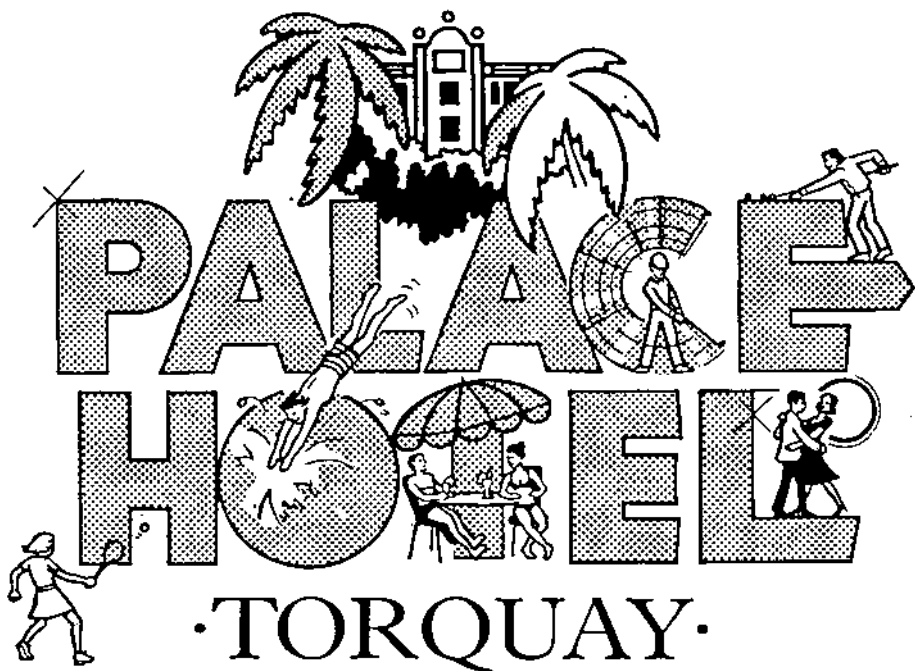
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NEWS AND VIEWS

STD — WHEN SHOULD THE FIRST CHECK BE MADE?

I do not usually take swabs for gonorrhoea or other sexually transmitted disease in rape victims because if the infection had been passed on during the alleged rape only a few organisms might be present and might not be picked up on the swab. A negative result would give the woman a false sense of security.

I usually advise the woman to attend a Genito-Urinary Clinic in about a week's time giving her the address and times of the clinics and write a letter to the consultant if she wishes me to do so.

Very occasionally, perhaps where the victim is an old lady or feels very strongly that she cannot face the added trauma of attending a G.U. clinic, I will give her treatment with 1G. Probenecid and 3G. of Amoxil after checking that she is not sensitive to penicillin.

A recent case of rape has made me think again about this. A girl whom I saw a few weeks ago after she had complained of rape has now found that she has gonorrhoea. This has caused her extreme distress. She is psychologically very disturbed indeed and her hair is falling out.

The man charged with the offence has admitted that he has gonorrhoea but is alleging that he could have caught this from the girl, that she is sexually promiscuous and consented to what occurred. At the time of the examination I noted that the genital area was sore and red, the findings being consistent with her story.

It would have been of great value in this case to know whether gonorrhoea could have been found at the time of that examination, and if found, it would have tended to support the man's case.

If not found, it would suggest that the infection had indeed been transmitted in the rape and had not become apparent until later.

In another case a woman alleged falsely that she had been raped in a police cell by two police officers. I examined her 9 days after the alleged offence, found no evidence of sexual assault and was aware that the girl was trying to mislead me about the matter. She complained of weakness of the arms and was wearing a cervical collar. She apparently could not move her arms properly when muscle power was being tested yet could jump off the examination couch and dress herself without difficulty when my back was turned.

She subsequently alleged that she had been infected with a venereal disease for which she attended her own doctor and was treated with Ceporex. This allegation, for which there was no hard evidence, led to a most distressing situation for the two officers she accused and their families.

The girl friend of one officer and the wife of the other, as well as the officers themselves, had to attend the Genito-Urinary Clinic and be examined to prove that they did not suffer from venereal disease. This added very greatly to the stress they had to suffer.

If it had occurred to me that such an allegation might be made I would have taken cervical and urethral swabs and sent them in transport medium to the Public Health Laboratory. A negative result would have prevented the allegation of V.D. infection from being taken seriously. If the result had been positive, then the fact that the officers were found to be free of such infection without any history of being treated would have told in favour of the allegation being false.

It would take only a few minutes during a careful and thorough forensic examination to take the necessary swabs for bacteriological examination after all necessary specimens had been taken for forensic purposes. In a very few cases this additional information might be of the utmost importance.

Perhaps we should think again.

RAINE ROBERTS

NEWS AND VIEWS — EXAMINATION CENTRES

MANCHESTER LEADS Sex Assault Referral Centre

The first Sexual Assault Referral Centre in England will open shortly in Manchester. Known as "The St. Mary's Centre", it will be situated near the front entrance of St. Mary's Hospital for Women and Children.

Many police surgeons and in particular Dr. Raine Roberts have been pressing for years for the establishment of such centres. The clinical director will be Dr. Roberts, who will be responsible for the co-ordination of a roster of paid professional nurse counsellors. She will also be responsible for decisions regarding the involvement of other professionals such as venereologists, gynaecologists and psychiatrists.

Access

The Centre will provide a 24-hour walk in service — anyone may seek advice about any sexual offence whether recent or in the past. In the event of a recent offence, the complainant will see a counsellor who will inform the police **ONLY IF THE COMPLAINANT WISHES IT**. Some women will be referred by the police.

The police are wholeheartedly behind the scheme, and the new Centre will be funded by the Greater Manchester Police Authority and the Department of the Environment through the Inner Cities Scheme.

When a woman reports an offence to the police, the interviewing will be carried out at the Centre in addition to the medical examination. Follow up advice will be available as necessary, and a counsellor will be with the woman throughout if she wants this.

Greater Manchester Police provides a better than average service in that many of its policewomen have had special training in dealing with sexual offences. For some years complainants of sexual offences have been offered the choice of examination by the divisional police surgeon or examination by a trained woman doctor in her own surgery.

However, the police are keenly aware that there is room for improvement and are anxious to achieve this.

Training

Joint training of police officers, counsellors and police surgeons will be undertaken before the centre opens, and on-going training will also take place. A weekly case conference/operational meeting will be held when those working in the centre will meet to discuss cases which have presented during the previous week and make decisions regarding the further management of each problem.

Those working in the centre will learn as they go along, and undoubtedly operational changes will be made in the light of experience.

It is hoped that the St. Mary's Centre will be the first of many in Great Britain.

Brentford Suite

The Brentford Victim Examination Suite in the Metropolitan Police Area differs from the St. Mary's Centre in two important respects — it is on police property and referrals are only via the police. In addition, counsellors are not generally available.

A high degree of privacy is obtained at the Brentford Suite, which is situated on the first floor of a former section house. Despite being on a traffic island, and on the main approach to Heathrow, there is excellent soundproofing. It is much quieter than the average hospital, be it casualty department or ward.

The rooms of the Brentford Suite are small, and in particular the size and awkward shape of the medical room severely restricts the numbers who can be present during the examination. There is also a shortage of work surfaces — it is remarkable how much in the way of equipment, clothing and samples needs to be kept clear of the floor during a sexual assault examination.

NEWS AND VIEWS — EXAMINATION CENTRES

There is an excellent supply of disposable items at Brentford — including disposable zip-up boiler suits, flannels, toothpaste, toothbrushes, combs, and paper panties. The general atmosphere is conducive to unwinding and recovery, unlike many hospital premises where the atmosphere can be one of tension, noise and bustle.

Northampton Unit

Radical changes to Northamptonshire's approach to sex assault victims were announced in May.

A special examination suite was opened at Northampton's Campbell Square Police Station. It includes a specially refurbished sitting room, a shower room and medical room. Unusually, the suite also contains a bed, useful in helping the victim to recover. The suite is separate from the mainstream of police station activity.

There is a team of specially trained women police officers available, together with a female photographer. A woman police surgeon is also available if required.

Scotland

The Scottish council of the B.M.A. has declared that rape victims should have the choice of being examined by women doctors and that these doctors should not necessarily be police surgeons.

Scottish B.M.A. council members said that in certain areas such as Glasgow, Edinburgh and Dundee, women GPs might be prepared to undertake examinations of rape victims, but would not be willing to carry out other aspects of police doctors work dealing with potentially dangerous situations at night.

At the moment there are thought to be no women police doctors in Scotland.

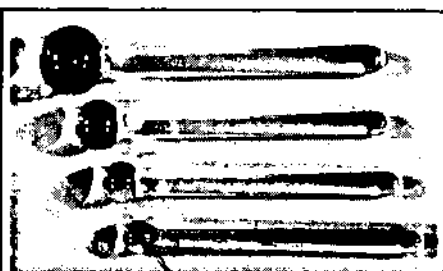
HOME OFFICE CIRCULAR

In October the Home Office issued a new guidance circular for dealing with the victims of sexual offences.

The circular offers advice on improvement of the conditions in which victims are examined and interviewed, and advises either the use of a separate examination suite, such as being set up by the Metropolitan police, or accommodation arranged in local hospitals or doctors' surgeries.

Forces are encouraged to recruit more female police surgeons or other female doctors, so that the complainant may be examined by a woman if they wish.

Advice should be available regarding pregnancy, infections, injuries, victim support schemes, the criminal injuries compensation scheme, or the need for photographs.



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NEWS AND VIEWS

DIMINISHING EXPERTS

The U.K. is running out of doctors trained for forensic work. The situation is becoming so desperate that justice is threatened, according to Dr. Norman Burns during the B.M.A.'s A.R.M.

Dr. Burns, from the Dukeries in Nottinghamshire told the meeting: 'There is no easy way to get training in forensic medicine. Even in pathology departments, trainers lack experience'.

He said the U.K. was relying on an ageing dwindling group of forensic pathologists, and successors were not being trained.

Dr. Michael Green, of the Medical Academic Staff Committee, a forensic pathologist for 20 years, said that the number of his colleagues had shrunk from 80 full-timers to just 30 in recent years.

Well trained

But B.M.A. Council member Dr. Ralph Lawrence (police surgeon) objected, saying that the shortage was not at all levels of forensic work, and that police surgeons were well trained and organised. 'The problem is principally one of undergraduate education in forensic medicine.

However, the meeting decided that rape and child sexual abuse victims should only be examined by doctors fully trained in forensic techniques. This rules out half the country's police surgeons who did not have appropriate training, Dr. Pat Price of Solihull told representatives.

SUPER SLEUTH WEEKENDS

For those who feel a little guilty about sneaking off for a weekend, dirty or otherwise, instead of catching up with the forensic journals, how about a 'working' weekend at the Old Swan Hotel, Harrogate?

60 years after the mysterious disappearance of Agatha Christie, later discovered in the Old Swan Hotel, there will be a series of Sleuth weekends,

where the guests play the role of detective. A cast of actors will be infiltrated into the party of guests, portraying characters who, on the surface seem innocent enough, but in fictional reality are caught in a web of crime, intrigue and passion.

Each weekend will also feature a famous forensic figure who will give a lecture. The first weekend (entitled 'Death in Three Acts') was held at the end of October, when the speaker was Professor Alan Usher on 'The Medical Investigation of Sudden Death'.

Planned weekends are —

13-15th February 1987 — 'The Poisoned Kiss' — Professor Bernard Knight 'Murder: Fact and Fiction'

17-20th April 1987 — 'A Better Class of Death' — Dr. Tony Moffatt 'Drugs and Poisons'

28th-31st August 1987 — 'Old Fashioned Murder' — Dr. Michael Green 'The role of the Pathologist in the Investigation of Crimes'.

Further details from —
Mrs. Christine Webster,
Old Swan Hotel,
Swan Road,
Harrogate,
North Yorkshire HG1 2SR



NEWS AND VIEWS

CONGRATULATIONS

Professor T.K. Marshall and Dr. S.J. Carne both received the C.B.E. in this year's birthday honours.

Dr. Davis Ranson, who spoke at the Cheltenham Conference, is an associate member and has attended other Association meetings, has added an LL.B. to his D.M.J.

Roger Phillips has obtained the D.M.J.

Congratulations to Dr. J.S.P. Jones, D.M.J., of the Department of Pathology, City Hospital, Nottingham, who has been awarded a personal chair in Forensic Medicine at the University of Nottingham.

CONGRATULATIONS

Dr. Peter Bush, founding member, former Hon. Secretary and now President of the Association of Australasia and Pacific Areas Police Medical Officers, was awarded the Membership of the Order of Australia (A.M.) in the last Birthday Honours, for services to the Community and Medicine.

Dr. Stephen Cordner (Guys) has been appointed Professor of Forensic Medicine at Melbourne (Monash), with effect from May 1987.

Ladies Honoured: Presented to the Queen in St. James' Palace at the Celebration of the 150th Anniversary of the Royal Medical Benevolent Fund were Lucette Jenkins, Pam Clark and Mary Rosenberg.



NEWS AND VIEWS

THE D.M.J.

An Association booklet giving details and advice on the Diploma (Clinical) is now available from the Association Office.

New convenor

Following the death of Professor Hugh Johnson, Dr. Stanley Burges has been appointed the Diploma Convenor. Stan has made excellent progress following the illness which prevented him from attending the Association Annual Conference, has returned to work, and examined during the Part 1 vivas in October.

Reverend D.M.J.

Dr. John M. Hall (Leicester), who obtained the D.M.J. in 1985, has been ordained a priest in the Church of England. This apparently is one of the lesser known side effects of obtaining the Diploma!

Tutors

Those requiring Tutors for advice and guidance for the D.M.J., please apply to the Association Office.

COURT AND SOCIAL

The Times, 13th May 1986

Association of Police Surgeons of Great Britain

Sir Fergus Montgomery, MP, was host at a luncheon at the House of Commons yesterday given by the Metropolitan and City Group. Mr. Giles Shaw, MP, Minister of State, Home Office, was the guest of honour.

Those present were: Dr. & Mrs. E.C.A. Bott, Dr. & Mrs. Ian Craig, Dr. Hugh Davies, Dr. & Mrs. Neville Davies, Mr. & Mrs. John Dellow, Dr. & Mrs. David Filer, Mr. Graeme Hart, Mr. & Mrs. Roy Hudd, Dr. & Mrs. David Jenkins, Mr. & Mrs. Owen Kelly, Dr. Frances Lewington, Dr. & Mrs. Tim Manser, Dr. & Mrs. Robin Moffat, Dr. Ralph Summers and Mr. & Mrs. John Wickerson.

TRAINING

The first vocational training scheme for newly appointed police surgeons has been agreed with the Metropolitan police. New recruits will be attached to senior police surgeons who will act as trainers.

The attachments are designed to supplement the five-day courses for police surgeons which the Met introduced last year.

It was hoped that eight trainer police surgeons would be appointed, one in each of the Met's divisions.

Dr. Francis Lewington, principal scientific officer at the Metropolitan Forensic Science Laboratory, said that there was a need to put the training of police surgeons on a more professional footing. Details of the programme would be worked out with senior police surgeons to ensure all new recruits received standard training.

There are currently 80 to 90 police surgeons in London.

"Pulse"

Editor of the 'Police Surgeon' and President Elect Dr. David McLay.



NEWS AND VIEWS



CORRESPONDENCE

To the Editor,
Police Surgeons' Supplement.

Dear Sir,

Some four months ago I had the mind-concentrating experience of haying my mortality questioned.

If there was ever a time that I was pleased and proud to be a police surgeon, it was during the weeks that followed this rather terrifying ordeal. And why? Because the messages of cheer and goodwill which poured in from friends and colleagues in the Association, both here and abroad, was one of the most uplifting experiences of my life. It has been impossible for me

to reply to everyone personally and I hope, therefore, that you will permit me to use some of the Supplement space to thank all those who wished me well.

I am delighted (and relieved!) to say that I am now back at work and have recommenced, *inter alia* Association activities.

STAN BURGESS

Los Angeles: Pathologist Philip Campbell was about to start on a postmortem, when the man he was about to dissect opened his eyes and yelled for help.

Henry Lodge, 63, had been brought in as an accidental death after fixing fuses. Henry is now back at home. Dr. Campbell is still on leave from nervous exhaustion.

LEGS CROSSED?

Police officers at Whitehill Police Station, Alton, Hampshire have been banned from a lavatory during thunderstorms.

A new radio mast cannot be earthed properly because of very dry subsoil, and the radio control unit and the men's lavatory next door have to be locked when storms threaten.

W.G. JOHNSTON TRUST FUND COMBINED ACCOUNTS 5th APRIL — 5th APRIL 1986

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68	Current Account	693.52	65	Postage and Packing	34.00
558	Interest on Deposit Account	256.36	31	Refund to A.P.S.G.B.	—
2649	Sale of "Rape" Monograph	3112.64	—	Tayside Driving Project	2500.00
1200	Hutchinson Benham Refund	—			
2000	Received from A.P.S.G.B.	2500.00			
				Balance at 5th April 1986	
				Deposit Account	6257.50
				Current Account	378.06
					6.52
					9176.08
		9176.08			

NEWS AND VIEWS

CANING NOT EXCESSIVE

A 14-year old boy was caned at Brighton College in 1983, for vandalism and bullying. The boy's parents subsequently withdrew him from the College.

In Worthing County Court the boy's parents claimed £5,000 damages to compensate for the education disruption and the trauma. The boy's father maintained that the boy had four badly-bruised weals on his buttocks which were not the result of normal caning. It was said that the boy was unable to walk for an hour after the beating, although he was able to play rugby later.

The parents took the boy to a doctor for treatment and then went to the police. The police took photographs but declined to prosecute.

Senior police surgeon Dr. Robin Moffat said that the marks were entirely consistent with a normal caning and it was extremely unlikely that excessive force had been used.

Judge John McManus said it was significant that the police had decided not to prosecute. The bruising shown in the photographs was such as would be expected from a normal caning. The Judge awarded costs against the parents.

STOPP, the Society of Teachers Opposed to Physical Punishment, who supported the parents' action, said that they would continue to back the family, who are planning an approach to the European Court of Human Rights.

'Worthing Gazette and Herald'

Metropolitan police surgeon Robin Moffat gave a paper at the British Veterinary Association Congress held in September at Brighton.

The Congress heard approximately 140 papers, and five lecture theatres were in use concurrently.

COURT FEES

Three expert medical witnesses claimed full court fees when their court hearing was cancelled only 24 hours before the hearing was due. The Taxing Master had allowed fees which were substantially less than claimed.

Mr. Justice Bingham, of the Queen's Bench Division, decided that they should be paid in full. He said that each case for payment must be judged on its own merits, but he made it clear there were limits on what could be demanded of witnesses in the name of public duty.

He said 'The court is undoubtedly very much assisted by the expert evidence of medical and other witnesses at the peak of their professions. If such men are to respond to invitations to give expert evidence in court and to keep time free for that purpose, it is right that they should not run the risk of a last minute cancellation which would leave them substantially out of pocket'.

He added, 'It would, therefore, be very unfortunate if witnesses such as these were deterred from making their services available, and if the court were dependent on the evidence of those who had no very pressing demands on their time'.

The BMA submitted that in Scotland it is standard practice for a witness to receive a half fee if a case is cancelled within seven days of the hearing, and a full fee if the cancellation is within 48 hours. Similar arrangements apply in Northern Ireland.

Fees Increased

Availability fees and item of service fees for police surgeons have been increased from October 1st; mileage rates have been increased as from July 1st. Court attendance fees have also been increased.

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

NEWS AND VIEWS

FINGERPRINTS AND ALL THAT

The Meaning of the word 'Identification' depends on the way you look at it. To a relative, identification means the face of a loved one, to a dentist that awkward posterior amalgam filling, to a document examiner the stroke of a pen, but to a member of the International Association for Identification (I.A.I.) it means but one thing — fingerprints.

The I.A.I. is one of the most venerable and respected societies in criminalistics. It was founded in 1916, and has held over 71 international congresses. This year, it was held at the London Tara Hotel.

There were papers on all sorts of identifications such as gloveprints, footwear, voice identification, betting frauds and of course fingerprints. A.P.S.G.B. members Stan Burgess and Ivor Doney gave papers. Stan is no stranger to the I.A.I. and has been associated with them for many years; he is an honorary member of the Fingerprint Society. He gave a talk on the role of the forensic physician in Identification. Ivor Doney's paper was on 'Identification of the Dead — Can Chiropodists Help?'

Head of Washington F.B.I. Fingerprints Departments Robert Hazen gave a long and fascinating talk on many of the great crimes of the last 50 years, and showed how fingerprint science had played its part in solving them. Fingerprints play a part not only in crimes but in disasters; amnesia victims may also be identified.

Fingerprints remain unchanged from birth to the grave. They cannot be changed even by self mutilation. Some criminals have tried — John Dillinger ground down his fingerprints with abrasives, and poured acid in the wounds to promote scar tissue. The pain was excruciating and all to no avail — his old prints gradually reappeared. The criminal Roscoe Pitt had his fingertip skin removed surgically and auxiliary skin grafted on. It wasn't done well

enough — he got picked up by the print pattern from the flexor surfaces of his fingers lower down.

Recent advances

Probably the most important recent advance in fingerprint technology is the development of the Argon Ion laser when ninhydrin powders are ineffective. Two good papers on the subject were given by Kenneth Creer and John Brennan from the Metropolitan Laboratory. A bank robber used an Adidas shoulder bag to carry the loot. A lame police officer in civilian clothes, with crutches, was making a deposit at the time, and instinctively hit out at the robber with his crutches! The robber fled, dropping the bag. When Ken Creer turned the laser on the Adidas bag, he found no prints, but did discover the owner's name which had diligently been 'erased' with solvents.

The major snag with lasers is that the instrument is so big it requires four men to lift it — it's not likely to be found in every SOCO crime kit!

IVOR DONEY



NEWS AND VIEWS

POSTGRADUATE COURSE IN FORENSIC MEDICINE

The next Postgraduate Course in Forensic Medicine (DMJ course) will take place at the London Hospital Medical College from 2nd to 13th March 1987. The course fee is £190.00.

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

Comprehensive

The course lasts two periods of five days, each day commencing at 10.00 a.m. and concluding at 5.00 p.m. The course is comprehensive and the following speakers participate —

Mr. B. Arnold (Met. Lab.) — *Ballistics.*

Mr. C.W. Barrett (Pharmacist) — *Medico-Legal Aspects of Poisons, Drugs and Therapeutic Substances.*

Dr. R.R. Berrett (Met. Lab.) — *Forensic Science 1.*

Professor C.L. Berry (Morbid Anatomist) — *the Effect of Drugs on the Foetus.*

Professor D.A.L. Bowen (Pathologist) — *Asphyxia.*

Professor J.M. Cameron (Pathologist) — *Course Introduction; Child Abuse; Course Closure.*

Dr. D.R. Chambers (H.M. Coroner) — *The Coroner.*

Mr. J.P.C. Clitheroe (Solicitor) — *Preparation of Case and Consultation.*

Dr. F. Cramer (Police Surgeon) — *Accident Claims and Examination of Injured Persons; Doctors and Drivers.*

Professor Barbara Dodd (Haematologist) — *Paternity Testing.*

Mr. D.G.A. Eadie (Consultant Surgeon) — *Pitfalls in Vascular Surgery.*

Dr. N. Eastman (Forensic Psychiatrist) — *Consent to Treatment.*

Dr. D.W. Empey (Consultant Physician) — *Toxic Materials in the Environment.*

Mr. S.J.W. Evans (Statistician) — *Elementary Statistics.*

Dr. A.G. Fiskin (Shell Chemicals Ltd.) — *Pesticides.*

Mr. J.C. Freeman (Lecturer in Laws) — *Victimology (1 and 2).*

Miss K.M. Frith (Gynaecologist) — *Sexual Offences involving Females.*

Mr. C. Gibson (Barrister) — *Medico-Legal Aspects of the Road Traffic Act.*

Dr. J.D.J. Havard (B.M.A.) — *History of Legal Medicine; Legal Medicine in Various Countries.*

Dr. M.J. Heath (Pathologist) — *Solvent Abuse.*

Dr. J.A. Henry (Consultant Physician) — *Problems of Acute Poisoning in Man.*

Wing. Co. I.R. Hill (Pathologist) — *Aviation Pathology.*

Dr. D.T.D. Hughes (Consultant Physician) — *Medico-Legal Aspects of Pulmonary Disease.*

NEWS AND VIEWS

Dr. D. Jenkins (Police Surgeon) — *Duties of the Police Surgeon.*

Professor G.C. Jenkins (Haematologist) — *Medico-Legal Aspects of Haematology.*

Dr. P.G. Jerreat (Pathologist) — *Hypothermia.*

Professor H.R.H. Johnson (Pathologist) — *The Medico-Legal Autopsy.*

Mr. J.C.D. Kenyon (Major Incident Repatriation Team) — *Major Incidents.*

Mr. J.B. King (Orthopaedic Surgeon) — *Medico-Legal Aspects of Traumatology.*

Dr. F. Lewington (Met. Lab.) — *Forensic Science 2.*

Dr. P.J. Lincoln (Haematologist) — *Blood Grouping of Stains and Body Fluids.*

Dr. A.H. McDonald (Consultant Cardiologist) — *Medico-Legal Aspects of Heart Disease.*

Dr. J.A.C. MacKeith (Forensic Psychiatrist) — *Forensic Psychiatry.*

Dr. D.H. Marjot (Psychiatrist) — *Alcohol; Drugs.*

Professor T.K. Marshall (Pathologist) — *Time and Changes after Death (1 and 2).*

Mr. G.B. Northcroft (Neurosurgeon) — *Trauma to the Central Nervous System.*

Dr. K. Owen O.B.E. (Medical Advisor T.U.C.) — *Problems in Occupational Medicine.*

Dr. R. Palmer (Medical Protection Society) — *Legal Pitfalls of Medical Practice.*

Dr. D.M. Paul (H.M. Coroner) — *The Medical Witness; Medico-Legal Aspects of Buggery.*

Dr. J.M. Pfeffer (Psychiatrist) — *Compensation, the Law and Psychiatry.*

Professor R.A. Risdon (Histopathologist) — *Neonatal Post Mortem.*

Mr. R.F. Ruddick (Photographer) — *Role of Medical Photography in Legal Cases.*

Mr. B.G. Sims (Forensic Odontologist) — *Forensic Odontology (1 and 2).*

Dr. P.J. Stevens, O.B.E. (Pathologist) — *Natural Disease as a Cause of Sudden Death.*

Dr. P.A. Toseland (Toxicologist) — *The Road Traffic Act (Drink and Drugs); Detection of Poisons.*

Mr. P. Towers (Registrar G.M.C.) — *The General Medical Council.*

Professor A. Usher (Pathologist) — *Exhumations.*

Dr. P. Vanezis (Pathologist) — *Scenes of Crime; Interpretation of Neck Injuries.*

Dr. I. West (Pathologist) — *Blast Injuries.*

Professor J.D. Williams (Microbiologist) — *Medico-Legal Aspects of Microbiology.*

Dr. P.G. Woolf (Psychologist) — *Mental Handicap and Mental Impairment.*

Dr. M. Yaffe (Psychologist) — *Pornography and Sexual Aggression.*

Further details of the DMJ Course may be obtained from —

The Postgraduate Dean,
The London Hospital Medical College,
Turner Street,
London E1 2AD
Telephone: 01-247 7883



RAPE AND THE HOLY LAND

Two members attended the International Congress on Rape held at the Laromme Hotel, Jerusalem, from the 7th to the 10th April 1986, following in the footsteps of Ivor Doney and Bert Kean who attended the Identia 85 meeting last year (vide volume 18 of the Supplement).

The opening address by Ms. S. Aloni, a member of Knesset, on the changing attitudes towards rape victims set the tone of the Conference. The ancient tradition of women being the property of either their husbands or their fathers, and their function to be 'fruitful and multiply' has long gone, but the increasing emancipation has brought its own problems. An incautious remark to a neighbouring delegate to the effect that women were perhaps happier when their role in society was more clearly defined provoked a barrage of withering glares from surrounding women, and a hasty retreat behind a newspaper.

Unfortunately the beginning of the Libyan crisis deterred many delegates from attending, and there were numerous gaps in the advertised programme. The lack of 'meat' in the con-

ference was more than compensated by an abundance of emotion and ardent feminism, as the ratio of female to male delegates was about 6 to 1. However conscientious one tried to be it was impossible to cover the entire conference. Two halls were in use and papers were presented simultaneously in each. Obvious distractions were the hot sunny weather, the hotel swimming pool and the fascination of Jerusalem itself.

Sitting in a café in the Old City munching fefafel, and sipping Turkish coffee you could watch the world go by much as it must have done 1000 years ago. And what a mélange of races and religions. Walking in the alleys you brush against an infinite variety of Jews, Protestants and Catholics, Muslims, Armenians, Arabs, Copts and Greek and Russian Orthodox, all engaged in buying and selling, reading, praying, smoking water pipes, playing sheshbeck (a sort of backgammon), talking, quarelling and begging. The city is built entirely of limestone, which changes colour according to the time of day, being almost white in the strong midday sun, and a deeper yellow in the early morning and in the evening — hence the 'golden' city.

Being built on a series of hills with intervening valleys, there were marvellous views in all directions. Mimosa grew on the hillsides like gorse in the U.K., and flowers were everywhere — wisteria and roses in full bloom, freesias in ornamental beds, and geraniums growing like weeds. On waste ground were a profusion of small red anemones and red buttercups. Having left Heathrow at the end of our prolonged winter the contrast was amazing.

The organisers arranged a reception at the Israel Museum, and afterwards a tour of the museum, which apart from the Shrine of the Book, housing the Dead Sea Scrolls, has the world's most comprehensive collection of Judaica. The following evening we attended the Linda Feldman Rape Crisis Centre, which fortunately wasn't being used in earnest, and were entertained by an Israeli folk singer, wine and snacks also being provided.

The post congress tour followed the usual tourist track, but was intensely interesting, and visually dramatic. We were taken across the Judean desert down to the Dead Sea (1300 below sea level), and to the mountain of Masada — up by cable car, down by the Snake path — on the top of which Herod had construed a fortress, and designed an elaborate water system exploiting the desert-flash floods. The Jewish Zealots stand against a besieging Roman legion, and their final mass suicide in 73 AD in order to prevent capture and enslavement has become a legend.

The heat was terrific — blazing sun and a temperature of 95 degrees F.



Afterwards we visited the Ein Gedi Spa, by the shores of the Dead Sea — a great place for sufferers from psoriasis and rheumatism. After changing into swimming things it is necessary to walk about 300 yards to the Sea itself, passing on the way two enormous vats of black, evil smelling mud. The custom is to anoint oneself all over with the mud and then, looking like a Nubian, wade into the sea which is warm and shallow, and wallow until it soaks off. The final delight is an immersion in a sort of communal sulphurous jacuzzi back in the Spa.

The next day we went northwards along the Jordan valley, swam in the Sea of Galilee at Tiberias, and ate St. Peter's fish in the restaurant for lunch, and arrived at Capernaum in the late afternoon. The general air of peace and tranquillity emanating from the Hospice of the Beatitudes, and biblical scenes of fishermen hauling in their nets from a completely smooth Sea of Galilee, made this seem the most 'holy' place of the entire trip. After staying the night at a kibbutz at Kfar Giladi, near the Lebanon border, we visited Safed, Nazareth and Caesarea, ending the tour at Tel Aviv.

JOHN BUCKLEY

INTERNATIONAL CONFERENCE ON RAPE

A child and a dog are in a room together. The dog attacks the child. Whom do you lock up, the child or the dog? Attempts at prevention of rape and protection of women are frequently based on locking up the child (victim), for example, by saying to her 'Don't go out alone', 'Don't go out at night', 'Don't talk to strangers', rather than locking up the dog (the perpetrator) or empowering the child to control the dog.

For me this story was the strongest image that came out of the First International Conference on Rape, held in Jerusalem. Delegates came from all over the world, including Australia, Canada, Scandinavia, Greece, Japan,

India, New Zealand, South Africa, the U.K., U.S.A., and Israel. Sadly, there were few participants from the developing countries (presumably related to the financial cost of attending such a conference), and the Conference would have been more balanced if we had been able to have their viewpoint.

There were eight participants from the U.K., six female and two male — two Sociologists from West Yorkshire, who were engaged in research on rape, funded by West Yorkshire County Council, supported by the Police, a Metropolitan Police Detective Chief Superintendent, who has been on the Metropolitan Working Party on Rape (in respect of its investigation, and in particular to improve its response to victims, and to provide sympathetic care and treatment), a Metropolitan Laboratory Scientist (Biology), a Child Psychiatrist working in Brixton, and myself as a female Police Surgeon and G.P. The two men were another Police Surgeon and G.P., and a civilian tutor at the Metropolitan Police College at Bramshill.

The range of papers was enormous, covering such diverse topics as 'Fear of the Causation of Rape' (in particular patriarchy, the combination of social, economic and cultural systems which ensures male supremacy), 'Legal Aspects', 'Marital Rape' (in 1980 a land-mark decision was made by the Israeli Supreme Court citing a Jewish Law to convict a man accused of raping his wife, which would be impossible in the U.K.), 'Pornography' (furious discussion on whether this contributes to violence), 'Incest', and 'Child Sexual Abuse' (including the use of various aids to help children talk, for example a post series and a board game), 'Medical Evidence' (not enough of this to please me) and 'Prevention'.

Three of the statements which I personally found new and enlightening were firstly, from a Sexual Assault Centre: 'We believe that unpaid volunteers help perpetuate the notion of women as exploited unpaid care givers . . . we work in empowering ways not en-

couraging dependencies'. The notion of empowerment, the idea of helping women or children gain access to their own power and strength came up again and again from different speakers and different countries. Secondly, from an experimental workshop to develop skills in the valuation, treatment and prevention of child sexual assault: 'We do not want to continue the cycle of victimisation to make a child perform', that is we do not want to further damage a child by investigation and treatment. Thirdly, from a Rape Crisis Centre in Australia: 'avoidance programmes for example, the Stranger/Danger theme have been described as a victim/production programmes' in that they engender fear and limit the child's freedom and ignore the fact that most children are raped by a person known to them.

With such a range of viewpoints I found it encouraging that we were able to agree on a general resolution, viz: **General Resolution Passed by the International Congress on Rape, Jerusalem, Israel, April 7-11 1986.**

Rape is a pervasive and global social and political problem which can only be eliminated through strategies which recognise that it is caused by the unequal power between men and women. Rape is perpetuated by the ways in which femaleness, maleness and sexuality are defined and taught by societies.

Until rape is eliminated, individual defensive solutions can sometimes protect particular women and children in particular circumstances. Self-protective strategies are therefore important but they cannot rid societies of rape.

The International Congress on Rape strongly advocates improved treatment of victims/survivors by criminal justice systems, expanded funding of feminist support services which allow survivors of rape and sexual abuse to reclaim their power, treatment of offenders, and education programmes that challenge societal acceptance of rape, placing the responsibility for violence against

women where it belongs — on the perpetrators.

This Congress, resolving that it is essential to direct our efforts towards changing the social systems which perpetuate rape, urges all governments to mandate comprehensive rape and sexual abuse prevention initiatives.

Medical Resolution:

All rape survivors have a right to a collaborative service provided by medical personnel, counsellors and investigators, and a right to choose any or all of these services. Properly trained, qualified and paid female doctors and counsellors should be freely available in a setting that is accessible, safe, confidential and comfortable.

Continuity of medical personnel and counsellors for continuing care, as desired by the survivor, should be available. It is appropriate that women are initially examined, counselled and interviewed by women in order to avoid iatrogenic damage. Education about the nature, incidence and significance of rape should be included in the curriculum of medical students and other health workers, as should appropriate intervention skills.

PHYLLIS TURVILL

CHILD SEX ABUSE DISQUIET

Grave disquiet was expressed by Mr. Justice Ewbank about the conclusions drawn from diagnostic sessions held at the Great Ormond Street Hospital child abuse clinic in those cases where there was doubt whether a child had been sexually abused.

In two separate cases there had been allegations that a child had been sexually abused by the father. At the end of the interview in the first case (which was video-recorded), the psychological social worker had come to the conclusion that the father had sexually abused his daughter.

However, his Lordship had a clear impression that the form of the interview had built into it at the preconception

that sexual abuse was likely to have taken place. There were leading questions and hypothetical questions. A lot of the answers were left in the air which it seemed was the policy of the team. The technique involved the use of anatomically explicit dolls.

It was clear that the allegation had to be investigated but his Lordship could not agree with the conclusion that there had been sexual abuse by the father.

In the second case, it was alleged that the father had sexually abused the girl when she was nearly three years old. The allegation was made two years after the alleged incident.

The social worker had come to the firm conclusion that there had been sexual abuse, and she also concluded that the father had committed sodomy on his three year old son. If she was right, the father was a very depraved person indeed. But if she had asked one more question as to where the incident had taken place, she would have realised that the child was not telling the truth.

Some experts doubted the value of the techniques in cases where there was dispute over custody or access. The use of sexually explicit dolls was also controversial.

His lordship was firmly of the opinion that there had been no sexual abuse of the children by the father. It had been a mistake to investigate a remark of a nearly three year old child two years later.

In re E (A Minor)

In re G (A Minor) — Times Law Report 16.7.86.

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SEXUAL ASSAULT EXAMINATIONS IN NEW ZEALAND

FELICITY GOODYEAR



Photo: New Zealand Herald

This paper is written in response to the article on Sexual Offences published in the Police Surgeon Supplement Vol.20, May '86 pages 19-21.

I am a woman general practitioner, working in a busy inner-city practice in Auckland New Zealand, and I also work as a doctor performing sexual assault examinations for the police in Central Auckland. Thirdly I have an administrative role as chairperson of a trust which operates two Sexual Assault Centres in Central and South Auckland, providing 24-hour counselling and medical assistance to all victims of sexual assault.

Prior to 1982 all sexual assault examinations in Auckland were performed by the regular police surgeon (usually male) in the medical room at the police station. It was seen that in many ways this system was less than ideal, and in 1981 a steering committee was formed to look at alternative arrangements. In June 1982 a Sexual Assault Centre (named the HELP Centre) was opened in Central Auckland, conveniently close to the police station. This Sexual Assault Centre includes

office and counselling rooms and a fully equipped medical examination room. It is staffed by counselling and administrative personnel and provides trained counsellors on a 24-hour roster basis. All counselling and administrative staff are paid, unlike the voluntary counsellors of the already existing Rape Crisis Centre.

Counselling guidelines have been approved by the Auckland Police, who needed assurance that any counselling would not undermine the evidential evidence of the victim's statement should she be cross-examined in Court.

In general, the Auckland Police have been very happy with the development of the Sexual Assault Centre, and the psychological and medical services provided. Simultaneously a roster of five women doctors has been set up to provide a 24-hour service for any client needing examination for sexual assault. These women work as doctors for the police, and have been extensively trained in the forensic examination of sexual assault victims. Such training was not previously available to the police surgeons performing such

examinations along with their other forensic duties.

Training

Training of the women doctors is ongoing, with recognition of the multi-disciplinary aspects of this field. This has included sessions with the following experts:

1. Venerenologist — to develop a protocol for the prevention of sexually transmitted disease.
2. Pediatrician and Gynaecologist — input on the normal anatomy of genitalia of female children in the examination of sexually abused children.
3. Psychiatrist — psychiatric aspects of assessment and treatment.
4. Scientists from the Department of Scientific and Industrial Research (DSIR) — optimum collection of forensic evidence.
5. Microbiologist — microscopic identification of motile sperm.
6. Crown Prosecutor and Defence Lawyer — for presentation of medical evidence in Court.
7. Police Detective — collecting of evidence from the Police's point of view.

Rosters

The women doctors are available on a rostered basis for any client, woman or child or (rarely) man, who has been sexually assaulted and requires examination. Request for the medical examination may come from Sexual Assault Centre Counsellors or the alternative organisation Rape Crisis counsellors, as well as from the police should the client wish to lay a charge.

The reported incidence of both rape and child sexual abuse has increased dramatically in the past four years in Auckland. It is likely that the establishment of these Sexual Assault Centres has contributed to this increased incidence. Currently in Central Auckland there is one roster of the five regular

police surgeons (all male) who are on first call for all forensic work except sexual assault, and a parallel roster of five women doctors who are on first call for all sexual assault cases. This system works very well, and moreover provides backup for either rostered doctor on the rare occasion they are unavailable to attend immediately an urgent call. Furthermore, where both victim and alleged offender require medical examinations, it is preferable that these are performed by different doctors to avoid contamination of evidence. Hence in these circumstances the dual roster system is of particular benefit.

In Central and South Auckland the workload of the women doctors performing sexual assault examinations is certainly sufficient to ensure her proficiency, and this coupled with her specialised training has led rapidly to the police and Courts recognising her for the expert she clearly is.

In my opinion her performing of the other police surgeon duties (largely taking of blood alcohols, certifications of sudden deaths and examination of ill or injured prisoners in cells) would do little to further equip her as an expert in sexual assault examinations.

Compassionate Male

With regard to the quotation in a sexual offences article from Professor Ruth Bowden, chairperson of the Medical Women's Federation Working Party on Rape and Sexual Assault, I agree with her that 'a compassionate experienced male police surgeon is to be preferred to a reluctant inexperienced G.P.'. However, where the doctor is compassionate, experienced and committed to performing sexual assault examinations in my opinion a woman doctor is preferable to a male one. In my experience most female sexual assault victims, child, adolescent and adult, certainly prefer a woman doctor and will actively ask for one when offered the choice, and are visibly relieved that they do not undergo such an examination by a male doctor.

Recruiting women doctors in this field may not be easy. Women committed to such work often do not wish to become general police surgeons and hence the dual roster system we operate has been of active assistance in women doctors making themselves available. Women doctors may well be prepared to do this work if they know adequate and on-going specific training is available, including sessions on the presenting of evidence in the Court.

Since the establishment of our centre and the roster of women doctors in 1982, other areas in the country have also followed our lead. Our Sexual Assault Centre in South Auckland has a similar roster for women doctors and a newly set-up centre in the capital city Wellington, likewise operates such a roster. Women doctors soon will also be available in other regions along similar lines.

Summary

It is preferable that medical examinations of female sexual assault victims are performed by trained experienced women doctors, acknowledging that sometimes such doctors may not be available, particularly in small towns and rural areas. This recommendation was acknowledged by the first International Congress on Rape held in Jerusalem, Israel, 7-11 April 1986. I quote from the medical resolution passed at that congress — 'properly trained, qualified and paid female doctors and counsellors should be freely available in a setting that is accessible, safe, confidential and comfortable. Continuity of medical personnel and counsellors for continuing care as desired by the survivor should be available. It is appropriate that women are initially examined, counselled and interviewed by women in order to avoid iatrogenic damage'.

Customs officers at Amsterdam's Schipol airport arrested a 51-year old Costa Rican after finding 10 lbs of cocaine in his artificial leg.

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THE PRESIDENT, THE PERAHERA AND THE PORTER'S JACKET

Delegates attending the Second Indo-Pacific Forensic Congress in Colombo in August found themselves rubbing shoulders with some of the most distinguished experts in the forensic world, as well as high ranking officials in the Sri Lankan Government.

A.P.S.G.B. President David Jenkins was invited to meet the President of Sri Lanka, His Excellency J.R. Jayewardene. Intent of creating a good impression and finding that his suitcase contained mainly beach wear, David got a tailor to come to his hotel room to measure him for a smart new suit.

As the reception time approached — no suit! Used to coping with the daily crises of Metropolitan life, and well trained in lateral thinking, our unperturbed President borrowed a jacket from the hotel porter and set off for the occasion.

At the ceremony, a few feet from His Excellency, David discovered a coffee spoon sticking out of the porter's top

Above — Ivor Doney and David Ellen at the Elephant Orphanage

pocket, and deposited it in a bin. A few moments later, he discovered a tin of boot polish bulging out of another pocket, which he deposited in a large oleander pot.

President Jenkins demonstrated his quick thinking again during the week, but more of this later.

In addition to David Jenkins, police surgeons attending the congress included Neville Davis, Eddie Josse, Frank Cramer, Fram Patuck and Ivor Doney with their spouses. Many of the surgeons gave papers.

David Jenkins gave two notable papers, one of which concerned a disturbed boy who had been sexually abused, but who set out to blame the wrong people. Such a warped start to life bodes ill for his future.

Neville Davis gave a well illustrated talk on new procedures and facilities for rape investigations in the Metropolitan area; Eddie Josse gave a profound and



At the President's Reception: Ivor Doney, Maud Buijze, Kathryn Davis, Neville Davis, David Jenkins, Tania Doney, Lucette Jenkins, Frits Buijze

philosophical paper on 'Mercy Killing', which was well received.

Dutch police surgeons were represented by Frits Buijze (accompanied by his wife Maud); Frits gave a thoughtful and well prepared paper on the forensic arrangements in Holland.

Civil War

What of the bombings, riots and the civil war which kept so many delegates away? We travelled all around the south, and as far north as Kandy and the Victoria Dam, and saw no signs of disturbance.

However, it would be wrong to pretend that all was tranquility. There were many security checks of baggage and people entering public buildings, but so there are in certain places in London. A reminder not to be complacent occurred when a lady delegate from Denmark left an unlabelled case in a hotel in Kandy — a controlled explosion soon put an end to her belongings!

The Sri Lankan economy has suffered badly from adverse publicity; conference numbers were reduced and the tourist trade in particular has been hard hit. This was deplored by the President

of Sri Lanka during his speech at the opening of Congress.

Chairman of the Congress Dr. M.S.L. Salgado and his committee had arranged social events for every night. It was at the Congress Banquet that David Jenkins had to demonstrate once again his instant response to a crisis situation. At the end of the Banquet, unexpectedly there were short speeches from various representatives, with presentations to Dr. Salgado.

Unprepared, David gave his short speech, and then with a flourish he said 'I would like to present you with a coveted A.P.S.G.B. tie, Sir, and here it is!' He then took off his own immaculate tie and handed it over.

David remained tieless for a few minutes only. Peter Bush (who must have been a boy scout), had a spare A.A.P.A.P.M.O. tie in his pocket!

Kandy Spectacular

The Congress culminated with the spectacular Kandy Esala Perahera, the world famous procession of elephants and dancers.

Congress delegates attended on the night of the full moon, and had reserved

front row seats for the two hour procession.

The procession was led by whip crackers, colourful men in fantastic decorated costumes cracking enormous whips. These were followed by hundreds of dancers and torchbearers, and dozens of elephants, elaborately decorated, some single, some in pairs, some in threes, interspersed with Kandyan dancers. Each elephant was brilliantly dressed and illuminated with coloured bulbs.

The biggest and most important elephant was a tusker called Raja, who carried the casket of the Tooth of Buddha, walking majestically, on a long white sheet spread before him. Raja is 80 years old, and has been a principal feature of the parade for the last 50 years. He is much loved in Sri Lanka, and last year when he was ill, every newspaper carried regular bulletins on him.

IVOR DONEY

THE VIEW FROM OZ

The dust, the dirt, the rubbish, the squalor, the humidity and the generous welcome all provided memories which will long be remembered. Dr. Salgado and his team had combined to produce a memorable Congress — not only for the breadth and quality of the contributions but also for the courageous and generous manner in which they had surmounted what must at times have seemed insuperable odds. Rumours and fears of civil unrest in a peaceful island had been fanned by the world's media to discourage many intending participants from attending. Several large delegations had signified their intention not to attend and had withdrawn at the last moment. Nevertheless thirty-four countries were represented from all of the five continents. The meeting was held in a comfortable well appointed and well-serviced hotel.

Ideological differences appeared and at times might have caused serious

disruption to the Congress programme without the diplomacy of Dr. Salgado.

The sharing of knowledge and learning from each other — the exchange of experiences and remoulding of ideas and theories were all part of the lasting contribution this Congress will have made to the future of the forensic sciences in this region.

If there was a criticism, and this is more in the nature of a comment, perhaps of the professional disciplines represented the law was least in evidence, and I believe it is as important for practitioners in law to understand the philosophies of forensic science and medicine as it is for scientists and doctors to understand the workings of the law.

Pathologist, Professor Tom Marshall, who has a justifiable reputation as a speaker, and an unsurpassed experience of violent and terrorist injuries, presented his oration. It was only to be expected that his gruesome story was accompanied by well documented photographs of the horrific injuries sustained by police, terrorists and innocent victims. These reminders of the tragedy of Northern Ireland were interspersed with other reminders of the geographic and natural beauties of that country. His story illustrated the necessity to maintain the highest standards of forensic practice to assist the investigation in this type of injury.

PETER BUSH

SNAKES ALIVE

Officers at a police station near Dhaka are under orders not to shoot for fear of disturbing the cobras.

One officer found a snake in his desk drawer, and a cobra dropped from a crack in the roof onto another officer's desk.

Policemen and prisoners have been told to stay awake at nights 'to avert possible cobra assaults', and officers may not shoot for fear of disturbing other reptiles in the woodwork.

NOTICE BOARD

AUSTRALIA

The Sixth Biennial Meeting of the Australasia and Pacific Area Police Medical Officers will be held on the Queensland Gold Coast from Sunday 29th May until Friday 3rd June 1988.

The Conrad Hilton at Broadbeach will be the venue for the Meeting, and is about 50 miles from Brisbane.

During the previous week, the 10th Australian International Forensic Science Symposium will be held in Brisbane, and transport will be arranged from Brisbane to Broadbeach for delegates.

Peter Bush writes — 'February in Queensland is uncomfortably hot — May and June should be very pleasantly warm. The Hotel is very close to the Pacific Coast and I believe Queensland will be able to maintain the standard of hospitality which other Australian States and new Zealand have provided previously'.

Date: 29th May-3rd June 1988.

EGYPT CONGRESS

The First International congress of Legal Medicine and Forensic Sciences will be held in Cairo, Egypt, from 14th to 17th December, 1987. The scientific programme will include plenary sessions, paper sessions and poster sessions.

Scientific sessions and papers will be in English. Plenary sessions will be in Arabic and English, with simultaneous translation service available.

The social programme will include sightseeing tours in Cairo, a boat trip on the Nile, and possibly visits to Luxor and Aswan.

Further details from the Secretariat of the First International Congress of Legal Medicine and Forensic Sciences, Egyptian Society of Forensic Medical Sciences, P.O. Box 117, Faggallah, Cairo, Egypt.

Date: 14th-17th December 1987.

CONFERENCE TRAVEL

"Destinations East" is going West! Mr. Russell Clayfield of the company which arranged travel to the very successful 1983 Asian and Pacific Forensic Meeting in Singapore, is making arrangements for those planning to go to the forensic meetings in Vancouver, Baniff and Wichita.

Further information from:

Mr. Russell Clayfield,
(Forensic Science Travel),
Destinations East,
P.O. Box 12, 27 High Street,
Ross on Wye HR9 5DE
Telephone: 0989 67666

WORLD MEETING OF POLICE SURGEONS

Registration forms for this meeting are being distributed with this issue of the Supplement. If your copy of the registration form is missing, contact Ivor Doney at once (address below).

Ivor Doney is President of the First World Meeting of Police Surgeons and Police Medical Officers, and it will come as no surprise to those who know Ivor that he has drummed up world wide interest. Local organisation is in the hands of Bill Eckert, who has had very wide experience in both attending conferences and organising them.

Although Wichita is a modern city (in European terms), there are a wide range of attractions which will ensure that all delegates and accompanying persons will have a conference to remember. Wichita is in the heart of Cowboy and Indian country, and there are many reminders and activities associated with the area's past history, including a replica western town.

The subjects which will be discussed will be as wide as the whole of clinical forensic medicine, including drugs and alcohol, child abuse, sexual assaults, occupational health, care in custody and so on.

Don't forget that this meeting will be preceded by the IAFS meeting in Van-

NOTICE BOARD

couver, and is timed so that there will be no difficulty in attending both meetings. Ivor is organising a section of the Vancouver meeting as well, so that there will be plenty of opportunity for you to get those papers "I've always wanted to give a paper on . . ." finally presented. And typically Ivor, he has arranged for the wives to have a say about their husbands' activities.

New Convention Venue:

Ramada Inn, Wichita, Kansas, U.S.A.

Further information from:

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

or from

Dr. Ivor E. Doney, "Hazeldene",
Hazel Avenue, Chapel Green Lane,
Bristol BS6 6UD.

Date: 10th-14th August 1987

IAFS VANCOUVER 1987

The 10th Meeting of the International Association of Forensic Sciences in Oxford in 1984 now seems but a pleasant memory — a memory of packed and fascinating meetings, the rush from one college to another, the leisurely moments packed in the local pubs barely able to move the drinking arm! It was a good meeting.

It won't be long now before you can renew those friendships and acquaintances in Vancouver, British Columbia. Details of the meeting appeared on page 41 of the last issue of the Supplement, but don't forget Ivor Doney's section "I've always wanted to give a paper on . . .", in which there will be a place for your paper if it doesn't fit into the clinical forensic medicine section.

Further information from:

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

Date: 2nd-7th August 1987

THE NEW POLICE SURGEON

The Association will purchase copies of "The New Police Surgeon" which are no longer required at £10.00, provided they are in good condition, and will retail them at £12.50 (to cover post and packing) in the U.K., £15.50 to the rest of the world (surface mail).

Will those interested in selling or purchasing copies of "The New Police Surgeon" please write to the Editor of the Supplement (address on page 2).

Incidentally, I saw a copy of "The New Police Surgeon" (and a copy of "The Practical Police Surgeon"), apparently in good condition at the specialist book shop of Clifford Elmer, 8 Balmoral Avenue, Cheadle Hulme, Cheadle, Cheshire SK8 5EQ. Mr. Elmer's advertisement appears elsewhere in this issue.



TOOTHPRINTS

Where Can I Get Help?

The Editor has asked me to write a regular short article on aspects of forensic dentistry and it is my hope that this regular contribution will serve to strengthen the link between police surgeons and forensic odontologists.

This column will examine various aspects which will be of interest to police surgeons, take a look at current developments in research and teaching, comment on individual cases of interest and report on forensic odontology meetings both national and international. For this issue I answer the question, 'Where can I get help?'.

At the Annual Conference in London this year it was my privilege to present a paper on the developments which had taken place in forensic odontology education and our struggle for official recognition. Looking back over the history and development of the A.P.S.G.B. we see ourselves in a position similar to that of your Association more than a decade ago. Therefore we are greatly encouraged by the tangible success of the Association. I anticipate that the formation of a close link between us will be of mutual benefit. The news that the Association is to provide dental associate members with their own section in the membership list points to the fact that there is increasing interest on the part of dental surgeons with forensic training to join the Association. This interest has been stimulated through the development of the Diploma in Forensic Odontology course at The London Hospital Medical College where one of the lectures covers the subject of useful organisations to join, journals to be read and meetings to attend. The lecturer just happens to be an associate member of the A.P.S.G.B. — say no more!

It was a few years ago that I received a telephone call at my surgery one after-

noon from a local general practitioner who was deputizing for the police surgeon. His problem concerned two children who had been caught stealing and claimed they were too young to be charged. An examination of their dentition indicated they were probably not as young as they imagined they were! Many doctors faced with a similar problem might well turn to their own dental surgeon for advice and would receive help with age assessment in children. However, a bite mark is something which the average dental surgeon knows very little about and he is certainly unaware of the hazards ahead of him en route to Crown Court. So where can the police surgeon obtain sound advice that will stand up as evidence should the need arise?

To test the market as it were, a twenty four hour forensic odontology

Derek Clark at Conference



service has now been established. Initially the area covered will be South East England but The London Forensic Odontology Service has contacts in many parts of the U.K. and abroad and advice is free to police surgeons. Providing the local police force is prepared to pay the mileage allowance and call out fees in the current P.S.S.C. there is no reason why a request for assistance anywhere in the U.K. cannot be catered for.

The service is centred at The London Hospital Medical College department of Dental Anatomy with a direct line 01-247 3330. Make a note of this number in your diary now — it is certain to be essential in the future. During normal office hours this number is answered by the secretary concerned with post graduate forensic odontology education. Out of office hours an answerphone gives an alternative contact number. So, twenty four hours a day, 365 days a year, a dental surgeon who holds the Diploma of Forensic Odontology and designated as the duty officer is quickly to hand. He or she will either personally deal with the request or call out another member of the team who may be geographically nearer or more suitable for the case. From little acorns great oak trees grow — the acorn has now been planted.

DEREK CLARK

SYDNEY — Scientific police were today examining a headless and armless body found by a jogger yesterday to see if there were any suspicious circumstances.

'The Herald', Melbourne, Australia

Research is being carried out by Professor David Gee and biologist Dr. Barbara Somerville at Leeds University to see if it is possible to develop a "smellometer" to detect odour prints from the scene of a crime.

Every human being has a unique body odour which is genetically determined.



PROFESSOR HUGH JOHNSON

Professor Hugh Johnson died on the 16th September 1986 after collapsing at the Old Bailey whilst waiting to give evidence. And so we have lost another staunch friend and patron. Like Professors Simpson, Teare and Camps he recognised the worth and potential of the trained forensic clinician and encouraged us in our aspirations by making himself and his department readily available for advice and study.

An acknowledged leader in the field of forensic pathology, he well deserved the chair of Forensic Medicine at St. Thomas' Hospital.

Under the direction of Professor Camps, the London Hospital Department of Forensic Medicine won international acclaim but it should not be forgotten that no little credit for this fame and fortune must be due to the industry of two young enthusiasts who were his principal assistants. One was Dr. "Taffy" Cameron, the other was Dr. Hugh Johnson.

Hugh was a familiar figure at the D.M.J. examination and succeeded Professor Mant as the convenor.

His Edwardian charm and elegance, his integrity, his vast experience, his modest competence: all this and much more will be missed by all who were privileged to know him, both here and abroad.

So much was planned for his well-earned retirement: not least in anticipating the new found pleasure, shared by his charming wife, Barbara, of living in their recently acquired seaside cottage at Aldeburgh.

S.B.

CONFERENCE '86

2nd C.C.C. — an opportunity missed

There were over 160 participants from Australia, Austria, Belgium, Denmark, England, the Irish Republic, Italy, Jersey, Netherlands, New Zealand, Northern Ireland, Scotland, U.S.A., Wales, and West Germany at the 35th Annual Conference and the 2nd Cross Channel Conference, and the papers given during the meeting emphasised the truly international character of the combined meetings.

the past attended by foreign delegates and with invited speakers from abroad, but this occasion was of particular importance as it was the first fully international clinical forensic meeting hosted by the A.P.S.G.B. It should have been a significant milestone in the Association's history, a meeting to set the standard for future meetings, a congress to be recalled with pleasure, both social and academic. But it wasn't.

I suppose the principal factor in determining the success or otherwise of the meeting was the hotel. The Kensington Close Hotel would appear to be Trust House Forte's least loved establishment. Grimy and rundown with few redeeming features and catering to match, it did little to foster the conference spirit.

Retiring President Ian Craig installs David Jenkins



Whilst there were opportunities for informal social contact, organised social functions were limited, (and indeed a reception was cancelled), culminating in a banquet over which a discrete veil should perhaps be drawn. Those Association members who recall the social activities organised by the Australian conferences may feel that little has been learnt from those splendid meetings.

There was one social highlight — the visit to Windsor Castle and the Royal Apartments for the ladies — an excellent choice spoiled by a lunch in a fast food establishment not noted for delicacy of cuisine.

The academic programme was split into two — the Annual Conference starting on the Wednesday, followed by the Cross Channel Conference starting twenty-four hours later. Why this should have been is difficult to understand — perhaps this was evidence of our nationalistic instinct set on preserving our individuality, not a trait to be encouraged in a forensic science meeting.

The lectures were extremely wide ranging, given by speakers with equally varied backgrounds and origins. The organisation, content and presentation of the academic programme did much to redeem the meeting. Some papers were pedestrian, and some statistical, but that must be expected at any international meeting — it is not usually possible to judge the content of a paper without hearing or reading it.

Frances Lewington (Met. Lab.) reviewed the changes in the Met procedures for dealing with sexual assault victims, leading to the introduction of the Victim Examination Suites (long after similar centres have been introduced in other parts of the world). Michael Knight followed with a paper on

'Rape — Fact or Fiction' in which he reviewed the figures and gave the estimates on under-reporting. He commented on some of the reasons for false allegations — malice, mental illness, false identifications, fear of the sequelae of consensual intercourse. Subsequent discussion revealed some of the different attitudes among police surgeons to examination venues and approach to the complainant.

James Hilton reviewed the problems posed by AIDS with particular regard to the police — it is evident that the risk of AIDS is substantially less than the risk of hepatitis, and that the hygiene measures adapted for hepatitis are sufficient. (Recent Home Office advice on post mortems on AIDS and hepatitis suspects make one pause for thought). There was considerable discussion on this topic later, and one delegate posed the question 'What do you do with a police officer who is AIDS positive?'

Derek Clark announced the establishment of a National Forensic Odontology Service and suggested that in time we might see forensic dentists with the qualification D.M.J. (Dent.).

Pathologist Ben Davies described a particularly horrendous murder of three

children. He showed slides of the victims impaled on railings like so much butcher's meat; the sudden sharp in-drawing of breath when the first slide was shown was an indication that many in the audience, although experienced, were not totally inured to such sights.

The Second Cross Channel Conference was opened by Sir Kenneth Newman, Q.P.M., Commissioner of the Metropolitan Police. His speech will be reported in full in the Police Surgeon, but one of the significant items in his talk was the consideration of the full-time professional police surgeon. He said that the degree of skill now required to fully examine the victim of a serious offence, 'to act as medical advisors on sieges, and to understand the requirements the law places on police surgeons, points to a degree of professionalism that can only be achieved by a full-time forensic practitioner'.

Four papers and a discussion period were devoted to alcohol and driving. James Dunbar reported that breath-analysis 'works pretty well', but has made little difference to the drink driving situation. He thought that the machine saved little police time or money. The option of random testing which had been shown to be effective elsewhere had not been introduced in Britain. Olaf van Hees (Netherlands) spoke of planned legislation for the introduction of breathanalysis in Holland, and Dr. A. Moynham (Sydney, Australia) reported on experiences in Australia.

A paper by Dr. Peter Theilade of Denmark on false allegations of rape showed that such allegations occur in other countries: the Danish authorities deal with these cases leniently.

A remarkable paper by Professor D. Gerlach of Munster, West Germany, described a number of cases of self-mutilation for insurance purposes, in which digits, usually left thumbs and left index fingers, are amputated with axes or machines. The investigating pathologist has to confine himself to deciding whether the injuries could have been caused in the manner described.

Sir Kenneth Newman, Q.P.M.





Dr. A. Moynham, Sydney



Dr. L.M. Al Alousi, Glasgow

This requires careful history taking, detailed clinical examination, and a study of X-rays. This paper was clearly illustrated with excellent slides.

Professor Alan Watson (Glasgow) reviewed the teaching of forensic medicine since the 18th century, and showed that the current decline probably started a few years before the Second World War with the emphasis being placed on forensic pathology rather than on forensic medicine. During the last 10-15 years, there have been

some glimmers of hope. In British Universities there is no single pattern of undergraduate teaching, but concern has been expressed by a small number of medical teachers.

Professor Watson then went on to describe the evolution of forensic teaching at Glasgow University, and the development of a new Diploma in Forensic Medicine (details given elsewhere in this issue). Peter Bush described student electives in forensic medicine in Melbourne, and reported the

Lindsey Thomas, U.S.A.



Professor M. Gregersen, Denmark





Doz Dr. B. Bauer, Vienna

establishment of the first Chair in Forensic Medicine in Australia.

Dr. Leliefeld (Utrecht) said that there was no undergraduate training in Holland in forensic medicine, and that it was not until 1984 that the first course in forensic medicine was established.

The session on medical ethics caused some to become hot under the collar — Dr. Jorgen Kelstrup, a Danish investigator with Amnesty International suggested that the A.P.S.G.B. was closing ranks to protect members in Northern Ireland. Dr. Kelstrup said that he had been asked to submit his paper to the Association prior to the Conference, and said that it was wrong for the Association to close ranks when members should be speaking freely over important subjects affecting everyday work.

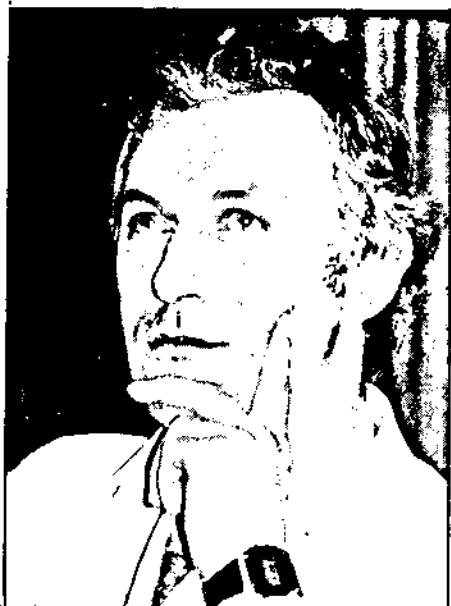
The accusations were denied by Association Secretary Dr. Hugh Davies, who said that it was quite common for contributors to provide an abstract if required. 'In this case it was because of the sensitivity of the Northern Ireland problem. We wanted to make sure that this Association was not being used as a platform for certain politically motivated reasons'. Dr. Bertie Irwin spoke for the Northern Ireland forensic

medical officers, and said that they would report any cases of suspected maltreatment to the appropriate authorities.

A case of ill treatment quoted by Dr. Kelstrup appeared difficult to assess. Not so difficult were a series of illustrated cases from Uganda presented by Professor Bernard Knight which appeared to confirm allegations of torture. Professor Knight described numerous torture techniques which were alleged, and the methods doctors should use to assess the evidence presented to them. Cases can only be reported as 'consistent with . . .'. He found it a depressing and emotionally involving job — personally sickening.

Dr. J. Crane, Assistant State Pathologist for Northern Ireland, emphasised the need to remain impartial in the face of the results of terrorism in the name of some supposedly political objective. He described the consequences of a mortar bomb attack on Newry Police Station, in which 9 police officers died. A description of the possible injuries from explosions was given, and the pathologists role in such cases des-

Dr. Stephen Robinson, Cheshire





Dr. Raine Roberts, Manchester

cribed — identification, establishment of cause of death, recovery of forensic evidence, and reconstruction of events.

Dr. Bill Eckert was prevented from speaking on the last day of the Conference because of illness; his place was more than adequately filled by Dr. Raine Roberts, who discussed problems in examining the allegedly sexually abused child. She said that she was worried by some of the rubbish talked by alleged experts. In particular she demolished the concept that the size of the hymenal aperture is an indicator of past sexual abuse by showing a series of slides showing a range of hymen aperture sizes — which seemed to support the theories until she revealed that the slides were all of the same child.

It has not been possible to comment on all the papers given, and a number will be appearing in *The Police Surgeon*.

It will be a number of years before we host the Cross Channel Conference again. The next CCC will be in Belgium, and after that possibly Denmark. Other European countries will probably show increasing interest, and so it could be ten years or more before we are once

more planning an international meeting.

Next time, we will get it right and provide a wide academic programme devoted to clinical forensic medicine (which we did on this occasion) but also pay more careful attention to the social programme and other aspects which make the difference between an ordinary unexciting meeting and one to be remembered for years.

MYLES CLARKE

A DUTCH IMPRESSION OF THE SECOND CROSS CHANNEL CONFERENCE

The Second Cross Channel Conference (CCC) held in London in May 1986 had a totally different character to the first held in Rotterdam in 1983. The Second Conference was preceded by a short annual APSGB Conference, which started the day before and closed a couple of hours before the opening of the CCC. As a result, many of the CCC delegates had the feeling that they had arrived late.

The first session on 'Alcohol and Driving' gave us no new information. However, it was curious to note that political decisions are made in different countries without sufficient scientific base and with (or without) the knowledge that in other countries similar decisions didn't have the expected results.

After the tea break, only the presentation of Professor Gerlach could keep our eyes open. He made an interesting connection between forensic medicine and insurance expertise.

Friday 16th May brought the most interesting sessions. Professor Alan Watson (Glasgow) with his ethical viewpoint gave us an excellent paper on 'Education in Forensic Medicine'.

I personally agree with Professor Watson's opinion that we have to go back to basic essentials in forensic medicine. More and more case histories which rarely have educational value are being included in conference programmes. In particular in the 2nd CCC there were too many gory papers!

The afternoon session 'Medical Ethics and Terrorism' was a delicate subject, and had already been a matter of discussion before the Conference opened. But the result was an emotional and turbulent discussion which made this session one of the topics of the conference. Dr. Crane's paper and slides on the mortar attack on Newry Police Station were of great interest, relating the effects of a new form of terrorism which will be used more frequently.

The two papers on forensic odontology were both given by Dutch speakers. The computer-interested dentist Bart van der Kuyl was rather handicapped in his presentation by overlooking the possibility of double-projection.

Following the President's reception by the New APSGB President David Jenkins and his charming wife Lucette, the Conference Banquet and the Dance (not forgetting the social sessions in the early hours!) — it was difficult to be in time for the session on Saturday morning. Those who were late missed a perfect presentation on Child Abuse by Dr. Raine Roberts. Dr. Roberts made an excellent 'stand in' at short notice for Dr. Bill Eckert.

foreign to Dutch nature, and we therefore joined Dr. Moffat in being pleased that it has been abolished in Great Britain since last July.

The Second Cross Channel Conference fizzled out with the last two presentations. Those who had accompanied their wives on a visit to the Metropolitan Police Thames River patrol had made the better choice. Our wives already had a wonderful sunny day out the day before to Windsor Castle.

My overall impression of the Second Cross Channel Conference was that it was of a lesser scientific value than the First. This impression was not helped by the poor accommodation of the Kensington Close Hotel.

However, the social contacts with our friends from Great Britain, Belgium and the other countries were as warm as ever. And I must acknowledge with respect all those who did the hard work of organising the Conference, particularly Tim and

Dee Manser!

The Third Cross Channel Conference which will be held in 1989 in Belgium is sure to be a gastronomic one! Let us work together for a perfect scientific programme on the essentials in Forensic Medicine.

FRITS BUITZE

'COULD DO BETTER!'

It may be presumptuous of a visitor to criticize the first APSGB Conference he attends, but having been involved in the arrangements for the last three AAPAPMO conferences I know that a fresh opinion from outside can be most helpful. It is in this light that I hope these remarks will be seen. My aim is not to be insulting but to provide an independent and hopefully helpful opinion.

To make any comment is to beg the question 'Why do any of us attend professional conferences anyway?' I believe we have three inter-related motives — intellectual stimulation and learning, developing and maintaining professional friendships, and for relaxation and a chance to experience the unique features of the local area. In my opinion the combined APSGB & CC Conference failed to make the most of the opportunity to achieve these aims.

The intellectual side of the conference was well run and stimulating. It was tightly disciplined and ran like clockwork thanks to Tim Manser's untiring efforts. But why try to do so much in such a short time? Where were the opportunities for informal discussion of the more thought provoking material. There was no suitable venue that attracted small groups to sit and discuss the previous session. There is much more to learning than being talked at. Not all subjects create equal interest for all participants. Perhaps the more esoteric subjects could be discussed in small simultaneous meetings and interesting new ideas reported by the chairmen to the main meeting. Perhaps there are other ways to improve participation.

At the last AAPAPMO meeting we introduced a 'Hospitality Suite' which provided an informal watering place



*Enjoying the English Summer —
Sue and Edward Ogden*

with free wines and ales. Here many new friendships were formed and impassioned arguments were heard. To all accounts this was a great success.

Informal contacts are such an important offshoot of such conferences. It was a shame they were impeded at the Kensington Close by the venue itself and the timing of the events. People rushed from sessions to eat or prepare for the evening. There was sadly little time to sit and chat. There was enough academic material to have filled a week and enough local interests to have satisfied every taste. Maybe in alternative years (or the years of the CCC) the conference could be longer, more leisurely and more relaxed. It may not suit everybody but if you are to attract the international guests then something needs to be changed.

On the social side my complaint is that delegates come away having learned nothing about London. The only opportunity was the Windsor outing. Attending that would have meant missing an important third of the Conference. With all the attractions of London there were so many things that all delegates and partners could have

shared. A week later and the conference could have included a visit to Chelsea Flower Show. The Metropolitan Police could have put on a fabulous tour of the Black Museum. The whole conference could have cruised the Thames . . . Such meetings are an unsurpassed opportunity to show off one's own part of the world and perhaps introduce visitors to things they might otherwise never see. In my experience it is these outings that often produce most fruitful discussions.

To go on is to risk being offensive to the arduous workers who make such conferences possible. But I am inspired to challenge a re-thinking of such conferences. For almost a decade Peter Bush has been urging me to come half way around the world for an APSGB Conference. Frankly I was disappointed. I needn't have been. I would like to add my thesis in that if you are to attract the overseas visitors and some of the 800 UK police surgeons who are not yet members, changes are required. I do not mean to sound superior. I know our conferences are in an infant stage of development and are not beyond criticism. Please come to our next conference on the Great Barrier Reef in tropical Queensland in the tropical winter of 1988 and be as critical as you can. We would love to see you.

(Several people asked why in *June 1988*? Isn't that winter? Yes folks, it is. The tropical summer is too hot and liable to monsoonal rain. The winter provides lovely even days of 10-12 hours sunshine and temperatures in the 25°-30°C range. It should be a great week and will certainly include lots of local interest — scuba diving, snorkelling, cruising the reef in glass bottom boats, walks in the jungle etc. I will certainly be avoiding the southern winter and heading for the tropics. 100% recommended. If you wish to be on the mailing list, please write to me at 376, Russell Street, Melbourne 3000, Australia.)

EDWARD OGDEN

Hon Secretary, Australasian and
Pacific Areas Police Medical Officers

**1887-1987
METROPOLITAN & CITY GROUP
CENTENARY SYMPOSIUM**

**SATURDAY 24th JANUARY 1987
'RECENT TRENDS
IN MEDICO-LEGAL PRACTICE'**

**GUY'S HOSPITAL
LONDON BRIDGE
LONDON S.E.1**

Speakers will include Dr. Frances Lewington (Metropolitan Police Forensic Science Laboratory), Dr. Iain West (Forensic Pathologist), Dr. H.B. Kean (Police Surgeon) and Dr. M. Clarke (Police Surgeon). There will be contributions from Lawyers, a Forensic Veterinary Surgeon and Metropolitan Police District Officers.

Recognition of the 100th Anniversary of the founding of the Metropolitan Police Surgeons' Association will be made during the Symposium.

The meeting will be held in The Robens Suite, Guy's Tower, Guy's Hospital, from where superb views of London may be obtained.

Luncheon and Supper provided. Visits to the famed Gordon Museum in the Medical School can be arranged for members and guests. Theatre bookings for matinee or evening performances can also be arranged.

Application forms with full details will be sent to all Association of Police Surgeon members in late December. It will be advisable to BOOK EARLY because of limitation on numbers. Section 63 applied for.

Further details from:—

**Dr. Robin Moffat,
Chairman, Metropolitan Group,
180 Brighton Road, South Croydon,
LONDON CR2 6XQ**

Telephone: 01-688 1389

OF SEX AND TERRORISTS

— THE NORTHERN IRELAND SYMPOSIUM

The precautions taken at Garnerville Police Training College, Belfast, against violent terrorist attack brought home to all delegates to the Autumn Symposium the facts of life in Northern Ireland. Ten-foot wire fences, all-night floodlighting, T.V. cameras, armed police at the gate wearing body armour, windows taped against blast, and instructions in the bedrooms as to what to do in the event of a mortar attack are not usually associated with APSGBA meetings. They are unfortunately facts of life in Ulster, and the Training College is itself a refugee from Fermanagh, where much damage had been sustained.

However, if there is any thought that the delegates cowered in their dugouts throughout the weekend, let it be dispelled at once. It was a first class weekend from all viewpoints — academic, social, culinary and weather! No alarms, no sirens, no bombs. The

only mishap was when I, driving peacefully through the beautiful countryside in the symposium organiser's car, was suddenly rammed amidstships by a lady coming out of a side road. I don't think she was a terrorist.

The symposium was opened by the Chairman of the Northern Ireland Police Authority, Sir Myles Humphreys who emphasised that the Authority, not the Royal Ulster Constabulary, were responsible for employing the Forensic Medical Officers, although this fine point is sometimes lost on the argumentative gentleman with many pints of Guinness aboard.

John Stewart emphasised the independence of the Forensic Medical Officers, so renamed in 1970 to show that the doctors were not surgeons and in particular not police officers. John went back to basics, and detailed clearly the duty of the FMOs and the range of work undertaken.

Superintendent R. Cairns, of the R.U.C. also went back to basics when considering the murder scene. It is extremely easy for experienced police officers and FMOs to trample all over the scene without thinking, to add or take debris away from the scene. Mr. Cairns advised of care in giving opinions which might set the police off on a false trail, and against dogmatism. The doctor and the pathologist should complement each other, and always take careful notes.

Ian Hamilton (whose car was assaulted) described the organisation of the Belfast Forensic Medical Officers, and the premises in which they work. There are 22 police stations in Belfast, 4 have good medical rooms and a number have basic medical rooms. FMOs do not go to police stations without medical rooms, to avoid subsequent complaints in court that the

Ian Hamilton

— "You did WHAT to my car?!"





Dr. K. Munro, Londonderry

prisoner was examined in poor circumstances without adequate lighting. All rape cases go to a police station in East Belfast. This is a modern (blast proofed) station with a large medical room and good facilities. There is a shower and a toilet incorporated into the room for use by the victim.

Ian described the rota which covers the whole of Belfast, and which is operated from one station — this ensures that the work load throughout the city is evenly distributed, and only the doctor on call is disturbed. Two women doctors are available for female sexual assault victims.

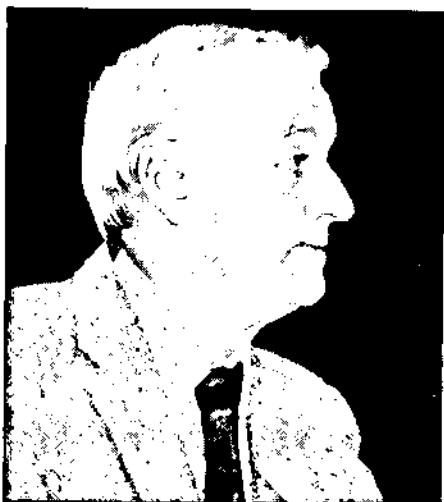
Dr. K. Munro told of an extraordinary case where a man who had detonated a van packed with bricks and explosives. The only person to be killed was the criminal, who was struck on the head by a brick, 40 yards from the scene of the explosion.

Deputy State Pathologist Derek Carson, reviewing the pathology scene said that whilst there had been more than 2,500 deaths from violence between 1969 and 1986, (over 450 in 1972, with more than 1,400 bombs), the cases remained only a relatively small percentage of the total coroner's case load. Identification is usually not

a problem, with teeth and fingerprints surviving extensive disintegration of bodies. Dr. Carson demonstrated how reconstruction of skull fragments can give useful information of firearm injuries. According to Dr. Carson, Belfast is the safest place in which to have a coronary. With the speed and expertise brought to bear on bomb victims, he suggested that Belfast was also the safest place for your near fatal bomb injury!

The examination of terrorist suspects was discussed by Dr. B.A. Shiels. The majority of suspects are examined in Caslereaugh by doctors who are not forensic medical officers. However, a number do come the way of FMOs. Suspects are given a full (stripped) medical on arrest, offered an examination every day they are in custody, and prior to release or court they are re-examined. A standard form is used, the top copy being kept by the FMO and the carbon locked away with access by the deputy FMO. It is not practical to re-examine detainees after each interview, as they may be seen by the C.I.D. half-a-dozen times a day.

Dr. B.A. Shiels, Londonderry



The Kincora Affair

After a substantial and tasty lunch, the sordid 'Kincora Affair' was unravelled by Det. Supt. Caskey, Dr. Bertie Irwin, and Dr. R. Adams of the Northern Ireland Forensic Laboratory. Kincora was a boy's hostel, ages 15-18, which accepted referrals from the courts and voluntary agencies. The home accommodated 9 boys with three male staff. Allegations were made in the press that homosexual activity had occurred at the home for many years. Det. Supt. Caskey led the investigation which had to go back a number of years. 200 boys had been in or through the home during the period under investigation, and of these 33 made complaints varying from indecent assault to buggery. Some of the boys had been abused at other homes prior to admission to Kincora, and the information had been passed on. The three men all had medical evidence of homosexual behaviour, and all pleaded guilty. There was no evidence of a widespread homosexual ring, despite press allegations that leading citizens, politicians etc. had been involved.

Dr. Irwin said that he examined 33 men — the boys having grown up, and

Dr. Bertie Irwin, Belfast



Det. Supt. G. Caskey, RVC

he had great difficulty in finding positive evidence. He also examined the three principals involved. He did not examine members of the judiciary, army personnel and so on, despite press allegations, and none of the males made allegations to Dr. Irwin regarding such persons. One boy whose parents had been killed in a traffic accident was sodomised shortly after admission and subsequently required psychiatric attention. A number of the males have continued homosexual activity. The males tend to be easily dominated, of poorer families, and desperately looking for affection.

Dr. Irwin then gave details of examination technique and findings and these will be published elsewhere. What was disappointing was that his excellent paper was not accompanied by slides.

It might have been thought that after the passage of time in a house which was kept apparently clean with the carpets thoroughly vacuumed, there would be little point in conducting an examination for semen. Dr. Adams from the laboratory was faced with the daunting task of examining 2,000 square



Dr. Jack Harbison

feet of carpet with adjacent walls. With his team he used a technique of covering the carpet with sheets of filter paper, and spraying on reagent. The reagent used gives a white fluorescence, and portable ultra-violet lights were used. The technique was successful, and significant areas of semen were found on the carpets — e.g. on landings adjacent to bannisters, heaters or door posts which the boys have had to hold.

The only disappointing paper on the first day of the Symposium was that given by Dr. Jack Harbison, State Pathologist for the Republic of Ireland. he was billed to talk on 'Suspicious Child Deaths'; we waited for a description of the Kerry Babies case, but what we got was a retrospective paper (by one of his students) on 37 children whose deaths were suspicious of child abuse. Jack has given excellent papers in the past — perhaps next time we will hear about the Kerry Babies.

Dr. Alice Swann concluded the formal events of the day with a paper on 'Sexual Abuse of Children'. A community medical officer, her paper was based on a study of children who were preselected, where there had been an

absent or inconclusive medical examination. A child is a poor witness legally, and may suffer a conflict of loyalties. Dr. Swann reported on a number of interviews with children, and showed two short sections of video film. Children must be believed and their statements taken seriously. Children are not guilty of sexual acts committed on them, and they must be protected from similar events and from threats. Credibility may be based on multiple incidents, progression of sexual activities, secrecy, elements of pressure or coercion, and explicit details. The child may be protected by the family, separation from the perpetrator and the courts.

Dr. Swann's presentation was of great clarity and force. However, whilst such evidence obtained by interviewing the child may give valuable guidance in the management of the case, there remains the problem of obtaining evidence sufficiently strong to convict the perpetrator.

The Dinner was all that one might have wished; the catering was exceptional and the Royal Ulster Constabulary Band played beautifully throughout the evening. Despite having been banned from playing in Holland, the band permitted Dr. Barend Cohen to conduct — the band won.

Dr Alice Swann



President Dr. David Jenkins took the opportunity to announce that the title 'Police Surgeon' will cease to exist in the London Metropolitan Area as from 1st January 1987. The suggested title is 'Forensic Doctors', but is hoped that something on the lines of 'Forensic Physician' will be permitted. It was appropriate that this announcement should be made in Belfast, where the change in title was made some 16 years ago.

Dr. Jenkins also presented the Northern Ireland group with a set of engraved glasses and a decanter suitably filled.

Despite the Saturday night hospitality, a surprisingly large turn out heard Dr. M.T.A. Kemp describe his work in Omagh. It was chilling to learn that the building contractors had been shot dead, so there is no prospect of a new medical room. Threats were levelled at all civilians associating with the police, but specific exceptions have now been made in the case of doctors, lawyers and ministers. With both 'sides' anti-police, impartiality is as always essential. Dr. Kemp expressed himself as being pessimistic regarding the future.

Dr. J.P. Ward, Newry



Dr. P.J. Ward of Newry said that he had been involved in 7 major incidents including the killing of 9 police officers in Newry, together with a number of lesser incidents. However, he was able to restore a little humour to the proceedings, when he described what happened to a small suspicious package delivered by post. Eventually he called the police, and the police called the bomb squad. A well aimed shot blew apart the package — of contraceptive pills returned by a dissatisfied patient!

The final session compared the drug scene in Ulster and in the Republic, by Det. Chief Inspector Irwin and Det. Inspector Gordan respectively. The problem in Dublin is very serious, and in London, doctors liberally prescribing have made a substantial contribution to the bad situation. In Ulster, however, there is but a small problem — in the United Kingdom there were 336 drug related deaths in 1983, in Ulster — two. In Ulster there are strong family units, no excess prescribing by doctors, no maintenance therapy and good counselling.

Throughout the meeting there was a display of equipment and photographs by the Northern Ireland Forensic Science Laboratory and the R.U.C. The photographs included some chilling reminders of the work which is regarded as not unusual in Ulster, which we see but rarely on the mainland.

As usual, the visit to Northern Ireland was educational, stimulating, rewarding and thoroughly enjoyable. The Ulster Forensic Medical Officers face horrendous problems, not least of which must be the worry experienced by their families when the doctor goes off to another 'incident'. We went back to 'basics', not only in forensic work, but in professional character, ethics and outlook, and we who were fortunate enough to have been to the Symposium are the better for it.

Myles Clarke

DRINK SODOMY THE LASH

Just some of the topics for the Annual Conference in Southport

Why attend the Conference? To learn, to exchange ideas, to make new friends, and to get help and advice from colleagues. Add to this the Annual General Meeting, in which you can help to formulate the policies of the Association.

If you have not attended the Annual Conference then why not find out what it has to offer by attending.

If you feel that the topics you are interested in are not covered or there is some idea you have for improving the Conference then please let me know by post or phone.

Have you a paper, interesting case, or just one slide that would educate or entertain? If you have I would like to know.

The Conference Secretary will welcome new ideas for the meetings of the Association, however revolutionary they may be.

Congratulations you are one of the few who will have read this far down this boring page in an otherwise excellent Supplement. I vainly hope as I write this call for items for inclusion in next year's Conference, that I will hear from the silent majority of members, as well as the small minority who do regularly offer their help, and without whom your conference would be a total failure.

The Prince of Wales Hotel, Southport promises to be a super Conference Venue, and is in the centre of town. I look forward to seeing you there.

PLEASE NOTE: The Conference is one week later than its usual week in May. The dates are **18th to 23rd MAY 1987.**

Please send any ideas, serious or frivolous to the Conference Secretary:

Dr. Tim Manser,
Whitelears,
Bridgetown Hill
Totnes, DEVON TQ9 5BN.
Tel: 0803 863876 (home)
0803 862671 (surgery)

ANNUAL CONFERENCE 1987

MEDICO-LEGAL SOCIETIES

MERSEYSIDE MEDICO-LEGAL SOCIETY

President: Miss Betty Behn

Tuesday, 28th October 1986

'A Forensic Clinician in Ulster'
Dr. John H.H. Stewart, Forensic Medical Officer.

Thursday, 20th November 1986

Joint meeting with Members of the Liverpool Medical Institution.
'Medical Negligence'
Dr. Ivor Quest, Local Secretary of the Medical Protection Society.
Mr. Ralph Shipway, Solicitor to the Medical Protection Society.

Wednesday, 21st January 1987

Dr. Michael Green, Department of Forensic Medicine, University of Leeds.
'Don't Die Abroad'

Thursday, 19th February 1987

Meeting of the Liverpool Medical Institution to which members of the Medico-Legal Society have been invited.
Professor Alan Usher — 'Regina versus Dr. Arthur — Some Aspects of this Famous Case'.

Wednesday 25th February 1987

Annual Dinner, St. Georges Hotel, Liverpool.

Wednesday, 11th March 1987

Details to be announced later.

Meetings are held in the Liverpool Medical Institution, 11, 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.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: Mr. Derek Gordon, O.B.E.

Tuesday, 18th November 1986

'Murder in Newtown Stewart'
Judge Brown, Q.C.

Tuesday, 20th January 1987

The Presidential Address
Mr. Derek Gordon, O.B.E., MCh, FRCS.

Tuesday, 10th February 1987

'The Jaws that Bite'
Mr. T.C. Crews, B.D.S., F.D.S.R.C.S.
Plymouth General Hospital.

Saturday, 14th March 1987

ANNUAL DINNER

7.30 p.m. for 8.0 p.m. at Culloiden Hotel, Craigavad.

Tuesday, 20th October 1987

ANNUAL GENERAL MEETING

Professor Bernard Knight, M.D., M.R.C.P.,
F.R.C. Path, D.M.J., Barrister at Law,
University of Wales.

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

MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

President: His Honour Judge Blackburn

Wednesday, 12th November 1986

'Rampton Hospital, Past and Present'
Dr. Julian Roberts

Wednesday, 3rd December, 1986

'Rape'
Dr. Raina Roberts

Wednesday, 21st January, 1987

Sir Thomas Hetherington, Director of Public Prosecutions.
Title to be announced

Wednesday, 18th February, 1987

Brian Walsh, Q.C.
Title to be announced

Meetings are held at 7.30 p.m. in the Lecture Theatre of the Manchester Royal Infirmary, preceeded, for those who want it, by dinner in the Main Boardroom of the Infirmary at 5.30 p.m. for 6.15 p.m.

For further information please contact:—

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

MEDICO-LEGAL SOCIETIES

BRITISH ACADEMY OF FORENSIC SCIENCES

15th January 1987

Friend's dinner at The Law Society,
Chancery Lane, London WC1

8th-10th May 1987

"Drugs and Society"
Joint Meeting with Forensic Science Society
at the Old Swan, Harrogate

Further information from:

The Secretary General,
Department of Haematology,
The London Hospital Medical College,
Turner Street, London E1 2AD

WEST YORKSHIRE MEDICO-LEGAL SOCIETY

President: Professor C.P. Seager

November 1986

"The Consent Procedure for Major Surgery:
Is it time for a Change?"
Mr. John Dove, FRCS, Director of Stoke-on-
Trent Spinal Service

December 1986

"Headway makes Headway"
Mr. R.J. Talbott, Director of Headway
(Specialist Advice Organisation on Head
Injuries)

January 1987

"Consent to Treatment"
Professor Brian Hogan, Faculty of Law,
University of Leeds

February 1987

"Jack the Ripper: The Bloody Truth"
Mr. Richard Whittington-Egan, Author and
Leading Crime Historian

March 1987

"Vehicle Design and Injury"
Dr. S.J. Ashton, Accident Investigation,
Analysis and Reconstruction

April 1987

ANNUAL GENERAL MEETING
Speaker to be announced

Thursday, 13th May 1987

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.

Further details and applications for member-
ship should be made to:-

Mr. John Pickering,
Legal Secretary,
Irwin Mitchell & Co, Belgrave House,
Bank Street, Sheffield S1 1WE

or to

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

BRISTOL MEDICO-LEGAL SOCIETY

President: Mr. Charles Clarke

Thursday 27th November 1986

"Prosecution — In the Public Interest?"
Dr. Jacqueline Tombs
Criminological Research Branch,
Scottish Home and Health Department.

Thursday 29th January 1987

"Heads and Tails".
Mr. Richard Neave,
Department of Medical Illustration,
University of Manchester.

Friday 27th February 1987

Annual Dinner
Dr. Douglas Acres, O.B.E.
Banqueting Room, Council House, Bristol.

Thursday 26th March 1987

"Current Issues in Sentencing".
Dr. D.A. Thomas,
Trinity Hall,
Cambridge.

Thursday 21st May 1987

Members' Papers

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

Further details from —

Hon. Legal Secretary,
Malcolm Cotterill,
Guildhall Chambers,
23, Broad Street,
Bristol BS1 2HG

or

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

MEDICO-LEGAL SOCIETIES

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

President: Dr. S. Sivaloganathan, D.M.J.

Thursday, 6th November 1986

"Medical Negligence — the Medical View".
Dr. Wall, Deputy Secretary, Medical
Defence Union.

Thursday, 4th December 1986

"Medical Negligence — the Lawyer's
View".
Mr. S.C. Brown, Barrister-at-Law.

Thursday, 8th January 1987

"Odds and Ends — the Work of the Police
Surgeon".
Dr. J.F. Newman, Police Surgeon.

Thursday, 12th February 1987

Joint Meeting with Leeds Division of the
British Medical Association.
"Medical and Legal Implications of Recent
Ethical Problems".
Dr. A.W. MacAra, Chairman, Central Ethical
Committee, B.M.A.

Thursday, 5th March 1987

"The Bradford City Fire Disaster".
Mr. James Turnbull, H.M. Coroner.

Saturday, 21st March 1987
ANNUAL BANQUET

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

Further information from: —

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

FORENSIC SCIENCE SOCIETY

14th February 1987

Monk Street, London.
Joint Meeting with the Analytical Section of
the Royal Society of Chemistry.

11th March 1987

"Documents Group".
Metropolitan Police Support HQ, 109
Lambeth Road, London SE1.

Spring 1987

(Date and Venue to be announced)
"Burials, Bodies and Bones".

8th-10th May 1987

(Jointly with the British Academy of Forensic
Science)
Spring Meeting, to be held at the Old Swan
Hotel, Harrogate.
"Drugs and Society". This meeting will be
of interest to a wide range of professionals
concerned with the problem of Drug Abuse.
Information from The Forensic Science
Society, Clarke House, 18A Mount Parade,
Harrogate, North Yorkshire HG1 1BX.

May 1987

Local Meeting — Belfast.
"Child Abuse".

6th-7th November 1987

Annual General and Scientific Meeting.
Imperial Hotel, Llandudno.
Information from The Forensic Science
Society, Clarke House, 18A Mount Parade,
Harrogate, North Yorkshire HG1 1BX.

8th-10th April 1988

Spring Meeting.
The University, Bristol.
Information from The Forensic Science
Society, Clarke House, 18A Mount Parade,
Harrogate, North Yorkshire HG1 1BX.

Further information and details regarding the
Forensic Science Society from: —

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

FYLDE MEDIO-LEGAL SOCIETY

Chairman: Mr. Michael Wren-Hilton

Wednesday, 28th January 1987

"Become a Doctor and Help a Lawyer make
a Living"

Wednesday 1st April 1987

"The Biological Investigation of Crime"
Dr. Peter Martin, Metropolitan Police Forensic
Science Laboratory.

Saturday, 30th May 1987

Summer Ball, to be held at the Grand
Cumbria Hotel, Grange-over-Sands.

Unless stated, the meetings will be held at
the Savoy Hotel, Blackpool.

Further details from —

Mr. M.S. Cornah, Hon. Secretary,
Fylde Medico-Legal Society,
4, Forest Gate, Blackpool.

MEDICO-LEGAL SOCIETIES

THE MEDICO-LEGAL SOCIETY

Thursday, 13th November 1986

'The Impact of Product Liability Directive upon Medicine and Pharmacy'
Professor Gerald Dworkin, Professor of Law, University of London.

Thursday, 11th December 1986

'Brain Stem Death — the Evolution of a Concept'
Dr. Christopher Pallis, 'Consultant Neurologist.

Thursday, 8th January 1987

'Child Abuse — does the Law protect?'
Dr. Alan Gilmour, Director of the NSPCC.

Thursday, 12th February 1987

'The Mental Health Act 1983 in Practice'
Professor Bluglass.

Thursday, 12th March 1987

'Public Order'
Geoffrey Dear, QPM.

Thursday, 9th April 1987

'Privilege'
Dr. John Havard, Secretary of the BMA.

Thursday, 14th May 1987

'Confessions — their Reliability'
Robin Simpson QC.

Thursday, 11th June 1987

8.0 p.m. ANNUAL GENERAL MEETING
'Forum Shopping — Trans-National Claims'
Roger Pannone, Solicitor.

Unless stated, meetings will be held at 8.15 p.m. at the Royal Society of Medicine, Wimpole Street, London W1.

Further information from: —

The Legal Secretary,
Miss E. Pygott,
The Medico-Legal Society,
33 Henrietta Street,
Strand,
London WC2E 8NH.

or from: —

The Medical Secretary,
Dr. Iain West,
Department of Forensic Medicine,
Guy's Hospital,
London SE1 9RT.

POLICE SURGEONS

When you retire from the N.H.S. you will receive:

- a) A Retirement Pension, taxed as earned income
- b) A Tax Free Lump Sum.

In most cases, the Retirement Pension will be equal to approximately half your pre-retirement earnings.

Therefore, almost all retired Doctors need to use the Tax Free Lump Sum to supplement their Pension. They achieve this in a number of ways. By placing the cash in Building Societies and Bank Deposits. By purchasing Treasury Stocks and Shares.

The unfortunate aspect, of each of these income producing investments, is that, even if your pension places you in the Standard Rate Tax band — you will still receive the Interest *NET* of Standard Rate Income Tax. If you are in a higher rate tax band you will also pay that rate on the interest. Furthermore with Building Societies and Banks, your investment does *NOT GROW*.

However, if you can plan at least 5-7 years before you retire and if you have a minimum of £4,000 to invest, M.I. & A.S. can show you how to increase the income you receive from the Tax Free Lump Sum, in many cases free of ALL TAXES and your Lump Sum could grow in value at the same time.

If you wish to know more please contact:

MEDICAL INSURANCE & ADVISORY SERVICE
28 MUSEUM STREET
IPSWICH IP1 1JA
(0473) 50063

We have been looking after the financial, practice and retirement interests of the Medical Profession for 12 years.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

21st-22nd November 1986

Autumn Meeting of the British Association for Forensic Odontology. To be held at the Old Swan Hotel, Harrogate, North Yorkshire. Further details from Mr. R.D. Simper, 231 Bristol Road, Edgbaston, Birmingham B5 7UB.

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 63.

2nd-13th March, 1987

Postgraduate Course in Forensic Medicine (D.M.J. Course), to be held at the London Hospital Medical College. Further details from the Postgraduate Sub-Dean, the London Hospital Medical College, Turner Street, London E1 2AD. See page 40.

18-23rd May, 1987

A.P.S.G.B. Annual Conference. Prince of Wales Hotel, Southport, Merseyside. See page 69. Further details from Dr. Tim Manser, Whiteleas, Bridgetown Hill, Totnes, Devon.

19th-20th September 1987

A.P.S.G.B. Autumn Symposium to be held in Birmingham. Further details from Dr. Jeremy Smart, 22 Beaks Hill Road, Kings Norton, Birmingham B38.

May 1988

A.P.S.G.B. Annual Conference, provisionally to be held in Cardiff, Wales. Further details from — Dr. Tim Manser, Whiteleas, Bridgetown Hill, Totnes, Devon.

INTERNATIONAL MEETINGS

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.

INTERNATIONAL MEETINGS

17-21st 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 International Association of Forensic Toxicology, to be held in Banff, Alberta, Canada. Inquiries to Dr. Graham Jones, Office of the Medical Examiner, P.O. Box 2257, Edmonton, Alberta, Canada T5J 2PW Telephone 403 427 4987

3rd-7th August, 1987 — CANADA

11th Meeting of the International Association of Forensic Sciences. To be held in the Hotel Vancouver, Vancouver, Canada. Further details from Professor James A.J. Ferris, Department of Pathology, University of Vancouver, Vancouver, British Columbia, Canada V5Z 1M9 Telephone 604 738 4445 See page 53.

10-14th 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, U.S.A. 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 52.

6th-9th October, 1987 — U.S.A.

Mid-Western Association of Forensic Scientists will meet on Mackinac Island, Michigan, and will be hosted by the Michigan State Police Forensic Science Division. Details from Richard E. Bisking, Michigan State Police Laboratory, 6296 Dixie Highway, P.O. Box H, Bridgeport, Michigan 48722, U.S.A.

DATES FOR YOUR DIARY

14th-17th December, 1987 — EGYPT

The First International Congress of Legal Medicine and Forensic Sciences, organised by the Egyptian Society of Forensic Medical Sciences and the National Centre of Legal Studies in Egypt, to be held in Cairo. Further details from the Secretariat of the First International Congress of Legal Medicine and Forensic Sciences, Egyptian Society of Forensic Medical Sciences, P.O. Box 117, Faggallah, Cairo, Egypt. See page 52.

15-20th February, 1988 — U.S.A.

40th Annual Meeting of the American Academy of Forensic Sciences, to be held at the Wyndham Franklin Plaza, Philadelphia, Pennsylvania. Details from the American Academy of Forensic Sciences, 225 South Academy Boulevard, Colorado Springs, CO 80910, U.S.A.

23rd-27th May 1988 — AUSTRALIA

10th Australian International Forensic Science Symposium. To be held in Brisbane, Queensland, Australia. Details from Dr. A. Ansford, State Health Laboratory, G.P.O. Box 495, Brisbane, Queensland, Australia 4001.

29th May-3rd June 1988 — AUSTRALIA

Sixth Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers. Conrad Hilton, Broadbeach, Gold Coast, Queensland. Further details from — Dr. Edward Ogden, Honorary Secretary, A.A.P.A.P.M.O., Boronia Medical Centre, 153 Boronia Road, Boronia, Victoria, Australia. See page 61.

1989 — BELGIUM

3rd Cross Channel Conference.

1989 — INDIA

3rd Indo-Pacific Congress on Legal Medicine and Forensic Sciences.

20th-25th February, 1989 — U.S.A.

41st Annual Meeting of the American Academy of Forensic Sciences, to be held at the Riviera Hotel, Las Vegas, Nevada. Details from the American Academy of Forensic Sciences, 225 South Academy Boulevard, Colorado Springs, CO 80910, U.S.A.

Whilst every effort is made to ensure accuracy of notices of meetings, you are advised to contact the meeting organiser for details.

WHAT I WOULD DO WITH THEM



THE MAN WHO INVENTED FOOTBALL

Postcard posted 31st May 1907.

MEMBERSHIP LIST

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

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

F = Founder Member

PP = Past President

COUNCIL MEMBERS

J. Bain	Dundee	M.A. Knight, D.M.J.	Ipswich
G.F. Birch, D.M.J.	Lincoln	T.I. Manser, D.M.J.	Totnes
R. Bunting, D.M.J.	Bristol	W.D.S. McLay	Glasgow
M.D.B. Clarke, D.M.J.	Liverpool	S.P. Robinson, D.M.J.	Cheshire
I. Craig, D.M.J. (PP)	Witham, Essex	R. Sarvesvaran, D.M.J.	Surrey
W.E. St.C. Crosbie	Bangor, N.I.	C.J. Smart, D.M.J.	Birmingham
H. de la Haye Davies, D.M.J.	Northampton	R.D. Summers, O.B.E., D.M.J. (F)(PP)	London
D. Filer	London	A.S. Veeder, D.M.J.	Newcastle-upon-Tyne
J.E. Hilton, D.M.J.	Norwich	R. Yorke	Ebbw Vale
P. Jago, D.M.J.	Alloa		
	Don't bark		

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Dr. E.C.A. Bott	London	Prof. A.K. Mant	London
Prof. D.A.L. Bowen, D.M.J.	Charing Cross Hospital	The Lord John Richardson	London
Prof. J.M. Cameron, D.M.J.	London	Dr. R.D. Summers, O.B.E., D.M.J., (F)(PP)	London
Dr. M.H. Hall	Preston	Dr. W.M. Thomas (PP)	Preston
Rev. Dr. W. Hedcock	Windsor	Prof. A. Usher, O.B.E., D.M.J.	Sheffield
Dr. I.F.B. Johnston, D.M.J.	Knaresborough	Dr. R.L. Williams	London
Dr. F. Lewington	London	Dr. Peter Wilson	London
Prof. T.K. Marshall, C.B.E.	Belfast		
Prof. J.K. Mason	Edinburgh		

OVERSEAS

Lieut. A.A.E. Abbas	State of Bahrain	A.K. Mohungoo	Mauritius
S.G. Abu	Bendal State, Nigeria	I. Nicholson	Australia
A.W. Barday	South Africa	N. Patel, D.M.J.	Zambia
J.H.W. Birrell	Australia	C. Pathmanathan, D.M.J.	State of Brunei
F. Buijze	Holland	N. Pearson, D.M.J.	New Zealand
J.P. Bush, A.M., D.M.J.	Australia	Esther D. Phillips	Israel
B. Chavda	South Africa	Lam Ping-Yan, D.M.J.	Hong Kong
B.A.J. Cohen, D.M.J.	Holland	P. Roberge	Ottawa, Canada
H.T.P. Cremers	Holland	R.A. Rockerbie	Burnaby, Canada
W.L. Daniels	New Zealand	J.E. Simon, D.M.J.	New Zealand
M.A. Elfawal	Egypt	T.J. Stamps	Zimbabwe
M.B. Garg	Zambia	W.J. Treadwell	New Zealand
D.A.L. Gibson	Australia	J.E. Trotter	Australia
J.A. Grogan	Canada	A. Vane, D.M.J.	Australia
Sheila Hamilton	Hong Kong	A.B. Yusof	Malaysia
F. Metz	Holland		

AREA 1 (North West)**Council Member: S.P. Robinson, D.M.J., Cheshire**

Marguerite Ackroyd	Great Harwood	M.A. Khan	Liverpool
R. Barr	Penrith	M. Kirwan, D.M.J.	Liverpool
D. Brooks	Manchester	M.S. Kukula	Worsley
G. Burgess, D.M.J.	Cheshire	B.K.W. Lightowler, D.M.J.	Stockport
P.E. Burke	Blackburn	A. Macgillivray	Mellor
A.C. Butler	Workington	K.S. Mackenzie	Oldham
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J. Caprio	Stockport	M. Mendick	Liverpool
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P.C. Chaudhuri	Rawtenstall	P.J.M. Milroy	Frodsham
R.D. Choudhury, D.M.J.	Bolton	M.J.S. Page	Poulton-le-Fylde
J.G. Deighton	West Timperley	H.C. Palin, O.B.E.	Burnley
P.L.S. Dixon	Preston	Z.A. Qureshi	Nelson
T.M. Doran	Wigan	H.R. Ritson	Douglas I.O.M.
C. Drouet	Cockermouth	R.E.I. Roberts, D.M.J.	Manchester
D.M. Fox	Didsbury	Madeleine Robinson	Manchester
H.E. Godfrey	Cheadle	A.S. Russell	Manchester
S.B. Goldthorpe	Liverpool	M.J.R. Ryan	Lancashire
M.A. Gouda	Skelmersdale	E. Tierney	Gt. Manchester
R.F.E. Harrington	Lytham	A.P. Timney	Whitthaven
P.A. Harrison	Isle of Man	L. Tragen	Birkenhead
A.G. Hick	Stockport	R.B. Vaidya	Barrow-in-Furness
W.P. Honeyman	Carlisle		
W.T. Hunter	Ravenglass	J.W. Veitch	Egremont
M.S. Irvine	Preston	Linda Welliver	Saddleworth
E.M. Jacobs	Manchester	R.P.B. Whitefoot	Altrincham
Sylvia Jayson	Liverpool	A. Whiteside	Cleleys,
I.M. Johnstone	Penrith		Lancs
H.B. Kean, D.M.J.	Liverpool	D.L. Whitton	Lancaster
I.M.S. Kerse	Carlisle	C. Wilson	Barrow-in-Furness

AREA 1a (Northern Ireland)**Council Member: W.E. St. C. Crosbie, Bangor**

J.D. Boyd	Enniskillen	E.R. McClatchey	Belfast
B. Bryans	Ballycrochan	P. McConnell	Craigavon
J. Burton	Monymore	M. McKnight	Newry,
N.D. Chauhan	Londonderry		Co. Down
J. Crane, D.M.J.	Belfast	M. McVerry	Rostrevor
A.J.J. Darrah	Newtonabbey	H. Montgomery	Coleraine
W.R. Dick	Ballymena	C.K. Munro	Londonderry
J.B. Dunn	Larne	D. Nutt	Castlerock
B.J. Farnan	Newtownabbey	H.R. Ormonde	Lisburn
J.S. Garvin	Armagh	I.S. Palin	Londonderry
C.H.G. Gould	Newtonabbey	G.W. Rainey	Belfast
R.L. Guy	Belfast	N.A. Rainey	Greenisland
I.F. Hamilton	Belfast	G. Rowan	Lisburn
R.T.S. Harrison	Co. Down	E.N. Shannon	Londonderry
M.J. Hill	Ballyclare	B.A. Sheils	Londonderry
R.B. Irwin	Belfast	Hazel Siberry	Castlerock
C. Jack	Belfast	E.M. Smith	Hillsborough
J.C. Jefferson	Belfast	J.E. Smythe	Cookstown
J.E. Johnston	Ballymoney	C.H. Stewart	Randalstown
M.T.A. Kemp	Omagh	J.H.H. Stewart	Randalstown
N.B. Kerrin	Enniskillen	P.J. Ward	Newry
C.W.D. Knipe	Armagh	J. Wilson	Carrickfergus
W.A. McCartney	Ballymoney	M. Wilson	Portadown
M. McCavert	Omagh		

AREA 2 (North East)

Council Member: A.S. Veeder, D.M.J., Newcastle-upon-Tyne

S.M. Amin	Barnsley	J.P. Hurley	Felling
J.G. Ashton	Sheffield	A.J. Irving, D.M.J.	Cleveland
D.R. Barker	Batley	W. Jack	Durham
W.J. Beeby	Middlesborough	B. Kapur	Maltby
C.J. Bennett	Ripon	H.A. Khan	Hartlepool
W.H. Bexon	Durham	Jeanette Ledbury	Sheffield
Y.R. Bhimpuria	Rotherham	Lesley Lord	Halifax
D. Bhuyan	Huddersfield	J.H. Loose	Hull
P.J.W. Bolt	Hartlepool	T.B.G. Lowe	Berwick-on-Tweed
D.H. Bottomley	Durham		Bridlington
B.S. Brewster	Settle	J.D. Lucey	Hartlepool
J.G.E. Bruce	Selby	J.D. Lyon	Middlesborough
R. Carr	Blyth	J.H. Marr	Wakefield
G.A. Crouch	Harrogate	A.K. Marsden	Wakefield
A.W. Curry	Northallerton	M.D. Matuck	Gateshead
D.R. Deacon	Hull	K. Megson	Northumberland
P.J. Dennis	Skipton	K. McKendrick	Halifax
G.C. D'Silva	Cramlington	J. McKennell	Beverley
G.S. Everson	Sheffield	A.E. Meek	Sheffield
P. Gardner	Northumberland	T. Moore	Whitley Bay
M.E. George	Seaham, Co. Durham	R. Murphy	Leeds
	Newcastle-on-Tyne	M. Naseem	Batley
W.J. Glass, D.M.J.	Harrogate	J.F.M. Newman	Rotherham
	Rotherham	A. Paes	Bedford
R.J. Givans	Helmsley	P.H. Pawson	Leeds
P.K. Goel	Hull	I.M. Quest	Sunderland
N. Gold	York	S.G. Shaw	Leeds
J.K. Gosnold	Doncaster	C.P. Shinn	Hull
W.C.J. Gray	Sunderland	J.G. Shores	Sheffield
D. Hazeltine	Newcastle-on-Tyne	Margaret C. Staniforth	Batley
C.S. Hargreaves	Bridlington	J.A. Sykes	Gateshead
O.D.E. Herbert		G.K. Taylor	Tadcaster
		C.W. Verity	Huddersfield
J.G. Hillman		K.M. Wood	Wylam
		T.W. Yellowley	

AREA 3 (Midlands)

Council Member: C.J. Smart, D.M.J., Birmingham

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

AREA 4 (Eastern)**Council member: G.F. Birch, D.M.J., Lincoln**

R.P. Archer	Leicester	P.J. Keaveney	Nottingham
R. Au-Yong	Leicester	T.K. Thong	Leicester
M.H. Blotcher, D.M.J.	Derby	T.R. Lavelle	Nottingham
S.H. Burges, D.M.J. (PP)	Ipswich	R.A. Lawrence, O.B.E.,	
T.K. Burley	Peterborough	D.M.J.	Alfreton
D.F. Burton	Daventry	J. Lines	Wisbeck
J.F. Caskey	Peterborough	A.D. Lower	Stowmarket
T.R. Chandran	Sutton-in-	J.V. Mitchell	Stamford
	Ashfield	N.C. Modi	Corby
J. Ciappara	Northampton	C.M. Moss	Guildenborough
B.P. Collins	Nottingham	J.K. Murphy, D.M.J.	Peterborough
D. Connan, D.M.J.	Huntingdon	J. Nelson, D.M.J.	Nottingham
C. Corbyn	Mansfield	D. Noble	Heanor
T.R. Cowan	Kettering	R.J. Paget	Nottingham
D.D. Cracknell, M.B.E.	Huntingdon	A.W. Parry	Nottingham
T.F.C. Dibble	Kettering	C.K. Rao	Northampton
P.A. Eckstein	Cambridge	D.L. Scawn	Corby
A.A. Fairclough	Norwich	R.E. Scott	Bury St.
R.H. Foxton, M.B.E.,			Edmunds
D.M.J.	Flixborough	Robyn Scott	Nottingham
J.R. Freeman	Derby	M.P. Shanks	Leicester
W.G.H. Gamble	Sleaford	E.M. Skinner	West Hallam
P.J. Gordon	Wellingborough	J.L. Skinner, O.B.E.,	
J.J. Hamill	Leicester	D.M.J.	Ilkeston
B. Haynow	Sudbury	R.J. Smeaton	Leicester
J.L. Hine	Isle of Ely	T.H. Warrender	March
J.S. Hood	Sleaford	M.J.H.B. Wass	Worksop
A. Houston	Northampton	I.F. Wall	Orlbury
N.M. How	Daventry	R.J. Williams	Thetford

AREA 5 (South East)**Council member: R. Sarvesvaran, D.M.J., Surrey**

D.F.W. Adey	Southampton	R.J. Farrow	Clacton-on-
N.D. Arnott	Sevenoaks		Sea
U. Aron	Tidebrook	Diana Ferguson	Oxford
C.G. Bale	Dorking	R.A. Ferns	Lewes
Jean Barker	Maidenhead	G.S. Flack	Wye
B. Bendkowski	Southend-on-	K.D. Forsyth	Oxford
	Sea	R. Foster	Oxford
J. Bourke	Woking	A.J. Fraser	Windsor
J.L. Bowen	Dover	E. Gancz	Bexley
J.H.M. Buckley	Westcliff-on-	J.C. Garvey	Chelmsford
	Sea	G. Gover	Horsham
R.T. Casson	Drayton	R. Gray	Brighton
L. Carlyon	Colchester	J.K. Guly, D.M.J.	Southampton
D. Chastell	Broadstairs	H. Hammersley	Oxford
J.D. Clark	Dunstable	C. Harris	Maidstone
N.M. Cole, D.M.J.	Hellingley	D.P. Hart	Bedford
Judith M. Collier	Worthing	S.M. Hempling, D.M.J.	Hove
A.G. Cope	High Wycombe	S.C. Hicks	Highworth
B. Christopher	East Grinstead	A.C.C. Hildrey	Braintree
J.C. Cummins	Havant	D.M. Hoare	Chichester
M.T. Darlison	Wokingham	C.A. Hood	Princes
W.H. Davis	Banbury		Risborough
A.D. Dean	Orsett	H.C.M. Jarvis, M.B.E.,	
R. Diggle	Newbury	D.M.J.	Brighton
S.R. Domoney	Brighton	A.V. Karia	Bletchley
M.H. Draisey	Seaforth	M.J. Keen	Watford
P.K. Durkin	Clacton-on-	J.A. Khan	Coulsdon
	Sea	A.O.C. Knight	Southampton
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C.J. Eaton	Saffron Walden	G.N. Lal	Margate
D.C. Egerton	Liss	R.S. Lamba	Harlow
L.C. de R. Epps	Chichester	D.A. Lamont	Colchester

AREA 5 (South East) Continued

J.W. Latham	St. Albans	L.A. Rigg-Milner	Corrington
D.A. Lawrence	Dartford	T.E. Roberts, D.M.J.	Basingstoke
J. Llewellyn	Essex	J.E. Routh	Crowborough
Z. Ludwig	St. Leonards-on-Sea	D. Sales	Haywards
C.P. Lund, D.M.J.	Welwyn Garden City	S. Shackman	Heath
M.P. Madigan	Dunstable	R. Shanks	Northwood, Middlesex
A.B. Malik	Gillingham	J.H.S. Sichel	Northfleet
J.C. Malkin	Southampton	P.N. Singh	Oxford
V. Mansueto	Chatham	P.C. Smart	Sittingbourne
J. Marriott	Andover	P. Snell	Farnborough
H.J. Missen	Chelmsford	J.D. Spink	Colchester
E.M. Moulit	Horsham	R.A. Stroud	Marlow
I.T. Nash	Kent	S. Syed	Pangbourne
A.V. Nirgude	Reading	G.C.M. Third	Rochester
J.H. Nodder	Hemel Hempstead	P.G. Thomas	Fareham
M.R. O'Connell	Wickham, Hants.	J.M. Thompson	Swindon
G.P. Panting	St. Albans	P.T.F. Tierney	Rochester
D.F. Parkin	Guildford	R.G. Tittley	Lancing
Colette Pickstock	Portsmouth	P.J.H. Tooley, D.M.J.	Shoreham-on-Sea
M.D. Qureshi	Gillingham	J. Walsh	Twyford
S.P. Rajah	Northfleet	R.D. Watson	Rustington
T.Y. Rajbee	Hastings	J. Weston	Newbury
R.J. Rew, D.M.J.	Eastbourne	D.G. Yetman	Essex
R.H. Reynolds	Crawley	R.M. Young	Southampton
		T.G. Zutshi	Dorking
			London W1

AREA 6 (South West)

Council Member: R. Bunting, D.M.J., Bristol

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Gillian Belsey	Bideford	J.W. New	Devizes
A.J. Blunt	Weymouth	P.A.G. Payne	Bristol
D.D. Bodley-Scott	Lymington	W.R. Phillips, D.M.J.	Bristol
J. Cawood	Yeovil	D.N. Philpott	Redruth
K.J. Clapton, D.M.J.	Plympton	K. Pritchard	Gloucester
K.A. Clark	Salisbury	H.I. Rein	Poole
P. Densham, D.M.J.	Torquay	A.M. Rigby	Tewkesbury
I.E. Doney, D.M.J.	Bristol	M.E. Robertson	Salisbury
N. Fisher	Torquay	G.H. Smerdon	Liskeard
J.E. Flood	Devizes	A.K. Smeeton	Bristol
D.M. Garratt	Warminster	R.E. Steele	Worcester
M.N. Hiron	Bournemouth	M. Sutherland	Devon
R.N. Hodges	Cheltenham	T. Timberlake	Ferndown
R.F. Hunt	Bideford	A.S. Wallace, D.M.J.	Salisbury
Helen M. Jago	Bridgewater	M.R. Watts	Bristol
J.P.H. Jago	Bridgewater	H.P. Williams	Trowbridge
A.J.S. James	Gloucester		
D.C. Jeffrey	Bristol	Channel Isles	
P.J. King	Chippenham	Margaret Bayes	Jersey
N. Kippax	Glastonbury	B.V.H. Bray, D.M.J.	Guernsey
R.G. Lambert	Bristol	M.B. Holmes	Jersey
G.A. Langsdale	Bournemouth	G. Lewellin	Jersey
P.A. Leech	Minehead	Miriam Noel	Jersey
S.A. Macoustra	Swindon	B.P. Webber	Guernsey
R.D. Martin	Newquay		

AREA 7 (Wales)

Council Member: R.J. Yorke, Ebbw Vale

L.S. Addicott, D.M.J.
R.G. Baldwin
R.T. Baron
C.J. Beech
D.J. Bowen
V.S. Chandran
B.M. Cronin
E.J.J. Davies
J.V. Davies
A.D. Earlam

D. Ferriday
R. Gilmore
G.W. Griffiths
R.J. Hilton

M. Hopkin-Thomas
F.W. Humphreys, D.M.J.
Z. Hussain
E.W. James

Glamorgan
Risca, Gwent
Porth
Newport
Holyhead
Merthyr Tydfil
Swansea
Corwen
Pembroke
Bwlchgwyn,
Wrexham
Swansea
Llandudno
Holyhead
Cwmbran,
Gwent
Carmarthen
Colwyn Bay
Pontypridd
Llandudno

M.G. Jefferies
H. Jones
H.O. Jones
P.A. Knoyle
A.P. Lees
A.M. Lindsay
N.J. Lupini
J.B. Lloyd
S.D. Morgan
K. Nookaraju
D. Osborne, D.M.J.
O.C. Parry-Jones
J. Plumb
F.I. Powell, D.M.J.
A.C. Pugh
N. Sartori
W.C. Thomas
I.S. Toor
M.W. Watson, D.M.J.

Betws-y-Coed
Prestatyn
Hengoed
Cardiff
Cardiff
Carmarthen
Llanelli
Aberystwyth
Barry
Ebbw Vale
Neath
Anglesey
Abergavenny
Carmarthen
Cwmbran,
Gwent
Swansea
Llanelli
Pontypridd
Cardiff

AREA 8 (Metropolitan & City)

Council Member: D.S. Filer, London W6

R. Andrew

D.J. Avery
A.W.H. Bain
A.J. Barratt
J.M. Barnett
J.F. Bray
C.W. Brownsdon
S.J. Carne, C.B.E.
N.R.B. Cary
S.M.T. Chan
S. Chatterji
A.M. Clark
J.W. Comper
D.G. Craig, D.M.J.
F. Cramer, D.M.J.
J. Curley
N. Davis
P.J. Dean
P.C. Drennan
P.S. Durston
Gisella Ferraris
N.L. Frazer
D. Goldman
Eileen Gorman
R. Goulden, B.D.S.
G.J. Grainger
P.G. Green
K. Gupta
A. Haidar
M.J. Heath
J.D. Hendley
J. Henry
D.A.T. Jackson, D.M.J.
P.G. Jerreat, D.M.J. (Path)
S.E. Josse, O.B.E., D.M.J.
D. Keys
J.I. Koppel
B.D. Lascelles
S. Lazarus
S. Lewis

Southall,
Middx.
London E.16
Beckenham
New Malden
London N.3
South Croydon
London S.E.21
London S.12
London W.3
Ewell, Surrey
London N.W.9
London S.W.8
Orpington
Blackheath
London S.E.6
London
London N.11
London E.9
Ashford
London S.E.5
Woolwich
London W.2
Bromley
London S.E.18
London W.1
Streatham
London S.W.17
London E.8
London N.11
Surrey
Middlesex
London E.8
London W.2
London E.3
London
Bow
London W.12
Hadley Wood
Ilford
London S.W.18

A.J. Lyons, D.M.J.
J. Mangion, D.M.J.
G.T.K. Mant
V.M. Markose
C.D. May
A. Mendoza, D.M.J.
M.V. Meyer
K.G. Mistry
R.J.R. Moffat
M.R. Moore
C.H.F. Morrish
I.S. Muir, D.M.J.
M.A. Muharez
L.A. Nathan
M.F. O'Halloran
G.D.S. Pallawela
F. Patuck
G.M. Preston
A.E. Pruss
A.S. Rayan
Clare Roden
D.I. Rubenstein
B.G. Sims, B.D.S.
B.K. Sinha
J. Smallshaw
I.A.P. Smythe-Wood
S. Solomon
T.H. Staunton
Hannah Streisow (F)
C. Sudhaker
H.J.W. Thomas
Phyllis Turvill, D.M.J.
P. Vanezis, D.M.J.
Bridget A. Wadsworth
I.E. West, D.M.J. (Path)
D.M. Wilks
M. Woodliff
S. Yogadeva
L.J.F. Youlten

Surbiton
London W.3
London S.E.21
Epsom Downs
London S.E.9
London
London E.9
South Ruislip
South Croydon
Waybridge
Sittingbourne
London N.21
Hillingdon
Banstead
London N.6
Kenton
Barnet
London S.E.5
Ilford
Wanstead
London
Woodford
Green
London E.1
London E.11
Banstead
London S.W.11
London W.C.1
London E.18
London E.7
South Croydon
Barnet
London N.W.3
London E.1
London N.20
London
Chiswick
Ealing
London E.14
London S.E.

AREA 9 (Scotland)

Council Member: J. Bain, Dundee

S.K. Adgei
D.P. Anderson
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G. Boyd
R.H. Brown
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J.P. Deans
R. Dickie
J.W. Donnelly
R.C. Dowell
P.R.S. Duffus, D.M.J.
D.S. Dummer
J.A. Dunbar, D.M.J.
G.S. Dyker
J.S. Finnie
D.E. Fraser
G. Fraser
J.C. Gourlay
R.L. Grant
T. Hannah
A.S. Harper
G.B. Hutchinson
B.D. Keighley
Yew-Nee Lan
R. Lynch
N.J. Macdonald
G.K. Macdonald-Hall
C.S.S. MacKelvie
East Kilbride
Kinross
Kilmarnock
Glasgow
Bothwell
Balloch
Kilmarnock
Thurso
Stornoway
Glasgow
Alloway, Ayr
Aberdeen
Midlothian
Dundee
East Kilbride
Aberdeen
Dyce
Glasgow
Glasgow
Falkirk
Edinburgh
Alexandria
Dumfries
Balfour
Ayr
Kilwinning
Aberdeen
Kirkcaldy
Glasgow

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D.C. Marshall, D.M.J.
J.G. Mather
P.L. McNaughton
Jill Murie
J.G. Murty
R. Nagle
D.C. Nandy
M. O'Keefe

D. Paul
S.S. Parker
M.L. Peacock
J.L. Penny
N.M. Piercy
A.E. Pitchforth
M.A. Pratt
H.A. Rankin
G.B. Rhind
P. Rodger, D.M.J.
M.W. Smillie
A.D. Smith
K. Sorooshian
J.G. Stevenson
K.S. Stewart
A.M. Tait
J.P. Weir
A.N. Weston
M. Zaki

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Dundee
Glasgow
Glasgow
Lanark
Glasgow
Edinburgh
Muirkirk
Bothwell,
Glasgow
Wick
Larkhall
Dumbarton
Crieff
Montrose
Aberfeldy
Aberdeen
Larkhall
Aberdeen
Hamilton
Falkirk
Inverness
Glasgow
Dumbarton
Stirling
Hamilton
Glasgow
Aberdeen
Glasgow

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M.B. Clyne
M.St.J.U. Cosgrave, D.M.J.
(PP)
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H.R. Dickman
W.A. Eakins
H. Fidler
J.O. Fitzgerald
G.W. Fowler
H.J. Gilbert
H.R. Gray
J.F.A. Harbison, D.M.J.
P. Hopkins (F)
D.A. Ireland (F) (PP)
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Cheltenham
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Larne
Lytham St.
Annes
Lancashire

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D.E. Robertson
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J.E. Ryner
D. Sandilands, D.M.J.
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W.B.G. Simmonds, D.M.J.
J.C.F. Crombie-Smith
S.E. Johnston-Smith
G.R. Staley (F)
L. Stone
S.W. Taylor
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W.J.B. White, D.M.J.
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Wisbech
Nottingham
Doncaster
Stirling
St. Austell
Ilford
Waltham Abbey
Aylesbury
Dorking
Slough
London
Gillingham
Louth
Cheshire
Watford
Lancashire
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Weybridge
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Lauder
Blackburn
Hull
Hove
Bristol
Penzance
Sutton
Coldfield
Cardiff

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R. Latham Brown (F)
C. Clark
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J.C. Corbett
S.M. Corder
A.F. Crick
A.B. Cross, O.B.E.
N. Cummins
B.T. Davis
G.S. Duncan
M. Glanville, D.M.J.
C.W. Glassey, D.M.J.
M. Green, D.M.J. (Clin et
Path)
A.C.R. Gujjalli

C.B. Hall
J.M. Hall, D.M.J.
K. Hardinge
P.R.S. Johnson
A.M.P. Kellam

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Chard
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Sheffield
Medical Centre
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Leicester
Manchester
Worcester
Cardiff

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G.C. Mathers
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P.J.T. Pearson
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W. Phillips
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D. Ranson
P.K. Schutte, D.M.J.
W.H. Spencer

J. Stein
J.G. Stewart

N. Stoy
Glenna Thomas
J.M. Torry, D.M.J.
P.E. Turnbull
J.S. Lilburn Watson

Rhondda
Cardiff
North Lancing
Dublin
Gloucester
Sudbury
Birkenhead
Solihull
Banstead
Leicester
Whitley Bay
Keighley
Bristol
Amersham
Ashton-in-
Makerfield
London W.6
St. Leonards-on-
Sea
Banstead
Cardiff
Wigan
Dundee
London E.11

Dental Associate Members

D.H. Clark

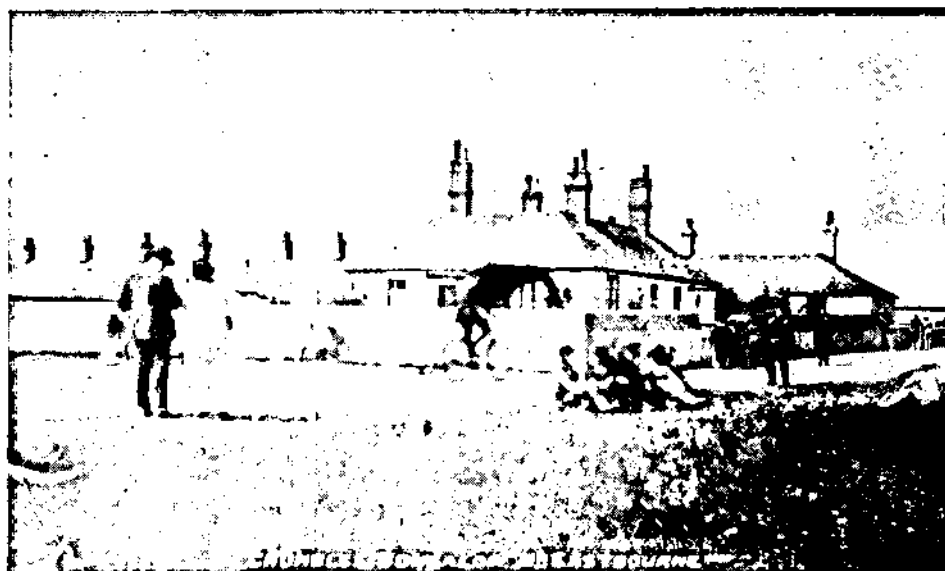
T.R. Fifield
P.E. Hughes

Bishops
Stortford
Basingstoke
Gillingham,
Kent

Derek Jackson

M. Midda
I.K. Pett
A.F.V. Pitter
S. Sampson
R.D. Simper
J.K. Wade

Newcastle-upon-
-Tyne
Bristol
Herne Bay
Bath
Brighton
Birmingham
Leigh-on-Sea



The Crumbles Bungalow, near Eastbourne, scene of the slaying of Emily Kaye by Patrick Mahon (see over).



MAHON LOOKED AT THE
MODEL OF THE BUNGALOW.



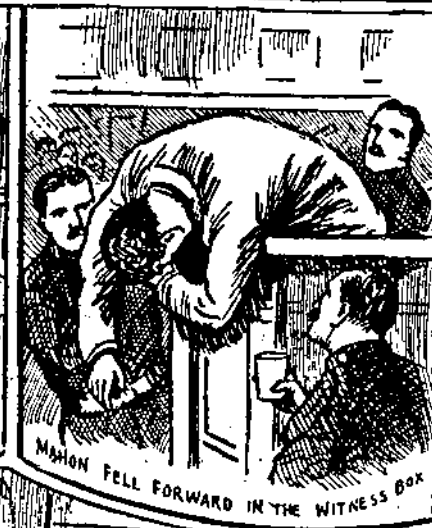
A JURYMAN FAINED



MISS E. B. KAYE.



MISS DUNCAN IDENTIFIED MAHON



MAHON FELL FORWARD IN THE WITNESS BOX



PATRICK MAHON



MISS ETHEL DUNCAN



PATRICK MAHON
SENTENCED
TO DEATH.