The Police Surgeon

SUPPLEMENT

Vol. 22 MAY 1987

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

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Editor: Dr. DAVID McLAY,

THE POLICE SURGEON SUPPLEMENT

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Front Cover: Punch, October 13th 1888. "Whitechapel, 1888. First Member of 'Criminal Class': 'Fine body o'men, the per-leece!' Second Ditto: 'Uncommon fine! — it's lucky for hus as there's sech a bloomin' few on 'em!!!' "

Back Cover: Punch, September 22nd 1888. "Blind-Man's Buff (As played by the Police). 'Turn round three times and catch whom you may!' "
Comments in Punch on the failure of the Metropolitan Police to catch Jack the Ripper. By courtesy of Clifford Elmer.

The Police Surgeon SUPPLEMENT

Vol. 27 MAY 1987

CONTENTS

EDITORIAL

When the Honorary Secretary produces his membership statistics at the Annual General Meeting, I anticipate that we will see a healthy rise in the active membership. This is in part due to the circulation of the D.M.J. advice booklet, which included a membership application form for the Association. It is also in part due to an increasing realisation that being a police surgeon has its physical risks, one of the benefits of full membership of the Association being insurance cover for those on active police work.

If the membership figures appear healthy, it must be recognised that the Association probably represents only approximately 60% of all doctors who receive retainers for undertaking police work. In addition, there are many doctors not receiving retainers, who are on casual call for the police, almost all of whom are not members of the Association.

In 1986, of the 606 full members of the Association only 12% had the Diploma in Medical Jurisprudence. Seven years ago the percentage was 11.4%. There are, of course, members of the Association without the D.M.J. who are competent and with great experience. However, how can the courts, the police and members of the public, be sure that a Police Surgeon has reached a satisfactory standard if he does not have the D.M.J.? It is not surprising that there has been the development of women doctor examiner schemes and others who are now undertaking work previously done by police surgeons.

Elsewhere in this issue Ian Craig documents the difficulties being met by the police, in his area, in obtaining suitable police surgeons. There is a feeling that, if police forces were to set standards to be attained by their police surgeons, doctors might be deterred from undertaking the work. The result has been that, until recently, no police forces set any standards for their surgeons. This has resulted in a very wide variation in the quality of police surgeons throughout the country.

The President records, in his letter, a meeting in Feburary at New Scotland Yard with the Association of Chief Police Officers. ACPO have agreed to make strong recommendations that all police surgeons should take the Diploma in Medical Jurisprudence after three years. This is, at last, a significant move in the right direction. However, for police surgeons to do this, they will need access to good training courses. A major step has been made in the Metropolitan area with the introduction of compulsory training for newly appointed Police Surgeons.

In the north of England, plans are being made for a basic training course for police surgeons to be spread over several weekends, to which it is hoped that Chief Constables will direct their newly appointed police surgeons. It is hoped that more details of this scheme will be available in the next issue of the Supplement.

The membership fee for full members of the Association goes up this year to £55.00. This is the first increase for several years and is less than the inflation rate over this period of time. Bankers Orders are enclosed with this issue of the Supplement. If, by mischance, the Order has been missed out of your copy, contact the Editor or the Hon. Secretary without delay, Remember that, if you fail to pay the increased subscription, you will no longer have insurance cover for police work.

A proposal to alter the name of the Association will be put to the Annual General Meeting in Southport.

Police Surgeons are neither police officers or surgeons. Whilst the title has magnificent historical links it no longer properly represents our function to the general public, and to some it implies a police orientated bias. It is appropriate that the Association continues into its second century under a new banner.

PRESIDENT'S LETTER

January 1987 saw the Metropolitan and City Group's Centenary Symposium, held in Guy's Hospital and in the prestigious Roben's Room, or should I say Robin's Room. Our host was Ian West of Guy's Hospital and I would like to thank him also his help and co-operation.

The opening address was given by Mr. Peter Imbert, OPM, Deputy Commissioner of the Metropolis.

On behalf of the APSGB may I congratulate him on his promotion to Commissioner of the Metropolis and assure him of the complete support of the Metropolitan and City Branch of the A.P.S.G.B.

It was realised as the Symposium went on that we were recognised by all speakers, whether from the police or from the legal profession, as Clinical Forensic Specialists, and were being respected as such.

The topics which varied from the thoughts on a Full Time Police Surgeon to new legislation and the police surgeon to whether clinical forensic medicine were in keeping with an extremely well thought out programme.

Neville Davis informs me that the proposed "Forensic Section" in the Royal Society of Medicine is near formalisation and will attract audiences from all branches of medicine. This should yet again expand our horizons and continue to help us project our image to our colleagues who are still not aware of the duties of a police surgeon, and that the days of "Venepuncture" are in the past. It may even be possible to hold a Winter Symposium in the RSM in the not too distant future.

Founder member of the A.P.S.G.B. Ralph Summers gave the final address and reminded everyone present that we were Forensic Clinicians and that he realised that the wind of change was about and supported it reluctantly.

I would like to thank Robin Moffatt for organising the Symposium and his wife Beryl for all the hard work she put into arranging the meals and social side of

the programme. The Metropolitan and City Group would also like to thank all the speakers and all the members of the A.P.S.G.B. who attended.

Meeting with A.C.P.O.

On February 2nd, with Andrew Bosie of the BMA, and our Secretary Hugh De La Haye Davis, I attended a Meeting of the Association of Chief Police Officers at New Scotland Yard.

It was agreed that all Chief Police Officers recognised the need for adequate facilities for the examination of rape victims. The majority of Health Authorities were co-operative over the use of their facilities and if BMA members had any problems they should take them up with the Chief Constable and Police Surgeon's represenatives in the area concerned.

A.C.P.O. wished for **FEED BACK** in areas where it was thought not enough was being done. They also acknowledged the need for the examining doctor to be fully trained in the identification of forensic evidence if a successful prosecution were to be made. It was also agreed that there are two interpretations of the Home Office Circular to the victim's right for examination by a female doctor. Some Police Authorities had interpreted this as a requirement to ask the victim if she wanted to be examined by a woman, which seemed to encourage a YES answer, whilst others indicated they were calling a police surgeon on duty and would only seek a female police surgeon if the victim so requested.

I know of two cases this year where two separate victims required a female doctor. Attempts were made to contact numerous female doctors in the first case, and eventually she agreed to be examined by a male doctor. In the second case after a delay of six hours a female doctor was able to attend. In both cases, owing to the delay, valuable forensic evidence was lost because of a too rigid interpretation of the Home Office Circular. Surely, if the second interpretation of the Home Office Circular was put into force this situation would never arise again. Perhaps a joint consultation could be introduced, namely an experienced police surgeon conducts the examination with a female doctor or nurse present.

A.C.P.O. also agreed to make strong recommendations that all police surgeons should take the D.M.J. after three years in post and that all police surgeons should be encouraged to join a relevant professional association. The BMA members also drew A.C.P.O.'s attention to the training courses run by the A.P.S.G.B. and the Metropolitan Police as well as other training schemes conducted by various A.P.S.G.B. individuals.

Drug Symposium

In April it was decided to hold an additional symposium in the Metropolitan Groups on Drug Abuse and the treatment of detained Drug Addicts and their fitness to be interviewed. This symposium was at the direct request of some of the newly appointed and trainee Police Surgeons in the Met who were confused by the different views held on the treatment of detainee addicts. There is no doubt that drug addiction has now moved into a bigger part of Police Surgeon's work load in the larger cities.

It is hoped that this discussion, which has been taped, can be reproduced either in the Supplement or the Journal and, from it, guidelines be produced for the management of such cases. In fact, if there were enough interest, the Symposium could be reproduced at a later date and open to all members of the A.P.S.G.B.

Area Medical Advisers

Dr. Bott, the Chief Medical Office at New Scotland Yard, has been requested by the Assistant Commissioner to invite eight senior police surgeons to become Area Medical Advisers, to advise the Chief Medical Officer and certain additional duties.

The following matters will be dealt with initially through the Area Medical

Advisers and the Area Commanders:—

1. Minor complaints regarding the service given by local police surgeons, e.g. failure to attend promptly.
2. Advance notice of forthcoming demonstrations, picketing, marches, etc., where the attendance of one or more police surgeons is likely to be required.
3. Communications between police and police surgeons groups.
4. Liaison with police and police surgeons over rota difficulties.
5. Complaints from police surgeons, e.g. the employment of doctors who are not appointed as police surgeons; the calling of police surgeons from other groups.

The first meeting was held on the 16th April, 1987. A video was shown and Professor Banatvala gave a lecture on AIDS and its risks to police officers. The Area Medical Officer will now be asked to go into his or her appointed area with the Commander and his Offices and answer questions which may arise from the showing of the same video to Police Officers.

Is this the beginning of a general awareness of the growing importance of Occupational Medicine in the general health of police officers? Perhaps Dr. Lees is at last able to say — I told you so!!!

Retirement

There is one sad fact I must record — Dr. Ray Williams, CBE, Director of the Metropolitan Forensic Laboratory, who has been a true friend to our Association, is retiring this year. He deserves all our thanks for his help in the past, and we wish him a very happy retirement and a very warm welcome whenever he comes to any of our meetings.

Tim Manser is writing in this issue of the Supplement about future Conferences and the trial, in 1988, in Cardiff, of condensing the Conference into a weekend. The content will be the same, but it will be cheaper. Perhaps this will encourage more to attend and "new faces" will appear.

World President

Finally, we must not forget Ivor Doney's Investiture as President of the 1st World Meeting of Police Surgeons in Wichita in August of this year. The more of us who can go the better, and not only to go, but to be prepared to speak and spread the word even further about the A.P.S.G.B., especially as Ivor assures me that there will be many new delegates form countries who have never attended Clinical Forensic meetings before.

DAVID JENKINS

ASSOCIATION OFFICE

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:	Office hours:
CREATON HOUSE, CREATON, NORTHAMPTON, NN6 8ND.	1.30-3.30 p.m. Monday—Friday **Telephone: (Creaton) 060-124 722**

INCREASE IN SUBSCRIPTIONS

At last year's Annual General Meeting it was agreed that the subscription for Full Membership be £55 with effect from the 1st July, 1987. It is important that members who pay by Standing Order return the Order enclosed with this issue of the Supplement to the Association office by the first week of June in order that the necessary clerical work can be undertaken and the Orders posted to the various banks so that the necessary alterations can be put into effect by the 1st July. Members are reminded that the Accident Insurance Scheme is only available to **fully paid up Members** and those Associate Members who pay a £6 surcharge on the Associate Subsciption which is remaining at £20. There are no days of grace allowed on this Policy and any member whose subscription has not been received by the due date will not be covered by this Policy. It is therefore suggested that rather than leave it till later to complete and return this Order you do it **NOW!**

COUNCIL SUBCOMMITTEES

The President, the Hon. Secretary and the Hon. Treasurer are ex-officio members of all Subcommittees.

Additional Members:—

Finance and General Purposes Subcommittee: Drs. Filer, Clarke and Manser.

Ethical Subcommittee: Dr. Burges and Davis.

Education and Research Subcommittee: Drs. Burges, Bain, McLay and Manser.

MEMBERSHIP LIST CHANGES

DEATHS

We regret to record the following death:—

Dr. J.G. Benstead — Southport
(Founder Member)

NEW MEMBERS

OVERSEAS

Dr. B.Y. Abd. Rahman — Malaysia

Area 1 (North West)

Dr. S.M.D. Charles-Jones	Upton-by-Chester
Dr. D. Gore	Bury
Dr. Linda Hawkesford	Chester
Dr. A. Krishna	Winsford
Dr. Janet E. Napier	Warrington
Dr. B. Ponda	Winsford

Area 1a (Northern Ireland)

Dr. R.J. Barr	Ballymoney
Dr. A.J. Cromie	Belfast
Dr. P. Magarity	Holywood
Dr. R.H. Wray	Magherafelt

Area 2 (North East)

Dr. J.V. Sedcole	Leeds
Dr. D.T. Lord	Halifax
Dr. Diana M. Wetherill	Dewsbury

Area 3 (Midlands)

Dr. A. Bremner	Market Drayton
Dr. V.C. Gandhi	Burton-on-Trent
Dr. J.C. Jones	Bransford
Dr. C.H. Lisk	Newport
Dr. D. Sheppard	Newcastle-under-Lyme

Area 4 (Eastern)

Dr. S. Badcock	Ipswich
Dr. R.J. Collins	Ipswich
Dr. G. Dillon	Spalding
Dr. P. Duckworth	Spixworth
Dr. A. Harrow	Worksop
Dr. A.L. Heath	Kings Lynn
Dr. P.J.P. Holden	Matlock
Dr. I.A. Khan	Worksop
Dr. R. Morris	Bedford
Dr. E.W. Sturton	Worksop

Area 5 (South East)

Dr. A.G. Bundy	Dover
Dr. S.A. Coulter	Farnborough
Dr. C.A.V. Goodchild	Southend-on-Sea
Dr. I.W. Ritchie	Herne Bay
Dr. I.R.S. Robertson	Fetcham

Area 6 (South West)

Dr. A. Chapman	Tewkesbury
Dr. J.C. Twomey	Okehampton

Area 7 (Wales)

Dr. Gail Alford	Pontypridd
Dr. J.D. Harris	Newtown
Dr. W. Harris	Pontypridd
Dr. C.D.V. Jones	Pontypridd
Dr. S.G. Lush	Cardiff
Dr. B.A. Mali	Portdinorwic
Dr. S. Pateman	Wattsville
Dr. A.K. Sinha	Swansea
Dr. W.G. Strawbridge	Pontypridd
Dr. D.D. Thomas	Aberdare
Dr. I.S. Toor	Pontypridd

Area 9 (Scotland)

Dr. J.N. Davis	Stornoway
Dr. J.J. Young	Paisley

Life Associate Members

Dr. J.L. Hine	Ely
Dr. C.D. Walker	London SE9

Dental Associate Members

Mrs. Linda Goldman	London
Mr. J.G. Ritchie	Brentwood

RESIGNATIONS

Area 2 (North East)

Dr. A. Paes — Rotherham

Area 3 (Midlands)

Dr. D. Wright — Birmingham

Area 4 (Eastern)

Dr. B.P. Collins	Nottingham
Dr. J.L. Hine (see Life Associates)	Ely

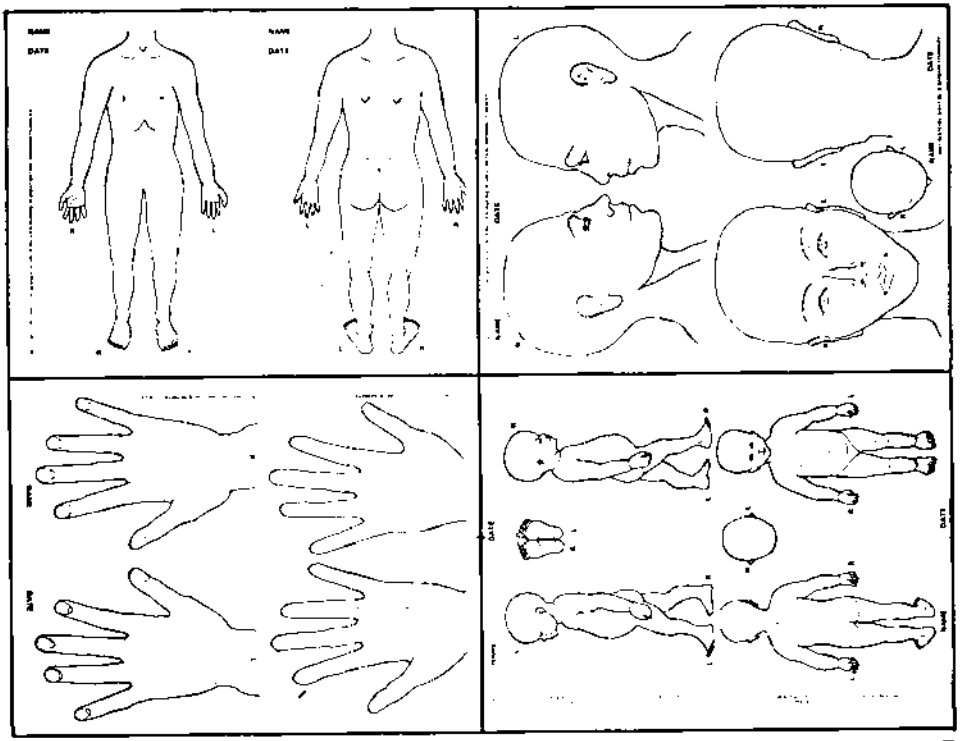
Area 8 (Metropolitan & City)

Dr. J. Stein — London

Area 9 (Scotland)

Dr. J.P. Black — Kilmarnock

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.

ANNUAL GENERAL MEETING

The Annual General Meeting will be held at The Prince of Wales Hotel, Southp on Thursday, 21st May 1987 at 5.30 p.m.

AGENDA

1. Apologies.
2. Minutes of the 35th Annual General Meeting (London).
3. Matters Arising.
4. Hon. Treasurer's Report.
5. Hon. Secretary's Report.
6. Report from the W.G. Johnston Trust.
7. To receive notice of deaths, resignations and to confirm new members.
8. Election of Officers.
9. Members of Council for Areas 7, 8 and 9.
10. Scrutineers of Accounts.
11. Motion proposed by Northern Ireland Branch "that the name of the Association be changed to — **THE BRITISH ASSOCIATION OF FORENSIC PHYSICIANS**".
12. Any other business.
13. Date, time and place of the next meeting.

H. de la Haye Davies
Hon. Secretary

CHANGE OF ASSOCIATION NAME

Rule 12 of the Rules of Constitution states:

These Rules of Constitution can only be altered or rescinded at a General Meeting of the Association, by a three-quarters majority of members present and voting, after due notice of the motion has been submitted. Such notice must be signed by not less than ten ordinary members and at least two months' notice of the motion be given to the Honorary Secretary.

In accordance with the above rule this is to confirm that I received on the 5th December, 1986 the following motion proposed by the Northern Ireland Branch.

"That the name of the Association be changed to — THE BRITISH ASSOCIATION OF FORENSIC PHYSICIANS".

The motion was signed by Dr. John Stewart, Hon. Secretary of the Northern Ireland Branch on behalf of the following twenty members of the Association present at the said meeting:

Dr. B.A. Shiels,
Dr. W.E. Crosbie,
Dr. N. Rainey,
Dr. R. Bryans,
Dr. R. Dick,
Dr. C. Knipe,
Dr. J. Crane,
Dr. I.F. Hamilton,
Dr. R.B. Irwin
Dr. C.K. Munro,
Dr. C.H. Stewart,
Dr. P. McConnell,
Dr. R.T. Harrison,
Dr. R.L. Guy
Dr. J.H.H. Stewart,
Dr. B.J. Farnan,
Dr. M.T. Kemp,
Dr. W. McCartney,
Dr. J.S. Garvin,
Dr. M. McKnight,

The above motion was discussed at the 128th Meeting of Council and it was unanimously agreed that Council would support the motion at the AGM.

MINUTES

OF THE 35th ANNUAL GENERAL MEETING HELD AT THE KENSINGTON CLOSE HOTEL, LONDON ON 14th MAY 1986

MINUTES OF 35th ANNUAL GENERAL MEETING

1. Hon. Secretary reported he had received 23 apologies including one from Dr. Stanley Burges, who was due to undergo major surgery the following week. Hon. Secretary was instructed to convey the best wishes of the meeting to Dr. Burges.
2. The Minutes of the 34th Annual General Meeting were received and approved nem com after a proposal by Dr. Jenkins, seconded by Dr. Doney.
3. There were no matters arising.
4. Dr. David Jenkins presented the Hon. Treasurer's Report. Because of the healthy state of the finances, Hon. Treasurer was satisfied that there was no requirement to increase the subscription this year. The full subscription would, therefore, remain at £50 for the fifth year in succession. The Treasurer proposed, however, that a subscription of £55 for full membership be envoked from July, 1987.
   Dr. Myles Clarke seconded this proposal. Dr. Frazer Newman, seconded by Dr. Filer, proposed an amendment that the subscription should be raised to £65 per annum but this amendment was defeated and Hon. Treasurer's proposal accepted by an overwhelming majority. The President thanked the Hon. Treasurer for his care over the finances of the Association during the previous four years.
5. The Hon. Secretary presented his Report which, he stated, would be published in the November, 1986 issue of the Police Surgeon Supplement. There were no questions and the Report was accepted nem com after a proposal by Dr. Ivor Doney, seconded by Dr. Jeremy Sharp. A vote of thanks to the Hon. Secretary was also proposed by Dr. Ivor Doney.
6. Dr. Ralph Summers presented the Report of the W.G. Johnston Trust. At the beginning of the year the balance stood at £3,365. At the end of the year there was a balance of £6,442. The only expenditure being £34 for postage and other minor sundries. The Trust has received £2,500 from the Association General Fund but this had been paid out immediately to Dr. James Dunbar as a priming fund for the Tayside Safe Driving Project. As a result, the Report of Dr. James Dunbar and his collegues "A Quiet Massacre", had been published by The Institute on Alcohol Studies, and had received wide circulation and had been sent by the Hon. Secretary to the House of Commons Select Committee on Road Safety. Sales of the Rape Monograph were picking up and it was to be hoped a further monograph would be produced in 1987.

7. Hon. Secretary reported nine deaths, 24 resignations and the Annual General Meeting confirmed 50 new members as posted on the notice board, their names having previously been accepted by Council after due inquiry confirmed they were in active police surgeon practice.
8. Dr. David Jenkins was elected President and inducted by the retiring President, Dr. Ian Craig. The retiring President thanked members of Council for their support during his term of Office and was presented with a Past President's Jewel by Dr. Jenkins.
9. Election of Officers. Dr. Michael Knight was elected Hon. Treasurer after a proposal by the Hon. Secretary, seconded by the President. The Hon. Secretary and other Officers were re-elected "en bloc" after a proposal by Dr. James Hilton, seconded by Dr. Knight. Hon. Secretary reported that the members of Council to replace the retiring members who retired under the three year rule, were Area 4, Dr. F. Birch, Lincoln, Area 5, Dr. R. Sarvesvaran, Surrey, Area 6, Dr. R. Bunting, Bristol, Drs. Ivor Doney and Bing Crosby were again appointed scrutineers of accounts.
10. Any other business. Dr. Bing Crosby and others spoke on the welcome which would be given to members from the mainland who would be attending the Autumn Symposium at Belfast where a wide variety of unique and interesting forensic material would provide an instructive and interesting programme.
11. Time, Place and Date of next meeting was delegated to the Honarary Assistant Secretary (Conference) to arrange during the 1987 Annual Conference at Southport.

    There being no further business, the meeting closed at 6.00 p.m.

THE CENTENARY SYMPOSIUM

The Opening Address.
Mr. Peter Imbert, QPM.

Deputy Commissioner of Police of the Metropolis

Mr. President, members of the Association of Police Surgeons of Great Britain.

It is a great pleasure for me to open this Centenary Symposium and perhaps to set the scene for the remainder of the day when you will hear a whole range of eminent speakers on subjects as disparate as terrorism, rape and the place of divisional surgeons within the criminal justice system.

This gathering marks the centenary of the Metropolitan and City Police Surgeons' Association, formed in the summer and autumn of 1887; and for those from outside the Metropolis I am sure you will forgive me if I dwell, perhaps longer than one normally would on the relationship between the medical profession and the police in London.

For one hundred years the Association has sought to establish and improve the practitioner's knowledge, interest, and skill in forensic matters. Compared with their colleagues in North America and in mainland Europe, the British at one time paid little attention to the examination of scenes and victims of crime.

In 1969 you at last succeeded in persuading the Society of Apothecaries to grant a Diploma in Medical Jurisprudence. Many of you are already holders of the Diploma and I'm sure you join me in encouraging your colleagues to study for that certificate of excellence. On a wider front you have circulated good practice through your periodical "The Police Surgeon" and in 1978 in association with the W.G. Johnson Memorial Trust published what must be the standard text on the work of the divisional surgeon — "The New Police Surgeon". I shall return to current issues but for the moment it is worth considering how the environment in which we practise our skills has changed during these last 100 years.

In 1887 the Metropolitan Police Force was already 58 years old and under the leadership of General Sir Charles Warren, its seventh Commissioner.

The Metropolitan Police District was only a little smaller than it is today. In overall area the Force today covers some 780 square miles, about 100 square miles more than it did in 1887. In population it was about 5½ million in 1887 and it is about 6¾ million today. So in crude geographic and demographic terms the area has not altered very much, but there was not one real motor car on the roads of London nor an aeroplane in the sky. There were not six million commuters a day into and out of the great Metropolis, nor did anyone have to deal with that great

international movement of people assisted by the 300,000 aircraft take offs and landings yearly at Heathrow Airport alone.

So when we look at policing we see some enormous changes. Comparisons over such a length of time are difficult but perhaps they will give us the flavour of the period.

One hundred years ago

A hundred years ago the Metropolitan Police was responsible for London and also had detached units at the Royal Dockyards at Woolwich, and as far afield as Portsmouth, Devonport, Chatham and Pembroke. Outside those commitments the strength of the police in London was just under 12,000 compared with 27,000 today. In addition there are some 16,000 full and part-time civilian staff who support the regular police — a workforce of some 43,000 in all.

There were about 20,000 felonies reported in 1887 but this year, 1987, we can anticipate some 750 crimes of all kinds to come to the notice of London's police; many connected with the motor car and reported instantly by some of the 3,000 '999' calls received by police daily. The views of Superintendents in charge of divisions, recorded at that time, confirm how radically the level of crime has increased.

The officer in charge of Westminster was happy to report only 2 burglaries in 1887 compared with 6 in 1886. While 74 policemen were assaulted in Westminster that year, the area of Whitechapel accounted for a further 314 cases with 219 prisoners, so you can see there was plenty of work for police surgeons.

1887 was the year of Queen Victoria's Jubilee; in addition there were many large and violent demonstrations against unemployment at Trafalgar Square and other locations in central London. It does seem that the more things change the more they stay the same.

On Easter Monday a particularly large demonstration took place in Hyde Park and 4,200 officers were employed to police it. This was approximately one-third of the police strength of London at that time. Today you may be interested to know is the first anniversary of the dispute at the News International printing plant at Wapping and there will be a larger than usual march and demonstration. You may like to know that there will be some 740 police officers on duty for the whole of the 24 hours. Up to now over 400 police officers have been injured and it has cost us many millions of pounds. Perhaps more than it cost to run the whole of the Metropolitan Police for the whole year in 1887.

In a different light, 1887 was the year that crime detection and medicine came together in the sight of more peaceful members of society. A doctor and graduate of the University of Edinburgh, named Doyle, and later to be knighted as Sir Arthur Conan Doyle, charmed wide audiences with the exploits of his most vivid character, Sherlock Holmes, who first appeared that year in the adventure entitled "A Study in Scarlet". The Sherlock Holmes stories dramatised, in a popular form, the idea of the scientific method applied to crime.

Discoveries and changes

Whilst the last quarter of the 19th century might not seem to be one of dramatic development in the science of medicine, one or two significant discoveries and changes can be mentioned:

In 1891 the medical curriculum was lengthened from four to five years and after 1886 the combined M.R.C.S. and L.R.C.P. qualification was obligatory. In October 1872 The London School of Medicine for Women was opened. In the same way that the Police Service has grown there has been a tremendous growth in the number of registered medical people — about 23,000 in 1881 which rose to 56,000 by 1932.

By 1986 the figure was over 110,000.

The carriage of malaria by mosquitoes was proved in 1897 and X-rays discovered in 1895.

But when di.. our partnership begin?

As early as 1805 medical practitioners had been employed to examine recruits to the Bow Street Patrol. Some six months after the Metropolitan Police was formed in Setpember 1829, a Dr. R.W. Fisher was appointed Superintending Surgeon. At that time police surgeons were, in the main concerned with the health of recruits and with members of the Force. This latter service was to continue until the passing of the National Health Service Act in 1948. At that time police officers were the extremely fortunate recipients of one of the finest medical services in the country. 98% of them asked to remain with the divisional surgeons rather than join the National Health Service. Unfortunately, they had no choice and so concern for the day to day health of officers passed out of the hands of police surgeons; yet many police officers still make their divisional surgeon their first choice as NHS general practitioner. In recent times officers have been concerned about risks associated with AIDS and Viral Hepititis 'B' and police surgeons have an important role to play in explaining and encouraging adherence to the various guidelines issued by the Force.

In October 1887 the Secretary of State felt that prisoners charged with rape, unnatural offences and all felonies, should be medically examined where, I stress, the prisoners consented.

At that time there were 192 divisional surgeons listed and most of them joined your newly formed Association at once. But I note that there was not a woman amongst them.

And on that subject of lady police surgeons, in more recent times in the Metropolitan Police area we have had only 11 female divisional surgeons. As part of our well publicised change of attitude towards rape victims, we have tried to recruit more women doctors to help them. In January/February of last year we have a recruitment drive and as a result of an advertisement in the British Medical Journal, 13 women doctors were interviewed and 12 accepted for training. We now have 19 women doctors working with the Force.

It has always been accepted by both the police and doctors that the work of divisional surgeons is exceptionally demanding and the unsocial hours disruptive of normal living but, I hope, full of challenges and providing a range of experience unequalled elsewhere. I can assure you we will do all we can to encourage and accommodate more female doctors so that victims can have a choice of doctor in those cases where the patient feels it is important.

The Future

As we look to the future there are few things about which we can be certain. One of them is that there will be no reduction in the demands upon you or upon us, and we will only keep abreast of developments by improving our knowledge, application and organisation.

Until recently there was no proper training for police surgeons. Apart from a short course at the Metropolitan Forensic Science Laboratory, we relied on established police surgeons passing on their knowledge and expertise. But at the beginning of 1986 we instigated a new programme of training under the admirable leadership of Dr. Frances Lewington.

This is an excellent course which covers administration, theory and practice. What other developments should there be? I believe, with the greater pressures and the need for even more specialisation that one of the Departments will have to develop a Chair of Clinical Forensic Medicine. There must be a further surge forward and improvement in the training in forensic medicine.

Newsletter

Important in the continuation of training, in the spread of notices and best

practise and perhaps most important of all, in keeping you in close contact with your police colleagues is the NEWSLETTER which we publish about twice a year. The last edition included information on Victim Examination Suites, the response to AIDS and Hepatitis 'B' and tackling child sex abuse. All are matters any police surgeon could, and probably will, be confronted with if they have not already had the experience.

The NEWSLETTER did not, on that occasion, contain any articles from you, the police surgeons. Your views are important so can I ask you to do two things.

First, read the NEWSLETTER: and I hope you don't think that is an impertinent plea. I do appreciate how much other material litters your studies and requires your attention. Secondly, make a contribution yourself. It doesn't have to be a long or free-standing article. It might be further to a previous item and making a practical point arising out of your own experience. It might assist a colleague, particularly a less experienced one, in some difficult area of work.

Finally, throughout this address I have referred to police surgeons and divisional surgeons. I appreciate some feel it is inappropriate and anachronistic. The word 'police' can be seen as not totally impartial and may concern some prisoners and victims, especially children. The word 'surgeon' may be equally inappropriate because not all of you are; understandably, I believe many of you prefer the equally prestigious and, no doubt, older title of 'physician'.

A number of new names have been suggested:—

Forensic Clinician
Forensic Doctor
Forensic Medical Officer
Forensic Physician

The matter is still under consideration and I remain open-minded. If the old name is causing problems then reluctantly we must let it go. I say 'reluctantly' because if it did nothing else the name contained policing and medicine together and has served as a constant reminder of the close co-operation that has been the hall-mark of our joint successes.

I have ranged fairly widely in an attempt to cover a unique relationship which has lasted for 100 years. There is a silver thread running through all I have said, and that is the gratitude of the Metropolitan Police and the Police Service throughout the country for your loyalty and devotion. Our sole wish is that it continues for the next 100 years and thereafter. If it does, it will be because of men and women like yourselves and we are immensely grateful.

THE SYMPOSIUM

To celebrate the hundreth anniversary of the founding of the Metropolitan Police Surgeons Associations, the Met. Group of the Association of Police Surgeons of Great Britain, held its January Meeting in the tower block of Guy's Hospital on 24th January, 1987.

The meeting was well-attended, with delegates from throughout the country and a representative from Holland, Fritz Buijze. The meeting also attracted approximately one third of the members of the Metropolitan and City Group, a formidable representative, to hear a little of the past and speculate on the future.

Among those attending were two founder members of the Association of Police Surgeons of Great Britain, Dr. Ralph Summers, O.B.E., a former secretary and President of the Metropolitan Police Surgeons Association and a Past-President of the APSGB, and Dr. Hannah Streisow, whose name used to feature in the Association's early membership lists under the heading 'Lady Doctors — Examiners in Sexual Offences'.

The meeting was opened by Mr. Peter Imbert, Q.P.M., Deputy Commissioner of Police of the Metropolis. Mr. Imbert departed from his text to add that the Metropolitan Police were considering the introduction of full time police

surgeons, but it appeared that a final decision on this topic had yet to be made.

At the conclusion of Mr. Imbert's address, there was an exchange of plaques between the Deputy Commissioner and the Association's President, Dr. David Jenkins.

Sexual Offences in the Met.

A section on the investigation of serious crimes was opened by Commander Thelma Wagstaff of the Metropolitan Police. She has spent 25 years in the Met., 23 in the C.I.D. She is Chairwoman of the Metropolitan Working Party on Rape. Miss Wagstaff reported that 1986 had seen an apparent increase in allegations of rape; the increase might have been due to the more caring approach adopted by the Met. Police, or more attacks, or to more reporting of attacks. She anticipated that the end of 1987 would give a clearer picture of sexual offences in the Met. The Working Party had recommended that allegations would no longer be classified as 'no crime' merely because the victim did not want to go to court.

Past President Ralph Summers, OBE

Some rapes were easily acceptable — the rape of a young child, an old person, a rape with violence, a weapon being used, a series of rapes or several people involved in the asault. Rapes which might be viewed with scepticism included those cases where no resistance was offered, no attempt at escape made, no violence to the victim, the assault being by one person only, the victim not reporting, no shame or fear expressed, previous drink taken, previous knowledge of the assailant and girls of 14-17 with a history of promiscuity. In this latter group there was an almost instinctive feeling among the investigators that the victim must be partly at fault.

Miss Wagstaff went on to describe the ideal scenarios, with the victim reporting promptly and with ideal circumstances of examination and interview. However, she said that the ideal did not always happen, the victim might delay in reporting, it takes time to get the appropriate investigating officer and police surgeon and she said "sometimes a doctor is tired at 2 a.m. or 3 a .m.".

Dr. Hannah Streisow

It had to be remembered that some allegations were false. These allegations were usually a cry for help and those making such allegations were entitled to a sympathetic and caring hearing.

There had been considerable changes in practices, which included the development of victim examination suites, 114 victim support schemes counsellors had been trained and, since July 1984, approximately 1,000 police officers, male and female, had been through a sexual offences course.

Training

Dr. Frances Lewington of the Metropolitan Police Laboratory, then followed with a description of the new training course for police surgeons (details of which appeared in "The Police Surgeon" Vol.20. November 1986.

The training is divided into two parts, the first part referring to commonly occurring work such as Road Traffic Act cases and the care of prisoners. Tyro police surgeons are also appointed to special training surgeons, who are known to be reliable and good trainers.

Dr. Frances Lewington

Serious crime accounts for 10% of police surgeons work in London. For two years following appointment the tyro police surgeon learns about the second part of his work, that concerned with serious crime. There is practical training supplemented by lectures. It is of mutual benefit to meet other doctors doing the same course and also to learn how to work with scenes of crime officers, forensic scientists, photographs, fingerprint experts and so forth.

Terrorists

Commander George Churchill-Coleman, Head of the Metropolitan Anti-Terrorist Branch, gave an account of the work of his section, illustrated with slides of various cases which had occurred over the years in the Metropolitan Police area. Police surgeons can be involved at various stages in a terrorist incident. The surgeon may be required to certify death, but, as bodies or scenes may be booby-trapped, caution has to be used before the surgeon is allowed to approach the body.

Kidnap victims may suffer injury or degredation. Mr. Churchill-Coleman asked that ligatures should be cut away from knots and consideration given as to whether a "victim" could have tied the ropes him/herself. Victims are drugged and may have to be examined to determine their fitness for interview. Clothing is preserved for forensic purposes in the same manner as in other serious assaults.

Paddington Police Station is the detention centre in London for terrorist suspects. The station is designed to stop terrorists being rescued from outside. Terrorist suspects are examined before interview and examined twice daily by police surgeons.

After the coffee break Mr. Garry Patten of the Crown Prosecution Service described the early days of the Service. The Crown Prosecution Service is in fact still in its infancy and not yet fully staffed. The Service has to deal with

one million cases per year. The Service has produced its own "Code for Crown Prosecutors", copies of which were distributed to delegates at the meeting.

Crown Prosecutors had great scope to exercise discretion at various stages of the prosecution process, including the power to discontinue cases. There has to be an objective assessment of likely outcomes of a case Details of cases where the Crown Prosecutor might decide not to prosecute were given, such as youth, old age, mental illness or stress. Medical report would be easier to accept if the writer of the report were prepared to give detailed evidence in court.

Mr. Patten emphasised that none of the provisions in the Code were rigid and the Service was receptive to possible changes and review. Mr. Patten extended an invitation to the Association to comment on relevant sections of the Code for Crown Prosecutors.

PACE

Solicitor, Mr. John Clitherow spoke on The Police and Criminal Evidence Act and the role of the police surgeon. He recommended that a copy of the PACE Codes of Practice should be in each police surgeon's property. The Codes of Practice are a statutory code, which have superceded the former Judges' Rules.

Mr. Clitherow advised that police surgeons should record what advice is given to the police and they should also make a note of what records the custody officer has made. Mr. Clitherow revealed the conditions for intimate searches for weapons and drugs. He recommended that the police surgeon should establish that the authority for the search is properly recorded. He indicated that he thought that the police surgeon's role regarding searches will eventually be decided in court.

H.M. Coroner David Paul, an Association member of many years standing, gave a paper "Coroners at Bay". Among the problems currently facing Coroners, he noted deaths resulting from mass disturbances and those with ethnic and religious objections to the Coroner's procedure. There was a need for sudden death investigation. The system must change according to the needs of society, the price otherwise being injustice.

The Coroner has a dual role, the co-ordinator of all investigative agencies and judicial, the presiding Judge in those cases which must be law have an inquest.

Areas which Dr. Paul thought the Coroner might be at bay included deaths abroad, particularly where there had been inadequate investigation of the death abroad, or the body returned with viscera removed. Suicide has to be proved to be an intentional act. This leads to open verdicts being returned and thus the system is failing to provide proper statistics. Inquests may touch on politically delicate topics or matters of great public concern and the Coroner may have to perform a balancing act.

Luncheon and the early evening buffet supper were both held in the restaurant at the top of the tower block, with a spectacular view over London. Only a few stayed for the evening buffet — those who left missed a magnificent view of London by night.

Gordon Museum

During the afternoon and after the last lecture session, tours were arranged of the Gordon Museum, the world-famous museum in Guy's Hospital Medical School. The tours were conducted by Mr. Joe Dawes, who appeared to be on familiar terms with each and every exhibit. There is a magnificent display of wax anatomical models and an interesting section devoted to forensic specimens.

The January Symposium was worthwhile for the visit to the Gordon museum alone and those who would like to visit the Museum may do so

Monday-Friday, 9 a.m. to 5 p.m. providing they are able to identify themselves at the Medical School.

Following luncheon, three papers attempted to judge whether forensic medicine, and in particular clinical forensic medicine, was making progress and what the future held. First to speak was Dr. David Filer, who, paraphrasing Dr. David Paul, claimed that the living now have as high a standard of forensic care as do the dead. He then attempted to support this argument by considering the clinical forensic medicine input into International Association of Forensic Sciences meetings since 1967. He concluded that the wind of change was sweeping through all activities of police and forensic medicine.

Dr. Iain West (whose department was hosting the Centenary Symposium) painted a more gloomy view of forensic pathology. He felt that the future in Scotland was healthy, despite the loss of the Chair of Forensic Medicine in Edinburgh . . . he said that the future could be fairly pesimistic. This appeared to be an understatement as Dr. West said that there were fewer, and apparently older pathologists, no career structure in forensic pathology, inadequate financing, disapparing facilities. It would appear that the warnings of distinguished pathologists in the past have not been heeded.

Progress since 1951?

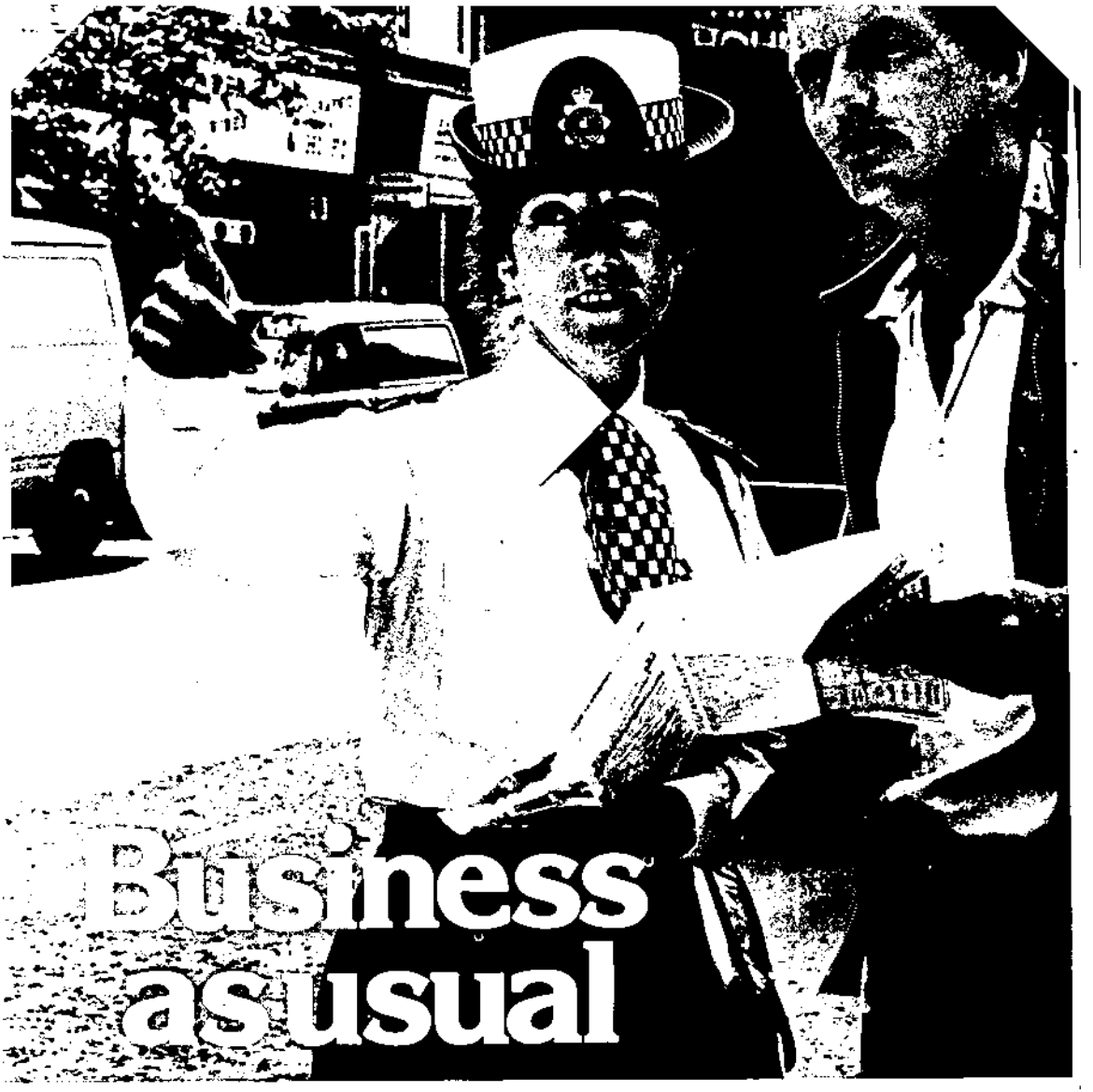
Dr. Clarke reviewed the progress of the APSGB since 1951. He looked at the original objectives of the Association.

He said the Association had obtained representation of police surgeons in all negotiations relative to their work and conditions of service with the differing authorities. Terms and conditions of service had been improved and there was no uniformity throughout the United Kingdom.

With regard to the advancement of medical knowledge, practical and theoretical study, and the introduction of new and improved methods, the first of the Association's objects, Dr. Clarke was less enthusiastic. he pointed out that the prize offered by the W.G. Johnston Memorial Trust had never been awarded. The equipment provided by the police for the use of the police surgeon had improved, this in major part was due to the provision of the sexual offences kit, but these are not available uniformly throughout the country. There are variations in the kit contents. There has been a slow improvement in the standard of medical rooms and he showed slides of the Brentford Victims Examination Suite and the new facility at St. Mary's Hospital, Manchester. He noted that the Association had produced as number of publications, including "The New Police Surgeon". now out of print.

Stronger criticism could be levelled at the average police surgeon. In 1984 in England and Wales only 53% of all doctors receiving retainers from the police, were members of the Association. If all doctors, who were on call to the police, were taken into account only 29% were members of the Association. About half the police forces in the country did not have an Association member representing police surgeon interest with their forces. In 1986 only 12% of full Association members held the Diploma in Medical Jurisprudence. Only one police force had considered it necessary to institute standards of training for newly appointed police surgeons — the Metropolitan Police Force in 1986. He concluded that, unless the Association offered ACPO a ready-made course for newly appointed police surgeons, then the surgeons role and credibility will be diminished.

Dr. Michael Kemp, Forensic Medical Officer for Northern Ireland, repeated the paper he had given to the 1986 Autumn Symposium in Belfast. His recitation of the grim facts of the life of the Northern Ireland Forensic Medical Officer lost nothing in the re-telling. He concluded that if any Forensic Medical Officers were killed, he felt that there would be a substantial number of



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WINTHROP

F.M.O.'s who would review their commitment to Clinical Forensic Medicine.

Dr. H.B. Kean, Liverpool, gave a brief paper in which he described attending a non-suspicious death. At post mortem a carrot was found in the abdomen, apparently the lady and her husband had retired to bed for intensive sex and the carrot was used to stimulate the lady. The carrot ended up by being pushed through the vault of the vagina into the abdomen. The lady's blood alcohol was 740 mgms. per cent.

The meeting was appropriately closed by Dr. Ralph Summers, O.B.D., Past-President and founder member, who mentioned some of the earlier practices in the Metropolitan Police area. An old condemned police sheet used to be kept in police stations for the use of police surgeons for bandages. The cost of the Annual Dinner increased in 1910 from 7s 6d. to 10s 6d. (37½ pence to 50 pence). In 1908 there were special fees of 3s 6d for using a stomach pump or undertaking a surgical procedure. One surgeon got this fee for amputating a leg.

Dr. Summers concluded by saying that he was delighted to see the Association grow into what it is now, the mouthpiece of Clinical Forensic Medicine.

MYLES CLARKE

FIRST METROPOLITAN PRESIDENT

Alexander Oberlin MacKellar was President of the Metropolitan Police Surgeons Association from its inception in 1887 until his death in 1904.

MacKellar was born in 1845 in British Guiana, where his father had been a missionary.

He received his medical education at Manchester, Belfast, London and in Paris, graduating in 1869. He served in the Franco-Prussian Campaign of 1870-71, for his work in connection with which he was made a Knight of the Milary Order of Bavaria.

Not long after his return to England, he was appointed Assistant Surgeon to St. Thomas's Hospital but during the greater part of the years 1876 and 1877, he was in Eastern Europe, first as Chief Surgeon of the English Ambulance in the Turko-Serbian war and secondly as consulting surgeon of the Fifth Ambulance of the Red Crescent in the Russo-Turkish war. For his work in these two campaigns he received decorations, being made a Knight Gold Cross of Takaovo for the former and a Knight of the Order of Medjidieh for the latter.

In 1886, MacKellar became Surgeon to St. Thomas's Hospital, and shortly afterwards became Surgeon in Chief to the Metropolitan Police. For many years he was Lecturer in Forensic Medicine at St. Thomas'.

As Surgeon in Chief of the Metropolitan Police, he had much to do in addition to his routine hospital duties and private practice. As time passed the numbers of the police force became much larger and the amount of work required from the Chief Surgeon increased until it was almost doubled, yet no addition was made to the somewhat inadequate salary of the post. This no doubt gave rise to a feeling of disappointment and a sense of failure as the years passed and further demands were made on him and the time at his disposal.

During his administration as Surgeon in Chief he was successful in improving the position of the divisional surgeons and took great trouble in aiding them in every possible way. With the staff at Scotland Yard he was very popular, whilst his addresses on 'First Aid' were much appreciated. Ultimately he retired from his position as Surgeon to St. Thomas's Hospital and subsequently gave all his time to the police service.

Of good presence, with a ready and engaging manner, a fluent speaker, a good teacher and operator, it was evident that the first President of the Metropolitan Police Surgeons Association was an outstanding man.

THE SEVILLE MANIFESTO

In a leading article in the British Medical Journal (Vol.293 29th November 1986), Professor A. Keith Mant (Emeritus Professor of Forensic Medicine, Guy's Hospital) described the decline in the teaching of legal medicine in the United Kingdom. The amount of time spent on instructing undergraduates on the subject varies from three hours to thirty-nine hours at nineteen medical schools.

Professor Mant relates the decline in teaching to when the separate examination in forensic medicine was abolished, and the time devoted to lectures eroded by the development of other specialities.

The graduate's deficiencies become glaringly obvious when he or she is faced with the problem of writing death certificates and considering the necessity of reporting a death to the Coroner. The assumption appears to be that on qualifying, the new doctor will be guided by those senior. Unfortunately, those senior now also have had inadequate training in legal medicine.

Those controlling the academic syllabus, when faced with demands for more training in forensic medicine, retort "What do you suggest we leave out?" This appears to ignore the fact that whilst many courses in the syllabus will have little or no practical value after qualification, the graduate will always be faced with medico-legal problems.

In his article, Professor Mant referred to an ad hoc committee of medico-legal experts representing the countries of the European Community, who conferred recently in Seville.

The Committee met in September 1986, and was convened by Professor Dr. D. Luis Frontela Carreras, Professor of Legal Medicine and Director of the Institute of Legal Medicine and Forensic Sciences at the University of Seville. Attending the meeting were representatives from Belgium, Denmark, France, Germany, Greece, Holland, the Republic of Ireland, Italy, Portugal, Spain and the United Kingdom. In all there were ten professors at the meeting. The United Kingdom's representative was Professor Mant.

The Dutch representative at the meeting was the President of the Dutch Forensic Medicine Society (FMG), Barend A.J. Cohen, MD, DMJ. Dr. Cohen's presence at the meeting was fortuitous — clinical forensic medicine had not been considered when the committee was first considered. Dr. Cohen was present as the representative of Dutch Forensic Medicine.

The purpose of the meeting was to discuss the harmonization of medicolegal teaching throughout the European Community. Harmonization is required by the provisions of the Treaty of Rome to ensure the free circulation of professional men and women throughout the community.

The Committee considered teaching requirements for medical and dental undergraduates, and also for others including law students, pharmacy students, lawyers and the police who need to have some knowledge of legal medicine. Also considered was the structure and function of the Institutes of Legal Medicine.

For medical undergraduates, a minimum of 60 hours Legal Medicine was advocated.

It was recommended that specialists in Clinical Legal Medicine should undergo three years training in all its branches, with at least 100 hours of theoretical teaching. It was also stated that a specialist in clinical legal medicine could not be recognised as such until he or she had passed an examination in his

discipline or until he or she met with any set requirements in the country of training.

The full Seville Manifesto is published on page 28.

Fine, you might think. The learned gentlemen have done a good job, and we can't quibble at the standards set. It's a pity that we don't get anything like that amount of training, but that's the way or things in the U.K. today. There is nothing for us to do, it's all been said.

Wrong.

The United Kingdom and Holland are the only countries with a nationally recognised level of *CLINICAL* legal medicine in the European Community, the standard being set by the Diploma in Medical Jurisprudence (Clincial) in the United Kingdom, and an equivalent standard in Holland. Only three nations who are members of the European Community officially recognise forensic medicine as a recognised speciality, viz the German Federal Republic, Spain and the United Kingdom.

The E.C. Council Directive of 16th June 1975 lays down that each Member State "shall recognise the diplomas, certificates and other evidence of formal qualifications, by giving such qualifications, as far as the right to take up and pursue the self-employed activities of a doctor is concerned, the same effect in its territory as those which the Member State itself awards." It also goes on to say that each Member State "shall recognise the diplomas, certificates and other evidence of formal qualifications in specialised medicine awarded to nationals of Member States, by giving such qualifications the same effect in its territory as those which the Member State itself awards".

Whilst many specialities are recognised within the E.C., Legal Medicine is not. At present little can be done on a European level until such time when the medicolegal specialities are recognised in at least one of the Member States, and at the same time when such Member States have laid down their national requirements for formal title with the European Community.

This situation will not stay static. It is only a question of time before a Member State applies to the European Government for recognition of its requirements for legal medicine. If two Member States apply, then they will set the standard for the rest of the European Community, including the United Kingdom.

Following the Seville meeting, the Association of Police Surgeons of Great Britain was invited to send a senior member to future meetings to represent the Association and the interests of Clinical Forensic Medicine in the United Kingdom. So far this invitation has not been accepted, and indeed the Association has chosen to refer the matter to the British Medical Association, rather than take an active part in future proceedings.

It might be thought that U.K. pathology delegates might be adequately able to represent U.K. clinical forensic interests, but in fact there has been NO U.K. representation at meetings held since the original meeting in Seville.

Should this matter be taken seriously? Should the Association actively participate in future meetings of the Seville Manifesto group?

Let us consider what will happen if we take no part. Eventually the Seville group will achieve what it set out to do — to establish international standards in Legal Medicine. We in the U.K. cannot say that our standards of medicolegal education are satisfactory — they patently are not. However, the international standards which the U.K. may be obliged to accept in the future will originate from a committee dominated by pathologists, most of whom have little understanding of clinical forensic medicine as it is practised in the U.K.

Furthermore, continental applicants for forensic appointments in the U.K., if they have qualifications which are approved under European Community regulations, may have to be given prior consideration for appointments, if the

U.K. has not registered its legal medicine standards with the European Community.

There does not appear to be a burning urgency about this matter. No one can suggest that changes will occur this year or next. However, the first steps have been taken on a road which will lead eventually both to the acceptance of international standards and improved European co-operation.

If we are not on the road with the others, we cannot help formulate the future of clinical forensic medicine in the European context. Not much is required — attendance at occasional meetings in Europe by a senior member of the Association briefed and prepared to present the viewpoint of clinical forensic medicine in the U.K. There appears to be little to loose other than a few airfares. Even if it is some time before the goal is achieved, there will have been contact with others working in the same discipline, forensic medicine.

The Association has so far been distant and perhaps insular in this matter. It has been treated as relatively unimportant, noted, and referred to the B.M.A. for action in the future if required.

Action is required now **by the Association.** There is still a place for the Association representative at future meetings. We still have the chance to make our contribution. If we fail to avail ourselves of this opportunity, U.K. forensic physicians of the future may suffer.

THE MANIFESTO

1. PREAMBLE

Throughout history medical doctors have been called upon to present their expert opinion in Courts of Law. The specialty in this field is Legal Medicine.

Legal Medicine is concerned with the application of specialised medical and related scientific knowledge and expertise to the just administration of the law in its broadest sense.

The rising crime rates and especially the increase of violence against the life and health of persons, the large number of traffic accidents resulting in bodily harm and even in loss of life are causing grave concern. There has also been a vast increase in civil litigation on health matters in general and on matters with medical aspects.

The Treaty of Rome gives the highest priority to personal freedom and safety to personal and public health and to the free circulation of professionals of the member States of the European Economic Community. Because of this necessity for a basic understanding of Legal Medicine by all medical practitioners as well as a thorough knowledge of Legal Medicine by all medical by medico legal specialists becomes paramount. Thus by increasing the legal security of citizens as well as by improving the protection of victims, Legal Medicine becomes, by definition, a form of preventive medicine.

Delegates of the member states of the European Economic Community gathered in Seville from September 2nd until September 6th, 1986 in order to make recommendations for minimum standards in:

— Teaching of Legal Medicine to medical students.

— Teaching of Legal Medicine to dental and pharmaceutical students, and to non-medical health workers, to law students, lawyers and the police.

— The necessary qualifications to become a medico-legal expert and the medico-legal specialisation.

— The structure and function of Institutes of Legal Medicine.

— Medico-legal practice in its broadest sense as well as in terms of official and private practice, of clinical legal medicine, of forensic psychiatry and of forensic pathology.

— University Departments of Legal Medicine and their responsibilities in terms of responsibilities in terms of research, education and medico-legal practice.
— Relations between medico-legal experts and Courts of Law.

At the termination of these discussions the following resolutions were passed and recommendations made, offering sufficient room for the traditional variations in procedures and approach among the member States of the European Economic Community.

2. TRAINING IN LEGAL MEDICINE

2.1. Undergraduate training in Legal Medicine

2.1.1. The teaching of the basic principles of Legal Medicine is absolutely necessary and must be incorporated into the basic training programme of students of medicine.

2.1.2. Legal Medicine ought to be taught to medical students during one of the last two years of their studies. It is necessary for a medical student to have taken other preliminary courses in order to full understand a course in Legal Medicine.

2.1.3. Legal Medicine ought to be taught for at least one semester, covering a minimum of 60 hours, and must include general knowledge and practice of the following subjects (in a 60 hours programme):

Medico-legal invesigation of death (postmortem phenomena, sudden deaths, violent deaths, etc) (30 hours)

Clinical Legal Medicine (including medico legal traumatology, medico-legal sexology, forensic psychopathology, etc.) (10 hours)

Forensic Toxicology and other basic forensic sciences (including alcohology, drug abuse, interpretation of analytical data, serology, etc.) (10 hours)

Medical Law and Ethics (10 hours)

2.1.4. Examination at the end of the course.

2.2. Legal Medicine for nurses

— Signs and Legal aspects of death.
— Suspicious neonatal and infant death.
— Death by narcotics.
— First aid in cases of poisoning.
— Legal aspects of nursing practice.
— Bioethics and aspects of Social Medicine.

2.3. Legal Medicine for pharmacists

— Laws regulating sale, general facts about poisons.
— First aid in case of poisoning.
— Legal aspects of pharmaceutical practice.
— Bioethics.
— Death by narcotics.

2.4. Legal Medicine for dentists

— Legal aspects of dental practice.
— Bioethics, deontology.

2.5. Teaching of Legal Medicine for Law students

2.5.1. The teaching of elements of Legal Medicine is an indispensable part of the curriculum for a degree in Law, especially for those who specialise in Magistrature, or the private practice of law (lawyers) in the penal, civil or insurance fields.

2.5.2. This Legal Medicine course ought to be taught in the final years of the course, with a minimum of 30 hours of classes including practicals.

2.5.3. The curriculum of the course must allow the student to:

— To become familiarised with the spirit, aims, field, and medico-legal terminology.
— To have a global perspective of the medico-legal activity realising its plural and interdisciplinary character.
— To learn the possibilities and limitations of the experts in the different investigative aspects of death, clinical legal medicine including sexology, forensic psychiatry, toxicology etc.

2.5.4. The student must pass an examination at the end of the course.

2.6. Teaching of Legal Medicine for Magistrates and Lawyers

The general principles set out in the preceding item are equally valid for the magistrates and lawyers as far as it concerns them. There ought to be a continued training in Legal Medicine.

2.7. Teaching of Legal Medicine for police officers

All police officers ought to be taught the elements of Legal Medicine. These courses ought to be orientated towards criminal investigation as regards expert forensic work.

3. SPECIALIST TRAINING IN LEGAL MEDICINE

3.1. There is a wide diversity in medico legal practice in the E.E.C. member countries and the following recommendations are concerned only with the basic training considered essential for the medico-legal specialist in any E.E.C. country.

3.2. Training:

a) Clinical Legal Medicine.

Three years training in all branches of clinical forensic medicine and at least 100 hours of theoretical teaching.

b) Forensic Pathology.

At least two years training in general pathology followed by at least three years training in all branches of Legal Medicine in an approved institute or university department dealing mainly with forensic pathology. During the five years each candidate must have performed a minimum of five hundred autopsies and performed a complete histological examination of at least 100 cases.

Accredited clinical forensic medical specialists who wish to embark upon a career in forensic pathology may undertake the course in a minimum of three and a half years.

3.3. Recognition

A specialist in clinical legal medicine or forensic pathology cannot be recognised as such until he has passed an examination in his discipline or until he has met with any set requirements in the country of training.

4. In the European Community countries the rules for judicial procedure should be modified in order that medico-legal expertise be practised exclusively by qualified experts.

5. MEDICO LEGAL AUTOPSIES should ideally be carried out by two doctors, at least one of which is a fully qualified forensic pathologist. They should be carried out in adequately equipped mortuary rooms. Besides criminal cases, deaths, the causes of which are either unknown or unnatural, should be subjected to medico-legal investigation and, perferably, an autopsy.

6. THE UNIVERSITY AND LEGAL MEDICINE

6.1. The functions of the University Institutes of Legal Medicine

Legal Medicine is part of the Medical Curriculum and as such it must be practised at University Institutes belonging to the medical faculties.

The system means that medico-legal practice is combined with the duty to undertake research and to teach on an undergraduate and a postgraduate level.

The University Institutes of Legal Medicine have three responsibilities: teaching, scientific research, and medico-legal practice.

a) Legal Medicine must be part of the curriculum at any medical school and ideally this subject should also be taught to student nurses, law students and police trainees, besides, for instance, hospital porters, ambulance personnel, etc.

Post-graduate training can be given to special groups of doctors and to lawyers. The training of doctors for specialisation in medicine takes place during their employment with an Institute of Legal Medicine.

b) Scientific research shall be a duty of the scientific staff at these institutes, and it should set the standards of the practical work, by innovating and trying new methods, which shall form the basis for academic teaching of the subject. Another responsibility is a critical evaluation of the medico-legal material with the object of prevention thus contributing to social Medicine.

c) The practice includes legal examinations of dead bodies, legal autopsies, and clinical legal medicine. The

section for Toxicology performs all analyses in connection with the autopsies and should also be able to perform analyses of specimens from living people, for instance those accused of driving under the influence and cases of poisoning.

6.2. The Structure of Medico-Legal Institutes

In accordance with the previous definition of Legal Medicine, and in order to fulfill the aims laid out in the preamble, it is appropriate to have structures which are adapted to these goals. It is absolutely necessary to harmonize and to regroup the existing resources and, above all, to assure the best possible use of the scientific materials within the Medico-Legal Institutes. Links must be established with other disciplines whatever their status may be (university, hospital, municipal, mixed).

It is equally appropriate for medical staff, non-medical staff and technicians to have recognised status as well as adequate facilities to be able to carry out the investigations required by the judiciary and civil authorities.

The funding of these Medico-Legal Institutes must be guaranteed by the different organisations, according to the status of these institutes.

7. RELATIONSHIP AND ATTENDANCE AT COURT

We are of the opinion that, where possible, and where national laws permit, medical evidence should be accepted by the Court in the form of a written report. Should the Court deem it necessary for the doctor to attend for cross examination or clarification, then a time should be stated for his presence.

We feel that all explanations and interpretations of the medical report should be by a medically qualified person only.

8. RELATIONSHIP WITH COLLEAGUES

Should more than one medico legal expert be involved in the examination of a case, it would be desirable if they could produce a single agreed report to the Courts.

Any additional examination carried out after that of the Medical Legal expert appointed by the state, should be done only in his presence.

The undersigned members of the ad hoc committee, meeting in Seville for the purpose of the harmonization in the European Economic Community of the standards of the medico-legal practice and teaching have agreed on the guidelines and recommendations outlined in this report.

In Seville 6th September 1986

Moderator ad hoc: Prof. Dr. D. Luis Frontela Carreras M.D.
Professor of Legal Medicine and Director of the Institute of Legal Medicine and Forensic Sciences, Faculty of Medicine, University of Seville.

Belgium: Prof. Dr. Fernand P. Meersseman M.D.
Professor of Legal Medicine at the Université Catholique de Louvain. President of the Belgian Society of Legal Medicine.

Denmark: Prof. Dr. Jörgen A. Voigt, M.D.
Professor of Legal Medicine. University Institute of Forensic Pathology, Copenhagen. Representative of the Scandinavian Society of Legal Medicine.

France: Dr. Amédee Ollier
Professor of Legal Medicine, Faculty of Medicine. Head of the Department of Legal and Social Medicine University Hospital, Nice.

Germany: Professor Dr. Med. Bernd Brinkmann
Director of the Institute of Legal Medicine University of Münster.

Great Britain: Prof. Arthur Keith Mant.
Emeritus Professor of Forensic Medicine, University of London.

Greece: Prof. Dr. Anthony Koutselinis, M.D.
Professor of Legal Medicine and Forensic Sciences, University of Athens. Greece. President of the Hellenic Society of Forensic Sciences.

Ireland: Professor Dr. P.J. Bofin
Department of Forensic Medicine, Royal College of Surgeons, Dublin.

Italy: Prof. Dr. Francesco Consigliere
Professor of Legal Medicine, University of Brescia. Treasurer of the Italian Society of Legal Medicine.

Netherlands: Dr. B.A.J. Cohen, M.D., D.M.J., D.I.H.
President Netherlands Forensic Medicine Society

Portugal: Dr. Jorge Costa Santos
Faculty of Medicine of Lisbon. Medico-Legal expert of the Institute of Legal Medicine of Lisbon. Secretary-General of the Portuguese Society of Legal Medicine.

Spain: Prof. Dr. D.J.A. Gisbert Calabuig
Professsir of Legal Medicin, Faculty of Medicine, University of Valencia. President of the Spanish Society of Legal Medicine.

POSTGRADUATE COURSE IN FORENSIC MEDICINE AND PATHOLOGY

I attended the above Course in March 1987 held at the London Hospital. It was well organised and included lectures on subjects from all aspects of forensic medicine.

The Course was well attended, with Doctors and C.I.D. Officers in about equal numbers. Among the Doctors were Forensic Pathologists, General Practitioners, Police Surgeons and Prison Medical Officers.

As with any Course, one found some lectures better than others. Among the lectures I found most beneficial were:—

Forensic Science — a lecture given by staff from the Metropolitan Police Laboratory.
Trauma to the Central Nervous System.
Times and changes after death.
Forensic Odontology.
Infectious Hepatitis and Aids.
Child Abuse
Scenes of Crime
Ballistics
Sexual Offences

These lectures were all given by experts in their field.

Although I had to leave the Course prior to its scheduled termination, for reasons beyond my control, I felt it was well worth attending. I would recommend this Course to any doctor involved in forensic medicine and/or pathology and particularly to those intending to sit the D.M.J.

R. MESSING

TUT TUT

There were three successful candidates for the Diploma in Medical Jurisprudence in January. None of the candidates were from A.P.S.G.B.

RECRUITMENT — A NATIONAL PROBLEM

Last year I promised Myles Clark a small contribution to the Supplement — it failed to appear, or to be more accurate, it failed to get written. It was to be entitled "Essex and the Lady Examiners" and was to be a slightly smug and self-satisfied account of how the Essex Force had met the challenge of providing all rape victims with the choice of male or female examiner both of whom would be trained, not only in the examination of victims of sexual assault but also in the essentials of clinical forensic medicine. This offering is an apology for the non-appearance of the piece, an attempt at explanation and an offer of possible answers to a problem which is increasingly facing Forces in many parts of the country over the appointment of police surgeons. I hasten to add the disclaimer that the opinions expressed are not necessarily those of the Association or for that matter of anyone other than myself.

Soon after the directive concerning the provision of female examiners was received, Essex wrote to all women G.P.s working in the force area, inviting them to attend a meeting at Headquarters, the object being to explain to them the nature of the work undertaken by surgeons, to answer their queries and to discuss with those who expressed interest how they could best obtain appropriate trianing. We were gratified when more than thiry attended and although several felt unable for various reasons to proceed further, a sufficient number expressed their willingness to participate in the formation of a rota of examiners to encourage us to believe that a sucessful scheme could be initiated.

These doctors were invited to attend our regular meetings with the C.I.D., a number albeit small did so and began to undertake examinations in cases of sexual assault, sometimes accompanied by an experienced surgeon, sometimes on their own. We did not feel that sufficient training was being offered for our purpose and I was delighted when, during a visit to the Forensic Science Laboratory at Huntingdon I was approached by two women G.P.s who asked how they could obtain the necessary training in clinical forensic medicine to qualify them as competent examiners. I offered help in the form of tutorials and after discussions with the C.I.D. we decided that as a start the best method would be to organise a series of three two hour evening teaching sessions. The first to be given by myself but with the senior officers present to join in the disucssion, was to be on "The Examination of the Victim". The second, to be held in the Magistrates Court and to involve the use of the video camera, concerned the preparation of the report and the giving of evidence in Court. The third would include a representative from the Forensic Science Laboratory speaking on the taking and preservation of samples.

Letters were sent to all who expressed interest and ten or twelve replied stating their intention to attend. At the first session, three attended and we felt bound to question whether the course should continue. Our students were anxious that it should so we agreed to go ahead in the hope that the remaining meetings would attract a larger attendance. I prepared specimen reports (with a few deliberate mistakes)

in which the doctors would give evidence and on which they would be subject to examination and cross-examination by role-playing police officers, the whole procedure to be video recorded for discussion afterwards. A great deal of work was involved, particularly by the C.I.D. and we were disappointed when only two of our potential examiners attended. We carried on as arranged and it proved a valuable and interesting exercise. However in view of the poor attendance we felt obliged to cancel the third session.

Only DMJ Holder

I hasten to state at this point that this is not written as criticism of or an attack on lady examiners — in fact as a result of the exercise I believe that we have at least increased their number by two. The reason for writing is to point out that this failure of recruitment merely reflects the increasing difficulty in obtaining the services of competent, trained police surgeons whether male or female in areas outside the larger towns or cities. In Essex, fewer than half the appointed surgeons regularly attend local Surgeon/C.I.D. meetings, only twelve are members of the Association (all have been invited to join) and I am the only holder of the D.M.J. in the County. I am about to retire from general practice and I have been unable to put forward a successor. My practice has decided not to be involved in Police work — and although I hope to continue, it had been my intention in view of other commitments to do so as a deputy. How this problem is to be resolved is still undecided. A neighbouring police area is facing the same difficulty in that the police surgeon has retired, no replacement has been found and the work is being undertaken by a surgeon from another area. The reasons for the failure to attract suitable applicants are many and well known. In rurual and semi-rural areas the case load is small and thus the financial rewards are not seen as adequate for the necessary 24 hours a day, 365 days a year availability; disruption of practice routine by the awkwardly-timed call is seen as a drawback; there is reluctance to appear in Court and to submit to the "ordeal" of cross-examination, etc. etc. But I believe that the over-riding reason is a lack of doctors with commitment, doctors who want to do the work, not for financial reward but because of their intense interest in their speciality — the pleasure and satisfaction they derive from the practice of clinical forensic medicine and from their involvement in working with the police and with the Courts in the furtherance of justice. The problem is considerable and it is increasing. Unless an acceptable alternative can be found it would seem that the outcome will be either a reversion to the days when the Desk Sergeant had to sit at the telephone, trying to find a doctor willing to turn out, a retrograde step which would be deplored by all, or else a full time police surgeon service. This is already a strong possibility in some areas and although it would be difficult to introduce in the 'Sticks', the time may come when there is no alternative.

Participation in Training

What can the Association do about the problem? Those of us who are approaching retirement must assume the responsibility of ensuring, as far as possible, that when we go we leave behind us a competent surgeon and a competent deputy to take over. We must continue to participate in training schemes and must encourage young surgeons — both male and female, to advance their knowledge and expertise by working with experienced principals, by tutorial, by aiming at the goal of the D.M.J. and by joining the Association as **active** members.

Ignorance

But we must go further than this. Two years ago I accompanied Ivor Doney to the B.M.A. careers fair. I was struck by two things — firstly the

distressing ignorance of many of the medical students about clinical forensic medicine and secondly the keen interest shown by those seeking enlightenment.

It is acknowledged that with certain notable exceptions, the subject is poorly taught to undergraduates. I believe that we as an Association should be offering our services to the Medical Schools to make our contribution to the curriculum. There are many experienced and senior surgeons well qualified to undertake this work and some already do so but our experience at the B.M.A. convention confirms the belief that in many schools there is a failure adequately to teach the subject and I believe that there is a considerable role to be undertaken by the Association to remedy this omission. I suggest further that we should be prepared to increase our participation in vocational schemes and to teach the trainees the principles of forensic medicine in the hope of kindling an interest which will encourage them to become police surgeons when they go into practice.

These solutions are long-term but we must plan for the future as well as face up to the immediate problems. We are constantly being reminded of the precarious state of forensic pathology due to depletion of numbers of colleagues in this field. This situation means that in the future we shall be called upon to assume increasing responsibility in the investigation of serious crime. If we are to meet this challenge we must ensure that the service we offer is adequate, expert and available. Had we faced up to the problem ten years ago we might be in a happier situation today. I trust that it is still not too late.

IAN CRAIG

Wife, about police surgeon husband: "Going to bed with him on the new water bed is as exciting as going to bed in the Dead Sea!"

HAROLD FEZ PERCIVAL, O.B.E.

Dr. H.F. Percival, who worked in Northampton, died on 31st January, 1987, in his 104th year. Ivor Doney writes —

Dr. Percival qualified on 12th May, 1911. He already had a Cambridge B.A. and he then went on to Guy's Hospital where he qualified in medicine.

He took up a post as House Surgeon at Northampton General Hospital and apart from a period in the Royal Navy during the First World War, he remained in the Northampton area for the rest of his life.

By 1916 he was Medical Officer of Health in Northampton and Hardingstone Rural District; thereafter he took up other public posts in the St. John's Ambulance Service and was also Surgeon to the London Midland and Scottish Railway Company.

In 1921 he became a Police Surgeon and was "Surgeon Borough Police, Northampton". This was 30 years before the Association of Police Surgeons of Great Britain was formed; sadly he never became a member as he retired in 1951.

He received the O.B.E. in the Queen's Honours List in 1950.

This astonishing man was 29 when he first appeared in the Medical Register in 1911. His name is still on this year's Medical Register of 1987.

The Editor gratefully acknowledges the assistance of Clifford Elmer, specialist bookseller, in preparing this issue of the Supplement. Mr. Elmer's advertisement appears elsewhere in the magazine.

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1902	A.O. Mackellar	G.B. Phillips G.F. Farr G.E. Yarrow	F.W. Spurgin A.F.L. Dorin	G.F. Farr
1903	A.O. Mackellar	G.B. Phillips G.F. Farr G.E. Yarrow	F.W. Spurgin A.F.L. Dorin	G.F. Farr

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1932	W.J. Keats	R. Mayberry Grogono E.W. Gandy	A.R. Moore W.G. Johnston	P.B. Spurgin
1933	R. Mayberry	Grogono E.W. Gandy A.R. Moore	A.R. Moore W.G. Johnston	P.B. Spurgin
1934	E.W. Gandy	A.R. Moore Lawson P.B. Spurgin	A.R. Moore W.G. Johnston	P.B. Spurgin
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1937	P.B. Spurgin	A. Baldie W.G. Johnston E.A. Gregg	A.R. Moore W.G. Johnston	P.B. Spurgin
1938	E.A. Gregg	A. Baldie W.G. Johnston R. Brews	A.R. Moore W.G. Johnston	P.B. Spurgin
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1950	W.G. Johnston		R. Summers	C. Berkeley Way
1951	W.G. Johnston		R. Summers	C. Berkeley Way

Sources: Medical Directory 1888-1952
Council Attendance Book 1919-1951
Minutes of Council from 1905 until 1951
Various Reports of A.G.M.s and menus

OFFICERS OF THE ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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1969	Oban	F.J. Sale	J.A.G. Clarke	H. de la H. Davies
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1973	Douglas, I.O.M.	M.F.St.J.U. Cosgrave	J.A.G. Clarke	H. de la H. Davies
1974	Newcastle-upon-Tyne	W.M. Thomas	J.A.G. Clarke	H. de la H. Davies
1975	Eastbourne	W.M. Thomas	J.A.G. Clarke	H. de la H. Davies
1976	Peebles	F.A. Gabbani	H. de la H. Davies	A.H. Mendoza
1977	Cambridge	F.A. Gabbani	H. de la H. Davies	A.H. Mendoza
1978	Torquay	S.H. Burges	H. de la H. Davies	A.H. Mendoza
1979	Harrogate	S.H. Burges	H. de la H. Davies	A.H. Mendoza
1980	Peebles	H. Rosenberg	H. de la H. Davies	A.H. Mendoza
1981	Brighton	H. Rosenberg	H. de la H. Davies	A.H. Mendoza
1982	Torquay	J. Hilton	H. de la H. Davies	D. Jenkins
1983	Scarborough	J. Hilton	H. de la H. Davies	D. Jenkins
1984	Peebles	I. Craig	H. de la H. Davies	D. Jenkins
1985	Cheltenham	I. Craig	H. de la H. Davies	D. Jenkins
1986	London	D. Jenkins	H. de la H. Davies	M. Knight
1987	Southport	D. Jenkins	H. de la H. Davies	M. Knight

Increase in The Association Subscription — Remember to complete and return the Banker's Order Form to ensure maintenance of your insurance cover.

WEST YORKSHIRE POLICE **SURGEON'S COPY**

DECLARATION OF CONSENT TO MEDICAL EXAMINATION FOR NON-TREATMENT PURPOSES

..... Sub-divisional Headquarters

Name: .....

Address: .....

.....

Date: .....

PART A

1. * I consent to examination by the Police Surgeon who has identified himself to me, and who has explained the nature and extent of the examination.
2. * I consent to the taking of specimens for forensic analysis.
3. * I understand that the Police Surgeon may be required to give evidence and/or provide a written statement to the police based on his findings at examination.
4. * I consent to the Police Surgeon, who has identified himself to me to the examination of .....
   in accordance with the terms set out above. (This paragraph to be used for children, minors and persons of low intellect).
   (If '4' applies state relationship to person to be examined).

Signed: .....

* Delete as appropriate.

PART B

I confirm that I have explained the nature and extent of the examination and I understand from ..... (officer in case) that the purpose of the examination has been explained to the above named person.

Signed: ..... Police Surgeon

The above consent form has recently been introduced in the West Yorkshire Police area. There is a single self-carbonating copy, marked "File Copy".

AUTUMN REFRESHER
THE AVON AND SOMERSET SEMINAR

Once again the chosen day, Saturday November 8th, dawned clear and sunny. It was the ideal gardener's "tidy up before the winter" day. Once again, twenty of the faithful made their merry way to the magnificent building that houses the Detective Training School of the Avon and Somerset Constabulary for our annual seminar.

We were welcomed by our new DCC, Mr. J. Sharples, and got straight on with the important business of the day in the form of an update on the current drug scene from the head of that department.

As well as some up to date tips, we were reminded of some apparent failings in our legal system! During the last 12 months an amphetamine factory in a seaside town in the west country was closed down. It was estimated to have made profits in excess of £1m. and the guilty parties received a suspended sentence! We were informed that cannabis is now being incorporated into "Cadbury's" fudge bars for sale on the street (? to children), but we were relieved to hear that the expected cocaine explosion has not happened yet. A reminder of the street value of such items as DF118s, tranquillizers and prescription pads, coupled with a dose of healthy criticism of the methadone programme for treating drug addicts, concluded this useful talk.

After coffee, our old and respected friend Oliver Lovibond helped to explain the workings of the new Crown Presecution Service, and discussed with us ways of improving our statements with the aim of avoiding those time-consuming court appearances. The morning finished on a high note with Professor Bernard Knight giving a fine talk on the pathological details of child abuse. He managed, as always, to make the interpretation of wounds seem extraordinarily straight forward.

After lunch we had a two-pronged attack on child sexual abuse. One of our more experienced police women kicked off by explaining some points of the legislation, and on the procedures for removing children to a place of safety and into care, and the circumstances likely to cause this to happen. She explained how selected women police officers are trained in the special interview techniques necessary to sift true fact from allegation in a gentle but critical way, to try to unravel this delicate situation.

She was followed by Dr. Raine Roberts who kindly travelled the long distance down the M6 to give us a talk similar to the one which she delivered at the cross channel meeting in London. No-one who has seen her slides on the "normal size of the vaginal aperture" will ever be dogmatic about such things again. We were also able to share her views on how and by whom victims of CSA should be examined. The two talks complemented each other well, and were both interesting and informative.

After a short break for tea, the next two sessions were taken up with what turned out to be a fascinating monologue from Dr. Alfred Roome who is the Director of our local Public Health Laboratory and a specialist virologist. He spent the time explaining the history and spread of the AIDS virus and current thoughts on testing, treatment and prevention. He also spent time repeating in great detail the management of hepatitis B sufferers and contracts which we come across so often during our visits to the cells.

The day's proceedings were brought to a close with a discussion on current problems concerning the Scenes of Crime department with our colleagues from the Forensic Science Laboratory at Chepstow. This is always a useful part of our programme involving free exchange of views and information. We broke up at 7 p.m. and returned home, feeling that the day had been well spent.

W.R. PHILLIPS

ST MARY'S CENTRE

The First Sexual Assault Referral Centre in the United Kingdom.

Sexual Assault Referral Centres were pioneered in Australia notably by Dr. Carol Dellar and have been reported on in *The Police Surgeon* and *Police Surgeon Supplement*.

Many police surgeons and others in this country have been conscious of the need for such Centres in the U.K. and the public has been vociferous in its criticism of the way rape complainants have been dealt with here.

The Association of Police Surgeons of Great Britain has played a leading part in the years of campaigning which have been necessary to bring the Centre into being.

Why in Manchester?

In 1982 the Thames Valley rape programme on T.V. brought home to the public very forcibly just how traumatic a really bad rape investigation could be there and was a groundswell of public, medical and police concern that matters should be improved.

The A.P.S.G.B. supported this view when I spoke at the Annual Symposium at Scarborough in 1983 and a number of articles were published by Association Members. Myles Clarke, in free papers such as *G.P.* and also in *Police Review*, put the case particularly well.

In Manchester after a symposium on Rape organised by the Medical Wormens Federation the Central District M.O., Mr. Peter Povey, invited me to outline in more detail what I felt should be done and I then put the case to the Division of Obstretrics and Gynaecology of St. Mary's Hospital.

At that time Dr. May Duddle, a Consultant Psyuchiatrist in psycho-sexual medicine happened to be about to visit Australia. She was asked by Peter Povey to look at the Australian Centres and report on them. Her artlicle was published in the B.M.J. in 1985.

A working party was set up in 1985 with representatives of G.M.P., St. Mary's Nursing and Administration, Gynaecology and Police Surgeons to bring the Centre into being.

The Unit General Manager, St. Mary's Hospital — Terry White, was able to make available a suite of rooms near the entrance to St. Mary's Hospital which had been used as the emergency admission room or storerooms.

Money was obtained from the Inner Cities fund of the Department of the Environment to refurbish the accommodation.

The money for salaries and running costs comes jointly from the Greater Manchester Police Authority and the Area Health Authority.

Dr. Raine Roberts has been appointed Clinical Director with three sessions per week and is responsible for the overall running of the Unit.

There are four women police surgeons and two male police surgeons available to do the forensic examinations.

Who is the Centre for?

The Centre is primarily for adults who have been raped.

The Centre is not intended to deal with sexually abused children or victims of incest but the groups do overlap and nobody is turned away.

A few men have already been to the Centre.

Husbands, boyfriends and parents are also offered counselling help if need be.

How do people come to the Centre?

Any women reporting a rape to the Greater Manchester Police will be taken to St. Mary's Centre if she wishes after a very brief interview in the police station or elsewhere.

She will be met by a Counsellor who will stay with her throughout the medical examination or statement taking if she wishes.

After the medical examination she can shower in the Centre and put on fresh clothing.

She can then give her statement to the police or may be taken home to rest with the statement being completed later.

At the time of the forensic medical examination tests are also taken for S.T.D. and the 'morning after pill' is given if indicated.

Follow up tests for S.T.D. are carried out in the Centre with the specimens being sent to the hospital laboratory identified only by a number.

If a woman reports directly to the Centre or is referred by her G.P., Social Worker or other agency, she will be treated in absolute confidence.

The police will not be informed unless she wishes this. She may be able to let the Centre give some details to the police without her being identified but no pressure is put on her to do this.

Forensic specimens will be taken and stored for 7 days to give the complainant time to decide whether to involve the police.

(The Area Health Authority will pay the same fee to the doctor doing these examinations not involving the police as is paid by the police).

Counselling

The counsellors are trained professionals. There are three full-time and two part-time. Four have a background in nursing with psychosexual training and one is a psychology graduate with considerable counselling experience.

All had initial training before the Centre opened from Dr. Roberts and Dr. Duddle and attended a weeks residential course for police women at the police training school, gynaecology clinics, G.U. clinics, hospital laboratories and with an input from Rape Crisis.

They offer support and counselling to the complainant and her family and friends from the outset and for as long as is necessary. They try to resolve the problems caused by the assault but do not take on all the other problems which may be present.

A weekly case conference policy meeting is held in the Centre. Chaired by the Clinical Director and attended by all the Counsellors, Police Surgeons and Dr. Duddle.

Spt. Albert Yates is the police officer directly involved with the Centre and he attends the weekly meetings to hear about any problems relating to the police cases and any general problems in the running of the Centre but is not present when non-police cases are discussed.

How it it going?

It is working much better than I hoped or dreamed.

About 100 people have been seen in the Centre in three months — roughly two thirds police referral — one third self-referral.

Many others have telephoned for advice and many voluntary and statutory caring organisations have sought advice and information.

Advantages of the Centre.

1. For the Complainant.

1. Pleasant surroundings.
2. Hospital services available if necessary.
3. Full investigation whether police involved or not can be done in one place and be carried out by people she knows.
4. All aspects of the problem dealt with
   — immediate
   — long term.

2. For the forensic physician/police surgeon.

Better facilities.
Counsellor support.

3. For police.

1. *Very much* better facilities for interview and examination.
2. Help of Counsellor.
3. All cases in G.M.P. come to Centre. Pattern of offences from different divisions more easily studied and similarities recognised.
4. People more ready to report offences.

RAINE ROBERTS

WE DO CARE!

'Can you be at the Medical Examination Suite as soon as possible, please Doctor?'. This request has become commonplace in Hampshire since the end of November 1986.

As early as 1984 Hampshire Constabularly recognised the short comings in the procedures provided in the Force, with regard to victims of sexual assault. There was no consistent policy and police surgeons were aware that changes need to be made, especially with regard to examination premises. Hospitals were approached and, after a deal of negotiation, Hospital Managers leant over backwards to provide facilities. We used Accident and Emergency Departments and, in one instance in Portsmouth, we were given an examination room, interview room and bathroom adjacent to the Gynaecological Ward. The nursing staff became very interested and supplied various equipment from their budgets to ease the victim's distress. This unit has proved invaluable, especially when the victim has had to be admitted for treatment.

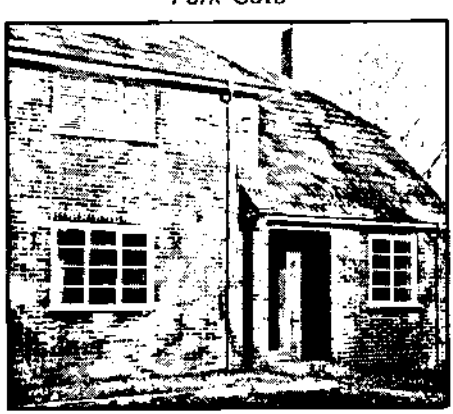
However, it was realised that premises away from police stations and hospitals would be more conducive to a sympathetic approach. In April 1986 the go-ahead was given to Detective Chief Inspector Farley of Scenes of Crime, to find and equip suitable premises for a pilot suite. Negotiations began in earnest.

A semi-detached house was half vacant in the grounds of a sub-police station at Park Gate, midway between Fareham and Southampton. Access was ideal, being just off the M27, only fifteen minutes from Southampton and Portsmouth and thirty minutes from Winchester. The building was in good order, half of it used by officers of the Scenes of Crime Department of Midhants. The usual facilities were available, as in a home, and it was agreed that the upper storey should be transformed into a medical suite. It was envisaged that only victims of sexual assault and abused children would be seen there.

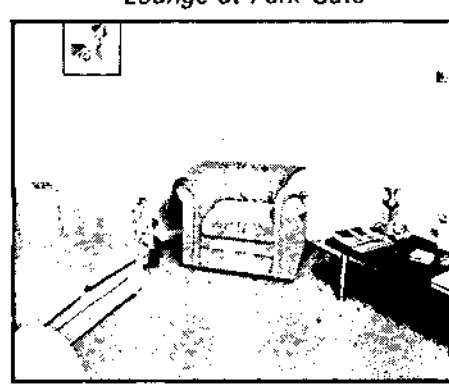
One bedroom was to be a lounge and interview room, the second bedroom would be the medical examination room, the small bedroom a Scenes of Crime room and the bathroom would be upgraded. Downstairs there was a kitchen, which could be used for snacks and drinks.

At this point, the Sub-Divisional Administrative Officer, Mrs. Sharon Phillips, and I became heavily involved

Park Gate



Lounge at Park Gate



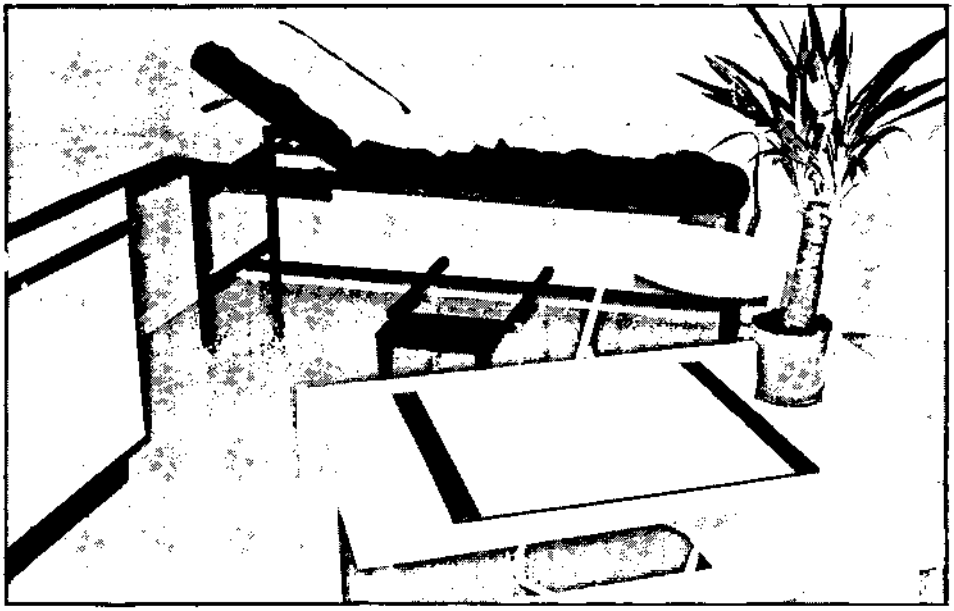
Examination Room at Park Gate

with decorations and furnishings. Decor was decided upon and decorating, plumbing and electrical alterations were put in train and completed by September 1986. Pastel shades had been chosen and lighting chosen with care. The furnishing became paramount and, as cash flow is always a problem, we decided that normal retail outlets should be used. This became very interesting at times and often entertaining, shopping around for the best buys to achieve a homely atmosphere. Do-it-yourself became the order of the day as Scenes of Crime Officers entered into the spirit, assembling units, furniture and organising their side of the proceedings. Many a weekend was spent with hammers and glue and Sharon and I gained a lot of useful practical expertise.

The guidelines used were those very generously provided by the Metropolitan Force and we adapted them to what we felt were our own requirements. Medical supplies were obtained from local sources, except for specialist needs and, in some cases, discounts were given by sympathetic suppliers.

We eventually achieved our aim of a comfortable homely atmosphere and this is in part due to the generosity of so many people. The unit caught the imagination of police officers and we are still being donated items which enable us to provide a home for victims. There have even been gifts from outside the force.

In the lounge there is a very comfortable suite, desk, coffee table, radio (for the long hours waiting, especially during the examination), books, magazines, toys, jigsaws and children's books. Pictures and plants help to soften the atmosphere. The medical room is, of necessity, clinical, with a sealed floor, but the decor is pleasant. Cupboards and units house all equipment. We are investigating the possibility of a wall mounted H-V/white angle

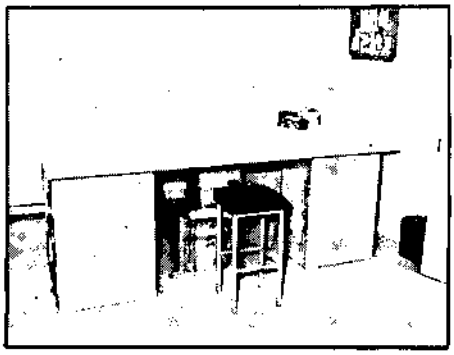


Medical Room, Ember House, Winchester. *Photos: Hampshire Constabulary*

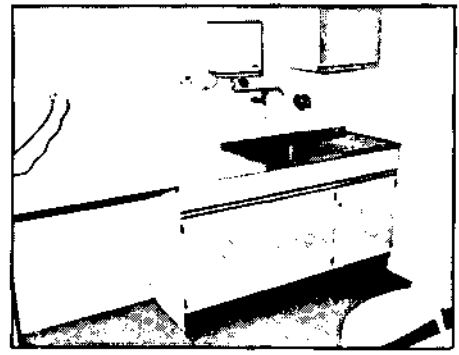
poise light. The Scenes of Crime room houses kits and has a large work surface, although in practice the officers find it possible to retire next door to do paperwork until they are needed (summoned by a knock on the wall). The bathroom has a shower and bath facility, with a wealth of toiletries, drip-dry house coats and slippers and, of course, a loo. One thing we have found the need of is a hair dryer. In case the victim is unable to bring her own change of clothing, we have a supply of wrap round skirts and T-shirts.

At all stages the Chief Constable, Mr. John Duke, visited the unit and gave much encouragement to the project. His interest culminated in the official opening on 24th November, 1986, by the Chairman of the Police Authority, Captain M.P.R. Boyle. In his speech, Captain Boyle expressed the hope, to the assembled media, that the unit would not get too much use. This hope proved short-lived, as the first case was seen on the following day. Thirty subsequent cases have been examined at the unit. We have a book at the suite for

Scenes of Crime Room, Winchester



Kitchen, Ember House, Winchester



comments from both police officers and victims to register their views. These, we are pleased to say, have been extremely complimentary and have helped us to improve our arrangements. So satisfactory has the unit proved that we opened a second suite in Winchester on 6th February, 1987 in order to serve the north of the county.

The suites, deliberately not referred to as rape suites, have been useful in the examination of victims of child abuse. We are investigating the installation of a video facility for these cases, to enable interviews to be done in the presecne of all interested parties on one occasion. Sets of the anatomical dolls have been obtained and women police officers are being trained in their use.

We have had a lot of feed-back from agencies, such as Social Services, Victim Support Groups, Rape Crisis, Women's Organisations and hospitals. Their comments have been very supportive and congratulatory. The response from the general public has been one of great approval and we feel that victims are now more assured of receiving, what is their right, a sympathetic and understanding approach. Perhaps earlier reporting may increase and so help the detection of what is a serious offence to the person. Subsequent events will tell.

Acknowledgements

I would like to give to those involved in the formation of the above project the sincere thanks of the Hampshire Police Surgeons for their enthusiasm and continued support. Also my thanks go to the Hampshire Constabulary for their foresight.

COLETTE C. PICKSTOCK

WOMEN POLICE SURGEONS

Eight women general practitioners have been appointed deputy police surgeons in Norfolk, following an appeal by the police for women doctors to deal with cases of rape.

Secretary Hugh Davies reports that many police forces keen to recruit women as police surgeons cannot find any candidates. He suggested that they find the hours difficult, and most had families.

In Northamptonshire, when the forces two women police surgeons are not available, a male police surgeon is accompanied by a woman doctor from a hospital.

In West Glamorgan, South Wales Police have been trying for a year to recruit a woman doctor. One was appointed but resigned after two weeks.

MEDICO-LEGAL EXAMINATION OF HUMAN HAIR

Professor Oesterlen, of Tubingen, has published a memoire on the importance of examining hair in medico-legal cases. The first point is to decide whether the hair be human or belonging to an animal. The hairs of animals have larger epidermic scales, a medullary canal much smaller in proportion to the cortical part, a rapid tapering toward the root as well as towards the free end, and an abrupt and well-marked change of colour where the colour of the animal's skin changes. Human hair, if long in contact with decomposing organic matter, becomes darker than its natural hue; but if buried in the ground, it tends to become lighter from the bleaching effects of the acids in the humus. Dyed hair may be readily recognised by the uniformness of the coloration, and the original colour is restored by the addition of a drop of nitric acid, which destroys the sulphuret of lead and bismuth, the bases of nearly all hair-dyes.

Dublin Journal of Medical Science 1878.

TOOTHPRINTS
PLANNING FOR MASS DISASTER

Recent events in Zebrugge have turned our attention once again to the importance of scientific methods of victim identification and highlighted the problems that occur in mass disaster management procedures.

In a "closed" disaster situation, such as an air accident, the number and names of the victims are available with reasonable accuracy from the passenger list. The "open" disaster, such as Zebrugge or Bradford, presents additional problems which result in considerable delay in identification procedures. Any relative or friend believing it possible that they could have someone involved will obviously report the fact to the authorities. The relief when their relative contacts them or returns home, often results in failure to report this fact to the disaster investigating centre. Additionally, the individual concerned may be unaware of the disaster or of the fact that they have been reported missing. Major disaster contingency plans need reviewing at regular intervals and forensic physicians and odontologists should be involved in both the planning and practical exercises. Regrettably this is rarely the case and it is apparent that advice is not sought from those experienced in disaster situations. There is a need in the United Kingdom for a National Disaster Victim Identification Team, able to take control of the situation at an early stage and direct the civil authorities in the immediate area who have no previous experience of handling such a situation. Many authorities when faced with a major disaster, find that their planning is adequate, requiring modification and amendment during the disaster which, in itself, generates further problems and errors. Furthermore, the use of a computer must be regarded as a tool to assist identification and not as a "god" to solve all problems.

Visual identification by distressed and grieving relatives is fraught with the danger of misidentification. In previous mass disasters, victims have been identified as two entirely different people by different families. Conversely, relatives have failed to identify a known victim. Forensic odontology has solved these problems in the past and will continue to do so in the future. The value of dental identification as one of the most accurate and successful means is well documented in the academic journals. Disaster planning teams appear to be unaware of these facts and are often totally ignorant of the role played by the forensic odontologist.

Clothing, jewellery, documents and fingerprints, all play their part in the identification process with varying degrees of success. In many disasters, such as fires and high velocity accidents, clothing may be destroyed or relatives may be unable to describe what the victim was wearing. As you read this, pause to list what your spouse was wearing when you left for work — outer clothing, underclothing, footwear, colours and make. It is not so easy.

General dental practitioners in the U.K. are required to maintain records of treatment provided for their patients. Unlike medical records, dental records do not transfer from one dentist to

another when the patient changes dentists. Consequently, every practitioner in the U.K. has records of patients who may no longer attend him and these remain in his filing system for up to five years after the patient has ceased treatment. The patient becomes a new patient with a new set of records, at each change of dentist. This obviously causes problems for the forensic odontologist as these records invariably contain only details of treatment undertaken by the last dentist. There is no requirement in National Health Service regulations to chart all the existing fillings or take radiographs when accepting a new patient. There is a need to amend existing regulations to ensure these measures are undertaken.

Another problem facing the forensic odontologist is the victim with full upper and lower dentures. The marking of dentures with the patient's name, compulsory in some countries, is rare in the United Kingdom. Again there is a need to amend the existing regulations.

International co-operation is often essential in mass disasters and often far from satisfactory. Forensic odontologists being a relatively small group of specialists through the world tend to meet each other at international meetings, such as the Cross Channel conference, and many are members of their national disaster victim identification teams. The value of these contacts was demonstrated during our work in Zebrugge. With the experience of Cork, Manchester, Bradford and Zebrugge behind us, let us hope that some serious consideration will be given to the formation of a National disaster plan and victim identification team.

D.H. CLARK

Sergeant Mike Brooks, head of the two-man police force on the Scilly Isles, has received his first issue of riot gear — a pair of flame-proof boot laces.

Lord Street, Southport, close to the 1987 Conference Hotel

CONFERENCE NEWS

Now, being Conference time for 1987, may be a good time to look forward to Conferences in the future.

The largest cost of our Annual Conference, for those attending, is the cost of accommodation at the hotel. Hotel prices continue to rise, and this year we have broken the £50 mark, with a 24 hour rate of £52 per delegate. Hotel rates for a weekend conference are considerably lower. I therefore priced the 1988 Conference in Cardiff both for a weekday conference, and a long weekend conference. There was a substantial price saving. I presented these figures to Council at the last meeting, and it was agreed that we would try a weekend conference next year.

The hotel rates are as follows per person, for 24 hours.

Midweek single . . . £60.00	Weekend single . . . £40.00
Midweek double . . . £45.00	Weekend double . . . £35.00

As you can see the savings are considerable.

The weekend conference should ensure that we continue to use high quality hotels, and hopefully attract more members to attend. If the change is not successful we can always revert to our present arrangements.

The dates for 1988 are Thursday 12th to Sunday 15th May 1988. This is earlier than usual but will enable those members wishing to attend the biennial meeting of the A.A.P.A.P.M.O. to also attend our conference.

The venue is the Stakis Inn on the Avenue, Cardiff's premier hotel, at the rates shown above.

The format for the weekend conference will be.

Thursday 12th May	All day Council Meeting
	Sporting Competitions
	Social function in the evening
Friday 13th May	Conferencce all day
	Tour for the ladies
	Annual General Meeting, & Ladies Reception
Saturday 14th May	Conference all day
	Tour for the ladies
	Presidents Reception & Annual Dinner
Sunday 15th May	Conference in the morning
	Conference closes at midday

I hope that many members will try the new style conference next year. The trial will be for two years as I will have to book the venue for 1989 before the conference in 1988. Members opinions on the new format in 1988 will decide the style of our Annual Conference in 1990 and beyond.

COME ALONG AND SEE WHAT YOU THINK OF IT.

TIM MANSER
CONFERENCE SECRETARY

A LESSON — LEARNED BY H.B. KEAN

On 6th January, 1987, I was called to a Police Station to examine a prisoner who was thought to be mentally ill. I was told that a 23 year old male had been arrested for making a nuisance of himself in the town centre. He had been kicking out at old ladies and had threatened the staff of a building society office. During his arrest he had been violent, but had settled down in the Police Station.

I found him sitting between a male Social Worker and a Policeman, talking calmly. They seemed to have established a good relationship with him and I just stood near waiting and listening. Suddenly the young man jumped up, rushed towards me and hit me on the jaw. The Police Officer grappled with him and I asked the Social Worker to go to the front office to get help. As the Social Worker walked passed, the prisoner kicked him on the leg, knocking him to the ground. The prisoner shouted that we all were "agents of the devil". Other Police Officers responded to our shouts and the prisoner was handcuffed and his legs tied. He continued to struggle violently. I injected 20mg of Diazepam intramuscularly. The Social Worker was unable to get to his feet and was obviously in great pain. We sat him in a chair and sent for an ambulance. Some of the Policemen had received minor injuries.

The problem was a common one for the Police Surgeon — a prisoner too psychiatrically disturbed to be detained and apparently unfit to be charged, too violent to be admitted to the local, relatively open and unsecure, psychiatric unit.

By good fortune, a Psychiatrist was present in a nearby Forensic Psychiatry Department and she, with a Nursing Officer and Social Worker, came to the Police Station. It was agreed the patient should be taken to hospital under Section 2 Mental Health Act. He continued to struggle violently and 150mg Largactil was given by intramuscular injection. He was taken by ambulance, still struggling, to the hospital.

In the meantime, the injured Social Worker had been taken to hospital. It was found that his right tibia was broken. He hopes to return to work at the beginning of April, after three months absence. His leg was in plaster for most of this time.

The patient had no known history of mental illness. His schizophrenic episodes had presented suddenly. He had arrived home after eight months absence. His father told me he had smashed their home up the day before his detention. He is apparently doing well and is due for release from hospital soon.

I expect we may meet him again.

Police Surgeons are often confronted by violent and mentally ill patients. Each has his own way of dealing with them. Intravenous drug therapy is rarely a possibility and the possible side effects of intravenous administration are difficult to deal with in Police Stations. Drugs by intramuscular action are relatively slow to take effect. It is important not to assume that violent and mentally ill patients, who have quietened down, will remain quiet. Enough Police Officers should always be at hand to restrain the patient should he/she become violent again. In addition to handcuffs, some type of leg tie should be easily available. Nothing that could be used as a weapon should be left lying around. In addition, one should learn to duck out of the way more quickly than I did.

DRUGS AND SOCIETY

A meeting will be hosted jointly by the Forensic Science Society and the British Academy of Forensic Sciences at the Old Swan Hotel, Harrogate, North Yorkshire from 8th to 10th May 1987.

The meeting will be on "Drugs and Society", and will be of interest to a wide range of specialists including clinical forensic physicians.

The opening address will be given by the Home Secretary, the Rt. Hon. D.R. Hurd, C.B.E., M.P.

Programme of speeches and speakers:—

International Drug Trafficking
Mr. R.E. Kendall, Q.P.M., Secretary General, Interpol.

Customs — The First Line of Defence
Mr. J.R. Hector and Mr. R.F. Robinson, H.M. Custom and Excise.

Inter-Force Co-operation
Mr. C.V. Hewett, O.B.E., Q.P.M., National Drugs Intelligence Unit.

Drugs and Drug Related Crime
Det. Supt G.S. Dunwoody, West Midlands Police.

Drugs and the Courts
His Honour Judge J. Murchie.

Health Education
Ms. C. Hawkridge, Yorkshire Regional Health Authority.

BBC TV Drugwatch
Mr. R. Cogan and Ms. Webber, BBC Television.

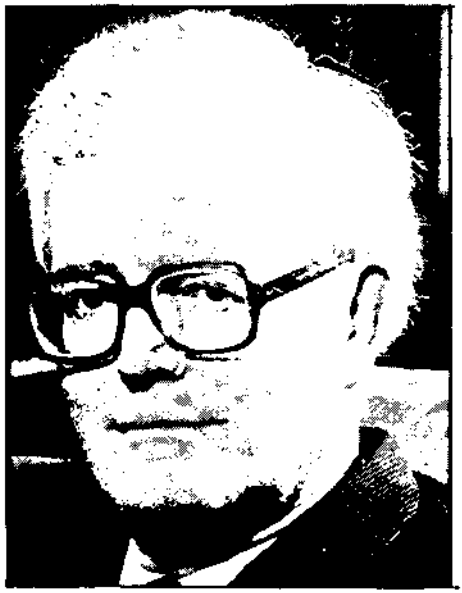
Drugs and Personality Disorder
Dr. A.H. Ghodse, Department of Addiction Behaviours, St. Georges Hospital, London.

Drug Dependency Clinics
Dr. J. Stang, Drug Dependency Clinical Research and Treatment Unit, Maudsley Hospital, London.

A Wider Role for Forensic Science
Mr. M. Loveland, Metropolitan Police Forensic Science Laboratory.

Abuse of Other Substances
Dr. P. Toseland, Department of Toxicology, Guys Hospital, London.

In the evening of Saturday, 9th May 1987, there will be a Banquet (dress informal), at which the guest speaker will be Mr. Gilbert Gray, Q.C.



The Home Secretary, the Rt. Hon. D.R. Hurd, CBE, MP, who will give the opening address.

Further information from:—
Dr. P.H. Whitehead,
The Forensic Science Society,
Clarke House,
18A Mount Parade,
Harrogate,
North Yorkshire HG1 1BX
or from
The Secretary General,
Department of Haematology,
The London Hospital Medical College,
Turner Street, London E1 2AD

OLD FORENSIC TEXTBOOKS AND JOURNALS

If you are clearing out your bookshelf and want to get rid of old journals and forensic textbooks, bring them to the Southport Conference and give them to Myles Clarke. The journals and books will be redirected to those interested.

CHANGE OF ADDRESS

P.W. Allen & Co., the famous suppliers of investigative equipment, have moved and may now be found in the fair vale of Evesham.

The new address is:—

P.W. Allen & Co.,
25, Swan Lane,
Evesham,
Worcestershire WR11 4PE, UK
Telephone: 0386 40148
Telex: 335202

POLICE HISTORY SOCIETY ANNUAL CONFERENCE

The 1987 Annual Conference of the Police History Society will be held at the University of York on 25th-27th September 1987. Provisional cost for accommodation and all fees will be approximately £48.50 per person.

The Provisional programme includes on the Friday 25th September an Annual Dinner at Langwith College and a slide presentation on Historic York. Following the Annual General Meeting and Conference on Saturday 26th September, there will be an evening excursion in to the City of York, "With a chance to see behind the scenes where the normal visitor cannot go!"

Further details from:—
Sgt. N. Woollons,
Divisional Traffic Group,
Humberside Police,
Escourt Terrace,
Goole,
North Humberside DN14 5AF

FREE GUIDE

Dista Products Limited are continuing their offer of the free book "Concise Guide to the Management of Poisoning".

Those wishing to obtain a copy should write to —

The Marketing Department,
Dista Products Limited,
Kingsclere Road,
Basingstoke,
Hampshire RG21 2XA.

BIRMINGHAM SYMPOSIUM

The Association's Autumn Symposium will be held at the Postgraduate Centre, Queen Elizabeth Hospital, Edgbaston 19th-20th September 1987. Jeremy Smart is the symposium organiser. Jeremy was responsible for the highly successful meeting on "Anatomy of a Siege" in January 1986, which was not reported because of security restrictions.

Subjects will include Stress in Police Officers, Trends in Drug Abuse, Trends in Forensic Science Research, The Indian Diplomat Murder and Accident, Homicide, Suicide? (Alan Usher). There will be several papers on aspects of forensic odontology, consideration of the management of patients in custody, and a report on the Wichita meeting from Ivor Doney.

For those not attending the meeting, a visit has been arranged on 19th September to Stratford-on-Avon to see several historical buildings in the morning; during the afternoon there will be a visit to Ragley Hall, 17th Century home of the Marquess and Marchioness of Hertford, with cream tea at the Hall.

Although the academic part of the meeting will be in the Postgraduate Centre, the course dinner and accommodation will be at the Strathallen Hotel, Hagley Road, Birmingham B15 (tel: 021-455 9777). Accommodation cost for bed and breakfast will be £28.50 inc. VAT. In order to keep administrative costs to a minimum, delegates will have to make their own accommodation arrangements directly with the hotel. There will be a detailed circular distributed some weeks before the meeting.

Further details from Dr. Jeremy Smart, 22 Beaks Hill Road, Kings Norton, Birmingham.

Date: 19th-20th September 1987.

IAFS VANCOUVER 1987

The 11th meeting of the International Association of Forensic Sciences will be held in Vancouver later this year, during the week prior to the First World Meeting of Police Surgeons in Wichita.

Canada's third largest city and a major seaport, Vancouver is noted for the beauty of its setting on a large natural harbour amongst coastal mountains. It boasts the second largest Chinese community in North America; a number of spectacular gardens including a Japanese tea garden at the University of British Columbia, the Van Dusen Botanical Display Garden and the Bloedel Conservatory. There is a Planetarium, Museums and an aquarium. There are shops, including speciality shops in Robonstrasse. There is fishing, sightseeing, sailing, mountains . . .

For those who find all the social activities and other opportunities too much, you can relax at the Conference venue the Hotal Vancouver and take part in the session chaired by Ivor Doney "I've always wanted to give a paper on . . .", which may include some of the more bizarre aspects of the forensic sciences. More serious stuff may be found at the Clinical Forensic Medicine section, chaired by AAPAPMO President Peter Bush. Further details of the meeting may be found in the May 1986 issue of the Supplement (86;20;41).

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.

WORLD MEETING OF POLICE SURGEONS

President Ivor Doney is still enthusiastically encouraging potential delegates to go first to Vancouver for the IAFS meeting, and then on to Wichita for the First World Meeting of Police Surgeons and Police Medical Officers. Copies of the registration form may be obtained from Ivor, address see below.

Subjects in the programme include: medical care of persons in custody, police health, alleged police brutality, child abuse, deaths and injuries, examination of sexual assault victims, mental patients, drug and alcohol related problems, court presentation of evidence, applications of forensic science, and education.

The conference will be held at the Ramada Inn in Wichita, Kansas. At the same time the International Meeting of the Pan American Association of Forensic Sciences will also be held in the Conference Centre. One registration fee allows participation in both conferences.

The weather in Wichita will be warm to hot, so light clothing with possibly a sweater for evenings is recommended.

A full programme has been planned for accompanying persons; as Wichita is in the heart of "Cowboy Country", many of the social activities will have a distinctly "Western" feel to them.

Further information from:
Dr. W.G. Eckert, P.O. Box 8282, Wichita, Kansas 67208, U.S.A., or from Ivor Doney, "Hazeldene", Hazel Avenue, Chapel Green Lane, Bristol BS6 6UD.

Date: 10th-14th August 1987.

AIRFARES TO NORTH AMERICA

Destinations East (P.O. Box 12, Ross on Wye HR9 5DE Tel: 0989 67666) quote a charter flight rate to Vancouver of about £440. A scheduled flight via Amsterdam to Vancouver costs about £490, but connecting flights from the U.K. are included. Hotels in Vancouver cost £28-£46 per person per night, room only.

There are no direct flights from Vancouver to Wichita. U.K.-Vancouver-Wichita-U.K. airfares cost about £720.

EGYPT CONGRESS

The First International Congress of Legal Medicine and Forensic Sciences will be held in Cairo, Egypt, from 14th-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.

THE NEW POLICE SURGEON

Now out of date and out of print, there is still a demand for copies of "The New Police Surgeon". If you no longer require your copy, provided it is in good condition, you can obtain £10.00 for it from the Editor (address page 2).

If you WANT a copy, it will cost £12.50 (to cover post and packing, £15.00 to the rest of the world surface mail). Again write to the Editor.

AAPAPMO OFFICERS

Dr. Peter Bush, D.M.J., who will be retiring from police work in Melbourne shortly, is President; Vice President is Dr. Morrie Vane, D.M.J., who is resident in Sydney.

Conference Secretary is the dynamic Bill Ryan, Treasurer Dr. D.L.N. Wells, and the Editor is Dr. P. McCleave (59, The Avenue, Ascot Vale, 3032, Australia).

Hon. Secretary is Dr. Edward Ogden, of 152, Boronia Road, Boronia 3155, Victoria, Australia.

SUPER SLEUTH WEEKENDS

Did you see the Super Sleuth Weekend at the Old Swan Hotel, Harrogate, featured on one of the travel programmes on the telly? Bernard Knight could be seen entertaining the assembled multitudes, who appeared to be having a splendid time (See last Supplement 86;21;34).

There is another Super Sleuth Weekend 28th-31st August 1987. Details from Mrs. Christine Webster, Old Swan Hotel, Swan Road, Harrogate, North Yorkshire HG1 2SR.

Incidentally, Bernard Knight had a play on Radio 4 recently. I only heard a snatch, but it appeared to be based loosely on an old Agatha Christie story.

THE CRIMINOLOGIST

Hands up those who remember "The Criminologist", the quarterly magazine which disappeared in the 1970s.

It's back under new management, but the previously successful format will be continued.

Articles in the first issue include "The Moors Murders" (back in the news yet again), glove print identification, the gruesome murder of Veronica Vivian Odoemenam, and an article on "Compressive Neck Injuries" by Peter Vanezis.

Further information from: The Subscription Manager, Countryside Press Ltd., Little London, Chichester, West Sussex PO19 1PG.

ANNUAL CONFERENCE

If you have not received your Annual Conference booking form yet, contact Conference Secretary Tim Manser at once: 0803-863876 or 0803-862671.

The social programme includes a visit to Hoghton Tower (Arise Sir Loin!) and a visit to Wigan Pier. Particular attractions at Wigan include the exhibition "The Way We Were", and The World's Largest Mill Engine, in full steam, Trencherfield Mill.

AUSTRALIA 1988

Two meetings of great interest will co-incide with the World Expo 88, which will be staged in Brisbane from April to October 1988.

The venue for the 10th Australian and International Forensic Science Symposium will be the Gateway Hotel, Brisbane, close to the Expo 88 site. The Symposium will include sessions on all forensic science fields, and, if the programme is anything like the programme for the Perth Forensic Science Symposium, a thoroughly good time will be had by all.

Further details from:— Mr. N. Raward, Symposium Secretary, Scientific Section, Queensland Police Dept., Police Headquarters, GPO Box 1440, Brisbane Q.4000, Australia.

The week after the 10th Australian and International Forensic Science Symposium (and the visit to World Expo 88), the Sixth Biennial Meeting of the Australasia and Pacific Area Police Medical Officers will be held at the Conrad Hilton Hotel, Broad Beach, Queensland, Gold Coast.

The Conrad Hilton is about 50 miles from Brisbane and transport will be arranged from Brisbane to Broad Beach for the delegates.

The provisional programme for the A.A.P.A.P.M.O. meeting is as follows:—

Sunday:	Registration. Informal get-together.
Monday:	Opening of Conference. Invited keynote speakers.
Tuesday:	Crime Prevention. Police Health Police Medical Service
W[illegible]ay:	Tour to include visits to places of forensice local interest.
	Proffered papers.
	[illegible]ration.
	[illegible]pers,
	[illegible].P.A.P.M.O. Biennial [illegible]ting.
	[illegible]rence Dinner.

The hospitality proffered at A.A.P.A.P.M.O. Conferences is quite remarkable and President Peter Bush writes that he believes Queensland will be able to maintain the standard of hospitality which other Australian states and New Zealand have provided previously. Peter Bush also reminds us that May and June in Queensland are comfortably warm and that the hotel is very close to the Pacific Coast.

Further details from:— Dr. E.J.D. Ogden, 152 Borornia Road, Borornia 3155, Australia.

23rd-24th May 1988: 10th Forensic Science Symposium, Brisbane.
29th May-3rd June 1988: AAPAPMO Conference, Gold Coast, Queensland.

F.M.G. OFFICERS

Dr. Barend Cohen, D.M.J., has been re-elected for a futher term as President. Dr. Frans Metz is Vice President.

Dr. Frits Buijze, who will be speaking at the Southport Conference, is now Hon. Secretary. Dr. Bart van der Kuijl continues as Hon. Treasurer, and is now assisted by Dr. Andre Lacroix.

BRACING SEX

Another sexual hazard has recently been discovered in Denmark. Two Danish lovers endured a lingering kiss which lasted for nearly three hours. They could not stop because the braces on their teeth became entangled.

They were unable to phone for help because they could not talk, and eventually wrote a note asking a tax-driver to take them to the nearest hospital in Glostrup, near Copenhagen.

Doctors at the hospital freed the couple by bending the wires.

SPICY BODY

A woman and her three brothers were charged in a Singapore court in March with murdering her husband and then cutting up and cooking his body in a curry.

CONGRATULATIONS

To Paddy Ward, of Newry, County Down, who has been awarded the M.B.E. in the New Year's Honours List, for his services as a Forensic Medical Officer.

Paddy has worked in South Armagh for 28 years, and the area has been the scene for some of the province's worst violence. Ten workmen killed in one night's shooting — the Kingsmills massacre — were all Paddy's patients.

He is honorary treasurer of the province's GMSC and secretary of the southern area LMC. He is also head of occupational health at Newry's Daisy Hill Hospital.

He has also been appointed a Deputy Lieutenant for County Armagh, so he now has M.B.E., J.P., D.L. after his name before you start on the 24 letters which spell out his medical qualifications!

CONGRATULATIONS

Mr. Alistair Brownlie, Solicitor to the Supreme Court (Scotland) and Past President of the Forensic Science Society was awarded the O.B.E. in the New Years Honours.

CONGRATULATIONS

Derek Pounder has been appointed to the chair of forensic medicine in Dundee.

Ray Williams (Director of the Metropolitan Police Forensic Science Laboratory) received the C.B.E. in the New Year's Honours List.

POLICE SURGEON ARRESTED

The January 9th issue of G.P. reported that Dr. Anthony Parsons, Cardiff G.P. and police surgeon was arrested at his surgery for stealing a coat, and held for more than five hours. The arrest followed an allegation made by a drug addict that Dr. Parsons had stolen a sheepskin coat when leaving the police station after he had been called there on police surgeon business.

However, the coat belonged to Dr. Parsons, and an embarrassed police spokesman later admitted that there had been a blunder; South Wales Police conducted an internal inquiry.

If by mischance, Dr. Parsons had received injury during his period of incarceration, would he have received compensation under the Association scheme? We'll never know — Dr. Parsons is not a member of the Association. Perhaps somebody in South Wales will have a quiet word with him?

AIDS

Ethical problems concerning sexual assault victims who may be at risk of contracting AIDS are under consideration by the Association's Ethical Subcomittee, and it is hoped that guidelines will be available in the next issue of the Supplement.

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

GREAT ACHIEVEMENTS BY F.M.G.

The 8th Annual Conference of the F.M.G. was held in Utrecht in April. F.M.G. stands for Forensisch Medisch Genootschap, the Dutch equivalent of A.P.S.G.B., though the two associations are not entirely similar. F.M.G. embraces a wider range of forensic disciplines than just police surgeons. On the whole it has a younger membership, which might account for it seeming more vibrant. One thing is certain — it's a go-ahead society.

When you think of the things that F.M.G. has achieved in its short lifetime, you feel like the mosquito in the nudist camp — you don't know where to start! Successes include an increasing memberhsip, the Cross Channel Conferences (the second of which was in London last year), representation at international conferences, publications, and probably the greatest acheivement is the introduction of the Dutch Diploma examination in Forensic Medicine.

Not bad for a young society!

Few would deny that the power house behind the F.M.G. is President Barend Cohen (he paused in the middle of it all to take and pass his D.M.J. in London in English!) but he would be the first to admit that it requires team spirit to accomplish things. He has some great colleagues, many well-known to the British, such as Frits Buijze, Franze Metz, Jacob Scherpbier and one shouldn't underestimate the good part played in Anglo-Dutch relations by past President Hubert Cremers.

This year well over 100 delegates turned out for the annual meeting in Utrecht. There were papers by police surgeons, academics, dentists, lawyers and even a senior pharmacist.

The theme of the morning programme was "They grey area between natural and unnatural death". It included a superb medico-legal paper on the criteria of brain-death given by a striking lady with the impressive title of Dr. Mr. Baronesse H.A.H. van Till-d'Aulnis de Bourouill, juriste. It went down really well. Erudite, precise and yet simple, everybody enjoyed it.

Euthanasia found a place in the programme and "Bite Marks" reared their heads again. Eddy de Valck showed how important it is to notice them especially in cases of child abuse.

One of the attractive things about the F.M.G. meetings in Utrecht is the venue itself. The town has a superb Conference Complex, which can host many simuitaneous meetings. Utrecht is situated in the centre of the country and, rather like Birmingham, is easy to reach from almost anywhere. The Congress building is next door to the railway station.

F.M.G. conferences are always well run and there is always plenty of time for a chat and a discussion, quite apart from the formal talks. This year, predictably, the gossip in the corridors was all about the forensic problems confronting the experts on the ferry disaster investigation. Whilst conceding that the judicial and medico-legal problems will be immense, there were plenty of pipe smoking and pint-holding enthusiasts who felt sure they had all the answers, if only someone would ask them!

There was the usual conference shop run by dedicated and efficient wives. Two new items were on show that the A.P.S.G.B. haven't thought of yet.

L. to R. Maud Buijze, Nelly Cohen, Ivor Doney and Frits Buijze

These were some elegant and pretty nylon and silk scarves carrying F.M.G. motifs, which were popular. Quite apart from catering for the lady members of the Association (and there are plenty of lady police surgeons these days), they made very nice presents to take home for wives. Secondly, there were quality Parker roller-ball pens with the F.M.G. emblem. Perhaps A.P.S.G.B. might follow suit?

So what's next for F.M.G.?

Preparations are already in hand for next year's Symposium in Utrecht but the big plans are for the 3rd Cross Channel Congress and the venue was decided at this year's meeting.

It is to be in Antwerp in April 1989 (watch the Supplement for details). Delegates were wildly enthusiastic about things other than the lectures! Antwerp is considered one of the world's leading gastronomic centres. Everybody is looking forward to some delicious food, something they missed in London! F.M.G. delegates seem to have enjoyed the 2nd Congress in U.K. but were more than derogatory about our British food! With a wry sense of humour, jovial Andre Lacroix exclaimed "Terrible food! You know something? Amsterdam is a dangerous place — I can get killed there! So why should I travel to London just to do it by eating? At least in Amsterdam I've got a chance to defend myself!"

So, if you like a good meal, make sure you come to Antwerp in April 1989!

IVOR DONEY

MEMBERSHIP FEES

Complete and return the bankers order for the increased A.P.S.G.B. subscription at once. Delay may cost you your insurance cover, which is only effective for those who pay promptly.

The form will continue to be valid even if the Association changes its name.

DRINKING PASSENGER?

A car passenger has been fined £75 with ten penalty points for failing to provide the police with a bloor or urine sample after a crash. The penalty in such cases is at the court's discretion.

At the scene of an accident police may ask any person suspected of having been in charge of a vehicle to take a breath test, if there was doubt about who was driving. Failure to take a breath test is an offence.

The passenger's wife had an alcohol level double the legal limit and was banned from driving for two years and fined £200 by the magistrates at York.

BLOW BY BLOW

In December, David Filer described a case in "G.P." of a fire-arm suspect whom he saw in a police station.

The scenes of crime officer was busy swabbing the suspect's hands and face when David arrived. David was asked to hold a piece of gauze under the suspect's nose so that he could blow into it; the gauze was wanted for examination for fire-arm residue. As the products of the nasal blowings came from a body orifice, they were classified as intimate samples under PACE, and a doctor has to be present to supervise the procedure.

I recently had the opportunity to visit the Royal Society of Medicine, Wimpole Street, London. This was my first visit to this august establishment and I can well understand why it has been referred to as "the best club in town".

The public rooms are spectaculary luxurious. There is a first class restaurant, at which I had an excellent meal. A brief visit to the residential accommodation revealed a room of at least four-star standard.

Those who resent paying through the nose for indifferent accommodation in London hotels will look forward to joining the Forensic Medicine Section of the Royal Society of Medicine when it is formed, one hopes, in the not too distant future.

D.B.

DRUG ADDICTS IN CUSTODY

On the 4th April, 1987, there was held, at the Metropolitan Police Forensic Science Laboratory, London, a most interesting Conference, with the title 'The Care of Drug Addicts in Custody'.

The morning was devoted to various aspects of drug addiction, and particularly heroin addiction. During the afternoon there were contributions from both speakers and members of the audience directed towards the formulation of guide lines for the assessment of heroin addicts for fitness for custody and fitness for interview.

The opening speaker was Mr. Philip Connolly, Senior Investigating Officer from the Customs & Excise, who has worked on heroin smuggling for the last ten years. He said that he had required doctors assistance on many occasions and he has always received help when required. There are fashions in drug smuggling and the Customs & Excise are constantly one step behind. Mr. Connolly pointed out that the views stated in his paper were not necessarily those of Customs & Excise but were a personal view.

He thought drugs were getting too much publicity, particularly their association with film stars, pop stars, etc. Teenagers look up to these people and the publicity they obtain in relation to drugs is counter-productive.

The British Government is involved in a programme to encourage growers to replace opium and coca crops with less lethal ones. The new crops do not make as much profit and the reduction of the opium and coca crops, pushes up the price of the remaining illicit crops. The farmer only sees the increased profits he might have been making.

Similarly, enforcement will never be totally successful. Enforcement pushes up the price and reduces the numbers of those who can pay but increases the profit.

Almost all heroin comes from areas of political unrest — south-east Asia, Laos, Burma, the Kurdish area, Lebanon, etc. Extensive areas in and about the frontier area of Pakistan are given over to the growing of opium. The areas are so extensive that weed killer operations against the crops are impossible. The Pakistan Government has greatly reduced the amount of heroin smuggling to the United Kingdom.

Until about five years ago most heroin was imported into the United Kingdom on ships or planes from India or Pakistan. Now it comes in from anywhere — e.g. 3½ kilos of heroin was found on a Polish ship a few weeks ago. The ship had been nowhere near a production area. It transpired that a Polish seaman had picked up the heroin in Poland; the heroin had been produced in Bankok and was destined for Australia. The two largest seizures in Europe last year had been trans-shipped through Russia.

Cocaine use has increased in the last two years in the United Kingdom. Heroin users appear to be switching to cocaine — 'the smarter drug' — and possibly because of fear of AIDS.

In 1986 there has been a 500% increase of smuggling by internal conceal-

ment, mostly by Nigerians and Ghanians. It is astonishing how much can be thus concealed. One man transported 1½ kilos of heroin, with a street value of £300,000. Couriers transporting heroin or other drugs by internal concealment may be divided into swallowers and stuffers. Condoms, the tips of surgical gloves tied with dental floss, and balloons are used in which to transport the drug. Such carriers are difficult for the customs officer to detect. One courier could swallow and practise walking after stuffing condoms filled with drugs into the rectum before travelling.

Drowsy Couriers

Couriers may appear drowsy because of leakage. The testing of samples of urine may reveal the presence of druge metabolites. A suspected courier is required to use a special lavatory, with the drugs and their containers being recovered in the process of time. An internal courier occupies eight officers — two have to be with the suspect all the time. The most recovered from one courier is over 700 condoms. He passed 136 the first day, 400 the second day, 198 the third day, and the total over a period of 80 hours.

The job is not without its humour. On one occasion heroin was seized with a constistency of gravy granules. Dummy packages were required in a hurry and Mr. Connolly made a radio call heard by all investigating officers for 36 condoms and a packet of Bisto.

Although the law allows forcible search, the Customs & Excise do not insist on this. They recently had their first forcible search and were unhappy about it. Most countries have compulsory X-ray for suspects and many countries have no hesitation regarding compulsory searching.

Notification

Mr. Michael Fox, of the Home Office Drugs Department, drew attention to the compulsory requirement to notify drug addicts. He gave advice to determine whether a patient should be notified. The patient should be notified if—

1. The patient is addicted or the doctor suspects that the patient is addicted.
2. The addiction is such that the patient wishes administration to continue.
3. If the addiction is to a notifiable drug (heroin, most opioids, cocaine, etc.). This does not include amphetamines or cannabis.
4. The doctor, in good faith, can rule out that organic disease or injury requires the drug.

The fact that a patient is 'registered' as an addict does not confer any status or right to treatment on a patient.

The returns are required for statistics and the ultimate benefit of other medical practitioners. The notification form has recently been revised and the new form will be available in the future to be distributed to all medical practitioners.

Subsequent discussion revealed that the earlier form has not generally been available and some of the doctors in the audience were clearly not complying with the law and notifying addicts. It is possible that greater availability of the new form will improve the returns but your reporter suspects that until a fee, similar to that payable for the notification for infectious diseases is payable for the notification of drug addicts, the returns from medical practitioners will not give an accurate picture of the drug scene.

Drug Counselling

Mr. Tony McLellan, Programme Director Adu of Charter Clinics, counsellor on drug addition, said that he had been in the business ten years. The Charter Clinics are concerned with chemical dependency. 50% of patients are street addicts and 50% alcoholics or on prescription drugs.

Of 100 sixth form pupils, six or seven will at some time be in trouble with mood alterning chemicals and for each six or seven, another three or four people are going to be affected. Some

Mr. Tony McLellan

of the 100 will already be affected by mood altering chemicals and almost half will be affected in some way at some time. Once people are hooked the cause becomes of secondary importance.

One cannot be judgemental of the casuality of addiction, one must do what one can to get the victim well. The isolation has to be fractured and the patient taught to live a life without the chemical and be happy at the same time. Opiate withdrawal gives less trouble than withdrawal from valium, librium, ativan, etc. Most patients come from G.P. referral. The Charter Clinics are a private company and those who cannot afford to pay (£5,500-£6,000 for a year's treatment) are referred to Naional Health Service beds. The philosophy of the Charter Clinics is the stopping of the drug and the substitution of the drug by a new way of life.

There are three stages of treatment, first detoxication, second the intermediate stage of group therapy and in-depth assessment and the third the after-care regime, which lasts up to one year. Alcoholics require 28 days inpatient treatment; addicts 60 days. Addicts are the more troublesome group. They have been living in an illegal world of manipulation, deceit and denial. During the after-care regime, patients return once weekly with an opportunity to discuss any difficulties they are having.

An addiction once contracted lasts until death and gets worse until death whether or not the chemical is being taken. In addition to compulsion to take the drug, there is progression. If the patient has a gap in the taking of the drug, whether it be one or ten years, if he goes back to the drug he rapidly becomes worse than he was when he stopped and reaches about the same stage he would have if he had continued taking the drug without a break.

Patients will believe they can operate without the drug but will have difficulty in accepting they will feel happy. They may have been forced to obtain treatment by wives, colleagues or other agencies. Problems do not go away when the drug is taken away — the problem stays with the patient. About 70% of alcoholics but only 55% of drug addicts have a one year success rate.

If you want to learn about a disease, go to the epidemic. 120 countries have self-help groups.

The Clinics are funded by patients or by private insurance companies. The company is American and patients come from all over the world, particularly from the Middle East. There are two kinds of addict — those who can work and survive and those who cannot. No one counsellor is a focal point and there is no set policy for a doctor to follow. The Clinic does not approve of methadone — Addicts sell methadone to pay for heroin. For the first seven days of detoxification regime, no visitors are allowed. All G.P.'s get copies of discharge summaries and recommendations for therapy.

Pharmacology

Dr. John Henry of Guy's Hospital, Poisons Unit, gave a concise description of the pharmacologigal affects of narcotics. Narcotics, in overdose, produce

Dr. John Henry

respiratory depression and pulmonary oedema. Properties are analgesia, sedation, euphoria, dependency, respiratory depression and constipation. Tolerance occurs with narcotics with the analgesic and euphoric effects but does not occur with the effects on the pupil, gut or excitation. Tolerance takes a couple of weeks to develop and is lost over a similar period. The abuse potential of heroin is greater because it crosses the blood brain barrier. The oral use of heroin presents withdrawal symptoms but will not produce the "buzz" required by an addict.

Poisoning

Last year 235 deaths occurred directly as a result of opioid poisoning. These were mainly accidental, being the results of experimentation, miscalculation of the dose, change of supplier, or loss of tolerance, as after a period in prison. Suicide also occurs with opiate preparations.

The diagnosis for opiate poisoning may be made on recognition of coma (depressed consciousness) plus pin-point pupils, plus respiratory depression. The respiratory depression is characteristically slow respirations with irregular respirations. Pin-point pupils may not occur, e.g. with pethedine, hypoxia or hypothermia.

Narcan (naloxone hydrochloride) is a remarkable drug given in doses of 0.4-0.8 mgms. every two to three minutes until the required response is obtained. It crosses the blood barrier very rapidly; in 30-60 seconds a patient can pass from deep coma to an abusive, argumentative and ungrateful state. Naloxone may precipatitate withdrawal symptoms in an addict but, as the mortality rate of the opiate withdrawal syndrome is NIL, this is a small price to pay in a potentially lethal situation. The mortality rate of withdrawal from barbiturates is low but from alcohol is about 20%.

Withdrawal

Morphine or heroin withdrawal symptoms start about 8 hours after the last dose. A peak is reached in 36-72 hours and the effect may last from 7-10 days.

Between 8 and 12 hours sweating, lachrymation, rhinorrhoea and yawning occur. Between 12 and 20 hours restless sleep is noted. Between 20-36 hours there is goose-flesh, tremour, agitation, anorexia, fever and dilated pupils. Between 36 and 72 hours there is weakness, insomnia, yawning, rigors, intestinal colic, nausea, vomiting, diarrhoea, pain in the back and legs, fever, sweating, goose-flesh, hypertension, tachycardia and a frantic state of mind. The syndrome progresses to a peak and wear off. It is an acute illness but is not fatal.

The recognition of an addict depends on general factors, direct evidence and clinical features. In general the patient is sullen, unsociable, with weight loss, a poor appetite, and a declining work performance. He is lying, dishonest and a law-breaker and you cannot trust what he says. The direct evidence is in the form of powders, tablets, tin foil,

spoon, syringes, etc. Clinical features include injection marks, signs of toxicity, signs of infection and signs of withdrawal.

Treatment

Should withdrawal symptoms be treated with methadone? The arguments in favour include the patient is physcially ill, is noisy and violent, may be suffering from diarrhoea: methadone acts as a physical restraint and there is a tendency to be "on the safe side". Arguments against the use of methadone include the syndrome is non-fatal and self-inflicted. Once the drug is given there is a tendency always to give the drug. Dr. Henry said that if you are a "softie" you will be sought for methadone. Other therapies in the treatment of withdrawal symptons include doing nothing, diazepam, proprapanolol, clonidine (which should always be given in hospital) and dihydrocodeine. Imodium (loperamide) is very useful for controlling the diarrhoea and can be bought over the counter.

Dr. Henry strongly advised the audience to stand firm and not be manipulated. He decides on a line of action for dealing with the overdose, ethanol withdrawal, or medical complications, e.g. septicemia. He then undertakes symptomatic therapy, which never includes methadone. The half life of methadone is 25-55 hours; those who complain of symtoms in under 24 hours from the last dose are probably acting up. As far as possible, he gives nothing and this suits the majority of cases.

Dr. Henry advised that police surgeons should have hepatitis innoculation.

Apart from coma cases, heroin addicts make a lot of noise but do not die. Alcoholics are the ones who die. An alcoholic who is hallucinating or convulsing should be admitted at once to hospital. Wernicke's encephalopathy, evidenced by loss of recent memory, is a medical emergency.

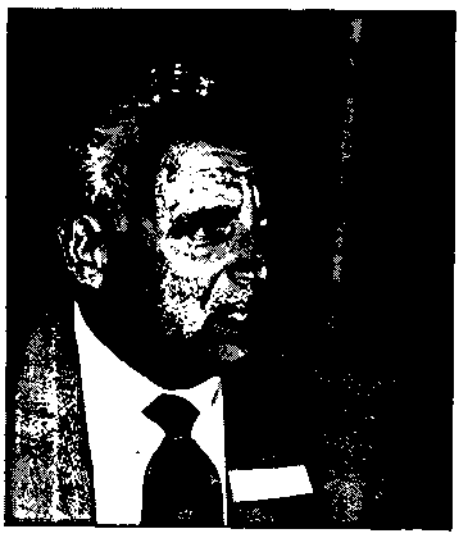
Each speaker was subject to a barrage of questions at the morning session and it is not surprising that the break for lunch was taken late. There was an excellent repast prepared by willing helpers, including Dr. Frances Lewington, Mrs. Lucette Jenkins and Mrs. Margaret Chang.

The afternoon session was opened by Dr. Neville Davis, who outlined the problem; drug addicts may be seen by several doctors and there may not be uniformity in treatment. This is confusing for the police and the purpose of the afternoon session was to suggest guidelines.

Methadone

Dr. David Filer said that he and his deputies no longer give methadone and prisoners are told that none of the doctors attending their police stations will prescribe methadone. Symptomatic treatment is given for diarrhoea and Dr. Filer is prepared to give valium 5 mgs or nitrazepam at night. With respect to fitness for interview, Dr. Filer asks the prisoners two questions. "Do you know where you are?" and "Do you know why you are here?" If the patient says yes to both, then he is fit for interview.

Dr. Neville Davies



Dr. David Filer

In addition to those speakers who stayed on after lunch, many delegates took part in the discussion. Nearly all delegates indicated that they do not use methadone when treating heroin withdrawal symptoms, although there was one lone voice, who indicated that he was not happy about withholding methadone or other medication.

Dr. Eddie Josse said that, when preparing his chapter on Drug Addiction for "The New Police Surgeon", he had spoken to many people, including psychiatrists, and had examined the world literature — he obtained a confused picture. Police surgeons have had experience of dealing with compulsory detained addicts and Dr. Josse now follows the attitude of Dr. Filer. He is not convinced tha the symptoms and signs are as severe as the book say. He suspects that the medical text books repeat, as accepted wisdom, what has been written before. The problem of withdrawal is not nearly as bad as it is made out to be. He sees very little reason to give any therapy to the opiate addicts. Addicts can mimic physical signs, including increased pulse rate and sweating.

Dr. Hugh Davies commented that addicts, on admission to prison, do not get any medication and cause no trouble. If they are mentally distressed, then they receive mild tranquillisers but they are not given diazepam unless strictly necessary. Patients who have been offered largactil, known colloquially as the liquid cosh, may well refuse it.

Registration is not a badge of honour and does not indicate entitlement to any treatment, prescribed or otherwise. Dr. Josse said that he could not understand how clinic doctors could assess a patient adequately without compulsory detention.

Dr. Henry was asked if it did any harm to deprive opiate addicts of their drug of addiction. Dr. Henry said "No". The addict might have been living in a fantasy of belief that symptoms would occur on withdrawal. Therefore, the stopping of the therapy may do the patient good.

Dr. Chang said that he always insists on seeing the stools in the toilet pan, when the patient complains of diarrhoea.

Dr. Hugh Davies gave his opinion that the only treatment required was, at the most, mild non-opiates or mild sedation. It might be necessary to give emotional

Dr. Hugh Davies

first aid and a sedative at night, together with treatment for diarrhoea.

It was suggested that a corrupting situation existed for doctors who give drugs in a non-therapeutic situation — it corrupts the doctors, the profession and society. A decision must be made in the interests of the patient, society and the profession.

Tolerance is only lost after at least a week; if methadone is given there is a danger of overdosing. A doctor may not legally give an addict heroin or cocaine. The doctor may give methadone. The dosage of methadone by clinics appears to be determined subjectively. Methadone is not the first line treatment for 'Gastric flu symptoms'. The most vociferous addict often has the least physical signs.

It was felt that no doctor should give absolutely nothing in *any* circumstance. The meeting felt that methadone should not be given but that symptomatic therapy should be given *if required*. Dr. Filer reminded the meeting that drug addicts in custody were patients being looked after by non-medical personnel.

The meeting then turned its attention to the determination of the fitness to give evidence or to be interviewed. There appears to be little in the literature on medical evidence on fitness for interview. It could be claimed that an addict was either under the influence of drugs or in a state of withdrawal. Drugs prescribed may effect the capacity for interviews and consideration should be given to postponing the use of drugs until after interview.

Solicitors

An argument put forward by solicitors was "My client was anxious and depressed" if he does not have valium. If valium is given, then the client is "under the influence of a psychotropic drug".

Assessment of fitness for interview is a matter of experience. If a drug is given, how can you state whether or not a patient is fit for interview afterwards. Dr. Heny thought that it was very unlikely that withdrawal symptons would make someone unfit for interview. The addicts might feel uncomfortable but the only stress they are suffering is because they have no drug of addiction, not because they are withdrawing.

It was stressed that a doctor's opinion was only valid at the time of the examination.

C.I.D. View

A C.I.D. officer present at the meeting, said that he liked a prisoner with a clear head and would prefer that the patient/prisoner had no drugs prior to interview. What might be of assistance is to talk to the doctor after he or she has seen the patient and before the interview. The C.I.D. officer agreed that it would be useful for re-examination to be made of the patient/prisoner after interview, particularly after a long interview, for a reassessment of the addicts's fitness for interview.

It was also noted that it was advisable to record how much sleep, food and water persons in custody had if they are seen by a doctor. If a patient had to be taken to hospital, and no interviewing was undertaken during this time, the time of permitted detention before charging is extended to allow for the hospital visit.

It is planned to publish guidelines for the management of the opiate addict in custody in due course. In the meantime, the consensus of the meeting for guidance is as follows:—

Fitness for Custody

1. Any comatose patient, who cannot be aroused, should be moved to hospital.
2. Withdrawal from heroin or methadone addiction is a non-fatal illness.
3. There appears to be no place for the use of methadone in the treatment of addicts in custody.
4. A "registered" addict is *not* automatically entitled to specific treatment.

5. Most addicts require no specific therapy.
6. Some addicts may require simple analgesia or mild sedation, including night sedation.
7. Leave clear instructions for those looking after the addict and clear records for any doctor who may subsequently see the addict whilst in custody.

Fitness for Interview

1. An addict who is not under the influence of opiate drug, who is fully conscious and suffering from minor withdrawal symptoms is usually fit for interview.
2. Assessment for fitness for interview is a matter of experience but does not differ from the assessment for fitness for interview of any other prisoner in custody.
3. Whilst mild anagesic tablets may be given before interview, tranquillisers or sedatives should be withheld until after interview.
4. It is advisable to consider re-examination after interview, to make a record of the patient's fitness at that time.
5. Keep full records . . .

MYLES CLARKE

Moscow University students were producing heroin on the campus with equipment stolen from the university laboratories, according to the Deputy Interior Minister, Mr. Nikolai Demidov.

Three Bolivian women disguised as nuns were arrested at Amsterdam airport as they tried to smuggle 37 lb of cocaine.

Nancy Reagan: "A women is like a teabag — you don't know her strength until she's in hot water".

THE STOCKHOLM SYMDROME:
Jonathon Harvard
Heinemann, London, £10.95 net.

As in Jonathon Harvard's first novel "Blood and Judgement", a hospital and operating theatre atmosphere is vividly described. Only a retired surgeon could do it so well.

The main plot becomes overburdened with stereotyped doctor/nurse/patient situations and the Stockholm Syndrome, the relations which sometimes develop between hostage and terrorist, is not sufficiently explored.

Why the terrorists took over a Welsh hospital and flew in the Sheik for his kidney transplant, instead of booking him into the London Clinic, is not satisfactorily explained. The I.R.A., and a Jewish girl sans kosher kidneys are thrown in for good measure.

Nevertheless, the lay reader will find this an enjoyable yarn with all the necessary hosptial soap-opera ingredients.

H.B.K.

NEW COMMISSIONER

Mr. Peter Imbert will become the New Commissioner of the Metropolitan Police on August 1st. He is a former Special Branch Officer who became an anti-terrorist expert.

As Chief Constable of the Thames Valley Police, he agreed to give access to BBC television for the making of the series "Police" in 1980. Through its coverage of a badly-managed rape case, police attitudes to victims and investigations were altered.

It will be interesting to see if he will now introduce the full-time police surgeon.

AGE OF CONSENT

Thailand has raised the age of sexual consent for females from 13 to 15.

WILLIAM PALMER

AND THE INQUEST ON JOHN PARSON COOK

Our Story so far. 31 year-old race-going William Palmer, medical practitioner of Rugeley, Staffordshire, is not having much luck with his patients, and his gambling friends and debtors fare little better. Relatives alas also donot make out well. His mother-in-law succumbed within two weeks of coming to live with him. His wife died from the English cholera, as certified by Rugeley's other doctor, Dr. Bamford. Palmer's latest patient John Parson Cook he treated in the Talbot Arms, assiduously supplying him with pills and potions. Despite Palmer's attentions, Cook convulses and dies. Now read on.

COOK being now dead beyond all question, Palmer sets to work to possess himself of his remaining effects. He had already appropriated his winnings at Shrewsbury, with the exception of the Handicap Stakes; these he could not touch, as they are not payable till a week after the race, and then only in London. The evening that Cook expired, but before his actual decease, Palmer posted a cheque, which purported to be signed by Cook, to the secretary of the Jockey Club, for £350, on account of the said stakes. The day following, he writes off to Pratt, saying "Mind, I must have Polestar;" and further, "should any one call upon you to know what monies Cook ever had from you, don't answer the question."

The breath was hardly out of Cook's body, before Palmer orders some one to be sent for to lay the body out. The women on entering the room, find Palmer searching the pockets of a coat, which, there could be no doubt, was Mr. Cook's; they saw him hunt under the pillow, and under the bolster; they saw some letters lying on the mantelpiece, which there was every reason to believe had been taken from the coat; on the following day, Palmer again rummages among Cook's things, under the pretence of seeking for a paper-knife which he had borrowed for him.

The death of Cook was communicated to his relatives in London. Palmer, when he heard what had been done, is reported to have exclaimed, "Good God! why, he has no relatives!" On Friday, the 23rd, Mr. Stephens who married Cook's mother, came down to Rugeley, and, after viewing the body of his relative, to whom he had been tenderly attached, asked Palmer about his affairs. Palmer asured him that he held a paper drawn up by a lawyer, and signed by Cook, stating that, in respect of £4,000 worth of bills, he (Cook) was alone liable, and that Palmer had a claim to that amount against his estate. Mr. Stephens expressed his amazement, and replied, that there would not be 4,000 shillings for the holders of the bills. Subsequently Palmer displayed an

The High Street, Rugeley, showing Palmer's House and the Talbot Arms Hotel

eager officiousness in the matter of the funeral, taking upon himself to order a shell and an oak coffin. Mr. Stevens ordered dinner at the hotel for Bamford, Jones, and himself, and finding Palmer still hanging about, thought it but civil to extend the invitation to him. Accordingly they all sat down together. After dinner, Mr. Stephens asked Jones to step upstairs and bring down all books and papers belonging to Cook. Jones left the room to do so, and Palmer followed him. They were absent about ten minutes, and on their return Jones observed that they were unable to find the betting-book or any of the papers belonging to the deceased. Palmer aded, "The betting-book would be of no use to you if you found it, for the bets are void by his death." Mr. Stephens replied, "The book must be found;" and then Palmer, changing his tone, said, "Oh, I dare say it will turn up." Mr. Stephens on this rang the bell, and when the housekeeper came, desired her immediately to go and take possession of whatever there might be of Mr. Cook's; to lock the door, and allow no one to have access to the place until his return from London, where he had made up his mind to go to obtain the assistance of a solicitor. On his arrival in London, he consulted his solicitor, who gave him a letter of introduction to Mr. Gardner, a respectable gentleman practising in Rugeley. In returning from London the next day, on the train stopping for refreshment at Wolverton, he met Palmer, who was a passenger by the same train, having been up to London to pay some more money to Pratt, and Mr. Stephens communicated his determination to have a *post-mortem* examination. Palmer was particularly anxious to learn who were the persons who would be employed; Mr. Stephens did not inform him, but he did tell him he intended to employ a solicitor to inquire into his step-son's affairs; on which Palmer offered to recommend him one, an offer which Mr. Stephens thought proper to decline.

On Sunday, the 25th, Palmer goes to Dr. Bamford, and asks him for a certificate of the cause of Cook's death. Bamford replies, "Why should you ask me for it? he was your patient." "No," said Palmer, "I would rather you gave the certificate." It was thereupon discussed what the certificate should be, and finally it was entered "apoplexy".

Dr. Bamford of Rugeley

On the same day, Palmer sent for Cheshire, and producing a paper purporting to bear the signture of Cook, asked him to attest it. Cheshire glanced over it. It was a document in which Cook acknowledged that bills to the amount of £4,000, or thereabouts, had been negotiated for his (Cook's) benefit, and in respect of which Palmer had received no consideration. Cheshire refused; whereupon Palmer carelessly observed, "It is of no consequence; I dare say the signatures will not be disputed,but it occurred to me that it would look more regular if it were attested."

On the evening of the same day, Palmer writes another note to Pratt, urging him to be silent with reference to Cook's affairs.. Here is the note in question:—

"(Strictly private and confidential.)

"My dear Sir, — Should any of Cook's friends call upon you to know what money Cook ever had from you, pray don't answer that question, or any other about money matters, until I have seen you. And oblige yours faithfully,

"WILLIAM PALMER"

About seven o'clock the same evening he sends for Mr. Newton, the person from whom he obtained the strychnia on the previous Monday. Newton thereupon goes to Palmer's house. Palmer was sitting by the kitchen fire reading. No one else was present. He asked Newton to to have some brandy and water, and then enquired of him the proper dose of strychnine to kill a dog, and also as to what would be the appearance of the stomach after death. Newton told him that there would be no inflammation, and that he did not think it could be found. Upon that Palmer snapped his finger and thumb in a quiet way, and exclaimed, as if communing with himself, "All right." On the following day — Monday, the 26th of November, the post-mortem examination took place. Palmer, hearing that Newton was to assist, invited him beforehand to have some brandy, and persuaded him to drink a couple of glasses, neat. Palmer was present at the post-mortem, and seeing that the intestines and stomach presented a healthy appearance, could not refrain from observing to Dr. Bamford in a loud whisper, "Doctor, they won't hang us yet!" The stomach and intestines were taken out and placed in a jar, and it was observed that Palmer pushed against the medical man who was engaged in the operation, and the jar was in danger of being upset. It escaped, however, and was coverd with skins, tied down, and sealed. Presently one of the medical men turned round, and finding that the jar had disappeared, asked what had become of it. It was found at a distance, near a different door from that through which people usually passed in and out, and Palmer exclaimed, "It's all right. It was I who removed it. I thought it would be more convenient for you to have it here, that you might lay your hands readily on it as you went out." When the jar was recovered it ws found that two slits had been cut in the skins with a knife. On the evening of the same day. Mr. Stephens having made up his

Drs. Taylors and Rees

mind that the stomach should be submitted to analysis by Professor Taylor, engaged a fly to convey him from the Talbot Arms, Rugeley, to the Stafford railway station, intending to carry the jars up to London himself. The fly was already horsed and waiting, and while the postboy who was to drive it was hurrying from his lodgings to the hotel, he encountered Palmer, who offered him a £10 note to upset the vehicle. The postboy firmly refused the tempting bribe. According to rumours, which, however, we do not credit, Palmer was afterwards, in company with others, seen following the fly.

Mr. Stephens reached London safety, and gave the jars into Professor Taylor's custody. The same evening that Mr. Stephens started off, Palmer was observed walking about the streets of Rugeley drunk! — drunk, too, as they say, for the first time in his life!

While Dr. Taylor was engaged with his analysis, the Coroner summoned a jury together, and opened an inquiry. At the first meeting the proceedings were merely formal, the body being only viewed and identified. Palmer appears by this time to have felt his position to be a doubtful one. He was a very reserved man to those who were not intimate with him; nevertheless, while the inquests were going on, he treated everybody at the Talbot Arms to anything they would have. His main trust was in his friend, the postmaster

William Webb Ward, Coroner

of the town, Mr. Cheshire, who, it will be remembered, was one of his referees in respect of "George Bate, Esq." It seems that Palmer used to place his carriage at the disposal of Mrs. Cheshire on Sundays, on which day that lady indulged in an afternoon drive, so that Cheshire owed him a good turn; this Cheshire proceeded to acquit himself of in the following fashion. Of course, from Cheshire's position, the correspodnence passing to and fro between the solicitors and Dr. Taylor could be easily tempered with, and none but himself be the wiser. It was tampered with; and no doubt every letter that passed through the post-office referring to the case was shown to Palmer by Cheshire. At any rate, we learn from Cheshire's own lips that Palmer called on him on Sunday, the 2nd of December, and gave him a hint which he was not slow to take. He goes to Palmer next morning to tell him that nothing was up. Palmer was then in bed ill. Cheshire visits him again on the Wednesday, and this time with the joyful intelligence that no poison had been found; he having opened Dr. Taylor's letter to the solicitor to ascertain that fact. "I knew they would not," said Palmer, "I'm as innocent as a baby."

No doubt this little bit of information helps to raise Palmer's spirits. He thinks that all he has to do now is to make it right with the Coroner, W. Webb Ward, Esq.; so, on the 8th December, he writes first of all a note to Mr. Frantz, poulterer of Stafford, ordering some "nice pheasants and a good hare," and then a note to the Coroner to accompany the said game. In this latter note he lets out, that he had seen "in black and white," Dr. Taylor's statement to the effect, that no poison had been found, and he coolly enough suggests to the Coroner, that he should like a verdict, "died of natural causes, and thus end it." These notes Palmer commits into the hands of Mr. George Bate, who starts off to Stafford. He goes to Mr. Frantz, the dealer in game, who says he is a pheasant short of the order, but will send the other things to Bate, at the

Junction Hotel. Bate re-directs the parcel, and gives a lad 3d. to carry it to Mr. Ward's office. He next goes in search of Mr. Ward, whom he unearths in the smoking-room of the Dolphin Inn, which owns the only billard-room in Stafford. George, having "tipped him a knowing wink," the Coroner came out to the foot of the billiard stairs, and there received the said letter.

On Thursday, the 13th, George Bate is again wanted on a similar errand. The adjourned inquest meets on the morrow, and Taylor's evidence will then come out. Palmer is still ill in bed, and when Bate arrives, he is sent to Thirlby (Ben that used to be at Salt's), to borrow a £5 note. This he came back with, but Palmer, in the meanwhile, seems to have thought the amount too little for his purpose. He therefore sets Bate to hunt for bank-notes in a looking-glass drawer. George can only see one for £50, which Palmer, we suppose, thinks too much, and yet it is a question of life and death with him. At this juncture, a sheriff's officer is announced. So it has come to that at last; these bills, which he had set afloat, paying as much as 75 per cent. per annum for discount, have at length entangled him in the meshes of the web. Bate is now ordered to retire while Palmer holds some little conversation with the officer. When he comes back again, Palmer hands him a letter to take to W.W. Ward, Esq., which he is to be sure no one sees him deliver. George did not like so much secrecy, and he asked Mr. Palmer if he could not send some one else. Palmer replied, "Why, George, as to this poor fellow Cook, they will find nothing in him; for he was the best 'pal' I ever had in my life; and why should I have poisoned him?" and he added, "I am as innocent as you, George." George thereupon goes off to Stafford. This time he catches William Webb Ward on the road between the Station and the Junction Hotel, and there slyly slips the note into his hand. Not a word passed; both of them no doubt understood each other.

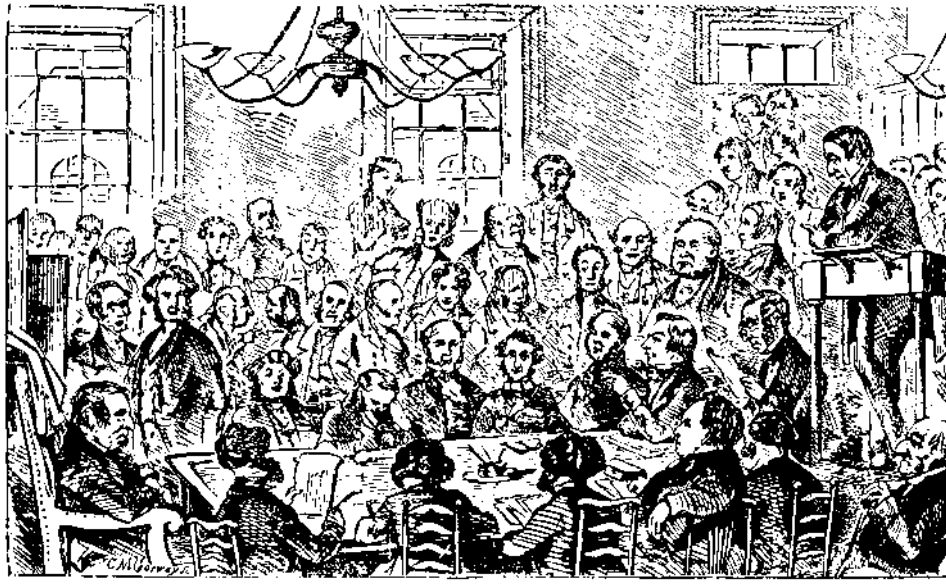
The next day, Friday, Dec. 14th, was a day of deep anxiety for William

Town Hall, Rugeley, Inquest venue

Palmer. Although matters looked black enough as they stood, still, until the Nemesian, Dr. Alfred Taylor, came down to Rugeley, and threw the weight of his evidence into the scale, there was nothing more than vague, though serious, suspicion attaching to our sporting surgeon. The witnesses had described Cook's death, with its minutest particulars; the medical evidence agreed that these particulars unmistakeably indicated tetanus. Dr. Taylor proved that that tetanus was produced by strychnine; and Charles Robert, in his turn, proved that he sold strychnine to Palmer only a day before Cook's death.

Palmer is summoned; the answer given is, that he is too ill to attend — perhaps the sheriff's officers feared an escape. Next day a verdict of "Wilful Murder" is returned, and Palmer's friend — the recipient of the "fine pheasant and a good hare" — the suspected recipient of the £5 note — W. Webb Ward, Esq., coroner for Staffordshire — makes out his warrant of commitment to the county prison.

Mr. Hatton, the local police superintendent, proceeds to Palmer's house, and arrests him. He is still in the custody of the sheriff's officers; and still too unwell to be removed. A guard of police officers is therefore left behind. So thoroughly did Palmer's friends believe in his innocence, that when notice was given him of his arrest on the charge, a familiar companion of his,



Interior of the Town Hall, Rugeley, during the inquest

who was in the room at the time, was about to seize the officer by the throat, declaring that he would never allow Palmer to be taken away on such a diabolical charge. Such a proceeding would have availed Palmer nothing. The police officers proceeded at once with their duty. Every article in the room was strictly examined; and a crowd of persons, whose murmuring voices could be distinctly heard in the miserable man's bed-chamber, congregated around the house till midnight, in expectation of seeing him carried away to gaol.

Jerry Smith, the lawyer, saw him on the morning after the Coroner's jury had returned their verdict. He sent to see Jerry. It was some time before the latter could make up his mind to go; for, as he said, the news made him fall sick. At last, when he recovered himself, he entered the room. Palmer was surrounded by policemen. Jerry, pointing to them, said, 'Wiliam! William! how is this?' Palmer could not answer him, but the tears trickled down his cheeks. This, the police say, is the only time they ever saw him affected, or betray any symptoms of emotion.

He doubtless, did not pass one of the calmest nights in that well-known room in the old familiar house where he had lived so long — that room where he had, about a twelvemonth previously, gazed, though but for a moment, on the pale features of his dead wife for the last time. What would he give now to be able to re-call her — that she might whisper one word of comfort in his ear in his dire misery! — she who would have believed him innocent, though twenty juries pronounced him guilty; and if guilty, would have brought him to repentance by the deep power of a women's love. Alas! instead of her by his side, he sees the officers of justice crowded around his bed, watching for that slight change in his disorder which will warrant them in carrying him off a prisoner to Stafford gaol.

From: Illustrated Life and Career of William Palmer of Ruseley, published 1856.

The exact number of Palmer's victims is not known. He was tried at the Old Bailey in 1856 (Supplement cover for December 1984) and executed outside Stafford Jail on 14th June 1856.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

18th-23rd May, 1987 — SOUTHPORT
A.P.S.G.B. Annual Conference. Prince of Wales Hotel, Southport, Merseyside.
Further details from:—
Dr. Tim Manser, Whitelears, Bridgetown Hill, Totnes, Devon.

19th-20th June, 1987 — BELFAST
Forensic Science Society Meeting, to be held at the Royal Ulster Constabulary Training Establishment, Garnerville, Belfast. Subject: "Sexual Offences and Child Abuse". Further information from:—
Mr. R.A. Hall, Director, Northern Ireland Forensic Science Laboratory, 180 Newtownbreda Road, Belfast BT8 4QR, tel: 0232 645421.

24th-27th July, 1987 — YORK
Forensic Science Society Summer Conference "A Way Forward — With Computers?" To be held at the College of Ripon and York St. John, York.
Further details from:—
The Forensic Science Society, 18A Mount Parade, Harrogate, North Yorkshire.

19th-20th September 1987 — BIRMINGHAM
A.P.S.G.B. Autumn Symposium to be held at the Postgraduate Centre, Queen Elizabeth Hospital, Edgbaston Birmingham B15 2TQ. See page 57.
Further details from Dr. Jeremy Smart, 22 Beaks Hill Road, Kings Norton, Birmingham B38.

23rd January, 1988 — LONDON
Metropolitan Group Symposium, to be held in the West Hall of the Royal Society of Medicine, 1 Wimpole Street, London W1.
Further details from:—
Dr. Robin Moffat, 180 Brighton Road, South Croydon, Surrey CR2 6XQ.

12th-15th May, 1988 — CARDIFF
A.P.S.G.B. Annual Conference, to be held in Cardiff, Wales. Venue — The Stalkis Inn on the Avenue, Cardiff.
Further details from:—
Dr. Tim Manser, Whitelears, Bridgetown Hill, Totnes, Devon.

23rd-25th September 1988 — MANCHESTER
A.P.S.G.B. Autumn Symposium — "Sex and the Forensic Physician", to be held at Owens Park, University of Manchester.
Further details from Dr. Stephen Robinson, 277 Manchester Road, West Timperley, Altrincham, Cheshire WA14 5PQ.

April, 1989 — BELGIUM
Third Cross Channel Conference.
See International Section.

INTERNATIONAL MEETINGS

1st-2nd June, 1987 — MENORCA, BALEARIC ISLANDS
International Meeting — Homage to Orfila on his Bicentenary. Official Languages: English, French and Spanish.
Further information from:—
Scientific Secretary's Office, VII Jornadas Toxicologicas Espanolas, Facultad de Farmacia, Universidad de Barcelona, Zona Universitaria, 08028 Barcelona, Spain.

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 58.

9th-14th August, 1987 — BOTHUTHATSWANA
First International Congress of Medicine, Law and Human Rights.
Further information from:—
International Centre of Medicine and Law, P.O. Box 4182, Mmabatho, Bophuthatswana, Southern Africa.

10th-14th August, 1987 — U.S.A.
Third International Meeting of the Pan American Association of Forensic Science. To be held at the Ramada Inn, 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.

DATES FOR YOUR DIARY

INTERNATIONAL MEETINGS

10th-14th August, 1987 — U.S.A.
First World Meeting of Police Surgeons and Medical Officers (Medicos Forenses). To be held at the Ramada Inn, 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 58.

4th-6th September, 1987 — POLAND
7th Congress of the Polish Society of Forensic Medicine and Criminology.
Further information from:—
Secretariat, Institute of Forensic Medicine, Medical Academy, Poznan 60-781, Swiecicki 6 St., Poland.

6th-9th October, 1987 — U.S.A.
Mid-Western Association of Forensic Scientists will meet on Mickinac 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.

12th-16th October, 1987 — WEST GERMANY
IDENTA '87 — 2nd International Congress on Anti-Terrorism and Techniques for Criminal Identification. To be held in the Stuttgart Congress Centre, Stuttgart. Official Language English. There will be three concurrent symposia on Anti-Terrorism, Forensic Medicine and Psychology.
Further information from:—
IDENTA '87 Secretariat, c/o Worl & Partner Veranstaltungs GmbH, Garmischer Str. 8/4, 8000 Munich 2, West Germany.

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 59.

15th-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, Pensylvania.
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 at the Gateway Hotel, Brisbane, Queensland, Australia. Details from Mr. N. Raward, Scientific Section, Queensland Police Department, G.P.O. Box 1440, Brisbane, Q. 40001, Australia. See page 60.

29th May-3rd June, 1988 — AUSTRALIA
Sixth Biennial Meeting of the Assoication of Australasian and Pacific Area Police Medical Officers. Conrad International Hotel, Broadbeach, Gold Coast, Queensland.
Further details from:—
Dr. Edward Ogden, Honorary Secretary, A.A.P.A.P.M.O., Boronia Medical Centre, Boronia Road, Boronia, Victoria, Australia.
See page 60.

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.

April 1989 — BELGIUM
3rd Cross Channel Conference. To be held in Antwerp, Belgium.
Further information from:—
Prof. Dr. Guy de Roy, Kardinaal Mercierlei 32, 2600 Berghem, Belgium.

1989 — INDIA
3rd Indo-Pacific Congress on Legal Medicine and Forensic Sciences.

MEDICO-LEGAL SOCIETIES

THE MEDICO-LEGAL SOCIETY

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

MERSEYSIDE MEDICO-LEGAL SOCIETY

President: Miss Betty Behn

Meetings are held in the Liverpool Medical Institution, 114, Mount Pleasant, Liverpool 3, commencing at 8.00 p.m.
Further details from:—
Dr. M. Clarke,
Hon. Secretary, M.M.L.S.,
24, High Street, Liverpool 15.

FYLDE MEDICO-LEGAL SOCIETY

Chairman: Mr. Michael Wren-Hilton

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.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

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

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

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

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

WEST YORKSHIRE MEDICO-LEGAL SOCIETY

President: Professor C.P. Seager

Thursday, 13th May 1987
ANNUAL DINNER
Cutler's Hall, Sheffield
Meetings are held at 8.0 p.m. for 8.15 p.m. at the Medico-Legal Centre, Watery Street, Sheffield 3.
Further details and applications for membership should be made to:—
Mr. John Pickering,
Legal Secretary,
Irwin Mitchell & Co.,
Belgrave House,
Bank Street,
Sheffield S1 1WE
or to
The Medical Secretary,
Mr. Arthur Kaufman,
Children's Hospital,
Sheffield 10.

MEDICO-LEGAL SOCIETIES

BRISTOL MEDICO-LEGAL SOCIETY

President: Mr. Charles Clarke

Thursday 21st May 1987
Members Papers

The meetings will be held in the School of Nursing, Bristol Royal Infirmary, at 8.0 p.m. A buffet supper will be available from 6.30 p.m.
Further details from:—
Hon. Legal Secretary,
Malcolm Cotterill,
Guildhall Chambers,
23, Broad Street,
Bristol BS1 2HG
or
Hon. Medical Secretary,
Hugh Roberts FRCS,
Martindale,
Bridgewater Road,
Winscombe,
Avon BS25 1NN

FORENSIC SCIENCE SOCIETY

President: Dr. W.J. Rodger

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.
See page 56.

19th-20th June, 1987

Meeting to be held at the Royal Ulster Constabulary Training Establishment, Garnerville, Belfast.
Subject: "Sexual Offences and Child Abuse"
Further information from:-
Mr. R. A. Hall,
Director,
Northern Ireland Forensic Science Laboratory,
180, Newtownbreda Road,
Belfast BT8 4QR.
Tel: 0232 64521.

24th-25th July 1987
Summer Conference
"A Way Forward — with Computers"
To be held at the College of Ripon and York St. John, York.
Further information from Mr. B.W.J. Rankin, telephone 97356 4100.

6th-7th November 1987
Annual General and Scientific Meeting
Imperial Hotel, Llandudno.

8th-10th April 1988
Spring Meeting
The University, Bristol.

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

MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

President: His Honour Judge Blackburn

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 ORN
Tel: 061-855 2972

POLICE HISTORY SOCIETY

President: Mr. Barry Pain, C.B.E., Q.P.M.
Commandant, Police Staff College

25th-27th September 1987
Police History Society Annual Conference
To be held at the University of York.

Further details from:—
Sgt. N. Woollens,
Divisional Traffic Group,
Humberside Police,
Escourt Terrace,
Goole,
North Humberside DN14 5AF

Further details from:—
Mr. Kartin Stallion,
Membership Secretary,
Police History Society,
18, Cornec Chase,
Leigh on Sea,
Essex SS9 5EW

MEDICO-LEGAL

BRITISH ACADEMY OF FORENSIC SCIENCES

President: Mr. Roger Henderson Q.C.

8th-10th May 1987
"Drugs and Society"
Joint Meeting with Forensic Science Society at the Old Swan, Harrogate.
See page . . .

Thursday, 28th May 1987
Annual General Meeting and Presidential Address. To be held at the Law Society, Chancery Lane, London WC1.
"The Need for Amendment and Codification of the Law of Homicide".

Further information from:
The Secretary General,
Department of Haematology,
The London Hospital Medical College,
Turner Street, London E1 2AD.

MUSEUMS

Ripon Prison and Police Museum

St. Marygate, Ripon.
Telephone Ripon (0765) 3706
Open May to September, Tuesday to Sunday, 1.30 p.m. to 4.30 p.m.
Curator Dr. J.K. Whitehead.

The Prison Service Museum

H.M. Prison Service College, Kewbold Revel, Rugby, Warwickshire CV23 OTN. This museum is currently open for educational visits by prior arrangement with the curator, Dr. Peter Davies.

The Gordon Museum

Guy's Hospital Medical School Monday-Friday 9.00 am to 5.00 pm. Contact the Medical School.

The Editor would welcome any information regarding Museums of interest to police surgeons and forensic physicians.

CORRESPONDENCE

ASSOCIATION NAME

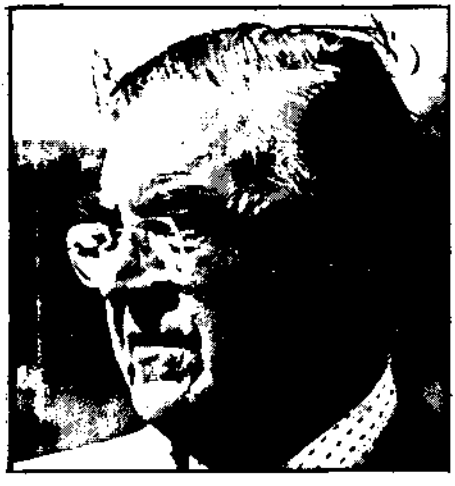
St. Fillans,
2 Liverpool Road,
Penwortham,
Preston, Lancs.

Sir,

CHANGE OF NAME

The President's Letter in the Supplement, November 1986, contains the bold declaration that he is convinced that we *must* look forward to and *accept* a new name, although he has been proud to have been called a Police Surgeon since 1954. In a muddled homily under the heading Change of Name, he puts forward several confused reasons for this change but not one substantiates his brash convictions.

The name Police Surgeons was bestowed on us by our mother-association viz. The Association of Metropolitan Police Surgeons. Old Mother Met gave birth at the age of 65 years to a vigorous offspring in 1951, with Ralph Summers acting as



accoucheur. Several unsuccessful attempts to make a change have been made at subsequent Annual General Meetings and now the old chestnut pops up once more.

Some mistaken reasons are given for the adoption of the title Forensic Medical Officer by our colleagues in Northern Ireland. The suggestion that they made the change to maintain their independence and impartiality is grossly insulting to them. Change was indeed essential in that perilous part of the U.K. for the personal protection and security of our colleagues who carry examinations at the request of the R.U.C. No such compelling reasons existed for a similar change in the more peaceful parts of the U.K. Another mis-statement appears further on, that a change to F.M.O. in the rest of the U.K. would draw us closer together and that is beyond comprehension because we could not be closer.

Four questions are reported to be asked in the Courts to attack Metropolitan colleagues but they have no similarity to anything that occurred in Northern Ireland. Surely the questions are directed at the obvious target — money. They have no connection whatsoever with the name Police Surgeon. If counsel believes that this form of attack has produced the hopeful result, then he will ask these questions again and again regardless of any fancy name you may call the medical witness, providing, of course, that the high fees from police work remains the same in the Met. Perhaps it would have been more helpful if the writer had given guidelines on how to answer those questions rather than grumble at that form of cross-examination which is fairgame.

Question four was answered by the Commissioner at the 1986 Conference, when he visualised a full time service of Forensic Practitioners. We cannot hide the fact that we are employed by the police by adopting an alias e.g. Forensic Physician, as advocated by our lord and master.

There follows the amazing statement, "Even the Rape Crisis Centre personnel object to the words Police Surgeon", which infers that we should appease that hostile sisterhood. As long as examinations are carried out at the request of the police, their yapping will continue, call the medical examiner what you like.

What's in a name? Two prima donnas with the same name — President Dr. David Jenkins of Blackheath and Bishop Dr. David Jenkins of Durham, are intent on making destructive changes to time honoured practices. Our own Ruler Supreme has a ruling passion to get rid of our long-held name and, knowing the weakness of his onslaught, he was relieved of his suffering when he received Frances's letter, which he eagerly reproduced in full. But did it help his cause? The Principal Scientific Officer has shown the paucity of the Association's public relations and also that Women Police Officers can overcome the fears of the victim by simply using the term police doctor, "which sounds more friendly", instead of Police Surgeon. Our protagonist must have felt sorely betrayed because they did not finds it necessary to change the word POLICE, as that word is anathema to him. Notice that the victim has received only slight mention in his letter.

Following her dreadful experience, the distressed victim is further frightened by being brought to a Police Station, which she regards as a most unwelcoming place. Soon after interrogation by kindly, sympathetic Women Police Officers, she is taken to the victim examination suite. Taken aback by its macabre appearance her fears rise again, because it does not look like the warm friendly consulting rooms she has

visited in the past. This apprehension is similar to that created by a patient attending a dental surgery or a Gynaecological Out-patient Department, or even for an examination for insurance purposes. On meeting the police surgeon her fears are soon conquered, perhaps in less time when the police surgeon is a woman. If this does not happen, then he should attend a postgraduate course on bedside manner. It is the environment and not the name Police Surgeon that causes the victims to be frightened.

Call it off DAVID! You have *not* made out a good case for dropping the name Police Surgeon. May you continue to be proud to be called Police Surgeon, even in the Met, until you retire.

Most obediently,
Your servant,
BILL THOMAS.

INTIMATE SEARCH

March 1987

Dear Sir,

Section 55 of the Police and Criminal Evidence Act 1984 provides for "intimate" searching of prisoners by medical personnel and specifically states that such examinations cannot be carried out at a police station.

My surgery seemed the obvious place to the requesting officer and myself when I was asked to search a man in that way a few months ago. He was escorted by three officers into my room and gave his consent to the examination. He undressed and lay on the couch. I was able to deliver from him a long tube of material wrapped in cling film and the arresting officer took possession of it.

While washing my hands in the adjacent room I heard a tremendous crash and commotion and I assumed the prisoner had struck out an an officer with the obvious consequences. When I returned to my room I discovered my surgery window was broken, the furniture turned over, glass everywhere, and in the middle of it all was the nude man bleeding heavily onto the carpet from severe gashes, being held down by the police.

He had decided to try to escape by diving head first through the (frosted) window. Unfortunately he had forgotten about the wire caging on the outside and had bounced back into the room, severely injuring himself in the process.

I dressed his wounds and off he went to Casualty. The Chief Constable was very reasonable about it when I complained, and invited me to send in the repair bill. But in the meantime we have a new force instruction: . . . "the necessary accommodation for intimate searches to be carried out by police surgeons will be provided at the following *hospital* . . ."

Your faithfully
A.K. Carter

P.S. Would a naked man, running through the streets, covered in blood and glass and chased by police have caused a stir in the neighbourhood? I don't think so. A few years ago we had one with his foot being chopped off with an axe in the middle of a dual carriageway and not very many people noticed.

EXPENSIVE LEGS

A 38-year old former prisoner sued the Secretary of State for Scotland for £80,000 after suffering severe fractures to both legs.

The man, who was serving a six-year sentence for assault and robbery, alleged that he was struck by missiles thrown by prison staff as he was climbing the outer perimeter fence during an escape attempt, and fell from the top of the fence.

He was awarded £35,608. An appeal is being considered.

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MURDER