



The Police Surgeon **SUPPLEMENT**



Vol. 24 JANUARY 1989



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THE POLICE SURGEON SUPPLEMENT

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Scenes from the murders of Burke and Hare from "Famous Crimes"
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The Police Surgeon SUPPLEMENT

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PRESIDENT'S LETTER



This has been a truly remarkable year for Isobel and me. Not only was the Association gracious enough to confirm my election as President at the Annual Conference in Cardiff, but we set off home at a spanking pace from the Welsh capital on the Sunday afternoon knowing full well that facing us (or perhaps I would be honest, and say, her) at the end of that long journey — about half past ten in the evening — was a mountain of washing. Eight loads, I think, and perhaps only half of one ours, the rest kindly kept by the family who knew that their mother would not be doing any for the next three weeks at least, as before eight in the morning, we were off to Australia. We have yet to see the orient skies, for we chose to chase the sun westwards, to Vancouver, via Amsterdam and Edmonton. From Vancouver, we were whisked off by road, ferry and small boat (about 15 feet long) to spend two days on an island fish farm with cousins. We attribute it to the jet lag, but the island never stopped going up and down. It had taken our hosts most of a day to fetch us, so we returned to Vancouver by a four-seater plane (scheduled airline). Fortunately, we

were the only passengers, for all available space was taken up by our luggage. The pilot, who was also the porter, solemnly turned round to welcome us aboard, on behalf of Akela Airlines, to the fifteen minute flight at one thousand feet.

Although our destination was Brisbane, to attend the Tenth Australian Forensic Science Symposium, we did stop off in Sydney where we had the good fortune to spend an evening at a choral concert in the Opera House. Brisbane was a delight, a small city with sturdy fin-de-siecle architecture next to imposing modern edifices. The citizens were to be seen walking about in woollies, for it was winter, the temperature in the low seventies! Tyros at such gatherings, we were gently shepherded by ambassador-at-large Doney who, at the same time, was renewing acquaintance with fellow student and recruit to the Association Miriam Noel (much prettier and younger than Ivor!). Margaret Bayes, also from Jersey, was the other Association representative.

Myles Clarke had thoughtfully telephoned to let me know that Stan Burges had died, and I had the melan-

choly duty of passing on this sad news to the many Australians and New Zealanders who not only held Stan in high regard, but knew him as a valued friend. The following week, at the biennial meeting of the AAPAPMO, Peter Bush gave expression to these emotions before we stood in silent tribute to his memory.

I have to confess that part, and probably quite a substantial part, of the scientific material presented at the Symposium was esoteric, but we would be foolish to think that nowadays it can be otherwise. Clinical forensic medicine is a part only of large discipline, and we have a duty to ensure that it is well taught and well practised, recognising the skills of others and acknowledging their importance. DNA profiling enjoys a prominence at the moment — and it was thoroughly discussed at the Symposium — but its place has still to be assessed before resources are withdrawn prematurely from other techniques.

While we were in Brisbane we all had the opportunity to visit World Expo '88 at its riverside site. All the Commonwealth and many other countries had pavilions to show off their wares and encourage trade and tourism. We had a splendid day, stumbling hotelwards quite exhausted in the late evening. For us, of course, it was rather after the style of the Glasgow Garden Festival, just writ somewhat larger!

The Association contingent was strengthened at the weekend by the arrival from elsewhere in Australia of Ralph and Bronwen Lawrence. In company with David and Helen Bowen from London, Alison McMichael from Melbourne, John and Robyn Rouse and Ron Morgan from New Zealand, we flew north for an all too brief visit to the Great Barrier Reef. It is, of course, great in more than one sense; I can only urge you to go and see for yourselves! The problem for some of us was the pressing need for prophylaxis and treatment of a disabling malady as the mighty catamaran ploughed its way through, or over, a by no means gentle Pacific Ocean.

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The clinical meeting was held in Gold Coast, some 40 miles south of Brisbane, whence we were taken in police transport. Queensland Police could not have done more in seeing us safely lifted and laid. Our room was on the fifteenth floor, looking over the resort towards South America (I think). Incorporated in the hotel was the only casino in the state — Jupiter's, named after the aboriginal who is credited with finding the first gold nugget, although it's doubtful that he acquired any benefit himself. There were night clubs, swimming pools, an enormous conference suite and shops galore. The hospitality was beyond description.

On the more intellectual level (which, after all, is why we went all that distance), I should report that the standard of papers was high; they were well delivered, relevant and interesting. It would be invidious to mention only a few. Suffice to say that the clinical forensic medical service available to police forces in the Australasian and Pacific Area, as portrayed to us visitors, carries the torch in a way that we might well envy.

We met new friends, repaired old acquaintanceships. At the Official Dinner on the last evening I had the opportunity to give formal thanks on behalf of the Association and the other delegates from this country to the AAPAPMO and its office bearers for their kindness and generosity. I'm not quite sure what they all made of us; bathing in the Pacific at that time of year, for instance; the life guard thought us mad. Margaret had even brought with her from Jersey her own surf-board.

Isobel and I went visiting further south after the conference closed, before leaving from Sydney. There, our passage was smoothed by Tony Moynham, who arranged hotel accommodation also for Richard Walter, then a final splendid dinner at the waterfront. A couple of days in Hawaii completed our holiday, then back home to more washing. At least, this time, most of it was ours!

Roll on 1990, Adelaide and Auckland.

DAVID McLAY

LOOK TO THE FUTURE

GUEST EDITORIAL BY IVOR DONEY

Just by chance, this edition of the Supplement contains reports of various overseas medico-legal conferences attended by many of our APSGB members over the last few months.

It seems an ideal opportunity to remind everybody through this Editorial of the great upsurge of interest by APSGB members in such international meetings.

Many members can now boast of their various travels abroad, and many have given papers at these meetings. The Association's enthusiasm is growing all the time.

It looks as if the big trek to the Antipodes for the two great forensic and medico-legal meetings in 1990 is sure to involve record numbers. More of that at the end.

This interest in the field of clinical forensic medicine overseas has come about in the last 12 years.

It was at Arnold Mendoza's Autumn Symposium of the Association at Bedford College, London 12 years ago that Dr. David Filer first sounded the clarion call and urged members to resist smug satisfaction with our own Association's efforts and to go to international meetings to compare our efforts with the rest of the world, as other disciplines do.

Reaction was slow at first but gradually more and more police surgeons have discovered the advantages of mixing business and pleasure and travelling to far away places (with their families) to hear what other countries are doing in the field of clinical forensic medicine.

Who would have guessed, twelve years ago that Clinical Forensic Medicine would ever appear, as it has done, as the subject of articles in such prestigious world journals as the American Journal of Forensic Medicine and Pathology and Forensic Science International? Who would have guessed that it would become a special Section in International Forensic meetings in such places as Oxford, Vancouver, Sri Lanka, Israel and Egypt and many others?

It may sound trite to say that these meetings promote exchange of ideas but they do. A few simple examples will illustrate this. We in U.K. have learned much about sexual assault centres and victim support from Australia. We have been embarrassed to learn of the high standards of police surgeons from Poland. In turn, we ourselves have inspired at least one Japanese professor to start a police surgeon's group in this area in Japan simply because he learned about our APSGB. Similarly, a police surgeon from a certain disadvantaged country, after hearing a talk from Dr. David Jackson in Kansas about intimate examinations at airports, tried it in his country and found evidence they needed about certain illicit drug smugglers. At the Wichita meeting twelve professors came just to hear what clinical forensic medicine was all about. They went back home with many ideas.

These international meetings are not all work and no play. Wives and families are always well catered for. Tours and trips are arranged and the tired delegate himself is always free to cut a few lec-

tures and join in if there is something special he wants to see. Many delegates make them their annual holiday and find cheap air fares and special delegate rates at hotels a financial attraction.

Often the biggest surprise for a first time attender visiting some distant shore is that he suddenly finds he meets someone he hasn't seen for years — perhaps from his old alma mater — that person himself attending for the first time.

The Association is surely on the march.

And where is the next goal?

The big event on the distant horizon must surely be the two great conferences, on consecutive weeks, in Australia and New Zealand in 1990. Already people are planning to go to the I.A.F.S. meeting in Adelaide followed by the Second World Meeting of Police Surgeons in Auckland, New Zealand (details in this issue). More will no doubt join them especially those with relatives or friends in the antipodes they always promised to visit one day.

Before that, however, and nearer home there are conferences like the 3rd Cross Channel Conference in Antwerp, Belgium (one of the gastronomic centres of Europe) in April 1989, Las Vegas in February 1989 and Madras September 1989.

It is hoped that APSGB members who have not so far taken the plunge will join their colleagues at one or other of these meetings and perhaps bring their spouses and families with them.

One thing is certain, they won't regret it.

IVOR DONEY

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SEX DISCRIMINATION AND THE FORENSIC PHYSICIAN

The sex of the examining clinician in cases of alleged sexual abuse has been a subject much argued over recent years. This essay is a personal appraisal of the subject.

As a topic, it has been overshadowed recently by the question of competence arising out of the "Cleveland Affair". At least in Cleveland no accusations of sex discrimination could be levelled at the two paediatricians concerned, though in the "Samantha story"¹ mention was made of the lack of availability of a female examiner. This was a situation that had apparently caused Samantha some distress.

There is some evidence² offered by an eminent female police surgeon that most female victims of sexual assault prefer female examiners, but in that same article the importance of the doctors being "specially selected and trained" is put first.

I believe that the "objective sex" of the examiner should not only be in the shadows of the competence question but totally eclipsed by it. I have used the rather obscure construction of "objective sex" deliberately, as I do support fully the concept of catering to patient choice, and attempts should be made to fulfil that subjective requirement.

I have put pen to paper before³ and mentioned the importance of competence in police surgeons. It appears I am not alone in my feelings regarding training from my conversation with my fellow members of the Association of Police Surgeons of Great Britain, from whatever part of the U.K. The recent response to the training course due to start shortly in Manchester has been outstanding, particularly considering the earlier apparent apathy.³ However, the importance of a satisfactory level of training is not universally recognised. A report in a recent edition of *Police Review*⁴ states that Cleveland Social Services is recommending the creation

of a corps of women police doctors. That same article refers to more training for police officers, but mentions nothing about training their Corps of Clinical Females, but does support their having a limited range of responsibilities. I feel we should be expanding the role of the "indecent" female police surgeon so that she receives a broad based education in the whole range of medical jurisprudence.

In the same month I read an article about child sexual abuse⁵ written by a consultant paediatrician, a male, who advocated "a female doctor should conduct the examination of the child" — "as a male doctor I introduce myself as helping my female colleague". I am pleased that he does not feel it is imperative to back out altogether but as for the first quotation all I can ask is "why?"

"Why?" — I do not believe that a female colleague is more compassionate or considerate than I am just because she is female.

"Why?" — Though I can accept that an adult female and probably more so an adolescent female may wish to be examined by a doctor with whom she can sexually identify, I do not think that this necessarily applies to all females and all ages and as many abused children are young boys I feel the sex of the examiner should be of minor importance.

"Why?" — Most perpetrators are men — this doctor is a man — therefore he may equate with the perpetrator; is not an equation which I can support. Indeed I believe further that all effort should be made to indicate that the perverted use of the penis as an instrument of power is an example of aberrant and indeed abhorrent behaviour of a member of society who happens to be male and should not be taken as an indictment of everyone carrying the Y-chromosome.



Stephen Robinson at the 1988 Annual Conference

Not all perpetrators are men, but admittedly even in women convicted under sexual offences law, in one study⁶ of 23 cases of offences coming under the heading of Unlawful Sexual Intercourse all but 2 acted as aiders and abettors to men committing the offence.

To tackle the same question from a slightly different aspect of would like to refer to Munchausen by proxy. Professor Meadows stated⁷ that in only 2 instances in 150 cases of this condition was the "Father" involved and that the perpetrators were almost exclusively female.

Trying to justify the sex of the examiner by the sex of the alleged offender is a nonsense.

Before I am accused of being insensitive I do accept that modesty and propriety are justifiable and reasonable attitudes. However I also feel that the perspective is being distorted. Carrying the proposal of female examiners to the logical conclusion would exclude all male general practitioners examining children if it involved exposure of the "intimate parts", and what would become of paediatricians and particular-

ly paediatric proctologists; and whereto gynaecology?

However to return to my declaration that the patient should have a choice poses administrative difficulties. How does one provide that choice — by advertising?

The British Medical Association in its notice to readers in the B.M.J. supplement states⁸

"Discrimination

Attention is drawn to the following decision of the BMA council: 'That no advertisements should be accepted that are in any way discriminatory within the context of the Race Relations Act and the Sex Discrimination Act.' Thus the BMJ will not accept advertisements that indicate or may reasonably be understood to indicate an intention to discriminate on grounds of sex, colour, race, nationality or other ethnic or national origins unless specifically exempt under the relevant statute."

The Sex Discrimination Act⁹ specifically prohibits actions thus:—

"A person discriminates against a woman in any circumstances relevant for the purposes of any provision of this act if on the ground of her sex he treats her less favourably than he treats or would treat a man" or "he applies to her a requirement or condition which he applies or would apply equally to a man but which he cannot show to be justifiable irrespective of the sex of the person to whom it is applied."

The Act also states that this provision and others applying to women are to be read as equally applying to men. It is at this point where some doubts may arise.

The Act has a specific section detailing exemption where sex is a genuine occupational qualification.¹⁰ This section runs to almost two pages and includes a section relating to the preservation of decency but is specific to a situation where it is considered that "Being a man is a genuine occupational qualification". This seems to relate to a job involving intimate contact with men where these are also in an occupational role. This does not seem to apply to the doctor-patient relationship. Nor

is there a section of the Act specifically allowing for this situation to be applied in reverse.

A later section specifically alludes to the provision of professional services¹¹ making it unlawful to discriminate on grounds of sex.

I have mentioned my acceptance of modesty and propriety above. This has been achieved in the doctor-patient relationship whatever their sex for many centuries by the intimacy of the contact being changed to an acceptable form by such totems as the white coat, the stethoscope, the examination glove but most of all by the professionalism, status and vocation of the examiner.

Not only do I believe it is probably illegal to discriminate against male examiners in forensic medicine, but I passionately believe it is the wrong route to follow.

It is the hurdle of the status of the forensic clinician as measured by his or her knowledge, skills and attitudes which we should be tackling; and we do that by increasing the fitness of the hurdler, not by lowering the height of the barrier.

STEPHEN ROBINSON

REFERENCES

1. Report of the Inquiry into Child Abuse in Cleveland 1987 — Right Honourable Lord Justice Butler-Sloss DBE:HMSO.
2. The New Police Surgeon — RAPE Monograph — Editor Dr. W.D.S. McLay — Sexual Offences — is there any justice? by Dr. Raine Roberts.
3. Police Surgeon Supplement Vol 23 April 1988 — Editor Dr. Myles Clarke — Study Days in Manchester. Dr. Stephen Robinson.
4. Police Review 19 August 1988.
5. Suspected Child Sexual Abuse — Dr. Michael Liberman The Practitioner August 1988.
6. Sex Offences Committed by Women. Dr. A. O'Connor British Journal of Sexual Medicine Vol 15 No.2 February 1988.
7. Lecture delivered at One-Day Symposium for Police Surgeons University of Leeds, Autumn 1987 "Munchausen by Proxy" — Professor S.R. Meadow.
8. BMJ Classified Advertisements Saturday 16 July 1988.
9. Sex Discrimination Act 1975 PART I.
10. Sex Discrimination Act PART II section 7.
11. Sex Discrimination Act PART III section 29 (1), (2) (g).

A BIONIC MAN

The synthetic man rattled his scales
he rattled his scales to see
what effect his scales would have
when they rattled in harmony.

It had started with a Teflon graft
and then a mitral valve replacement
then they had a carbon shaft
for crumbling femoral reinforcement
Then, with alloy fingers and titanium nails
and woven nylon cloth entrails
they finished off with joints of silastic
held together with sinews of plastic.

But odd bits of metal and plastic you see
are somewhat heavy for a man such as he
so for added power and increased zest
a nuclear motor was put to test.
A foregone conclusion, it was decided to be
put in his thoracic cavity.

A short time later, after some peculiar turns
he noticed he was getting radiation burns
so to help him thrive
they skinned him alive
and gave him a skin that looked like a hive.

His flesh they covered with brass sequins
which made him rattle like a stack of tins
so from this, he decided to rehearse
which he did with scarcely a curse
a peculiar talent to run and ring
where others would just stand and sing.

The unfortunate end to this story
is not one of Glynnebourne Glory
as his music was stopped by the Health
Authority
who brought in some people from a place called
Swansea
who had the nerve to test him you see
and actually failed him — on his M.O.T.

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ASSOCIATION OFFICE

BUTLER-SLOSS INQUIRY REPORT

Of the police surgeons who gave evidence to the Inquiry two members of the Association of Police Surgeons, Dr. Alistair Irvine and Dr. Raine Roberts, were criticised in the Report. The former is said (7.39) to have "rejected out of hand clinical symptoms and signs that other doctors considered significant; furthermore he became emotionally and personally involved in a way that compromised his professional position". As the Report sets out, Dr. Irvine at an early stage consulted a colleague in whom he felt confidence, namely Dr. Roberts. This was a proper step to take, for Dr. Roberts had greater experience than he, and certainly much greater relevant experience than Dr. Higgs whose "reliance upon the physical signs alone and the anal dilatation test in particular was premature". (8.8.74)

If Dr. Irvine is to be censured or even disciplined for bringing the whole affair to public notice it has to be recalled that he found Dr. Higgs to be "inflexible and immovable" (7.12). There was little prospect of the "middle ground" which counsel to the Inquiry so highly regarded (11.66) in his closing submission. What is that middle ground? In relation to medical evidence, to the interpretation of signs, it cannot as yet exist for there is no consensus, especially when considering anal appearances (despite Dr. Wynne's published pronouncements). Dr. Roberts herself has stated that the definition of clinical significances ought to be debated within professional circles, a view we endorse.

Mention is made in the report of Dr. Irvine's failure to go to the District or Regional Health Authority, but these were matters relating to the paediatricians' activities as independent experts involved as potential witnesses in criminal enquiries.

There is an important error in equating "forensic medical examination" with the collection of trace evidence (6.73). It is true that police surgeons undertake such collection, but emphasis on this aspect must not obscure their experience of examining the private parts of victims of sexual assault and abuse to seek clinical as well as scientific evidence. Finally, as set out in the Report's conclusions (8.iii): "Agreement over collaborative work should not inhibit or preclude doctors . . . from carrying out their primary professional responsibilities. The responsibility for the decisions remains theirs;" We declare that both Dr. Irvine and Dr. Roberts had clear regard to just such responsibility.

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Statement from Association of Police Surgeons of Great Britain.

HON. SECRETARY'S REPORT OF THE WORK OF THE ASSOCIATION 1987/88

After returning from Southport one of the first jobs in the office was to send out the bankers' orders and notify members of the increase in subscription. Unfortunately, many standing orders were returned after the 1st July which meant they could not be effective until this year. This necessitated a considerable amount of time and effort in reminding members of subscriptions due. In some cases not only for this year but for the previous year also. However, the result was to tidy up the membership list and many members who had not been doing police work for some time resigned or their membership lapsed. The current state of the membership is

Full	663 (+ 5)
Associate	67 (+ 11)
	including 20 dental
Life Assoc	59 (+ 3)
Overseas	29 (- 2)
Honorary	16 (no change)
Total	834 (+ 17)

Meetings

In addition to the Annual Conference at Southport, an Autumn Symposium weekend was held at Birmingham. Jeremy Smart is once again to be congratulated on organising a first class weekend and indeed the meeting was most timely, for the Sunday morning discussion was on child abuse which crystallised our collective thoughts prior to the presentation of our evidence to the Cleveland Inquiry. The Metropolitan Group held their Winter Meeting at the Royal Society of Medicine where it followed the Inaugural Meeting of the Section of Clinical Forensic Medicine. The Symposium was held jointly with the Section of Clinical Forensic Medicine, most of whose founder members are members of this Association who conceived the new Section

which will provide a forum for doctors of other disciplines, scientists and lawyers to exchange information and ideas. This new venture deserves our continued support and hopefully future meetings will be as enthusiastically supported as the Inaugural Meeting.

Members of the Association attended the 11th Meeting of the international Association of Forensic Sciences in Vancouver and followed this by attending the 1st World Meeting of Police Surgeons and Medical Officers in Wichita, Kansas. In addition to making a major contribution to the proceedings, members were able to support the Inaugural President, our own Ivor Doney. A smaller delegation attended the International Congress of Legal Medicine and Forensic sciences organised by the Egyptian Society of Forensic Medical Sciences and events at these meetings have been described in the current edition of the Police Surgeon Journal and Supplement.

Council Matters

There have been two full day meetings of Council during the year and the President and myself continue to represent the Association on the Forensic Medicine Sub-Committee of the BMA Private Practice and Professional Fees Committee. We have had continuing discussions with the Association of Chief Police Officers especially in respect of the training of newly appointed police surgeons and also refresher courses for those already in post. The Report of the Cleveland Inquiry is awaited with interest as we expect some reference being made to the appointment and training of police surgeons.

Meanwhile, however, Dr. Stephen Robinson with the help of colleagues in the north of England is hoping to launch

an extended course to be run in Manchester which will consist of six weekends spread over eighteen months and will cover the D.M.J. syllabus.

Although in an ideal world each police surgeon should aim to take the Diploma in Medical Jurisprudence within a few years of commencing the work, it is realised that this is not a practical proposition and Council is looking at the idea of providing a Certificate (rather similar to the Family Planning Certificate) which can be issued on completion of courses such as the proposed Manchester Course or the DMJ Course. Council recognises that there are large numbers of police surgeons in practice who, whilst not holding the DMJ, regularly attend meetings and refresher courses, and are certainly competent to do most of the run of the mill police work. As in any other branch of medicine, the first criterion of being competent is to know one's limitations and a competent police surgeon would hopefully know when to seek the help of a more experienced colleague, especially one holding the DMJ.

Drink, Driving and Road Safety

Dr. James Dunbar and myself have represented the Association at meetings of the Parliamentary Advisory Council for Transport Safety. This Council gave support to Stephen Day's Motor Vehicle's (Wearing of Rear Seat Belts by Children) Bill which received an unopposed second reading earlier this year and hopefully the parliamentary timescale would enable the Bill to proceed through its remaining stages by October. Otherwise, as it is a Private Member's Bill, it would not become law. Rowland Boyes, MP, put forward a Ten Minute Rule Bill on Random Breath Testing in November which has been unopposed. It has failed to receive a second reading owing to lack of parliamentary time, but had proved useful. As reported at last year's AGM, Council unanimously support random breath testing and reducing the legal limit to 50 milligrams of alcohol per 100

ml. of blood. Our support for Rowland Boyes' "Bill" was made known to Parliament and in fact figures from Dr. James Dunbar's research have been quoted on the floor of the House.

Publications

Because of pressure of work especially in connection with the Cleveland Affair and also the shortage of copy, it was decided not to publish an Autumn issue of the Supplement, but to publish a combined issue in the Spring and at the time of writing the final proofs are at the printers. Shortly volume 23 of the Supplement will be posted together with volume No.33 of the Police Surgeon Journal. Volume 32 of the Journal was published in December and a more detailed account of the work of the Association during the year can be read in these publications. On behalf of the President and Council, I wish to express our thanks to the editors, Dr. David McLay and Dr. Myles Clarke for keeping us informed, not only of the events of the past year, but also updating us in the latest advances in clinical forensic medicine.

Child Sexual Abuse

What the popular press has called "The Cleveland Affair" has had important implications for the Association. Many pages of newsprint have covered many aspects of the Affair and featured several prominent members of the Association. It is not part of this report to reiterate what members will have read in the popular press and comment is somewhat restricted as we await the publication of the Report of the Cleveland Child Abuse Inquiry. During the previous year we had been having discussions with the British Paediatric Association with a view to improving communication and working together between our respective members. The Cleveland Affair led to urgent continuation of those discussions and the result was a joint statement issued by our two

organisations on the 10th July, 1987 and which was later ratified by the governing bodies of both Associations (see Police Surgeon, No.32, page 49). At the Annual Representative Meeting of the British Medical Association in June, 1987 both myself and Ralph Lawrence spoke in the emergency debate on the subject. During the year we have been represented at several meetings of the British Paediatric Association/British Association of Paediatric Surgeons and on meeting of the British Paediatric Association/Royal College of Psychiatrists. The DHSS Standing Medical Advisory Committee set up a Sub-Committee on Child Abuse with a view to issuing guidelines to medical practitioners on the diagnosis of child sexual abuse. I was invited to serve on this sub-committee and have had plenty of opportunity to put forward the Association viewpoint which has been listened to and appreciated by the other members of the Working Party which has met nine times so far and there is to be one further meeting to finalise the draft report. We hope it will be produced next month.

Council Changes

We wish to thank Drs. Stephen Robinson, Saul Veeder and Jeremy Smart for representing their areas on Council during the past three years and they retire from office under Rule 8e, their places being taken in the absence of any other nominations by Area 1 — Dr. Raine Roberts, DMJ, Area 2 — Dr. Alistair Irvine, DMJ, Area 3 — Dr. David Kett, DMJ. Dr. Stephen Robinson will take on the duties of Honorary Assistant Secretary (Conferences) and on your behalf I extend a vote of thanks to Dr. Tim Manser for fulfilling this role since 1983, ably supported by Dee who has been largely responsible for the accompanying persons programme and has managed over the years to get many people to many places all at the right time! Thank you, both Tim and Dee, for all you have done on our behalf.

Congratulations

To Dr. Stuart Carne, CBE, who has been elected President of the Royal College of General Practitioners. Stuart also sits on the Child Abuse Working Party of the Standing Medical Advisory Committee. Dr. Ivor Doney as the Inaugural President of the 1st World Meeting of the Police Surgeons and Medical Officers. Ivor is also being proposed for election as a Fellow of the British Medical Association at the forthcoming Annual Representative Meeting.

In conclusion, Dr. David Jenkins will induct Dr. David McLay as your President at this year's Annual General Meeting. Dr. Jenkins has served the Association well. We thank him for the efforts he has successfully made on our behalf and Lucette for her support during two very busy years when there have been many changes which have enhanced the status of the Association. I foresee that the next two years will bring even more changes especially in the light of sequelae from implications of recommendations which may be made in the Cleveland Report and also concern for the future voiced by many involved in the criminal justice system. The stewardship of clinical forensic medicine and this Association in particular will be safe in the hands of your new Council and President on whose behalf I welcome you to our 37th Conference.

H. de la Haye Davies
Hon. Secretary

DONATION TO APSGB

John White of Cardiff has donated a 35mm projector with considerable additional equipment to the Association. The donation will be a valuable resource, particularly in view of the Association's increased educational commitments. Thanks John!

COUNCIL DIRECTORY

- President:** Dr. David McLay,
Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow.
Tel: 041-204 2626
- President-Elect:** Dr. Myles Clarke, D.M.J.,
Vine House, 8 Huyton Church Road, Huyton, Merseyside,
L36 5SJ.
Tel: 051-480 4035 (surgery 051-733 7047/3967)
- Immediate Past President:** Dr. David Jenkins,
51 Manor Way, Blackheath, London, SE3 9AW.
Tel: 01-852 7448
- Hon. Secretary:** Dr. Hugh de la Haye Davies, D.M.J.
Creton House, Creton, Nr. Northampton, NN6 8ND.
Tel: 060-124 722
- Hon. Treasurer:** Dr. Michael Knight, D.M.J.
11 Tuddenham Road, Ipswich, Suffolk.
Tel: 0473 57284 or
35 Hatfield Road, Ipswich, Suffolk.
Tel: 0473 59556
- Editor, "The Police Surgeon":** Dr. David McLay,
Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow.
Tel: 041-204 2626
- Editor, "The Police Surgeon Supplement":** Dr. Myles Clarke, D.M.J.,
Vine House, 8 Huyton Church Road, Huyton, Merseyside,
L36 5SJ.
Tel: 051-480 4035 (surgery 051-733 7047/3967)
- Hon. Assistant Secretary (Conferences):** Dr. Stephen P. Robinson, D.M.J.,
West Timperley Medical Centre, 227 Manchester Road,
West Timperley, Altrincham, Cheshire, WA14 5PQ.
Tel: 061-962 4351 or
145 Framingham Road, Brooklands, Sale, M33 3RQ.
Tel: 061-973 2156
- Hon. Assistant Secretary (N. Ireland):** Dr. John H.H. Stewart,
Downings, Randalstown, Co. Antrim, Northern Ireland,
BT41 3BE.
Tel: 084-94 72231
- W.G. Johnston Memorial Trust:** Dr. R.D. Summers, O.B.E.,
26 Monkham's Drive, Woodford Green, Essex, IG8 0LQ.
Tel: 01-504 7116

Dr. James Hilton, D.M.J. (not council member)
St. Andrew's House, Witton, Norwich, NR13 5DT.
(other Trust Member — Dr. David Jenkins)

- Area 1
(North West):** Dr. Raine E.I. Roberts, D.M.J.,
459 Altrincham Road, Wythenshaw, Manchester, M23
8AA.
Tel: 061-998 33226/5538
- Area 2
(North East):** Dr. Alistair J. Irvine, D.M.J.,
Neasless Farm, Sedgefield Road, Stockton-on-Tees,
Cleveland, TS21 3HE.
Tel: 0740 21909 or 0642 360033
- Area 3
(Midlands):** Dr. David Kett, D.M.J.,
77 Reddings Road, Moseley, Birmingham, B13 8LP.
Tel: 021-449 1923 or
7, Wake Green Road, Moseley, Birmingham, B13 9HD.
Tel: 021-449 6370/0300
- Area 4*
Eastern):** Dr. G. Frank Birch, D.M.J.,
71 Waterford Lane, Cherry Willingham, Lincoln.
Tel: 0522 751 727 or
2 Mainwaring Road, Lincoln.
Tel: 0522 27307
- Area 5*
(South East):** Dr. Esha Sarvesvaran, D.M.J.,
89 Tollers Lane, Coulsdon, Surrey, CR3 1BG.
Tel: 07375 53032 or
Department of Forensic Medicine & Toxicology,
Charing Cross Medical School, Fulham Palace,
London, W6 8RF.
Tel: 01-748 2040 Ext: 2746
- Area 6*
(South West):** Dr. R. Bunting, D.M.J.,
Boskenna, The Green, Shirehampton, Bristol, BS11 0DS.
Tel: 0272 822 796
- Area 7
(Wales):** Dr. Hugh Jones,
17 Brytirion Drive, Prestatyn, Clwyd, LL19 9NT.
Tel: 07456 4110 or
The Surgery, Fforddilas Clinic, Rhyl.
Tel: 0745 53997
- Area 8
(Metropolitan
& City):** Dr. Neville Davis,
Brownlow Medical Centre, 140-142 Brownlow Road,
London.
N11 2BD.
Tel: 01-888 7775
- Area 9
(Scotland):** Dr. C.S.S. Mackelvie,
55 Mitre Road, Glasgow, G14 9LE.
Tel: 041-954 8759

*** Retire at Annual General Meeting 1989**

ASSOCIATION OFFICE

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

- 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).
- Sexual Assault Leaflets.** Packets of 100 **£2.50**
Postage £1.00 (one packet), £1.80 (two packets).
- Key Fob with the crest in chrome and blue enamelled metal** **0.25p**
- Terylene Ties** — silver motif on blue. Ties now available with either single or multiple motifs. Please state which preferred **£4.50**
- Metal Car Badges, chrome and blue enamel (for hire only)** **£7.00**
- Car Stickers for the windscreen (plastic)** each **50p**
- 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.

HISTORY OF THE POLICE SURGEON inc. postage & packing £1.75

AN ATLAS OF NON-ACCIDENTAL INJURIES IN CHILDREN £3.50, non-members £4.50

Office Address:

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

Office hours:

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

COUNCIL ELECTIONS

In accordance with the rules of Constitution, Councillors for Areas 4, 5 and 6 will retire at the next Annual General Meeting. Nominations for Councillors should be made by an Ordinary Member, supported in writing by four Ordinary Members, together with the agreement of the nominee to serve if elected. Nominations should be received by the Hon. Secretary before February 28th 1989.

Note: Area 4 (Eastern) retiring Council Member Dr. G. Frank Birch, D.M.J. Area 5 (South East) retiring Council Member Dr. Esha Sarvesvaran, D.M.J. Area 6 (South West), retiring Council Member Dr R. Bunting, D.M.J.

COUNCIL SUBCOMMITTEE MEMBERSHIP

(Subcommittees have power to co-opt)

Finance and General Purposes Subcommittee: President, Hon. Secretary, Treasurer, Hon. Assistant Secretary, Drs. N. Davies, H. Jones, Raine Roberts.

Ethical Subcommittee: President, Hon. Secretary, Hon. Treasurer, N. Davise, D. Jenkins, J. Smart.

Education and Research Subcommittee: President, Hon. Secretary, Hon. Treasurer, M. Clarke, D. Jenkins, T. Manser (co-opted).



STANLEY H. BURGES

Stan Burges died in May 1988 following a long illness. The church where the funeral service was held was packed to overflowing, a tribute to a well-loved doctor from his friends and relatives, police officers and colleagues in the Association, and from many whose lives were enhanced by contact with this modest man.

Stan trained in London, where he met his wife to be Pam at St. George's Hospital. He established links with Ipswich during his student years, with vacation training at Ipswich Hospital. He became a GP briefly in Surrey before moving to Ipswich to join the practice of which he eventually became senior partner.

He became a police surgeon to the Ipswich Borough Force in the early sixties, and force surgeon to the Suffolk Constabulary at the re-organisation in 1967. His great interest and ability in clinical forensic medicine soon established him as a leading member of the Association of Police Surgeons, a speaker with a national and international reputation. He was President of the Association 1978-1980.

Stan may now be best known among the newer members of the Association for his co-editorship of 'The New Police Surgeon', which since its publication

has been the standard work on Clinical Forensic Medicine; he wrote substantial sections of the book. His writings were also published in many other journals, each article carefully crafted.

He was a strong supporter of the Diploma in Medical Jurisprudence. He became senior examiner and convenor of examiners and was a moving force in the restructuring of the examination.

Stan was highly respected for his honesty, common sense and integrity. There are many who have good reason to thank him for his sound advice and guidance over the years. His influence on the Association will be felt for many years to come.

DR. PETER JAGO

Peter Jago died in October 1988 after a short illness, which deprived him of his wish to spend his remaining professional years after retirement from general practice doing his police work.

Peter trained in London, but fled over the border to work at the Glasgow eye infirmary where he qualified. He went into general practice in Alloa in 1956, and became a part-time police surgeon in 1959. He was appointed full time Chief Police Surgeon to the Stirling and Clackmannan Police in 1974, and with regionalisation in 1975 to the same post with the new Central Scotland Police. He obtained his D.M.J. in 1972.

He was a member of the working party appointed by the Secretary of State for Scotland on Forensic Pathology services in Scotland. He lectured at the Scottish Police College, Tulliallan. He worked with the Central Scotland Police accident unit to rescue trapped victims and was president of the Clackmannan County branch of the St. Andrew's Ambulance Service.

He became the Association's Assistant Secretary (Scotland) in 1972, and was a faithful attender at Council meetings where his quiet wisdom was much appreciated. His enthusiasm for clinical forensic medicine was a great spur to others. He will be missed.

MEMBERSHIP LIST CHANGES

DEATHS

We regret to record the following deaths:—

Dr. S.H. Burges, D.M.J. (PP)	Ipswich
Dr. G.A. Fowler	Otley
Dr. P. Jago, D.M.J.	Alloa, Stirlingshire
Dr. T.C.T. Killen	Larne
Dr. J. McFadyen	Stirling

NEW MEMBERS

OVERSEAS

Dr. P.S.L. Beh	Hong Kong
Dr. W.C. Li	Hong Kong

Areas 1 (North West)

Dr. Moyna Clark	Carlisle
Dr. Geraldine Davies	Kendal
Dr. A. Hussain	Bebbington
Dr. A.K. Singhal	Liverpool

Area 1a (Northern Ireland)

Dr. P.T.K. Brown	Belfast
Dr. D.F. Duke	Antrim
Dr. D.K. Kapur	Antrim
Dr. R.N. Nairn	Culmore, Derry
Dr. P.A. Nichol	Belfast
Dr. R.J. Patton	Antrim

Areas 2 (North East)

Dr. P.G. Burrell	Hartlepool
Dr. M.T. Johnson	Pontefract
Dr. Alison K.G. Strong	Saltburn by the Sea

Dr. H. Ullah

Huddersfield

Area 3 (Midlands)

Dr. M.M. Bhowmik	Derby
Dr. T.P. Jotangia	Coventry
Dr. A.S. Meredith	Malvern
Dr. R. Pratap	Derby

Areas 4 (Eastern)

Dr. N.G.I. Casdry	Cambridge
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Areas 5 (South East)

Dr. Pauline A. Carrick	Bishops Cleeve
Dr. V. Kaplan	Ruislip
Dr. Jacqueline H. Pickin	Little Bookham
Dr. F.E.V. Roberts	Aston Abbotts
Dr. Deborah J. Rogers	Banstead
Dr. J.A.G. Williams	Banbury

Areas 6 (South West)

Dr. P.B. Clark	Bristol
Dr. G.A. Norfolk	Bristol

Areas 7 (Wales)

Dr. D.M. Jenkins	Neath, West Glamorgan
Dr. A.S. Parsons	Penlan, Cardiff

Areas 8 (Metropolitan and City)

Dr. R.T. Armin	London E11
Dr. Josephine B. Howitt	Carshalton
Dr. A.G. McCullagh	London SE10
Dr. F.A.W.C. Mo	London WC2
Dr. Christine A.M. Pickard	London W2
Dr. A.M. Rowell	London SE5
Dr. P.J. Southall	London W6
Dr. S. Steinberg	London N11
Dr. Patricia A. Thrower	London NW4

Areas 9 (Scotland)

Dr. A. Crookston	Stenhousemuir
Dr. C.G.M. Fernie	Bothwell
Dr. R. Robertson	Kirkcaldy
Dr. Catherine Thompson	Stenhousemuir

Associate Members

Dr. G.C.A. Fernando	Dundee
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Dental Associate Members

Mr. D.C. Foulds	Ringmer, Sussex
Mr. D.S. Northcott	Newbury
Mr. J.S. Robson	Glastonbury
Mr. A. Strachan	Cambridge

RESIGNATIONS

OVERSEAS

Dr. D.L. Gibson	Australia
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Area 1 (North West)

Dr. R.H. Ritson	Isle of Man
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Area 1a (Northern Ireland)

Dr. J.S. Garvin	Armagh
Dr. C. Knipe	Armagh
Dr. W.R. Thompson	Lurgan

Areas 2 (North East)

Dr. C.P. Shinn	Leeds
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Area 4 (Eastern)

Dr. P.A. Eckstein	Cambridge
Dr. B. Hayhow	Sudbury
Dr. J.S. Nelson, D.M.J.	Snanton

Area 5 (South East)

Dr. A.G. Cope	High Wycombe
Dr. W.H. Davis	Banbury
Dr. I.R.S. Robertson	Fetcham

Area 6 (South West) Dr. D.N. Philipott	Redruth
Area 8 (Metropolitan & City) Dr. T.H. Staunton	London E18
Area 9 (Scotland) Dr. R. L. Grant Dr. M. W. Smillie	Falkirk Falkirk
Associate Members Dr. J.T. Corbett Dr. T.P. McCarthy	Wellingborough Sudbury

ERRORS OMISSIONS AND AMENDMENTS

Area 2 North East Dr. J. Victoria Evans (formerly J.V. Sedcole)	Leeds
Area 5 South East Dr. C.A.V. Goodchild	Southend-on-Sea
Associate Members Dr. B. Somasunderam	Cheadle Hulme, Cheshire

Body sketches still available — details in the last Supplement.

A.P.S.G.B. MEETINGS 1989

13th-15th April 1989 — BELGIUM

Third Cross Channel Conference.
Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale M33 3RQ. See page 45.

18th-21st May 1989 — GLASGOW

Annual Conference, to be held at the Stakis Gantock Hotel, Gourrock, Glasgow.

Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale M33 3RQ.

16th-17th September 1989 — HUDDERSFIELD

Autumn Symposium — 'Mental Health and the Forensic Physician'.

Topics will include assessing suicide risk, mental handicap and crime, murder and psychiatric assessment. To be held at the Pennine Hilton National, Ainley Top, Huddersfield (close to M62).

Further details from Drs. Lesley and David Lord, 'Norwood', Skircoat Green Lane, Halifax, West Yorkshire.

W.G. JOHNSTON MEMORIAL TRUST FUND COMBINED ACCOUNTS — 5th April 1987-5th April 1988

1987/88 RECEIPTS

<i>Balance at 5th April 1987</i>			
8635	(Current account	nil	
	(Higher Rate deposit	8673.73	8673.73
1855	Sale of Rape monograph		1352.41
.....	Grant from APSGB		
	2 years	1000.00	
73	Interest	1919.23	
		<u>£12945.37</u>	

1987/88 EXPENDITURE

Debit current a/c	3.47
Cost of History of APSGB	1320.00
Bank charges	nil
<i>Balance at 5th April 1988</i>	
Current account	83.06
Higher rate deposit a/c	11538.84
	<u>11621.90</u>
	<u>£12945.37</u>

COUNCIL MEMBERS



Dr. RAINE ROBERTS
Area 1 North West

Raine Roberts qualified at Manchester University in 1955. She met her husband Jim at the University where they decided to enter general practice together. Both their children are qualified doctors.

Manchester has had women police surgeons since 1928, and Raine was persuaded to become a police surgeon (known as forensic physicians in Manchester), when a colleague retired. Her interests in forensic medicine steadily increased, particularly in the fields of child and adult sexual assaults. A woman of considerable tenacity, she, together with consultant psychiatrist May Duddle, persuaded the powers that be to establish in Manchester the first sexual assault referral centre in the United Kingdom, known as the St. Mary's Centre, of which she is now the Director.

Raine is increasingly in demand as a lecturer to police forces in the North West and elsewhere; she has given

several talks at Association meetings. She has also become more involved in "defence" work, and this in turn led to her involvement in the Cleveland Sexual Abuse Disaster in which she played a major role. She helped to construct the FAGIN training course for police surgeons, which commences in Manchester in January 1989.

Incredibly Raine has time for outside interests including gardening. Waterskiing is a family obsession; Raine has been national veteran ladies' slalom champion, and both her children have been European champions. Jim is a champion supporter.

Raine Roberts may be contacted at: —
459 Altrincham Road, Wythenshaw,
Manchester.
Tel: 061-998 5538

Dr. ALISTAIR IRVINE
Area 3 North East

After he qualified at Leeds University in 1966, Alistair entered general practice in 1968. His interest in forensic medicine was kindled as a student by his teachers Professor Polson and Professor David Gee.

He became a deputy divisional surgeon in 1975 and a divisional surgeon in 1978 to the Cleveland Constabulary. He obtained his Diploma in Medical Jurisprudence in 1979. He lectures to the Scientific Aids School at Durham Constabulary.

Alistair became famous (notorious?) as one of those who drew public attention to the appalling situation in Cleveland known as the Cleveland Child Abuse Crisis. Although he did not escape some criticism in the Report of the Cleveland Enquiry, it is worth noting that of all the principal characters in that drama, he alone remains active in the examination of sexually abused children. Since "Cleveland" he has become a member of the Cleveland Child Protection Committee, and has



been invited by local paediatricians to discuss training planning.

Major interests include equestrian sports and hunting, and he is a Council Member of the Medical Equestrian Association. Other hobbies include music, photography, and the building, flying and occasional crashing of radio-controlled model aircraft.

He may be contacted at: —
Neasless Farm, Sedgfield, Stockton-on-Tees, Cleveland TS21 3HE
Tel: 0740 21909 or
The Health Centre, Billingham, Cleveland TS23 2LA
Tel: 0642 360033/360640 Fax 0642 552892

NOMINATIONS

Nominations for Councillors for areas 4, 5 and 6 are to be received by the Hon. Secretary before FEBRUARY 28th 1989.

Dr. DAVID KETT Area 3 Midlands

David Kett qualified at Birmingham University in 1967, the same year as Jeremy Smart who he is replacing on Council.

After various house jobs about the country, mainly in obstetrics and gynaecology, David entered general practice with David Sandilands and Douglas Wright, themselves police surgeons. David became a deputy police surgeon in 1972, and a full police surgeon the following year. He obtained his M.R.C.G.P. and his Diploma in Medical Jurisprudence in 1984-5. Hobbies include hill walking, gardening, philately and running a taxi service for children.

He may be contacted at: —
7 Wake Green Road, Moseley, Birmingham B13 9HD
Tel: 021-449 6370/0300 (surgery)
or at
77 Reddings Road, Moseley, Birmingham B13 8PL
Tel: 021-449 1923

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

INCOME AND EXPENDITURE ACCOUNT

For the year ended 31st March 1988

1987	EXPENDITURE	£	1987	INCOME	£
1462	Stock of Goods April 1987	979	29734	Subscriptions	36924
—	Goods Purchases	344	2520	Interest Received	2276
5119	Diaries	1872	—	Conference etc.	—
				Surpluses	124
233	Printing and Stationery etc.	266	753	Sale of Books, Journals etc.	1255
359	Telephone	493	3699	(Sale of Diaries)	—
539	Postage	601	867	Advertising — Supplement	373
1723	Council Meetings	1901	182	Sundry Receipts	64
—	Northern Ireland Expenses	235	983	Sale of Goods	564
500	Johnstone Trust — Grant	500	187	Sale of Body Sketches (Section 63 Refunds)	166
200	Subscription P.A.C.T.S.	150	301	Stock of Goods March 1988	901
91	Sundry Publications	16	979		
5863	Police Surgeons Journal	5893			
3390	Police Surgeon Supplement	1446			
748	Accountancy etc. (Medallions)	736			
66	Miscellaneous Expenses	41			
91	Insurance	3195			
3734	Bank Charges	148			
177	Delegates Expenses	200			
79	Expenses — Honorary Secretary				
455	Travel and Subsistence	1643			
3170	Attendance	4215	5853		
1933	Assistant's Salary	3470			
520	National Insurance & Expenses	757	4497		
1500	(R. Taylor Deceased Donation)	—			
1075	Rent, Rates and Heating	1125			
49	Depreciation — Equipment	401			
4157		30897			
6048	Excess of Income over Expenditure	11750			
<u>10205</u>		<u>4267</u>	<u>40205</u>		<u>42647</u>

BALANCE SHEET

As at 31st March 1988

1987	£	£	1987	£	£
General Fund			Fixed Assets		
Balance 1st April 1987	37154		Office Equipment		
Add Excess of Income over Expenditure for year	11750		At Cost	3596	
			Less Depreciation to date	1325	
37154		48904	437		2270
Current Liabilities			Photographic Equipment		
1785		1194	At Cost	425	
			Less Depreciation to date	375	
			50		50
			264		264
			Current Assets		
			Stock of Goods	901	
			33143		
			Cash in Building		
			3966		
			Society	44919	
			Cash in Bank and in Hand	1620	
			100	74	47514
<u>38939</u>	<u>50098</u>	<u>38939</u>			<u>50098</u>

ACCOUNTS REPORT

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

CLINICAL FORENSIC MEDICINE

In 1989, the Association of Police Surgeons of Great Britain will publish a new textbook called "CLINICAL FORENSIC MEDICINE". Intended as a replacement for the now out-dated "New Police Surgeon", "CLINICAL FORENSIC MEDICINE" will be a major reference source for the tyro and the experienced police surgeon or forensic clinician alike. It will cover most aspects of the Diploma in Medical Jurisprudence syllabus.

"CLINICAL FORENSIC MEDICINE" will be published directly by the Association, not through a publishing house and will be in a semi-hard, linen-type cover; this will enable the cost of "CLINICAL FORENSIC MEDICINE" to be kept as low as possible.

Edited by Dr. David McLay, "CLINICAL FORENSIC MEDICINE" will include:—

The Doctor's Medico-Legal Obligations	Legal Systems
Facilities for Examination	Arrest and Detention
Care of Prisoners	Alcohol and Drugs
Drink/Driving and Associated Offences	Suicide
Drowning, Accidental Asphyxia and Electrocution	Sudden Natural Death
Wounding	Accidents and Occupational Disease
Suspicious Death	Sexual Offences Against Adults
Pregnancy Related Offences	Sexual Abuse of Children
Non-Accidental Injury	Examination of the Accused
Forensic Science	Occupational Health
Odontology and Identification	Age and Criminal Liability

Publication will be preceded by an advertising campaign offering a pre-publication discount price. The following will receive information regarding the discount offer early in 1989:—

Members of the Association of Police Surgeons of Great Britain, the Australasian and Pacific Areas Police Medical Officers Association, the Forensic Science Society, the British Academy of Forensic Science, and the Royal Society of Medicine. Members of the following Medico-Legal Societies will also receive the discount offer — South Yorkshire, Nottinghamshire, Northern Ireland, Fylde, Merseyside, and Brimingham Medico-Legal Societies.

To be included in the discount offer mailing list, write to the Editor of the Supplement, Vine House, 8, Huyton Church Road, Huyton, Merseyside L36 5SJ, U.K.

CLINICAL FORENSIC MEDICINE

AVAILABLE 1989

Look out for the Discount Offer

WELCOME KEPT IN CARDIFF

37th ANNUAL CONFERENCE

The 37th Annual Conference of the Association of Police Surgeons of Great Britain was held in the Stakis Inn on the Avenue, Cardiff.

As an experiment the Conference had been altered to the weekend. This made it easier for delegates to get away from their practices and also enabled them to take advantage of the cheaper weekend rates.

Conference was opened by Mr. David East, Chief Constable of South Wales Constabulary. He called police surgeons unsung heroes, who are taken for granted. He said that surgeons are very important cogs in the wheel and their importance has greatly increased in recent years because of the Police and Criminal Evidence Act. Police surgeons have to have a certain kind of objectivity. The doctor develops a special relationship with station of-

ficers, but may be called upon, in the event of malpractice in the police station, to stand back and adopt a broad objective view.

The 37th Annual Conference marked the end of President, Dr. David Jenkins's term of office, and the installation of Dr. David McLay as the Association 17th President. He is also only the second Editor of 'The Police Surgeon'; issue 32 was published just before the Conference. As is usual, many of the papers presented at the Annual Conference will appear, in due course, in future issues of 'the Police Surgeon', and brief mention will be made only of some of the papers.

'The Case of the Missing Penis' by Myles Clarke attracted gruesome interest. There then followed a review of Deaths in Police Custody by Esha Sarvesvaran, a salutary reminder of the

Mr. David East



Dr. David Jenkins





Dr. E. Ganz took part in discussion

hazards of the drinking prisoner and the need to properly assess and refer to hospital prisoners who give concern.

Dr. Leslie Lord gave a first hand account of the Bradford fire, which claimed so many lives at the football stadium. She was later joined by her husband, also a police surgeon, at the

Dr. Lesley Lord



scene. Leslie gave details of the grim task of recovering bodies; in one area seven bodies were fused together into one heap. The asphalt from the stadium roof had melted, dropped onto the bodies and set.

Mr. Ray Ruddock, medical photographer from the London Hospital, demonstrated how ultra violet photography could be used as survey instrument for suspect non-accidental injury cases. U.V. photography can differentiate between insect bites and cigarette burns. It can also be used for the detection of needle marks.

The first day concluded with a joint case presentation by Mr. Richard Walter, prison psychologist from Michigan, Professor Derek Pounder, Dundee, and Dr. Peter Franklin from Stoke-on-Trent, headed 'Personality Profiling'. Profiling is probably a misnomer — the process is of crime analysis or evaluation, which leads to indicating the probability of a group of individuals rather than an individual as being the suspect. The technique was more recently used in the investigation of the London 'Railway Rapes'.

The second day opened with the Investigation of the Scene of Sudden

Dr. David Lord





Prof. Derrick Pounder

Death by Detective Sergeant Peter Walsh and Detective Inspector Hearse, Scenes of Crime officers of the South Wales Police. They usefully emphasised the need to preserve the scene of crime.

An 'Open House' session produced a fascinating range of topics, including the type of employment for a police officer with a hearing aid, the notification of other doctors if one is involved by the defence in a case, ownership of notes and what can be revealed, and the need to ensure that equipment used in police stations is sterilised to modern standards. Under the Product Liability Legislation, police surgeons who supply drugs to prisoners are liable for any damage to the prisoner which results from that drug, unless the surgeon can prove who the manufacturer of the drug is. It is, therefore, necessary to use brand-name drugs and record in the notes the batch number and expiry date of the drug. Unless one is certain of the nature of a drug in a bottle in a prisoner's possession, that drug should not be administered to a prisoner. Police surgeon records must be kept for some years, even after retirement, not only because of cases coming to criminal court after a delay of possible years, but



Dr. Peter Franklin

also because relatives can pursue a case years after the administration of a drug.

A sexual abuse video produced by the Audio-Visual Service at Leeds University, with slides selected by paediatricians, Doctors Jane Wynne and Christopher Hobbs, came in for a substantial attack from Dr. Raine Roberts. She described the film as misleading and said that she would dispute whether at least half the 74 slides included in the video actually showed abuse. Nor surprisingly, there was considerable discussion of all aspects of child sexual abuse and, in particular, on the importance (or otherwise) of 'reflex' anal dilatation and the significance of measurements of the hymenal aperture. It was appropriate that this session should be closed by a review of the current Wardship legislation by Dr. David Paul, London.

Miss Helen Reeves spoke to the Association at its Annual Conference in Brighton in 1981. She is the Director of the National Association of Victim Support Schemes, of which there are now more than 300 groups in England and Wales. There are separate groups in Scotland and Ireland. Miss Reeves emphasised the differences between an



Miss Helen Reeves

elderly person having her window broken by a ball from a child and that same window being broken by a brick by a vandal. The person's reaction to the same injury, e.g. a fractured arm, will be different if the fracture is caused accidentally following a fall or if the person is pulled over by an assailant. The victim of a sexual assault suffers an appalling loss of autonomy. Burglary is one crime which affects confidence in every aspect of life. Miss Reeves suggested that sexual assault victims should be examined before the police become deeply involved; if the statement is taken too soon, the victim will still be in shock of confused.

Professor Bernard Knight declared that he had good news from Cardiff. Following an outline of the difficulties associated with attempts to determine the time of death from traditional observations, he demonstrated a piece of electronic wizardry, which apparently will give an accurate estimate of the time of death. Four probes are used, one in each ear and one inserted into the nostril, the fourth taking the temperature of the environment. Trials indicate that the machine is accurate to 30 minutes on the first day of death. The machine is still under development and not yet commercially available.



Professor Bernard Knight

The 37th Annual Conference was extremely enjoyable. It was a particular pleasure to see so many first attenders at the Conference. Celtic/Stakis hospitality was all one could wish for.

The 1989 Conference will again be in a Stakis hotel near Glasgow; the welcome is expected to be equally warm. See you there!

Dr. & Mrs David McLay



SOCIAL PROGRAMME

Thursday

After lunch a coach occupied by a party of accompanying persons departed the hotel for a tour of Stuart Crystal at Aberbargoed. A guide was provided to enable all the aspects of crystal glassblowing and cutting to be explained. Unfortunately I was not able to attend this excursion but I am reliably informed that all went well. Refreshments were served before a perusal around the shop with the opportunity to purchase items of crystal. The coach returned to the hotel in ample time, allowing for everybody to change for the Civic Reception given by the Lord Mayor of Cardiff at the City Hall.

Friday

On Friday we gathered to board a coach for an excursion to the Welsh Folk Museum at St. Fagans, near Cardiff. The weather was exceptionally kind with brilliant sunshine and everyone was in good spirits. Coffee greeted our arrival and Dee efficiently briefed us of the day's arrangements. This is an excellent museum well worth visiting. There are three sections — the open air collection of ancient Welsh buildings, St. Fagans Castle, and the indoor museum. The buildings, rescued from demolition and neglect have been transported from their original sites in Wales, restored and sited in these beautiful grounds. Welsh speaking staff tending roaring fires in some of the houses are able to tell you all sorts of quirky facts about the buildings. A favourite of mine was a moorland cottage from Rhostryan; built out of huge boulders in 1762, it had just one room with two wooden-box beds and a bed on top. Described by a keeper as a "three bedroom, one-room house" it was once home to a family of 12!

A school was able to be used by groups of school children with teachers dressed in costume having a taste of what school was like in the 1800's. A group of terrace workers' houses from Merthyr Tydvil in which each house has

been most skilfully furnished to reflect a different period from the 1800s to the 1980s. There were a saddler, wood-turner, cooper and various other craftsmen displaying their traditional skills in re-created workshops.

Lucette and I took a ride on a horse drawn gig to obtain a better look of the surrounding grounds before a visit to St. Fagan's Castle. The walk to St. Fagan's Castle is pleasant though uphill and takes you through formal gardens, with many interesting features. Built about 1580 the house was extensively refurbished between 1981-83. It is of a typical Elizabethan E-plan with many notable items such as the craved oak overmantel in the parlour. The indoor museum contained a wide range of objects illustrating the social, domestic and cultural life of Wales with a display of costume ranging over two and a half centuries.

We arrived back at the hotel to refresh ourselves for a reception being given by Mrs. Isabel McLay, with a talk on Welsh gold by a representative of Clive Ranger who is a principal stockist of Welsh Gold. There was also a chance to purchase, finance permitting.

Saturday

Transport had been organised for a visit to Cardiff town centre returning lunch time. At 7.30 we had the President's reception followed by the Annual Dinner and Dance.

Saturday

A group of us gathered for a coffee and demonstration by Body Reform. Rosemary Knight allowed herself to be the model for a demonstration of their facial products. All the products are made from natural ingredients and a range of their goods were available for sale at the end of the demonstration. This was Dee and Tim Manser's last time to organise the social programme which they have done so well. I am sure Dee is going to enjoy the forthcoming conferences' outings as just another accompanying person.

Margaret Chan

CONFERENCE 88 FORENSIC QUIZ QUESTIONS

1. Whose staff appears on the Association Crest?
2. What proportion of the population have the following Blood Groups?
1. Group O? 2. Group AB?
3. What percentage of babies were stillborn in 1859? (Figures from England, Scotland, Ireland & Berlin are the same).
4. Balanitis xerotica obliterans is considered a type of which disease?
5. Genital warts in a child have been shown to come from which non sexual source?
6. a) Who invented the microscope?
b) In which year did he invent it?
7. Whose name(s) given to glass globes or rods used for examining the hymen?
8. Are the following statements about Rigor Mortis True or False?
a) Rigor will appear earlier in a heavily muscled person.
b) Rigor will be prolonged in a frail person.
c) Rigor comes on rapidly on warming a body placed in a freezer immediately after death and found 3 months later.
d) Instantaneous Rigor is unrelated to Rigor Mortis.
e) Heat accelerates Rigor Mortis causing heat stiffening.
f) Rigor is accelerated by violence or exertion immediately before death.
9. Where was the Annual Conference of the Association held in 1979?
10. Give four factors which will increase the likelihood of:
a) Saponification (Adipocere formation) of a body.
b) Mummification of a body.
11. How long after intercourse may semen be removed from a vaginal swab?
12. Name two conditions that may cause a person to be declared dead on clinical signs when they are in fact still living?
13. In which countries are the following currencies used?
Lek, Lev, Markka, Won, Leu, Forint.
14. Who were the first men to cross Australia, and what happened to them?
15. What is a havildar?
16. a) What are the following?
Macedonia, Moldavia, Thessaly, Serbia, Montenegro, Albania.
b) Can you add another?
c) In which country is Montenegro now?
17. Take the highest possible break in snooker
Divide by the number of Holst's Planets
Multiply by the amount more light passing through a lens a f2 than f5.6
Divide by the number of States in Australia
Subtract the number of Beethoven's "Moonlight" sonata
Add the number of figures in Botticelli's "Birth of Venus"
Add the number of decagrams in a kilogram
The answer is the number of Suras in the Koran (Quran).
18. Two Americans walking through Cardiff. One was the father of the other one's son. What relation were they to each other?
19. On what date did the Japanese bomb the American Fleet at Pearl Harbour?
20. Where was the card game Bridge invented?
21. What are the five official languages of the United Nations?
22. Which is the nearest city to the City of London?
23. Which of the writers of the New Testament was not Jewish?
24. "Used here if nice crimes done around" 8,8.

The Conference Quiz was set by Tim Manser. Answers on page 44

TOOTHPRINTS

VISUAL IDENTIFICATION. VIEW WITH CAUTION.

Once again I find myself writing this column in the midst of yet another mass disaster and during the process of carrying out dental identifications in a hanger at Aberdeen airport my thoughts have turned to the problems associated with visual identification.

Visual identification by a near relative or close associate is used throughout the world and seldom leads to mistakes when a single body is concerned. While visual identification of facial features can be reliable when a body is intact, the effect of fire and trauma together or separately reduces the chances of making satisfactory visual identification. (1)

This method, if used at all in a mass disaster situation, should be used with caution. Relatives are under intense emotional stress and have an overpowering desire to regain the body of a close relative and their powers of discrimination may become distorted (2). This results in a strong tendency to identify any body, even in the absence of any real likeness rather than admit that visual identification could not or should not be made (3) Solheim (4) reporting on the Alexander Kielland oil rig disaster, in which 123 were lost, noted that oil rig workmates "recognised" victims as two different persons.

Where visual identification is to be attempted it is quite common for the relatives to have to attend a temporary mortuary facility where a large number of bodies may be laid out in rows on the floor or in rows of open coffins.

It is difficult to imagine a more traumatic experience for grieving relatives. A more humane method is the taking of a polaroid photograph of the facial features and allowing the relatives to view this after narrowing the field by other means (4). Relatives have a legal right to view the remains but this is best left until identification has been confirm-

ed and embalming and preservation or restoration of the facial features has been achieved. In one incident where trauma and burning were present the wife, against advice, insisted on viewing the body; she was immediately violently ill and the psychological shock might well have some permanent effect. Families will wait for days to view bodies of their relatives and when asked why they said they wanted to be sure. In many instances when the remains were not viewable they insisted on speaking to a member of the identification team so as to be assured that there was no mistake (5). It is surprising that visual identification is so readily accepted when the more scientific methods of fingerprints and forensic odontology require a number of corresponding points before positive identification is accepted. In one disaster the authorities accepted visual identification by workmates without question but queried the reliability of points of correspondence in dental identification. Visual identifications are only helpful, they should not be regarded as conclusive unless there is good confirmatory evidence (6) Speers (7) states that visual identification should only be used as a pointer, backed up by other methods in every case.

It must also be remembered that the facial features of a female after death may look considerably different from those in life due to the absence of make-up.

The frequent occurrence of facial trauma and burns in disasters renders most victims unidentifiable visually and where recovery is delayed, as occurred with most victims in the Zeebrugge and North Sea oil rig disasters, attack by animal life and decomposition rules out this method. Even when recovery from the sea is within hours, sea life attacks have been observed by the author.



Derek Clarke

In their anxiety to have either a survivor or at least a body to mourn over a relative may misidentify, particularly where an infant is involved. In one disaster a child survivor was claimed by a family and later found to be incorrect, the correct body being identified by dental age assessment and exclusion (8). Knott (9) reported a similar incident in the Aberfan disaster in which 116 children were killed; two misidentifications similarly occurred in the Stockport air disaster (10). In the 1985 Air India disaster in the Atlantic two families initially identified the same child as theirs and in the Noronic disaster in Toronto (1949) Brown et al (11) reported the case of sons identifying their father by a chip in his denture, and the body was released for burial. Prior to the funeral a fingerprint check indicated an error in the identification and the body had to be returned to the mortuary. In the same disaster a man stated that his dancing partner had been involved and was so convincing in his visual identification that the body was released and an elaborate funeral held. He subsequently disappeared leaving all the accounts unpaid and police investigations showed that he was a fraud. Subsequent exhumation revealed a victim for whom

the identification team had spent considerable time searching (12). It would appear that some individuals, possibly of a necrophiliac disposition, are attracted to such events; two individuals who purported to have lost relatives in the Zeebrugge disaster were found to be fraudulent. Frykholm (13) describes a visual misidentification made by a father who viewed a body washed up from a shipwreck; dental evidence finally established the true identity of another recovered body as his son. Where misidentification has been made followed by a funeral, relatives have been most unwilling to accept another identification. Such a mistake will be extremely traumatic for two families particularly if cremation has taken place and all identifiable evidence has been destroyed.

The author was personally involved in incidents in separate mass disasters where dental identification and other methods were conclusive on the bodies in question. In the first the husband, on viewing the body, categorically denied that the victim was his wife. In the second incident a family of four viewed the body and failed to recognise their mother.

We can thus be faced, in identifications by this method, with five possibilities.

1. The wrong body is identified.
2. The relatives change their mind.
3. The right body is not identified.
3. The right body is identified.
5. No body is identified.

It is evident that this method must never be relied upon and that relatives should be kept away from the mortuary. The viewing of postmortem facial colour photographs should be sufficient for confirmatory identification. Visual identification must never be considered conclusive.

DEREK CLARK

(references over)

REFERENCES

1. Stevens P.J., Tarlton S.W.
Medical investigation in fatal aircraft accidents.
Brit. Dent. J. (1966) 120,6,263
2. Midda M.
The role of dental investigation in mass disasters.
J. Irish Dent. Assoc (1974) 20,51
3. Haines D.
Dental identification in air accidents.
J. Forens. Sci. Soc. (1974) 14,225
4. Solheim T, van den Bos A.
International disaster identification report.
Am. J. Forens. Med. Path (1982) 3,1,63
5. Glazer H.S., Sadowsky D.
The need for forensic odontology.
N.Y. Dent. J. (1977) 6,342
6. Stevens P.J., Tarlton S.W.
Experience in four civil air disasters.
Med. Sci. Law (1963) 3,154
7. Rapid positive identification of fatal air disaster victims.
S.A. Med. J. (1977) 7,150
8. Ashley K.F., Ford M.A., Mason J.K.
The Role of the RAF Dental Branch in major aircraft accident investigation
Brit. Dent. J. (1972) 132,305
9. Knott N.J.
Identification by the teeth of casualties in the Aberfan disaster.
Brit. Dent. J. (1967) 122,144
10. Haines D.H.
Dental identification in the Stockport air disaster.
Brit. Dent. J. (1967) 123,336
11. Brown T.C., Delaney R.J. Robinson W.L.
Medical investigation in the Noronic disaster.
J.A.M.A. (1952) 148,8,621
12. Grant E.A., Prendegast W.K., White E.A.
Dental Investigation in the Noronic disaster.
J. Can. Dent. Assoc. (1952) 18,1,3
13. Frykholm K.O., Lysell L.
Different systems for the recording of teeth and tooth surfaces.
Int. Dent. J. (1962) 12,194

PRIZE £500

The Trustees of the W.G. Johnston Memorial Trust Fund offer a Prize of £500.00 for a Treatise on a subject within the realm of Clinical Forensic Medicine.

The Prize is available to Full Members or to Associate Members of the Association of Police Surgeons of Great Britain who have been in active Clinical Forensic Medical Practice for not less than three years.

The closing date is 27th February 1989.

Full particulars from:

Dr. R.D. Summers, O.B.E., D.M.J.,
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Marine Drive,
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RULES OF CONSTITUTION

A revision of the Rules of Constitution has been considered by Council, and the recommended changes are given below. The revised Constitution will be submitted to the membership at the Annual General Meeting in 1989. Where changes have been introduced, the roman numerals in the left-hand column refer to the original version which may be found at the end of the revised Constitution on page 43.

TITLE

- I 1. a The name of the Association to be "The Association of Police Surgeons."
- II b The term Police Surgeon shall include Forensic Medical Examiners, Forensic Medical Officers, Police Medical Officers, Forensic Physicians and any other such medical person as Council decrees.

OBJECTS

- 2. The objects of the Association are:—
 - a To promote:
 - III i The best interests of all Police Surgeons;
 - ii Advancement in medico — legal knowledge in all its aspects as applied to the work of Police Surgeons;
 - iii Liaison between appointed Police Surgeons and other Medical Practitioners;
 - iv Practical and theoretical study of the subject by lectures, discussion, correspondence and any other means;
 - v The introduction of new and improved methods of dealing with problems affecting Police Surgeons.
 - b To obtain representations of Police Surgeons in all negotiations relative to their work and conditions of Service with the different authorities.
 - c To improve terms and conditions of service and to obtain uniformity, so far as it is practical.
 - d To make or rescind rules for the conduct of the Affairs of the Association.
 - e To admit to membership such persons as shall be eligible in accordance with the Rules.

MEMBERS

- 3. Categories of members shall be:—
 - a Full members
 - b Associate members
 - IV c Overseas members
 - d Honorary members

MEMBERSHIP

4. a Full membership shall be open to any registered medical practitioner who produces written confirmation from a Police Authority that he or she regularly assists or advises in medical or forensic cases on their behalf.

Within four weeks of ceasing to be so actively engaged a full member shall resign from the Association, or if he or she shall not have so resigned, his or her membership may be terminated by the Council.

Any dispute as to whether a full member is actively engaged on Police work, shall be resolved by the Council to whom any party interested may make written or verbal representations. The decision of the Council upon such resolutions shall be final.

Termination of full membership shall not by itself bar a practitioner from associate or life membership.

Applications for membership shall be proposed by a full member and election shall be at the discretion of Council.

Full members only shall have the power to vote.

- b Associate membership shall be open, at the invitation of Council to full members on termination of appointment, and additionally associate membership, if proposed by a member, may be granted at the discretion of Council to doctors holding the Diploma in Medical Jurisprudence who are not eligible for full membership and to other doctors with a practical interest in forensic medicine, and to other persons who, in the opinion of Council, might promote the objects of the Association through the medium of their professional practice.

- V c Overseas membership shall be granted at the discretion of Council to medical practitioners normally resident outside the United Kingdom, who carry out work similar to that of police surgeons in the United Kingdom. Overseas members may become full members at any time on payment of a full subscription.

In their discretion to grant associate or overseas membership the Council may require an applicant to furnish such information as may be necessary to support such considerations as from time to time may be determined by the Council.

- VI d Council may nominate to the Annual General Meeting persons of distinction, whether or not medically qualified, to become honorary members.

COMPULSORY TERMINATION OF MEMBERSHIP

- VII 5. a Disciplinary Termination of Membership shall be a function of Council who may take legal advice. Council may recommend that the membership of any member shall be terminated. Council may revoke membership of that member at the next Council meeting, provided that such recommendation is supported by no less than three quarters of those Council members present. Should the member concerned wish to appeal against the decision of Council, he or she may do so in writing to Council within the following six weeks. In these circumstances Council will be obliged to put a resolution proposing

the termination of the appellant's membership to the next General Meeting. Such a resolution shall require to be passed by a simple majority of those present and entitled to vote at that meeting. After due consideration of such an appeal any resolution to terminate membership shall be final.

- VIII b Should a member's subscription be in arrears for two years, a final notice shall be sent by the Honorary Secretary calling for payment. Failure to pay within twenty-eight days shall automatically cancel membership.

OFFICERS OF THE ASSOCIATION

6. The Officers of the Association shall be full members elected annually at the Annual General Meeting and shall be:
- IX The President, The Honorary Treasurer, The Honorary Secretary, and the Honorary Assistant Secretary. The Immediate Past-President and the President-Elect shall automatically be Officers of the Association.

COUNCIL

7. a The Affairs of the Association shall be managed by a Council which shall consist of the following:
- X The Six Officers
Ten Councillors — one to be elected from each of the ten regions as set out in the Appendix to the Constitution. The Appendix shall be subject to review from time to time by the Annual General Meeting.
- XI The Editor or Editors of the Association Journals will be nominated by Council and sit ex-officio.
A Trustee nominated by the W G Johnston Memorial Trustees will sit on Council ex-officio.
Nomination for Council must be made by a full member supported in writing by four full members, together with agreement of the nominee to serve if elected. Nominations must be received by the Honorary Secretary by the fifteenth of January preceding the Annual General Meeting.
Voting papers shall be sent to all members in any Region submitting more than one nomination. If no nomination is submitted by a Region, or a vacancy occurs, the Council shall appoint a member from that Region.
- b Any vacancy occurring in the office of President, Honorary Treasurer, Honorary Secretary and Honorary Assistant Secretary shall be filled by Council until the next Annual General Meeting.
- c Where a member of Council fails to attend three consecutive meetings of the Council to which he has been summoned, his seat on the Council shall be declared vacant unless the Council is satisfied that the absence was due to illness or other reasonable cause.
- XII d Any decision in the Council which may be ruled by the Chairman to concern the Policy of the Association shall be passed by three quarters of those present and voting in the Council meeting and such decision shall be binding on all members of Council.

- XIII e In the absence of the President, the Chair shall be taken by the Immediate Past-President, or in his absence by a member chosen by those present.
- XIV f In the event of a "tied vote", the Chairman shall have a second or casting vote.
- g Eight members shall form a quorum in the Council.

ELECTION OF OFFICERS AND COUNCIL

- 8. a The President shall be elected at the Annual General Meeting and may hold office for not more than two consecutive years.
- b The President-Elect shall be elected at the Annual General Meeting when the President is installed.
- XV c The Honorary Treasurer, Honorary Secretary, Honorary Assistant Secretary, shall be elected annually at the Annual General Meeting.
- d Members of Council may hold office for not more than three consecutive years and shall be ineligible for re-election as a Regional Councillor until a period of one year has elapsed from ceasing to be a Councillor.
- e The Officers and Council shall take office at the Annual General Meeting immediately upon election.
- f No full members in arrears for twenty eight days or more with his/her subscription shall be eligible for election to Council, or to nominate, or to vote.

POWERS OF COUNCIL

- 9. a The Council shall have power to co-opt not more than three full members who shall have the power to vote, and the Council may invite to a Council meeting any other person for any special purpose.
- b The Council may appoint a Clerk and/or any other person whom it may deem necessary to engage.
- c The Council shall require:
 - i A financial statement to be presented at the Annual General Meeting by the Honorary Treasurer.
 - ii A report of the work of the Association during the preceding twelve months to be presented at the Annual General Meeting by the Honorary Secretary.
- d The Council may appoint sub-committees for any purpose and the remit of such committees shall be defined in the appointing resolution.
- e Meetings of the Council shall be held at such place as the Council may from time to time determine.
- XVI f Ordinary meetings of Council shall normally be held not less than twice a year.
- g An extra-ordinary meeting of Council, for which not less than three days notice must be given, shall be convened by the Honorary

Secretary on instruction of the President or on a motion signed by five members of the Council.

- h The Council may appoint any person/s to act as trustees to the Association of any property belonging to the Association or in which it is interested or for any other purpose, and to execute, and do all such deeds, acts and things, which may be requisite in relation thereto.
- i Minutes of each Meeting of the Council shall be made by the Honorary Secretary, and when signed by the Chairman of the following meeting shall be conclusive evidence of the matters recorded therein.

ANNUAL SUBSCRIPTION

- 10. a The annual subscription for full members and associate members shall be such amounts as the Annual General Meeting shall from time to time determine.
- b The financial year shall begin on 1st April of each year.

MEETINGS

- 11. a The Annual General Meeting shall be held during the first three months of the new financial year.

XVII

The business at such meeting shall be notified to all members at least fourteen days before the meeting.

- b Thirty full members personally present shall constitute a quorum at the Annual General Meeting and no business shall be transacted unless a quorum is present at the commencement of business.

If a quorum is not present within fifteen minutes of the time given in the notice of the Annual General Meeting the meeting shall stand adjourned and the Annual General Meeting shall be convened fourteen days later at a place and at a time which shall be notified to all members by the Honorary Secretary giving not less than three days clear notice. At the adjourned Annual General Meeting those actually present shall be deemed to form a quorum.

- c If the Council or any full member desires to propose a motion at an Annual General Meeting, other than under Rule 12 written notice shall be given to the Secretary not less than twenty eight days before such a meeting.
- d Decisions of the meeting shall be made by a show of hands of members present and entitled to vote and in the case of an equality of votes the Chairman of the meeting shall have a second or casting vote. Decisions shall be by a simple majority save as otherwise stated in these Rules.
- e At least fourteen days clear notice specifying the general nature of the business to be transacted at a General Meeting shall be given to all members by notice sent by post. There shall be sent with the notice of the meeting, a copy of any motion to be proposed by the

Council or any full member under Rule 12, and a summary of any other motion to be put to the meeting.

- f An extra-ordinary general meeting may be convened at the written request of a simple majority of Council, or at the requisition in writing of not less than ten full members of the Association. Such requisition shall state the business to be considered at the meeting. Only *that* business may be considered at such a meeting. The meeting shall be convened by the Honorary Secretary within eight weeks of the requisition. In default thereof, the requisitionists themselves may convene such meeting and shall comply with Rule 11e.

CHANGE OF CONSTITUTION

12. These Rules of Constitution can only be altered or rescinded at a General Meeting of the Association, when three quarters of the members present vote in favour of such a change after due notice of the motion has been submitted. Such notice must be signed by not less than ten full members and at least two full months' notice of the motion given to the Honorary Secretary.

AUDIT

13. a The accounts of the Association shall be scrutinised annually by two full members of the Association. The two scrutineers shall be elected annually at the Annual General Meeting. They shall have access to the books of the Association at any reasonable time.
- XVIII b Professional Accountants shall audit the Accounts of the Association.

GROUPS

14. a Council shall recognise the formation of Groups within the Association, and no Group shall be formed without prior consultation with Council.
- XIX The President and Honorary Secretary of the Association automatically shall be members of any such Group.
- XX The Convener of any Group meeting shall send due notice of such meeting to the Honorary Secretary of the Association, and, after such meeting shall send minutes of the meeting to the Honorary Secretary of the Association.
- b The Council may co-opt or invite a representative of a Group to a Council meeting under Rule 9 (a).
- c Decisions of Groups are not binding on Council nor do any such decisions necessarily represent the views of the Association.
- XXI *(section deleted)*

APPENDIX

One Councillor shall be elected from each of the ten areas.

Area Councillors shall retire from office upon the third anniversary of their election to Council, at an Annual General Meeting.

The areas are:

- Area 1 (NORTH WEST REGION)**
Cheshire, Cumbria, Lancashire, Merseyside,
Greater Manchester, Isle of Man
- Area 2 (NORTH EAST REGION)**
Durham, Humberside, Northumbria, South Yorkshire
Cleveland, West Yorkshire, North Yorkshire.
- Area 3 (MIDLANDS)**
Staffordshire, Warwickshire, West Mercia,
West Midlands, Leicestershire, Northamptonshire.
- Area 4 (EASTERN REGION)**
Derbyshire, Lincolnshire, Cambridgeshire, Norfolk,
Suffolk, Nottinghamshire
- Area 5 (SOUTH EAST REGION)**
Bedfordshire, Essex, Hampshire, Hertfordshire, Kent
Surrey, Sussex, Thames Valley.
- Area 6 (SOUTH WEST REGION)**
Devon and Cornwall, Dorset, Gloucestershire,
Wiltshire, Avon and Somerset, Channel Islands.
- Area 7 (WALES)**
Dyfed-Powys, Gwent, North Wales, South Wales
- Area 8 (METROPOLITAN REGION)**
City of London, Metropolitan.
- Area 9 (SCOTLAND)**
Dumfries and Galloway, Fife, Grampian, Lothian and
Borders, Northern, Strathclyde, Tayside.
- Area 10 (NORTHERN IRELAND)**
Royal Ulster Constabulary.

**Disagree with the proposed Constitution changes?
Make YOUR voice heard at the Annual Conference.
Instruct YOUR representative.**

ORIGINAL VERSION OF THE CONSTITUTION

- I 1. The name of the Association to be "The Association of Police Surgeons of Great Britain"
- II This is a new subsection
- III 2.a.i The best interests of Police Surgeons in Great Britain.
- IV 3. Unless otherwise determined by the Association in General Meeting members shall be (a) Ordinary members (b) Associate Members (c) Honorary members (d) Corresponding members
In several sections referring to membership, the word "Full" replaces the word "Ordinary" without any other alteration, and the word "Overseas" replaces the word "Corresponding".
- V 4.c The Annual General Meeting may invite persons of distinction, whether or not medically qualified, to become honorary members.
- VI 4.d Corresponding membership shall be granted at the discretion of Council to medical practitioners, resident outside Great Britain, carrying out work similar to that of police surgeons in Great Britain.
- VII 5.a The Council may resolve to recommend that the membership of any member shall be terminated. If they do so resolve they shall cause such member to be notified in writing of their resolution stating their reasons for it and inviting such member to submit to them within the following six weeks his/her written observations upon such resolution. Thereafter the Council may recommend to the next Annual General Meeting that the membership be terminated and they shall cause a copy of their notification to such member and any observation of such member to be attached to the Agenda of the Annual General Meeting circulated under Rule 11. A resolution that the membership of such member be terminated shall require to be passed by a three-quarters majority of members present and voting at an Annual General Meeting and upon passing of such a resolution with such a majority the membership of such member shall cease forthwith.
- VII 5.b . . . twenty-one days . .
- IX 6. The immediate Past-President shall automatically be an Officer of the Association.
- X 7.a The Five Officers. Ten Councillors
- XI 7.a An Editor to be elected at the Annual General Meeting.
- XII 7.d . . . two-thirds majority
- XIII 7.e In the absence of the President the Chair shall be taken by the President-elect, or, in his absence, by a member chosen by those present.
- XIV 7.f The Chairman shall have the casting vote.
- XV 8.d The retiring President shall automatically become an Officer of the Association and shall hold such office until his successor in the office of President shall cease to be President. (This section deleted).
- XVI 9.f Ordinary meetings of the Council shall normally be held quarterly.

- XVII** 11.a The business of such meeting shall be notified to all members at least fourteen days before the meeting and shall include notice of new memberships, deaths and resignations, the election of Officers and Council and transation of any other business.
- XVIII** 13.b Chartered accountants shall audit the account of the Association.
- XIX** 14.a The Officers of the Association automatically shall be members of any Group.
- XX** 14.a The convener of any Group meeting shall send due notice of such meeting to the Officers of the Association, and after such meeting shall send minutes of the meeting to the Officers of the Association.
- Appendix. The current Appendix sets out the retirement dates of Councillors determined at the Annual General Meeting 1970. The Areas are defined according to police forces which no longer exist; the new Constitution corresponds to the new police forces. Northern Ireland becomes Area 10 instead of Area 1a.
- XXI** 15.a Car badges are the absolute property of the Association and shall be returned to the Association when membership is terminated.
- b Excepting car badges, articles bearing the insignia of the Association such as may be determined by the Annual General Meeting from time to time may be awarded to non-members at the discretion of Council, or, on the recommendation of the Annual General Meeting.

QUIZ ANSWERS

1. Aesculapius.
2. 1. 46% 2. 3%
3. 5-6% (1:17-1:20)
4. Lichen Sclerosus et Atrophicus.
5. Plantar warts.
6. a) Zacharias Jannsen. b) 1609 (Hooke 1665).
7. Glaister Keene.
8. a) False; b) False; c) True; d) True; e) False; f) True.
9. Harrogate.
10. a) Moisture; Lack of air; No micro organisms; Warmth. b) Dry; Current of air; Warmth; Embalming.
11. 5-7 days.
12. Hypothermia; Barbituate overdose.
13. Lek — Albania; Lev — Bulgaria; Markka — Finland; Won — Korea; Leu — Romania; Forint — Hungary.
14. Burke and Willis — died of starvation.
15. Indian Sergeant.
16. a) Balkans; b) Bosnia; c) Yugoslavia.
17. $147 \div 7 \times 8 \div 7 - 14 + 4 + 100 = 114$
18. Man and Wife.
19. 7.12.41
20. Turkey.
21. English, French, Spanish, Russian, Chinese.
22. Westminster.
23. St. Luke.
24. Forensic Medicine.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN
FORENSISCH MEDISCH GENOOTSCHAP
BELGISCH GENOOTSCHAP VOOR GERECHTELIJKE GENEESKUNDE
SOCIETE BELGE DE MEDECINE LEGALE



PRESENT THE

THIRD CROSS CHANNEL CONFERENCE ON FORENSIC MEDICINE

IN

ANTWERP ON THE 13-15 APRIL 1989

Venue: Crest Hotel, Antwerp, Belgium.

Scientific Programme: Should Include

Soccer Hooiganism, Mass Disaster, Drug Dealing, Euthanasia, Training in Forensic Medicine, Penal Responsibility, Child Sexual Abuse

Social Programme: Includes

Wed 12th April	"Get Together" Party.
Thurs 13th April	Reception by Mayer
Fri 14th April	Banquet

Please Support The Cross Channel Conference

If you are willing to present a paper or are intending to attend and wish to avail yourself of any favourable Travel Arrangements (If any can be arranged!) Please let me know.

*Dr. Stephen P. Robinson
145 Framingham Road,
Brooklands,
Manchester M33 3RQ.
Tel: (061) 973 2156*



Ivor Doney reports on the AAPAPMO conference on the Australian Gold Coast

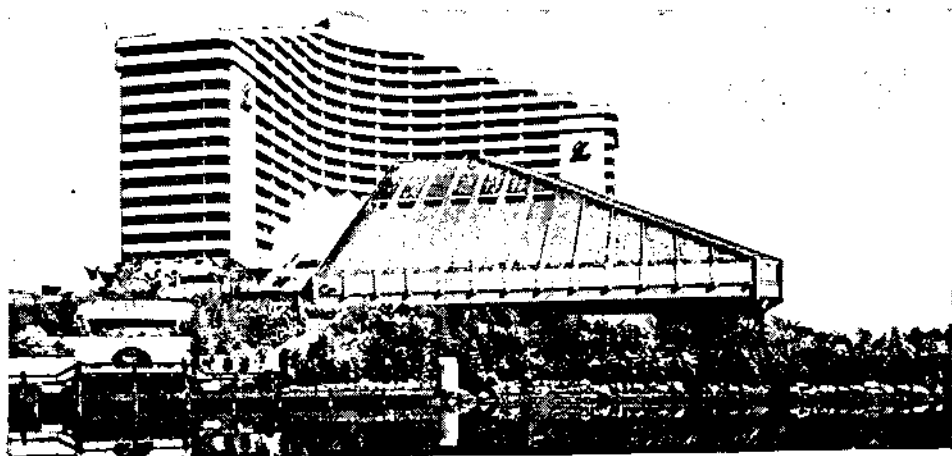
One way to start a conference is to have a little holiday first! — and where more wonderful than the Great Australian Barrier Reef? Several U.K. delegates to the Australian Police Surgeons Congress in June took a short flight up the coast to Bundaberg, then a high speed trimaran for a 2½ hour dash out to sea, there to land on the Barrier Reef and enjoy snorkelling and viewing the miriads of coloured fish through a glass bottomed boat as they glided in and around the forests of beautiful corals beneath the sea. Then on to a coral island full of migratory birds to walk along the sandy beaches and into the eerie plants and trees that make up the lonely landscape. Then back to Bundaberg and a flight down to the Gold Coast to a place called Surfers Paradise where the Conference was being held. A great start to what turned out to be an exciting occasion.

As Peter Bush was President of the meeting it was bound to be a success. At his side was the indomitable Bill Ryan and his charming wife Pat (also a police surgeon) and the three of them, with the help of a good committee, produced a fascinating and memorable conference. The committee worked hard

beforehand, especially David Wells the treasurer. He gets astonishing support for such events from various sponsoring firms. Not only are there pharmaceutical stalls in the assembly halls, but firms are invited to sponsor or part-sponsor a speaker for a keynote lecture or a particular dinner or entertainment or a Hospitality Room. The firm, in return, gets publicity and generous acknowledgement, and both sides are happy.

There were many good lectures at the meeting. U.K. papers included a report from Prof. Tom Marshall on bullet wounds. He stunned his audience with his descriptions of the violence occurring in Belfast a mere 300 miles from London.

Then came Prof. David Bowen, suave and impressive who gave two papers of special interest to police surgeons. One was about a taxi-driver found guilty of murdering his wife in which body temperatures and meteorological reports played an important part, the other, the famous Greek case of the missing journalist and the intrigues and political mysteries surrounding the discovery of her body.



In a country where there is so much swimming, water sports and scuba diving it was wholly appropriate that there should be forensic lessons to be learned from barotrauma, fish stings and even crocodile bites. Dr. W.B. Wood, talking about crocodiles, pointed out that only the salt water crocs are dangerous. Delegates saw a galaxy of gruesome slides of bodies sans heads, sans limbs, sans everything! On a different theme, Prof. J. Pearn spoke about ordinary bath tub drownings. It came as a surprise to learn that bath-tub deaths are commoner in lower social groups, so much so that such a drowning in Social Group One ought to raise suspicious eyebrows. A homicide perhaps?

Wives are never neglected at these meetings. The Aussies see to that! There were outings and talks and a visit to the Expo 88 exhibition in Brisbane. There was also a trip to the Opal centre with a free raffle ticket for a gold nugget! Every night there was something for everybody. A visit to SeaWorld, a veritable palace of aquaria containing hundreds of fish of all varieties was followed by an exotic meal of fish foods exquisitely laid out in a manner that could not be beaten in any top hotel in the world. Another night, another thrill was the inevitable barbeque sponsored by Jam Software/Apple Computers which all goes to show that not only pharmaceutical firms are interested in police surgeons!

Delegates came from many countries. Professor S. Tsunenari, a delightful professor from Japan gave an enthralling report from Kumamoto. In a town where there had previously been no organised clinical forensic medicine, he has in the last two years started an association of police surgeons! Commendable work, especially as the doctors do it without remuneration! They get no fees thought they might, occasionally qualify for a medal. Strangely, they have little or no sexual assault in Japan. There are no women police surgeons, perhaps because there are few women doctors.

Dr. W. Steinke from West Germany, a familiar figure at international meetings, gave an intriguing talk on identification of speech and documents. Speech identification is becoming increasingly important in cases of terrorist threats over the telephone, divorce cases, abusive communications etc.

David Ranson, previously a British police surgeon and now a pathologist in Melbourne, gave a talk on the use of videos in the teaching of forensic medicine. Thousands of slides can be stored on one disc and brought in piece meal as and when they are pertinent to the lecture. He's enjoying life in Australia. David is amazed at the number of murders he's involved in investigating. Firearms are easy to get in Australia and that may be the reason.



*At the barbie: L to R
Alison McMichael, Ivor
Doney, Miriam Noel,
Richard Walter, and
Margaret Bayes.*

The venue for the AAPAPMO meeting was Broad Beach on the Gold Coast known as Surfers Paradise, a great golden coast of blue ocean and rolling breakers. They say that whenever an Australian goes for a swim he takes his ironing board with him! The meeting was held in a luxurious Hotel on the coast, beautiful rooms, enormous American beds and scrumptious foods even down to de-stoned prunes! On the ground floor was a 24 hour Casino. Not many delegates were seen playing the tables. They must have found wiser and more sensible ways of spending their money. Its a great centre for holiday makes, and Australians on holiday flock to Surfers Paradise by land, sea and air.

Back at the conference, Richard Walter's profiling proved as popular in Australia as it is in the U.K. and he found himself caught up in lecturing to Police Departments whilst others were enjoying the surf.

Using percentiles, Edward Ogden showed how children living in hostile institutional surroundings exhibit arrested growth and how they flourish immediately, with very real growth spurts, when they are removed to loving, caring home surroundings.

Roger Bartley gave a paper on the use of CT scan for the detection of condoms containing drugs in the intestinal tract.

Small air bubbles in the condom show the position. The idea is still in its infancy and might sound an expensive investigation. However, when compared with housing a suspect and police officers in a 4 star Hotel for long periods waiting for something to happen, it is cheap and quick. Ultrasound was tried but proved useless.

During the meeting, Peter Bush paid a poignant and fitting tribute to the late Stan Burges who was well loved by the Aussies. In a very moving speech he recalled Stan and Pam's many visits to the country and the entire assembly stood for one minutes silence.

Our own President David McLay gave an excellent paper on the dilemmas involved in dismissing unfit police officers, a subject which dovetailed nicely into other papers on police occupational health. David also gave a witty after dinner speech at the elegant last night banquet where his evening dress and kilt were, of course, the centre of attraction.

Bill Ryan, the new President of the AAPAPMO and Peter Bush the retiring President must have been well pleased with this successful conference. It was a tribute to the high standard that on the last day, the meeting ended with our own Dr. Ralph Lawrence OBE giving a superb paper on "The Anatomy of Violence" and he gave it to an attentive and packed full house.

Now to 1990! The AAPAPMO will be holding their next meeting in conjunction with the Second World Meeting of Police Surgeons and Police Medical Officers in New Zealand. Dr. Bill Treadwell will be organising the World Meeting and Bill Ryan the AAPAPMO.

This is going to be a great occasion. The First World Meeting was a starter but the Second promises to outstrip it lock stock and barrel. Until you've sampled the great welcome and Antipo-

dean hospitality, you've missed something. Find out in 1990. Come and see those great countries Australia and New Zealand and all the sights from the Barrier Reef to Ayres Rock. In addition there are the wonderful animals from the ubiquitous kangaroo to the loveable koala and the ungainly emu down to the tinnest peewit. What's a peewit? Its a man who writes funnies on lavatory walls!

IVOR DONEY

THE PRESIDENT'S SCRATCH MARK!

Ever looked at the Australian National Crest and noticed an emu and a kangaroo? They are two of the great native inhabitants of the continent. Some people say that's not the only reason they were chosen for the crest. Neither animal can walk backwards and that epitomises the dynamism and enthusiasm of the Australian people.

Certainly this forward looking attitude pervaded the 10th Australian International Forensic Science Symposium in Brisbane in May. Led by President Dr. Tony Ansford (President) and his irrepressible Secretary Neil Raward, the whole congress went with a swing and proved an enormous success. It attracted many overseas delegates including 12 (plus wives) from the U.K.

In his keynote opening address, The Honourable Sir David Beattie talked about expert evidence and made a plea for it to be delivered in a non adversarial manner. Prior consultation outside the court room could help this. Some experts are practical workers whilst other experts live in the quiet seclusion of academic surroundings. Question and answer procedures don't always get the best results from them. Lawyers themselves need education in how to draw out the best information. They often leave the expert itching to answer

the crucial question that never comes. We police surgeons, in our modest way, know only too well how that feels.

As might be expected, DNA profiling featured high at this conference and Peter Gill, who spoke to the APSGB at Birmingham meeting was the keynote speaker on that subject.

Prof. Tom Marshall, Prof. Stuart Kind and Dr. Eric Pearson were other prominent speakers from U.K.

Amongst the many varied papers, dental input came from Ken Brown and one unusual paper from Clarke and Woods on the use of histomorphometry of the parietal bone in estimation of age. A decrease in thickening occurs with increasing age. There is also a decrease in fractional volume of lamellar bone and an increase in osteon fragments with increasing age. There now!

Illicit graves are not only a problem in Lancashire! Jerry Chisum from California described the forensic intricacies of exhumation in such cases and got some sympathetic response from the Aussies. They have their problems too!

A. Hodda discussed the drug screening of intoxicated drivers in Australia. Breath screening for alcohol is comparatively easy but getting a conviction on impairment due to drugs is very difficult.



At the Gateway Hotel Brisbane L to R: David McLay, Isobel McLay, Peter Dean, Tom Marshall, Catherine Gallagher, Ivor Doney, Eric Pearson

Just to show that even forensic congresses cater for the tourist, the organisers had laid on a half-day trip to the gigantic world exhibition Expo 88 and what a spectacle it turned out to be! Billed as the biggest international event ever staged in the Southern Hemisphere it proved its boast. Besides the crowded pavilions which housed the characteristics and the industries of the nations, visitors could walk around the site and bump into roaming street performers and crazy costumed entertainers. At night they might bump into a float resembling a giant 9-metre long full neck lizard or just relax to the sound of jazz on the Board Walk. Also at night there were spectacular firework shows with lasers. A truly magnificent Expo 88.

Westminster Coroner Dr. P. Knapman was at the conference and gave a paper on Method Availability to Suicide Mortality in the West. Then there was another good paper by Barbara Murphy on tape interviewing of suspects by the police, a system already well established in our own police stations. Things to be watched for are chain of evidence and cheating on the tapes. One way of

beating this is a built in timing device on the tape.

Strange things happen to people when they are abroad! APSGB President David McLay was noticed to have an injury on his arm showing below his sun-shirt. Eyebrows were raised when fellow police surgeons diagnosed a scratch mark. Giggles all round when David explained he had been scratched by a kangaroo! A likely story but he was but he was sticking to it! Speculation was laid low when his wife Isabel confirmed they had been to a wild park where tame young kangaroos come up to visitors searching their clothes for food. Isabel is a convincing lady. Believe her if you like!

John DeHaan is a world authority on arson and arsonists. His papers indicated that the fire investigator is better trained nowadays and is more knowledgeable about the behaviour of fires and the materials in them. Identification of volatiles, arson accelerants and latent finger prints help bring the arsonist to justice. John is the owner of 9 Vintage cars including two Bentleys. Says John, the opulent Brits, loaded with cheap dollars are turning the tides.

They are now coming over to the States and buying back the old cars they sent across the water 15 years ago! Perhaps there is a tip there for antique dealers in general.

Newcomers to the international scene were British Police Surgeon Peter Dean from the Met and two delightful police surgeons from the Channel Islands, Dr. Miriam Noel and Dr. Margaret Bayes. They instantly charmed the Aussies and were great ambassadors for the U.K. They are sure to be seen around again soon.

Police Surgeons listening to John Cayton from the U.S.A., an expert on nail striations, took a deep breath of surprise when they heard his advice on taking nail clippings. Always use a scalpel to cut suspect's nails — clippers or scissors don't get down far enough!

Following on from John, Michael Grieve (now with USACIL — Europe) advised people taking nail scrapings to scrape the droppings on to the sticky side of adhesive tape. You don't lose loose fibres that way and they are then easily put on to a microscope slide. Problems occur when both serologists and fibre experts want the same slide but these are rare occurrences and they can usually use tweezers to take off the bits they want.

Whilst delegates at the Conference were working, there were tours every day for the accompanying persons — a Brisbane Lookabout Tour, a day's trip to the Gold Coast and a Brisbane River cruise on a paddle boat. At night everybody joined together for fun and games and there was a bonanza laid on every night. Plenty of food and drink to send everybody to bed in a deep sleep. Chamber maids were issued with hand mirrors in the morning to check if guests were still breathing!

Mention should be made of James Gwynne's advice to police surgeons and others investigating sudden mysterious deaths in young people. Always remembers to look for bite marks on tongues and urine voided at the scene. Sounds simple advice but it is surprisingly how epilepsy is often

missed as a cause of sudden death especially in young people.

Patterns of drug abuse in the U.S.A. were also of interest. Described by Richard Frank they showed marjohana top of the pops with an alarming increase in cocaine abuse. Heroin addiction remains at a constant level. One surprising change is in the illicit production of amphetamines and diazepam and other standard therapeutic drugs. The increase is causing grave concern.

Richard Walter, as always, captivated his audience with a profile, this time on the evil arsonists and the astonishing way they set out to burn.

The amazing programme of papers — over 150 of them — was organised and produced by Geoff Rynja.

There's no mistaking the great welcome and hospitality the Australian forensic folk extend to their delegates. From the moment you arrive on the plane until the last faint chimes of the closing ceremony, there is always someone ready to help and cheer you. Little wonder that everybody who has ever been to Australia will want to return in 1990 to the great spectacular I.A.F.S. meeting in Adelaide.

Elaborate plans are being made to establish the 11th I.A.F.S. meeting as the grandest yet. Mr. Bill Tilstone (formerly professor of forensic science at Strathclyde) is the dynamic new president. He is full of enthusiasm and has many ingenious ideas. Many U.K. police surgeons are already making notes of the dates and it is expected that Adelaide will see the biggest number of APSGB members ever to visit the antipodes. One reason for this is that the Second World Congress of Police Surgeons is being held the following week in New Zealand. It looks like being an exciting fortnight!

One last word about the Brisbane meeting. Congratulations Dr. Tony Ansford and all you staff on a magnificently successful conference!

IVOR DONEY

A CASE OF ALLEGED CHILD SEXUAL ABUSE — A POST-CLEVELAND HORROR STORY

On 18th July 1988, there began in a Crown Court (not in Cleveland) the trial of a young man charged with sexual abuse of his three year old daughter. The charges were of buggery and indecent assault, the latter being in effect an alternative to the former charge.

Dr. Raine Roberts D.M.J., Dr David Paul D.M.J. and myself were the medical experts for the defence. All three were involved in various aspects of the Cleveland Sexual Assault Disaster and the subsequent Inquiry. Dr. Roberts' role is particularly well known because of the major part she played as a witness at the Child Abuse Inquiry and because of media coverage of that unhappy affair, both during and subsequent to the Inquiry. Dr Paul was referred to in the Inquiry Report as "an oft quoted authority".

Towards the end of 1987, a senior general practitioner referred a three-year-old patient to a junior consultant paediatrician at the local hospital. The child had a history of urinary tract infections, constipation, and bleeding from an uncertain part of the ano-genital area.

The child was examined by the junior consultant paediatrician on 11th November 1987, some three weeks after the senior general practitioner made the referral. The examination revealed anal signs which caused the paediatrician concern; as this was at the time of the Cleveland Inquiry, it is not surprising his differential diagnosis included anal sexual abuse.

The junior consultant paediatrician readily admitted that his experience of child sexual abuse was very limited, both at the time of his initial examination and later in Court.

Acknowledging his inexperience and being concerned at seeing an anal sign the significance of which he did not entirely fully understand, he asked for advice from more experienced profes-

sional colleagues — a senior consultant paediatrician, and a local police surgeon who held the Diploma in Medical Jurisprudence. He also asked for an opinion from a consultant community paediatrician specialising in community medicine, and who has for the last eleven years been involved in the examination of children who may have been abused.

The senior consultant paediatrician confirmed his junior colleague's findings and arrived at a similar differential diagnosis. He also admitted his inexperience in diagnosing child sexual abuse.

The police surgeon carried out a local (ano-genital) examination only. He too noticed the same signs as the two paediatricians. It is possible that his conclusions regarding the diagnosis could be summarised as "uncertain". However the two paediatricians and the police surgeon were agreed as to the number, extent and severity of the physical signs.

The police surgeon retired from police work two months later, and his notes on the case were regrettably destroyed. Curiously, the police took statements from all three paediatricians, but not from "their own" police surgeon, whose diagnosis differed from the other three doctors. Nor were those acting for the defence advised officially by the police and/or Crown Prosecution Service of the police surgeon's examination, findings or opinion in this case; the Crown Prosecution Service were later absolved from any complicity in this matter by a Defence statement made in open Court. To my knowledge, the fact that the child had been seen by the police surgeon only became known to the defence following a study of the nursing record made during the child's stay in hospital.

Whilst in hospital, the child underwent five separate medical examinations between 11th November 1987

and 14th November 1987, two by the junior consultant paediatrician, and one each by the senior consultant paediatrician, the police surgeon and the consultant community paediatrician. More than one examination was clearly inevitable; in my opinion the consultant responsible for the well-being of the child rightly sought help from those more experienced and in whom he trusted. However, it is worth noting that in "Diagnosis of Child Sexual Abuse: Guidance for Doctors" p.15, 12.3² (published at the same time as the Inquiry report on 7th July 1988) it states — "in some areas paediatricians and police surgeons are very successfully conducting physical examinations in collaboration. It is hoped that this method of working will be extended so that the number of examinations to which a child is subject is kept to a minimum."

Further aspects of this child's medical history are relevant. She continued under the care of the junior consultant paediatrician and her two general practitioners. She was seen on a number of occasions between November 1987 and June 1988. During the month prior to the Court hearing she was seen by the junior general practitioner at the local clinic. A few days before the hearing she was re-examined by the junior consultant paediatrician. These last two examinations are important to this case.

From the initial examination until the court hearing the little girl continued to have intermittent symptoms of constipation and urinary tract infection. From a study of the documents and from evidence given in the Crown Court it was evident that the child's general health continued unchanged from the period before her father's arrest until the time of his trial.

The defence experts were sent a number of documents, mostly photostats. They included:—

1. Every page of the general practitioner's notes.
2. The entire hospital case sheet.
3. The nursing record.

4. The statements of the two hospital paediatricians.
5. The report of the consultant community paediatrician to the Social Service Department.
6. Copies of the minutes of several case conferences.
7. A report obtained by the defence solicitor from the police surgeon.
8. Photograph prints of the child's ano-genital area, taken at the time of the examinations on 11th November 1987.

During the course of the trial we saw the following original documents:—

9. The hospital case sheet.
10. The general practitioner notes wherein we discovered some documents not previously disclosed.
11. Slides from which the prints sent to us had been made.
12. The child's clinic record, not previously disclosed.
13. Photographic prints, taken at the examination by the junior consultant paediatrician in July 1988, the week before the trial.

We attended frequent, prolonged and exacting case conferences with the solicitor and the two barristers, averaging two a day for the five day trial. From the commencement of the trial until the end of the medical evidence, we three sat alongside the solicitor, immediately behind the Queen's Counsel and his junior.

Study of the consultant community paediatrician's report, statement and other papers revealed immediately that she had failed to make any contemporaneous notes — that she failed to make any written record of her examination findings either during the examination or immediately afterwards whilst still at the hospital. It was quite clear from her evidence that she had no good reason for failing to make contemporaneous notes.

She claimed to have made notes about an hour after the examination on her return home, but the holographic document proffered during the trial was

clearly a word for word draft for the report which she submitted to the Social Services Department. It was undated. The signed report was dated 17th November 1988, three days after her examination. No document was submitted which could be regarded as working notes.

The value of contemporaneous notes has long been recognised. The medical defence societies have for as long as I can remember proclaimed their necessity as a basis for good medicine. In the Cleveland Report¹ p.247, 6d, iii, it says "The doctor concerned should recognise the importance . . . of completing full and accurate medical records which should provide the information for the protective agencies and on occasions the courts. Those records should be made at the time of the examination. In "Guidance for Doctors"² p.40 it says "Notes should be made of all the details of physical examination and special investigations. They should be made contemporaneously, and diagrams should be drawn or photographs taken where appropriate."

Let it be suggested that perhaps the consultant community paediatrician may not have been expected to have had knowledge of something which appears to have only very recently been stressed, Keith Simpson, Professor of Forensic Medicine at the University of London wrote in 1962 in "A Doctor's Guide to Court"³ p.33 — "No doctor should ever rely on his memory, either in writing reports or in giving evidence, for to do so is to risk injustice, and likely also to invite withering criticism from the law; memory is too fickle a creature for justice."

Let us consider the medical evidence in detail. The junior consultant paediatrician noted that "the anus dilated easily" to a diameter of 8 mm. "The rectum mucosa was easily visible. There was no sign of acute trauma to the anus." He also recorded that the genital area appeared normal. The junior consultant paediatrician was satisfied that the photographs he took fairly demonstrated what he saw. The slide

photographs, which were projected in the Crown Court for the jury to see, were used by the paediatricians to demonstrate the points they had to make. It was evident that the anal external sphincter was open as described, but that the internal sphincter was closed. No view of the rectal mucosa could be seen.

All three paediatricians agreed that the pictures of the anal area showed the same degree of anal dilatation they had seen at examination. On 18th December 1987, the junior consultant paediatrician re-examined the child. He noted anal dilatation of 5 mm. In June 1988 the junior general practitioner, who had made several previous examinations of the anal area, recorded that the anus appeared normal. During the week prior to the trial the junior consultant paediatrician conducted a further examination and again noted anal dilatation of 8 mm, and again took photographs which confirmed this finding. He said that it was his opinion that the anus was once more looking as it did when he conducted his initial examination eight months earlier.

The junior consultant paediatrician declared that in his opinion, there were only three possibilities to explain the curious anal appearance — neurological disorder, constipation or trauma. Both the senior consultant paediatrician and the consultant community paediatrician concurred. All three ruled out neurological defect, and with this the defence concurred. All three ruled out constipation, thus leaving trauma i.e. buggery, as the only alternative.

The child had a history of constipation, both before and after the November examination. On the 11th November, the junior consultant paediatrician recorded a slightly palpable descending colon. On 12th November the senior consultant paediatrician recorded that there were hard faeces to be felt in the descending colon. The police surgeon did not put his hand on the abdomen. The consultant community paediatrician recorded on 14th November that the abdominal examination was normal. In the early

hours of 15th November the child had its bowels moved and the nursing record shows the words "constipated stool". Both the hospital paediatricians agreed that their nursing staff were well capable of recognising a constipated stool.

During the trial, the junior consultant paediatrician added unexpectedly to his written evidence, that he felt that the child's demeanour was also indicative of sexual abuse. No mention is made of this in his contemporaneous notes or in his statements. When asked to explain he said that he felt that the child too readily assumed the frog position, opening her legs to allow examination of the genitalia. She was also extremely co-operative. Not surprisingly this considerably extended his time in the witness box, and he had to accept that the child had probably been examined in that position on previous occasions.

The consultant community paediatrician also concluded that the child's behaviour was supportive of the diagnosis of sexual abuse. She wrote to the Social Services Department — "(She) was extremely easy to examine, and was a very friendly little girl. She showed a great deal of affection to her baby sister. (She) when placed on the examination couch immediately laid on the couch with her legs wide apart in a 'frog' position. She also immediately tried to remove her pants." Despite the fact that the little girl had had four identical examinations made in the previous three days, the anticipatory behaviour of the child was branded as evidence of sexual abuse.

To this point the three paediatricians had largely been in agreement. The consultant community paediatrician's findings which differed from those of the two other paediatricians and on which she relied for the diagnosis of child sexual abuse were included in the following extract from the report to the Social Services: —

"Examination of genitalia showed no obvious inflammation or bruising. The vulva, clitoris were normal. The vaginal opening was 1 cm in diameter, (based

on finger size) though the hymen was intact. The vaginal opening (was) freely mobile. The anal orifice was gaping and the anal mucosa was easily seen. P.R. — the anal tone was lax and the sphincter appeared to give on examination. There were posterior fissures present."

She concluded: "These findings I believe are evidence of anal and vaginal abuse, but particularly anal abuse. The appearance of vagina introitus is in keeping with fingering and attempts at penetration. The anal appearance is typical of anal abuse, either by finger or penis size object — and would be in keeping with frequent buggery. These findings are *not* in keeping with penetration only having occurred once."

It was evident to the defence that the consultant community paediatrician's strongest evidence, other than the anal dilatation observation, was the laxity of the anal sphincter tone — she was the only doctor at the time of the child's admission to hospital to have done a digital rectal examination. It was decided to leave the cross examination on this point to the end of her period in the box.

In their evidence in the witness box, given before that of the consultant community paediatrician, both hospital paediatricians had denied that there were any abnormalities to the genitalia; they had kept contemporaneous notes. They also denied that there were any fissures present — their knowledge of child sex abuse might be limited, but they certainly knew what an anal fissure looked like. Both hospital doctors agreed that contemporaneous notes were essential, and that to fail to keep such records amounted to negligence.

During the consultant community paediatrician's cross-examination, she gave details of the physical signs which were not in her contemporaneous notes (because there were none), not in the draft report to the Social Services Department or the signed version, and not in her statement to the police. For instance, she said that there were two fissures present, and she gave their ap-

proximate dimensions. Her cross-examination on these points was protracted.

Particular attention was paid to her evidence regarding the genital abuse, her three colleagues having noted no such evidence. Her one significant finding had been that she had measured the "vaginal opening" and found it was 1 cm. It was because of this observation alone that she concluded that there had been fingering and attempts at penetration. It became evident that the measurement of the "vaginal opening" was based on an article in "Child Abuse and Neglect" Vol. 7, pp. 171-176, 1983, by Hendrika B. Cantwell "Vaginal Inspection as it relates to Child Sexual Abuse in Girls under Thirteen"⁴ in which it was suggested that a measurement of the "vaginal opening" exceeding 4 mm was indicative of sexual abuse. Cantwell did not say why.

The basis of the examination is stated on page 174. "Slight spreading of the labia will make the vaginal opening easily visible. It can be measured with a tape or a ruler held against the vulva."

Let us consider what is being measured. "Slight spreading of the labia" is presumably referring to separating the labia majora, for otherwise no inspection of the vaginal area can be made. No indication is given as to between which points the measurement should be taken. The points must be fixed and this therefore precludes the labia majora. The only possibilities are therefore the labia minora, the hymen or the hymenal orifice.

It is not universally known that the hymenal orifice in children aged 3 is not always clearly visible; if it is it may not appear open. The inner margin of the hymen can in many cases be defined, but the aperture size is so variable that it cannot be accurately measured for the observation as suggested in the Cantwell article without the use of instruments. The outer margin of the hymen cannot be determined. Therefore, the hymen cannot be used for the measurement as suggested by Cantwell. The word "hymen" does not ap-

pear in the paragraph containing the instructions as to how to take the measurement, or as far as I can see anywhere in the article.

United Kingdom attention was drawn to the Cantwell article by a reference to it in a paper in the *Lancet* in 1987 by Hobbs and Wynne.⁵ The relevant section reads — "Although the physical signs related to anal abuse are straightforward, genital signs in girls present difficulties and we urge caution in their interpretation. Wide dilatation (in excess of 0.8 cm) of the hymenal opening seems to be generally accepted as indicating penetration of prepubertal girls, although Cantwell has reported that a horizontal diameter exceeding 0.4 cm correlated in three of four instances with a history of sexual abuse." Hobbs and Wynne appear to accept that Cantwell's "vaginal opening" is the same as the hymenal opening. Like Cantwell, Hobbs and Wynne do not say why the dimensions are significant, or what changes they indicate.

It is not known if the consultant community paediatrician had read either of the Hobbs and Wynne articles,^{5,6} but she made a clear reference to the Cantwell article in the witness box in the Crown Court. How did she interpret it?

The paediatrician said that the diameter of the tip of her little finger was 1 cm. She inserted it into the genital area, and it was on this basis that she obtained the measurement of the vaginal opening. It was put to the consultant community paediatrician that the vagina lay deep to the hymen and could she explain further. She eventually said that she had pushed her finger through the hymenal opening and thus obtained the measurement. As a slide of the child's ano-genital area incorporating a tape measure was on the photographic screen in front of the jury as she said this, and as the hymen was clearly visible and as at the most it measured in that picture no more than 2 mm across, the jury found it a little difficult to believe that the community physician had pushed her 10 mm diameter finger through a 2 mm aperture.

By the time the defending Q.C. had reached the question of the sphincter tone, the consultant community paediatrician's credibility was totally destroyed. The judge, who had been following the proceedings with great interest, at least twice intervened to offer her an escape route, by suggesting that perhaps she had been mistaken either in the examination findings or in the interpretation she placed upon them. But she continued to declaim her belief in herself, her findings and her conclusions. She left the court, her evidence discredited.

The prosecution witnesses who followed the doctors each succeeded in making it appear even more unlikely that there was any substance to the charges faced by the young father.

At the end of the prosecution case the judge told the jury that he was satisfied that the defendant had no case to answer, and directed them to return a verdict of not guilty, which they did. The judge then said, "I do not want to say any more about the evidence I have heard, save this: I want it to be plain that so far as this Court is concerned, the evidence which the Court has heard during the course of this week is sufficient to satisfy me that the defendant is entirely innocent of the charges that were brought against him."

It is worth while noting what the consequences of the charge of buggery were to the family. Apart from the inevitable distress to the wife, the children and both sets of grandparents, it is very difficult for the reason for the disappearance of a young man with tiny children from his home to be kept secret. In the middle of the Cleveland Inquiry, tongues would inevitably have wagged. Guilty or not, the accused's reputation will be tarnished in the eyes of some for ever more.

There were more prosaic consequences. The children were taken into care for 28 days. The accused was remanded in custody for about five months and was not allowed to see his children from November 1987 until July 1988. The trial lasted five days.

The accused was more fortunate than others, for instance in Cleveland. His wife believed him. His parents believed him. Her parents believed him. But they might not have so done; they just might have believed those nice people from the Social Services Department, or those nice doctors.

There is a tail piece to this story. 15 minutes after the judge had pronounced the accused young man innocent of any crime and discharged him to emotional reunion scenes, the Social Services Department were seeking an injunction to deny that innocent young man access to his children, and it was six days before the family were re-united. On November 15th 1988, a year after the child's admission to hospital, a hearing to determine the future of the wardship was started in the High Court. It was expected to last nine days. It was reported that the children were thriving since the family had been reunited, and their only distress was when the social workers paid the statutory visits.

The junior consultant paediatrician had intimated that he was not enthusiastic about attending the High Court, and was served with a subpoena.

The consultant community paediatrician stated in her affidavit for the High Court hearing that she had found *three* anal fissures, whereas she had said in evidence during the Crown Court hearing that she had seen only two. She also stated that she felt unable to categorically diagnose sexual abuse without some form of disclosure on the part of the child; the nursing record made immediately after her examination stated that she had 'great suspicion of sexual abuse', noted before the child made any comment which might be regarded as a possible disclosure. Furthermore, the report she made to the Social Services and her statements to the police made no reference to disclosures by the child.

Those acting for the parents had enrolled two further medical experts. The first was a local consultant gynaecologist. He reported that in his

experience it was perfectly normal behaviour for a child who has been examined on a number of occasions to adopt the 'frog' position. He thought that the consultant community paediatrician was confused about the anatomy of the female genitalia. He commented that her failure to make contemporaneous notes was 'most unusual behaviour', particularly when there was a serious medico-legal allegation.

The gynaecologist said that he used a laparoscope with a diameter of 9mm to locate foreign bodies in the vaginas of infants. He had never encountered any difficulty passing a laparoscope beyond the hymen and never caused hymenal laceration: he disagreed with the suggestion that a vaginal opening of 10mm was consistent with vaginal abuse. He added that he thought that the Cantwell paper⁴ was not worthy of attention.

The second expert for the family was Dr. Roger J. Harris, consultant paediatrician at the London Hospital. He concluded that on the evidence in the documents he had read, sexual abuse was unlikely to have taken place. He referred to anal dilatation and added 'Over the past few years I have personally seen several children who I consider to be normal and in whom I have not suspected sexual abuse, where I have been quite surprised to see anal dilatation. I have on several occasions shown this to our medical students.'

After counsel for the County had outlined the case, the judge observed that there were now ten doctors in the case (11 if the police surgeon was included), that it was listed for nine days, and would be very expensive. He invited the various parties to consider if they could come to an agreement.

Agreement was reached and included the following terms:—

1. The wardship to continue. This ensured that the Social Services could take no action involving the children without reference to the High Court!

2. Care and control of the children to pass to the parents.
3. The wardship to be reviewed in twelve months by a judge of the Family Division.
4. The Social Services to have limited access to the children, and a social worker with no previous contact with the family to be appointed.

The judge emphasised to the parents that his concern was solely the welfare of the children, and that the parents position was not impugned.

There are many lessons to be learned from this expensive case. They include:—

1. ALWAYS make contemporaneous notes preferably as the examination proceeds or IMMEDIATELY afterwards. There can be no excuse for doing otherwise.
2. Notes must be retained by police surgeons for some years after examinations.
3. Police surgeons should always attend case conferences to which they are invited; if the police surgeon in this case had attended the case conferences, might a different course have been followed?
4. To say in the witness box 'I was mistaken' or 'I don't know' is a sign of honesty, not of ignorance.
5. The diagnosis of assault on a person implies the existence of an assailant. The doctor making the diagnosis takes on the mantle of the forensic physician, and owes a duty of care not only to the assaulted person, but also to the assailant and to the community. It is a grave responsibility.

I acknowledge the advice and help provided by the following in the preparation of this article:—

Mr. Anthony Evans, Queens Counsel
Mr. Wyn Richards, barrister-in-law
Mr. Haydn Hughes, solicitor
Dr. David Paul, police surgeon
Dr. Raine Roberts, police surgeon

MYLES CLARKE

References

1. Report of the Inquiry into Child Sexual Abuse in Cleveland, 1987, HMSO.
2. Diagnosis of Child Sexual Abuse: Guidance for Doctors. Prepared by the Standing Medical Advisory Committee for the Secretaries of State for Social Services and Wales. HMSO.
3. A Doctor's Guide to Court — a Handbook on Medical Evidence. Keith Simpson D.M.J., Pub Butterworths 1962.
4. Child Abuse and Neglect, Vol. 7, pp.171-176, 1983, Hendrika, B. Cantwell "Vaginal Inspection as it relates to Child Sexual Abuse in Girls under Thirteen".
5. Hobbs, C.J., Wynne, J.M. "Child Sexual Abuse — an Increasing Rate of Diagnosis" Lancet 1987; ii: 837-841.
6. Hobbs, C.J., Wynne, J.M. Buggery in childhood — a common syndrome of child abuse. Lancet 1986; ii: 792-96.
7. Hobbs, C.J., Wynne, J.M.. Archives of Disease in Childhood, 1987, 62, 1195.

The BBC is being sued by an Irishman who claims they said he had herpes. A BBC spokesman said that the word used was hairpiece.

DERBYSHIRE SURGEON CRISIS

11 police surgeon posts are still vacant in Derbyshire after one third of the County surgeons resigned over a year ago. The resignation was in protest at the dismissal of two colleagues. John Holden of Matlock and Jim Noble of Langley Mills, for 'political' reasons after certifying the County's former Chief Constable Alf Parrish medically unfit.

Dr. Noble took his case to the Division Court seeking leave to apply for judicial review of the Council's decision without success, the Division Court ruling that the public law element in the case was insufficient.

Dr. Noble had worked for a number of years as a deputy police surgeon, his appointment being an informal one involving the payment of a small annual retainer with attendance fees for each case. If he had been employed on a part-time basis with a formal contract, he may have had redress for breach of contract or unfair dismissal.

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MEETINGS AT THE RSM

Section of Clinical Forensic Medicine

CHILD SEX ABUSE

The second meeting of the section of Clinical Forensic Medicine was devoted to 'Clinical and Legal Interfaces in Child Sexual Abuse' and attracted a large audience from many disciplines.

Her Honour Judge J. Graham Hall spoke on Juvenile Courts and Wardship in the High Court. She said that Magistrates' Courts were not the right forum for difficult cases, and they needed a dragon like herself to keep a firm hand. She hoped the government would find time for new child care legislation, and looked forward to the establishment of Family Courts. She emphasised that the welfare of the child was the first consideration and of paramount importance, determining the course to be followed.

There then followed the most remarkable talk by one of the parents of children falsely alleged to have been sexually abused in Cleveland. Her children were diagnosed as having suffered sexual abuse with 100% assurance, and as a direct result her husband was suspended from teaching and he was separated from the family. The accusations had him on trial in front of his colleagues, without support, guilty until proved innocent. Both her children were told that they were liars when they denied that they had been sexually abused. She added that she could not believe that people could have so much power over her family.

The parent's name cannot be published for obvious reasons. For those who wish to learn more regarding this family's appalling ordeal at the hands of the Cleveland Authorities, full account was published in the Sunday Times

magazine of 29th May, 1988. It should be compulsory reading for all those with the power to take children away from their parents.

Detective Chief Supt. Kilkerr of New Scotland Yard outlined what is known as the 'Bexley Scheme', a co-operative scheme between the police and the social services. He emphasised the absolute need for joint training and the need to erase prejudices. In cases of abuse within the family, the social services lead, in paedophilia and stranger abuse cases, the police lead.

The morning concluded with Mr. Nicholas Wall, Q.C., presenting the advocates view of child sex abuse. He said that there was a tendency to rely on the medical experts — those who disagreed were not merely wrong but unaware that abuse was going on. He said that doctors did not have any idea of the effect of their diagnoses, and he felt that the medical profession had a heavy responsibility. He looked to Lord Justice Butler-Stoss for a code of practice.

Moving away from child sexual abuse, pathologist, Ben Davis, reviewed fatal non-accidental injury cases, most of which were not of a sexual nature. He reviewed the history of the diagnosis of non-accidental injury and illustrated his paper with photographs from his extensive case load.

Consultant Psychiatrist, Dr. Arnon Bentovim, from Great Ormond Street, emphasised that no one person can diagnose sexual abuse, it needs all the members of the team. From the age of three, children's memory of traumatic assault is good. Children are not suggestible except possible in divorce situa-

tions, where there may be a higher incidence of false accusations. Dr. Bentovim emphasised the long-term effects of child sexual abuse, which may promiscuity, frigidity and other sexual problems, parental problems and marital problems with anxiety and depression.

A useful short paper by Miss Vivien Levy, Forensic Odontologist, on Bites, then followed. She emphasised the need for immediate photographs, with serial photographs over the next few days, as different features show up in the bite as it resolved. She said it was impossible to leave a bite mark without also leaving saliva.

The concluding paper was by Dr. Raine Roberts, who emphasised the great difficulty in the interpretation of vaginal and anal physical signs, particularly some time after the alleged abuse had occurred. In the subsequent discussion, we were reminded that the adult female genitalia is infinitely variable, and that little girls are going to develop into big girls.

A wide variety of disciplines spoke at this meeting, both from the platform and the floor, making it a most instructive seminar. However, many will remember this as the meeting when an abused parent, a casualty from Cleveland, spoke from the heart.

VIOLENCE AT THE RSM

The third meeting of the Section of Clinical Forensic Medicine was held on Saturday, October 15th 1988 in the Barnes Hall, Royal Society of Medicine. It took the form of a whole-day Symposium entitled "The Forensic Aspects of Violence". Neville Davis, Section President, was in the chair.

The opening speaker was the Metropolitan Police Commissioner, Sir Peter Imbert (formerly Chief Constable

of Thames Valley). In his talk on "Policing a Violent Society", he made special reference to domestic violence, racial attacks, street robbery and the 'lager louts', backed by statistics which showed how criminal violence was escalating in the M.P.D. There was a 30% increase in assaults on police in 1987 compared with 1986, and at the Guy's Casualty Department a third more victims were being treated than five years ago. Sir Peter discussed causes and referred to the fact that an average child, by the age of 16 years, had seen 11,000 TV-screen deaths. There was little doubt that the rise in rural violence was drink-related.

Dr. Roger Evans from Cardiff gave one of the best-illustrated talks I have ever heard, using clear, apt slides. He referred to the effects of violence being a significant financial drain on the Health Service with 82% of cases being injuries to the head, neck and face, and 13% to the hand, the majority occurring on Thursday, Friday and Saturday nights, peaking between 11 p.m. and 3 a.m.

In a moving address Dr. Richard Shepherd gave a graphic account of the Hungerford shootings in which there were 16 deaths and 14 persons injured: 119 shots fired, including high velocity bullets from a Kalashnikov rifle. Dr.

Sir Peter Imbert, Q.P.M.



Shepherd stressed the need to X-Ray all victims of shootings and the importance of the autopsies. These shewed that no-one had shot at Ryan and, by recovering the weapons and the bullets, he was able to prove that Ryan was acting alone. The murderer shewed no evidence of drug or alcoholic intoxication and no demonstrable organic disease.



Dr. Richard Shepherd

The morning session closed with a passionate address from a distinguished barrister and head of Chambers — Mr. Richard Ferguson, Q.C., who begged his listeners to be "vigilant, diligent and brave". He felt lawyers and the courts had no answer on rehabilitation of the violent offender. The medical man saw the offender before, during and after the court proceedings and throughout his life, and was much more likely to find a solution. Mr. Ferguson said he looked for skill and integrity in a medical witness. The witness was there to assist the court and, when challenged, must understand that the findings might be open to a different interpretation. He paid a special tribute to the integrity of the Northern Ireland forensic medical officers. Stuard Carne (P.R.C.G. P-elect),



Mr. Rodney Peyton

congratulated the speakers before the luncheon break and said he was impressed by the exceptionally high standard of all the papers.

The afternoon began with an outstanding feature by Rodney Peyton, F.R.C.S., a consultant surgeon from Dungannon, Northern Ireland, who explained the problems involved in an under-staffed hospital in dealing with the effects of IRA terror. He told the audience that 90% of the murders in N.I. were not solved. In 20 years of violence in the province there had been, on average, approximately 100 deaths a year. He described vividly the IRA weaponry and said a car bomb could be attached in 5 seconds with a magnet. Many perpetrators wore boiler-suits, surgical gloves and plimsolls with sox on the outside: returning home after a killing and removing all evidence by showering and putting all clothing in the wash. Mr. Peyton also mentioned the use of external fixators in the treatment of bone fractures and the appalling effects of "blast lung".

John Cooper, a veterinary surgeon, and his wife, Margaret, lawyer, in a unique presentation described some of the injuries to humans by animals. For ex-



Mr. John Cooper

ample, there were 99,000 dogbites a year in the U.K. (cf. 1 million in the U.S.A.). At risk were animal breeders, vets and postmen. Domestic accidents were common e.g. hamster bites could produce meningitis, and babies could be smothered by cats lying on them. Margaret listed the legal constraints and pointed out that, under the Animals Act 1971 covering dangerous species of animals, owners were responsible for their actions whether negligent or not.

Dr. Graham Cooper from Porton Down, a specialist on wounds and ballistics, emphasised the importance of energy rather than velocity. A low energy injury was confined to the projectile's tract. He described the trauma of the tumbling bullet, and how fragmentation was a major cause of tissue injury, with a high-energy projectile causing damage well away from the wound tract.

His colleague, Dr. Robert Maynard, spoke about the sulphur mustard and its use in World War I, in Ethiopia in 1936 and in the recent Iraq-Iran conflict. In World War I some 2% affected died from the effects on the lungs. Victims suffered nausea, retching, photophobia, headache and eye oedema. Large



Mrs Margaret Cooper

yellow blisters of the skin resulted from separation of the epidermis and dermis. The eyes needed daily irrigation, the use of a mydriatic and chloramphenicol. Some went on to develop the full respiratory distress syndrome and required antibiotics, steroids and oxygen. Chemical warfare had been considered "a humane method of waging war"!

David Filer (Chairman, Met. Group) thanked the afternoon's speakers, the organisers and the chairman, for a feast of forensic medicine! Obviously the multi-disciplinary approach to this new section of the R.S.M. has many enthusiastic adherents. Long may it continue to be so!

ROBIN MOFFAT

Details of future RSM meetings, are given on page 65.

THANKS

The Editor once again acknowledges the help of Mr. Clifford Elmer, seller of non-fiction crime books, for his valuable assistance in the preparation of this issue. Mr. Elmer's advertisement appears elsewhere in this issue.



The 14th Congress and 50th Anniversary of the Academy of Legal and Social Medicine was held in Liege in April of this year. There was, as usual, a very auspicious start to our journey. If we had read our "stars" the start would have been delayed — as indeed it was by the breakdown of the West Drayton Computer for Air Traffic Control. There was a 2½ hour delay in the departure lounge at Heathrow with no booze or food — enough to dampen anyone's ardour.

On our arrival guess who was there with his Chairman Mao hat, without I'm glad to say a red star — Ivor Doney

Professor Andre



followed closely by Tania. No longer did we feel strangers in a foreign land. At our hotel we were met by Robin and Beryl Moffat, or Moffart as the Belgian's say. Myles, who has ordered this article, appeared, Peter and Maria Vanezis and Derek Pounder and Bernard and Jean Knight were also present, as were Margaret Periera, Pat Lincoln and Geoff from the Forensic Laboratory at Scotland Yard. Of course, there was Barend Cohen and Nellie and we were glad to see that the former had recovered from a coronarary thrombosis and was beginning to pay attention and take advice regarding his health from those who wished him well and a speedy recovery.

The work programme was very full and of interest for police surgeons or FME's. The social programme was varied and wide, there were journeys to churches, museums, factories and a very impressive display by "Spa", the mineral water producing factory in the town of Spa. Finally, topped by the creme de la creme, was a fantastic evening spent at the home of Professor and Mrs. Andre, who gave their bountiful hospitality to over 300 of the



delegates; the whole evening was topped off with dancing to a Dixieland Band.

On behalf of all U.K. participants, may we thank Professor and Mrs. Andre and Dr. Georges and Claudine Brahy for their kind help, friendliness and extreme generosity. I would recommend most strongly to all members of the APSGB to attend the 3rd Cross Channel Conference in Antwerp in 1989, because, if it is anything like Liege, and I'm sure it will be, it will be fantastic.

DAVID JENKINS



Professor Guy de Roy of Belgium who will host the 3rd Cross Channel Conference, April 1989.

RAPE LAW CHANGE

From 30th September 1988, alleged rapists lost their right to remain anonymous. Under the provisions of the latest Criminal Justice Act, protection for men accused of rape and attempted rape from being named in the media is abolished. However, anonymity for rape victims is extended from as soon as the offence is reported.

R.S.M. MEETINGS

18th February 1989 — BIRMINGHAM
Queen Elizabeth Postgraduate Medical Centre, Birmingham. 'Forensic Open House'.

10th June 1989 — LONDON

At the R.S.M. 'Forensic Aspects of Sexually Transmitted Diseases.'

14th October 1989 — LONDON

At the R.S.M. 'Forensic Medicine and the Media'. The meeting will be preceded by The Presidential Address. Further details of meetings from Secretaries Dr. Robin Moffat, 10, Harley Street, London W1N 1AA, or Dr. Jeremy Smart, 'The Lantern House', 22, Beaks Hill Road, Kings Norton, Birmingham B38 8BG.

PRIZE

The Royal Society of Medicine awards annually the Baron C. ver Heyden de Lancey Prize to the Fellow of the Society adjudged to have done most to further the link between Medicine and Law.

AUSTRALIA

In 1990, Stephen Cordner, Professor of Forensic Medicine at Monash University and Director of the Victorian Institute of Forensic Pathology, is planning to begin the first post-graduate courses in Clinical Forensic Medicine at Monash University. It is expected that the courses will be available for those police surgeons who wish to practise either full-time or part-time. No, Section 63 travelling expenses DO NOT apply for these course. However, hopefully further details of the courses will be published in a future issue of the Supplement.

A man who gave himself intra-urethral cocaine on a number of occasions suffered three days priapism, and had to have his legs amputated above the knee, together with nine fingers — and his penis.

THE INTERNATIONAL CONGRESS ON FORENSIC SCIENCES, 1988. BEIJING, CHINA

"Open your legs wider; no, much wider than that; wider still. That's better. Now aim straight."

No — this was not part of a salacious script for a play, nor was it really training for the Olympics.

It was merely the advice being given by an anonymous wife of a Member of The Association of Police Surgeons to a rather wilting American lady who had never before met the "TWO FOOT-MARKS and HOLE IN THE GROUND TYPE" in the Ladies Loo at a restaurant in Guilin during the Pre-Congress Tour.

Unfortunately for all concerned, this piece of advice was given in a very loud voice and coincided with a sudden lull in the extraneous sounds at the restaurant, and so was overheard "loud and clear" by the entire Anglo-American, Austrian, and Brazilian members who made up the Tour Group.

As this was the first day of the Pre-Congress Tour I suppose it is right to say that this episode completely "Broke the Ice" and enabled the entire group to become welded into a single united whole to deal with certain problems that arose later in the course of the tour.

The tour started from Hong Kong and took the party to Guilin, and thence to Xian to see the Terracotta Warriors, and then to Beijing for the Congress.

The scenery on the river at Guilin was breathtaking and the "Warriors" are really an additional "Wonder of the World" and are well worth the tribulations of flying on the national airline.

Apart from the sight-seeing, the tour was remarkable in that we all learned never to ask what it was that we HAD eaten, after being told that the soup we had enjoyed was Snake Soup, and that one of the many dishes at the same meal was "Stewed Civet Cat". From that day on we asked what it was BEFORE we ate!

The Congress was held in the Kun Lun Hotel in Beijing, and the organisation was extremely good.

Some 200 delegates attended and among them were six members of The Association of Police Surgeons of Great Britain, some with accompanying spouses.

The Plenary Session was held only on Sunday 4th September and included a paper on "Clinical Forensic Medicine in a Modern World"

After the Plenary Session the congress divided into sections of Pathology, Biology, Toxicology, Anthropology, Clinical Forensic Medicine, Criminalistics, and General.

The standard of all papers were exceedingly high, and members of the Association who gave papers were Dr. Phyllis Turville, Dr. Esha Savesvaran, Dr. David Filer, Professor Malcolm Cameron, and Dr. David Paul.

There was simultaneous translation in German, English, and French which was essential to enable us to understand the many papers presented by our Chinese hosts, and it was obvious to all of us that clinical forensic medicine in China plays a very important role in both criminal and civil matters, and is considered an essential part of the forensic field. It was also obvious that the Chinese are not lagging far behind in the very specialised fields of the forensic sciences but are probably not as advanced as most other scientific nations in forensic pathology.

The social side of the congress was not neglected, with receptions in the Congress Hotel, a magnificent evening of entertainment at the hotel in which every act would have been good enough to "top the bill" at the London Palladium, and a reception and banquet in the Great Hall of the People in Beijing — an honour bestowed on very few.

PROGRAMME OF PERFORMANCES FOR THE INTERNATIONAL CONGRESS ON FORENSIC SCIENCES

Performance Unit

Central Minority Philharmonic Orchestra Acrobatics of China
Song and Dance Ensemble of the Department of Railway in China
Acrobatic Troupe of China
Central Opera House
Stage Director: Wu Jing Ran
September 4, 1988, Kunlun Hotel

1. *Instrumental Ensemble with Several Chinese Musical Instruments*
((Flowers Beautiful Companied By the Full-Moon))
((The Moon Mirrored By Two Springs))
Singer: Erhu Accompanist: Shao Hong
2. *Male Solo*
((You have Sullied A holy and pure Soul))
Selected from *Selections of False-Front-Dance Written By Verdi*
((Songs for Gamebulls)) Selected form ((Kamen)) written by lee Bizet
Singer: He leiming, the first winner in National Competition singing with western Manner
3. *Classical Dance*
((Flowers around the Spring River under the Moonlight))
actor: Qin JianRu
4. *Acrobatics*
((Skills of Jacking things up))
Actor: Zhou Shu Rong
5. *Sheng (Chinese wind pipes) Solo*
((Grain-Transport in Bumper harvest season Happily))
Actor: Zhu Jiaming
((Dance Music of Four Cygnet))
6. *Magic Acting: Liu Xiao chuan*
Actor: Liu xiao chuan
7. *Erhu (two-atrined chinese Fiddle)*
((Birds singing in secluded and lonely Moccntacns))
Beauty in my Dream
Actor: Zhou yiao kun
8. *Mouth Skills*
Performance Artist: Fu Xue ming, Rong Hua ji
9. *Pipe (Chinese lute) Solo.*
((Ambush all around))
((Give Me a rose))
Actor: Wu yuxia
10. *Folk Dance in Hebei Province*
((Wave A little Fan))
Actor: Qin Jian Yu
11. *Female solo*
((Twinkle Bell))
((Shu San's Unjus Verdict Reversed))
Singer: Sun Liying
12. *Flute Solo*
((Saw the Big Vat))
Actor: Zhang Zongkong

(Phyllis Turvill reports that the entertainment was marvellous)

Culture there was, with tours to the Great Wall, the Ming Tombs, the Summer Palace, the Forbidden City and even the Zoo to see the pandas.

All in all a very successful meeting in a fantastic country, organised by very welcoming and kindly hosts. The small contingent from the Association kept the Association flag flying, and apart from Phyllis Turville having to go native for the first couple of days because her luggage had got lost, and David Filer managing to get his dates wrong and arriving a day late, I know we all enjoyed ourselves and came away with some understanding of the problems facing a country which had had its academic progress halted since 1936 — firstly by the Japanese invasion and then by the Cultural Revolution — and is making great strides to fill in this lacuna in our field as in many others.

J.C.G. HAMMOND

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Maybe the most lasting impression is the friendliness of the "ordinary" people we met; the happy and welcoming attitude of our Chinese hosts who could not do enough to ensure our comfort and enjoyment; the fact that it is true that the initials C.A.A.C. really do mean 'China Airways Always Cancel'; and a desire to return to China as soon as possible.

DAVID PAUL

FALSE ACCUSATION

A 19-year-old woman who falsely accused her former boyfriend of rape was sentenced to three years in a young offenders' institution after admitting attempting to pervert the course of justice.

Thomas Glencross was arrested and charged with raping Sara-Jane Goodwin in a public house car park in July 1988, and remanded to Lincoln prison for 14 days. However, police officers tracked down the airman with whom Goodwin had spent the night when she alleged that she had been raped.

Goodwin told the police that she invented the story as she had been reported to the police as missing by her parents. She had banged her head against a wall and cut herself with a piece of glass to make her account of the alleged attack sound more convincing. She had also included descriptions of jewellery and aftershave she alleged had been worn by Glencross when he raped her.

Glencross is expected to receive compensation from the Home Office.

ADDRESS LABELS

Names and addresses have been transferred to the Association's new computer, and it is inevitable that errors will have crept in. Please check your label and ensure that all details of your address, including county and postal code? Report any errors to the Editor of the Supplement (address page 2), or to the Association Hon. Secretary.

CORRESPONDENCE

Dear Sir,

CROWN COURT (ADVANCED NOTICE OF EXPERT EVIDENCE) RULES 1987

The above Rules require any party to proceedings proposing to adduce expert evidence (whether of fact or opinion) in the proceedings to furnish as soon as practicable to the other party or parties a statement in writing of any finding or opinion which he proposes to adduce by way of such evidence.

These Rules do not yet apply to Northern Ireland although it is hoped that they will be introduced some time during the incoming year.

In the meantime, of the Association of Forensic Medical Officers of Northern Ireland ask that as a matter of courtesy, any member of the Association of Police Surgeons of Great Britain who receives a request to appear in a Court in Northern Ireland should advise the local Member involved in the case of his intention to do so.

John H.H. Stewart

Hon. *Secretary,*
Association of Forensic Medical
Officers of Northern Ireland

METHADONE

The Editor

Dear Sir,

With reference to Vol. 23 April 1988 Supplement of *The Police Surgeon*, I note in the President's letter that he mentions the use of Methadone in

Police Stations. In most of our Divisions this has never been used and, in fact, many years' experience has shown us that Largactil, and the occasional use of analgesics, works extremely well in helping prisoners to overcome withdrawal symptoms very quickly indeed.

May I make the observation that if Methadone were to be given on a daily basis to a number of prisoners, the cost to the Authorities would be unacceptably high, as it would properly have to be prescribed by a visiting doctor, and there is no provision for it to be legally stored in a Police Station.

Yours sincerely,
Dr. H.E. Godfrey

MISSING D.M.J.'s

The Editor

Dear Sir,

I note with disappointment how few members hold the D.M.J. It would seem that the qualification is an elementary step to the proper recognition of the role of the Police Surgeon in the late part of this decade and essential to the maintenance of a strong medico-legal influence in society.

Yours faithfully,
Lois Fletcher

Editor: Despite the steady encouragement from the Association and from an increasing number of police forces, the number of APSGB members obtaining the Diploma in Medical Jurisprudence has fallen to the lowest level since the Diploma was instituted. Association members without the Diploma who are criticised for their apparent lack of expertise by professional colleagues in other disciplines have only themselves to blame.

RALPH LAWRENCE MAKES A HIT IN GHENT

Ralph Lawrence has had a busy summer. Soon after the giant B.M.A. Representatives Meeting in Norwich where he was an executive member, he went to the Congress on Medical Law in Prague. From there he went on to Ghent in Belgium where he attended the International Congress on Applied Criminology. He gave a fine paper on "Child Abuse, Child Pornography and the Crime Rings". It was exceedingly well received and it impressed everybody.

The presence of an APSGB member at the conference prompted the organisers to appoint him chairman of a whole session. They didn't realise they had picked a BMA chief and somebody with the organising ability and experience of Ralph. He got everybody talking and discussing so much that Prof. Dirkens made a special point of complimenting him. Another feather in the cap of APSGB. Congratulations Ralph!

It proves again the old adage — If you want a job done well give it to a busy man!

10th MEDICO-LEGAL ANNIVERSARY

Mr. Michael Napier, retiring President of the South Yorkshire Medico-Legal Society, retired in fine style when he handed over his chain of office to his successor, Dr. Peter Jones.

Celebrating its 10th Anniversary, the Society held a ball in the famous and beautiful Cutlers' Hall, Sheffield, the event attracted 300 participants.

Guest of Honour was Mr. John Stalker, former Deputy Chief Constable of Greater Manchester Police, who proved to be a witty and entertaining after-dinner speaker. Other society representatives and guests known to members of the Association included Dr. Sivaloganathan (Leeds and West Riding

Medico-Legal Society), Myles Clarke (Merseyside Medico-Legal Society), Ivor Doney (Bristol Medico-Legal Society), Kingsley Bird (Manchester and District Medico-Legal Society), Richard Whittingham (Sutton Colefield) and Alan Usher (Sheffield).

The guests were entertained after the dinner by an eight-piece band; those so inclined could indulge in a disco in an adjacent room.

Medico-Legal Society organisers considering social functions and wanting to learn of the experience of others, should consider South Yorkshire — they do things well in Sheffield.

PETER BUSH

Dr. Peter Bush, formerly a police surgeon in Barnstable, North Devon and who emigrated to the State of Victoria, Australia, is back in England. Peter became initially the *only* police surgeon based in Melbourne. His work-load was very similar to that of the U.K. surgeon, and did not involve him with routine police health matters.

Peter has now retired and at present is in South-East England. Needless to say, he is not content with watching the grass grow and is at present at work on *two* books; one is entitled "Police Medicine", and will be an authoritative work of world-wide interest, and with a galaxy of international contributors. "Police Medicine" is likely to appear in 1990. About his second book, Peter is less forthcoming, but I suspect it will be an autobiography with a particular accent on Peter's work as a police surgeon. Could be a good read.

Peter has been succeeded as senior police surgeon by Dr. David Wells, who is treasurer of the AAPAPMO.

Other antipodean surgeons who have recently retired include Morrie Vane (Australia), and Bill Treadwell (New Zealand, former President of AAPAPMO.)

ASSOCIATION OF AUSTRALASIAN AND PACIFIC AREAS POLICE MEDICAL OFFICERS

President: Dr. William Ryan

Vice-President: Dr. J. Barr

Secretary: Dr. Edward Ogden,
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3155,
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Australia.
Tel: (03) 762 3133

Treasurer: Dr. David Wells,
Police Surgeon's Office,
Police Offices,
376, Russel Street,
Melbourne,
Victoria,
3000,
Australia.
Tel: (03) 667 1657

FORENSISCH MEDISCH GENOOTSCHAP

Council members of the F.M.G. —

President: Frans F.J.J. Metz (G.P. & police surgeon)

Vice-President: Andre Lacroix (G.P. and police surgeon)

Secretary: Frits Buijze (Director public health administration and police surgeon)

Treasurer: Bart van der Kuyl, (forensic odontologist)

Asst. Secretary: Dr. Jo. J.G. Puts (forensic pathologist)

Dr. Barent Cohen, former President of the F.M.G., has recently been seriously ill, but is now recovering. However, he has had to reduce his work load for the time being, and is concentrating on his educational commitments at Utrecht.

FORENSIC ACCESS

Russell Stockdale has taken the plunge, left the sheltered and cosy environment of the forensic laboratory, and has gone independent to face the rigours of market forces. He is a senior partner in the firm 'Forensic Access', independent scientific consultants to the legal profession, together with founding partner Dr. Angela Gallop.

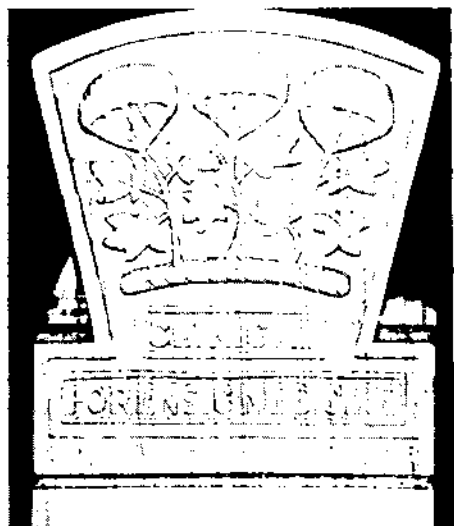
'Forensic Access' has its own fully equipped laboratory specialising in blood and fluid identification. Through close working links with ICI, it can utilise DNA profiling — genetic fingerprinting. The laboratories expertise extends across many fields, and 'Forensic Access' therefore offers no standard package of services, it simply recommends from the wide range of skills and specialisations available to the consultancy those which best fit the case in point.

'Forensic Access' now maintains the Register of Experts, which was established in response to lawyers' increasing need for direct access to experts from a wide range of scientific and technical disciplines. For further information, write to Crostrees House, Priory Road, Newbury, Berkshire RG14 7QS Tel: Newbury (0635) 38366. Fax 0635 528458

DRUGS FOR SEX

Former principle police surgeon Roger Phillips of Bristol was jailed for two years for supplying Diconal tablets to a massage parlour girl on a number of occasions in payment for sexual services. He visited the massage parlour about six times a month, but denied knowing that most of the girls were drug addicts working at the parlour to finance their addiction.

It was said that Phillips used the name Hamilton when visiting the massage parlour, and would ring for an appointment with whoever he fancied. He carried a bleeper which he put under the pillow when at the parlour.



R.S.M. GAVEL

The gavel illustrated was presented by Dr. Tim Manser to the Forensic Medicine Section of the Royal Society of Medicine. Now retired from his onerous job as Association Conference Secretary, and finding time lay heavily on his hands, Tim made the crest and gavel himself.

The stand with the crest of the R.S.M. was carved from a single piece of Burma Teak 12cm X 15 cm in cross section. The finish was an initial soak in teak oil followed by wax polish. The gavel was turned from *Lignum Vitae*, one of the hardest woods in the world.

STRUCK OFF

Police surgeon Maldwyn Hopkin-Thomas was found guilty of serious professional misconduct and struck off the medical register by the General Medical Council, following his admission of a six-year affair with a patient. However, he was cleared of a more serious charge of supplying Diconal 'otherwise in the course of bona fide treatment'. It had been alleged by the woman that Hopkin-Thomas had deliberately made her dependent on the drug in order to have sex with her.

DRINK DRIVING

Back Calculation

The practice of back calculating blood and breath tests obtained the support of the law lords in December 1988, when they dismissed a driver's appeal against a High Court ruling that such evidence was admissible. A blood sample taken four hours and twenty minutes after a fatal crash showed the driver to be below the limit, but back calculation showed him to be over the limit.

The House of Lords advised that because back-calculations involved a number of factors, the prosecution should not seek to rely on evidence of back-calculation save where it was easily understood and clearly established the presence of excess alcohol at the time when the accused had been driving.

Medicals for Drink-Drivers

It has been proposed that drink-drivers found to be more than two-and-a-half times the legal limit should have medical examinations before being allowed to have their licences back. Legislation would be required, and if passed next year, the scheme could start in 1990. Doctors undertaking the examinations would be approved by the Driver and Vehicle Licensing Centre, Swansea.

Random Testing

According to an opinion pole conducted earlier this year, as much as 77% of the U.K. population is in favour of random breath testing for drinking drivers. Police surgeon James Dunbar, an advisor to the group Action on Drinking and Driving who conducted the pole, said he was surprised and pleased at the amount of public support.

Dunbar said that he believed the introduction of random testing would reduce the 1,500 deaths on the road caused by alcohol each year.

NEGLIGENCE

Claims of negligence against doctors in the United Kingdom have doubled in the last two-and-a-half years, according to the Medical Defence Union.

Dead patients are now suing dead patients. Dr. John Wall, the deputy secretary of the Medical Defence Union, quoted a recent case of an 85-year-old obstetrician who was asked to give evidence about the circumstances surrounding the birth of a brain-damaged child 25 years ago.

The three-year Statute of Limitations does not apply in cases where evidence of negligence comes to light years later, and other exceptions are case where babies injured during delivery did not need to bring actions before the age of 21 years.

The Medical Defence Union has announced increases in subscriptions for

1989 to £1,350. The Medical Protection Society is introducing differential rates, with a higher differential rate for high risk specialities, such as obstetrics, accident and emergency and anaesthetics.

PMT AND DEPRESSION

Association Secretary Hugh Davies was vindicated in the High Court when teenager Anna Reynolds was freed, and a charge of murder reduced to manslaughter.

Reynolds had been convicted of murdering her mother, but after several examinations Hugh had diagnosed a combination of pre-menstrual tension and post-natal depression only days after the killing in June 1986. Evidence about Reynolds' condition appeared to have been dismissed by the jury.

Mr. Colin Sampson, Chief Constable, West Yorkshire Police, congratulates Professor David Gee after a testimonial presentation at Leeds University in October 1988.





Tim and Dee Manser. Tim has completed his very successful term of office as A.P.S.G.B. Conference Secretary and handed over to Stephen Robinson.

SEVILLE MANIFESTO

The Association has been represented at two meetings of the Seville Manifesto Committee, in Nice in March and Liege in September 1988. The Manifesto was submitted to the Cleveland Inquiry; one of the principal recommendations of the Inquiry has highlighted the need for training.

A number of countries have established national requirements for forensic medicine. These include Eire (which does not recognise clinical forensic medicine), France, Germany, Italy and Spain. It is now up to the various national organisations to continue pressure, particularly upon European Members of Parliament, to ensure that the Manifesto is dealt with in the European Parliament as soon as possible.

The Seville Manifesto was presented to the European Parliament in June 1988. For further details of the Manifesto, see Police Surgeon Supplement Vol. 22 May 1987, page 26.

REMAND PRISONERS

Remand prisoners held in police or court cells have continued to cause not inconsiderable medical problems. Prisoners with untreated psychological problems are being shifted from police station to police station. Medical records are not sent from police surgeons to prison doctors or vice versa. The chief Medical Officer for the Metropolitan Police has expressed concern over the number of Home Office prisoners returning to Lambeth Holding Centre with large quantities of potentially dangerous drugs, including Methadone, which is not prescribed in the Metropolitan area. He also complains that insufficient detail is being recorded in the prisoners account books in relation to prescribed medication.

A group of lawyers and others has protested to the Home Secretary Mr. Douglas Hurd about the conditions in which some remand prisoners are held. Many cells are underground, with cases of men and women not seeing daylight for up to a fortnight. There are insufficient beds, some prisoners having to sleep on mattresses on the floor. Many cells have no showers and some prisoners may have to go without a bath for a week.

BASPCAN

Dr. Marietta Higgs, who was involved in the Cleveland child sex abuse inquiry, failed to be elected to the executive council of BASPCAN. (British Association for the Study and prevention of Child Abuse and Neglect). There were threats that other members would resign if she were elected.

SEDCOLE TO EVANS

The name J.V. Sedcole will no longer be seen in the Membership List for the North East. Dr. J. Victoria Evans did in fact get married in April 1987, but continued to practise under her maiden name of Sedcole until 1st February 1988. Belated congratulations!

ASSOCIATION DATABASE

Following the article in the previous supplement and subsequent discussions, it seems that the setting up of a database on the findings in cases of sexual assault and child sexual abuse is a feasible proposition.

The best way to obtain information is a questionnaire which is to be filled in for each case. I have designed a questionnaire and modified it with helpful suggestions from other members. I expect there is still room for improvement, and any suggestions are welcome. Clearly the more simple it is to fill in, the greater the chance of getting a good response.

THE QUESTIONNAIRE

A copy of the questionnaire accompanies this piece. Where possible the answers are provided by ticking boxes. There is space for further comment and explanation at the end of it. Each questionnaire will consist of both sides of a sheet of A4 paper. In most cases there will be a number of questions which are not applicable and can be left blank.

WHO WILL PARTICIPATE?

Any member who wishes to participate will be welcome. If you wish to do so, details appear at the end of this article. Please read on to see what you are letting yourself in for. Any member wishing to participate will receive a small supply of questionnaires. If you have the facility to photocopy these it will be much appreciated as this project is unfunded at present. If you do not have this facility then I will provide further copies as required. Those participating will be recorded on the database by an identifying code, the Dbase Ref. mentioned at the head of the questionnaire. Using this code the results for individual doctors can be analysed if they so wish but will not be

done otherwise. Your ref. at the top of the questionnaire is so that you can identify that individual case if I need to come back to you for further details or clarification.

WHICH CASES & WHAT TO DO

Cases of serious sexual assault will be looked at. This will include Rape, U.S.I., Indecent Assault, Buggery and Child Sexual Abuse. In fact any case of sexual assault where a medical examination was required. The results of examination of both the victims and the offenders are required. Where questionnaires are filled in for both the victim and the offender in a particular case, a note of this to link them will be useful.

To be truly representative, all cases seen from a set date must be recorded. The starting date for an individual participant is not important. It is important that every case seen in the above categories should have its questionnaire filled in. I appreciate that this will take a further 5 to 10 minutes at the end of the examination. If a participant wishes to stop then this is no problem so long as he or she lets me know that from a certain date they have stopped or will be stopping.

Once questionnaires have been filled in they should be sent to me at home for putting on the database.

SO WHAT NEXT?

I hope to start in earnest in January 1989. The database is set up now and will only need slight modification as any new ideas are received before 1.1.89.

Once this is done then those who wish to participate will be sent copies of the finalised questionnaire and notes to explain in further detail how to fill them in and what some questions exactly mean.

Participants may wish to start with

cases as they do them after 1.1.89. Alternatively it would be quite acceptable to go back over previous cases and fill in a questionnaire from each. If a retrospective approach is chosen then the starting date must be given to me.

I hope members of the Association will be willing to support this. I appreciate that it means extra unpaid work, but hope that the production of our own statistics, in an area sadly lacking in statistical information, will make the effort worthwhile.

If you wish to participate, or merely wish to test the water by filling in a few questionnaires to see how hard/easy it is then please contact me:

Dr. Tim Manser,
Whitelears,
Bridgetown Hill,
Totnes,
DEVON TQ9 5BN

Tel: Home . . . 0803 863876
Surgery . . . 0803 862671

NOTES FOR COMPLETION

YOUR REF: Each case must be identifiable so that I can seek further information from you or clarification if required.

DBASE REF: Each case will have a reference number so that I can refer back to the sender. It will be anonymous so that only I will know the sender of that case. It will allow analysis of a single examiner's cases if requested by that examiner.

HISTORY

OFFENCE(S). More than one Offence may be involved. e.g. 1. Rape. 2. Attempted Buggery

SINGLE OR SERIES. The case may be of repeated events e.g. Child Sexual Abuse over a period of time, or a single event.

VICTIM OR OFFENDER EXAMINED. This form should cover the examination of either a victim or offender.

WHERE OFFENCE TOOK PLACE. 1. Location such as Park, Offender's home, Pub or Victim's House. 2. More specific e.g. Bedroom, Bandstand, Kitchen. Please be as specific as possible. Then the area boxes, Rural etc.

DATE & TIME OF OFFENCE & EXAMINATION. These are to obtain amongst other things the interval. This may be long for a variety of reasons. If a series please enter date of most recent event.

MARITAL STATE. S,M,W,D, Separated etc.

PLACE OF EXAM. e.g. Surgery, Police Station, Hospital

LENGTH OF EXAM. In minutes please.

WHO PRESENT AT EXAM. e.g. W.P.C., Social Worker, Parent, Friend, Nurse. If parent please specify Father/Mother. If relative state relationship e.g. Aunt.

VICT/OFF RELATIONSHIP. Relationship of Offender to victim e.g. Father. In family state relationship e.g. Step-mother. Outside family e.g. family friend, Father's friend, neighbour, baby sitter, boyfriend, acquaintance. Known away from home. e.g. Social Worker, teacher, nurse, vicar, doctor, solicitor.

MEDICAL CONDITIONS . . . e.g. Congenital Heart Disease, Epilepsy, Asthma.

PSYCHOLOGICAL . . . e.g. Depression, Schizophrenia.

MEDICATION . . . e.g. Ventolin Inhaler, Atenolol tabs, Diazepam. Generic or Proprietary.

ALCOHOL AT OFFENCE . . . Estimate of degree of Intoxication at the time of the Offence.

DRUG INTOX AT OFFENCE . . . As Alcohol.

DRUGS OF ABUSE AT OFFENCE . . . Name of abused drug e.g. Cannabis, L.S.D.

CONTRACEPTION . . . Used at the time of the Offence.

VASECTOMY . . . Male yes or no. Females not applicable.

MENSTRUATING . . . At time of offence. Females yes or no. Males not applic.

TAMPON IN SITU AT OFFENCE . . . Tampon in place at time of offence.

PREVIOUS SEXUAL EXPERIENCE. 0 = Virgin. Number of times not number of partners.

PARITY . . . Standard form e.g. G2P1. Was she pregnant at time of offence?

WEAPON USED . . . Yes or No. If yes state type e.g. Knife, Gun, Stocking. If article of clothing please state whose e.g. Victim's Stocking, or Offender's Tie.

LUBRICANT USED. Yes or No. If yes what. e.g. Margarine, K-Y Jelly.

CLOTHING DAMAGE OR STAINING. Please estimate severity of damage/stain.

EXAMINATION

For each part of the body there is a space for the type of injury, and its severity. For Type please use the accepted description. e.g. Abrasion, Bruise, Incised Wound, Stab Wound, Patterned Bruise, Gunshot Wound, Bite, Love Bite, etc.

For Severity please classify into Mild, Moderate or Severe. This I'm afraid is necessarily subjective.

There may be more than one injury. Please specify. e.g.

Chest Bruises Severe, Abrasions Moderate.

Abnormality = Disease or deformity but no injury. Please enter type. If you have insufficient space or want to add other things, please enter them under Notes & Comments at the end.

SPECIFIC QUESTIONS

HYMEN . . . Please note type. If size of hymenal opening is measured please state how it was measured; if estimated tick box.

DISCHARGE . . . If seen please describe if possible.

ANAL SKIN . . . Appearance.

ANAL TONE . . . Tone on digital examination.

FUNNEL ANUS . . . Type 1. Changes around the anus making it appear deepset.

Type 2. Anus itself funnel shaped rather than flat.

R.A.D. . . . If found did it appear immediately or after time has elapsed.

How long did it persist. Did it only involve the external sphincter or internal also.

RECTUM . . . Empty or full of faeces. Semen if seen macroscopically.

INSTRUMENTS . . . G/K rod = Glaister Keene rods or Glaister's Globes.

SAMPLES TAKEN

SAMPLES TAKEN . . . Standard selection to tick if taken. Please add others.

OUTCOME

The outcome of the case may well be supplied some time later. If you can remember to do this and send it complete with your reference of the case then I will be able to find it. Otherwise I will try to follow up as many as possible.

NAME & PHONE NO. ESSENTIAL FOR ME TO CONTACT YOU. This information will not be entered on the database, though the case reference will identify the examiner and case by code.

NOTES. Please add here any facts you think are relevant which do not fit on the Questionnaire.

Further explanation of any answers where you have not had room above.

HISTORY

OFFENCE(S) 1 2 3
SINGLE OFFENCE ☐ SERIES OF OFFENCES ☐
EXAMINATION OF VICTIM ☐ OFFENDER ☐
NUMBER OF VICTIMS NUMBER OF OFFENDERS
SCENE OF OFFENCE 1 2
RURAL ☐ VILLAGE ☐ SMALL TOWN ☐ LARGE TOWN ☐ CITY ☐
DATE OF OFFENCE TIME OF OFFENCE
DATE OF EXAM TIME OF EXAM
SEX OF EXAMINEE AGE D.O.B. MARITAL STATE
PLACE OF EXAM LENGTH OF EXAM
WHO PRESENT AT EXAM
VICT/OFF RELATIONSHIP
MEDICAL CONDITONS 1 2
3 4
PSYCHIATRIC CONDITONS
MEDICATION 1 2
3 4
ALCOHOL AT OFFENCE None ☐ Mild ☐ Moderate ☐ Severe ☐
DRUG INTOX AT OFFENCE None ☐ Mild ☐ Moderate ☐ Severe ☐
IF DRUG INTOXICATION Drug Name
CONTRACEPTION Yes ☐ No ☐ Type
VASECTOMY Yes ☐ No ☐ Not applicable ☐ Not known ☐
MENSTRUATING AT OFF Yes ☐ No ☐ Not applicable ☐ Not known ☐
TAMPON IN SITU AT OFF Yes ☐ No ☐ Not applicable ☐ Not known ☐
IF YES WAS TAMPON REMOVED ... Before ☐ During ☐ After ☐ Left in ☐
WAS TAMPON/TOWEL RETAINED Yes ☐ No ☐
PREVIOUS SEXUAL EXP 0 ☐ 1-5 ☐ 5-20 ☐ > 20 ☐ Not known ☐
PARITY G...P... Not known ☐ Pregnant ☐
WEAPON USED Yes ☐ No ☐ Type
LUBRICANT USED Yes ☐ No ☐ Type
CLOTHING DAMAGED No ☐ Mild ☐ Moderate ☐ Severe ☐
CLOTHING STAINED No ☐ Mild ☐ Moderate ☐ Severe ☐

A man claimed in Abingdon Magistrates Court that a cheese fondue and an apple mouse were responsible for raising his blood alcohol to 87 mgm/100ml (limit 80mgm). A senior analyst at the Home Office forensic laboratory cooked the dishes again with white wine, a liqueur and brandy, and tests by analytical biochemist Robin Cooper showed that up to 80 per cent of the alcohol in the fondue would not have evaporated. The driver was fined £200 with £20 costs, but did not lose his licence.

A cockroach pursued by a housewife in Tel Aviv ended up in the toilet followed by insecticide. The husband, unaware of the preceding drama, dropped a cigarette end into the toilet bowl, ignited the insecticide, and 'seriously burnt his sensitive parts'. Ambulance men laughed so much they dropped the stretcher and broke the man's thigh.

An injured man riding unattended in the back of an ambulance fell out on the roadway and had to hitch-hike the rest of the way to the hospital at Avellino in Italy.

EXAMINATION

	N.A.D. ABNORMALITY INJURY			TYPE	SEVERE MODERATE MILD		
HEAD & NECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHOULDERS & ARMS ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREASTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUTTOCKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VULVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAGINA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERVIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECTUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIFIC QUESTIONS

HYMEN Intact ☐ Fresh Tear ☐ Bruise ☐ Old Tear ☐ Elastic ☐
 Car Myr ☐ Opening ...mm Estimate ☐ How Measured
 VAGINAL DISCHARGE Yes ☐ No ☐ Comment
 ANAL FISSURE Yes ☐ No ☐ FISTULA Yes ☐ No ☐
 ANAL SKIN Normal ☐ Abnormal ☐ Comment
 ANAL TONE Normal ☐ Increased ☐ Reduced ☐ Absent ☐
 FUNNEL ANUS No ☐ Type 1 ☐ Type 2 ☐ Other ☐
 REFLEX ANAL DILAT. . No ☐ Instant ☐ At 10sec ☐ At 20sec ☐ At 30sec ☐
 Transient ☐ 5sec ☐ 10sec ☐ 20sec ☐ 30sec ☐ Persistent ☐
 Ext sphin ☐ approx diammm Ext + int sphin ☐ approx diam....mm
 RECTUM Empty ☐ Full ☐ Semen ☐ Discharge ☐
 PENIS Circumcised ☐ Uncircumcised ☐
 PENILE FRENULUM .. Intact ☐ Torn ☐
 INSTRUMENTS USED None ☐ Speculum ☐ Proctoscope ☐ Nasal Spec ☐
 G/K rod ☐ Size of G/K rod Other ☐

SAMPLES TAKEN

<input type="checkbox"/> Venous Blood	<input type="checkbox"/> Saliva	<input type="checkbox"/> Combed Head Hair	<input type="checkbox"/> Pulled Head Hair
<input type="checkbox"/> Nail Scrapes	<input type="checkbox"/> Mouth Swab	<input type="checkbox"/> Combed Pubic Hair	<input type="checkbox"/> Pulled Pubic Hair
<input type="checkbox"/> Ext.Vag.Swab	<input type="checkbox"/> Low Vag.Swab	<input type="checkbox"/> High Vag.Swab	<input type="checkbox"/> Ext.Anal Swab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Int.Anal Swab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OUTCOME

ALLEGATION .. True ☐ False ☐ Withdrawn ☐ Doubtful ☐
 ARREST ... Yes ☐ No ☐ COURT APPEARANCE ... Yes ☐ No ☐
 COURT PLEA ... Guilty ☐ Not Guilty ☐ FINDING ... Guilty ☐ Not Guilty ☐

EXAMINING DOCTOR NAME PHONE NO

NOTES & COMMENTS

THE AUTUMN SYMPOSIUM

It was very gratifying to see how well attended was the Autumn Symposium at Manchester University on 24/25 September. This was not surprising, for the subject was "Sex and the Forensic Clinician" and it was anticipated that the speakers would know what they were talking about, which they certainly did.

Assistant Chief Constable Alan Castree of the Greater Manchester Police (GMP) opened the proceedings and demonstrated the considerable social awareness exhibited by the GMP which supports the St. Mary's Sexual Assault Centre (SAC, about which more later), the Children's Hospital Unit at Booth Hall, the workshops which they have organised to assist individual agencies dealing with sexual offences and

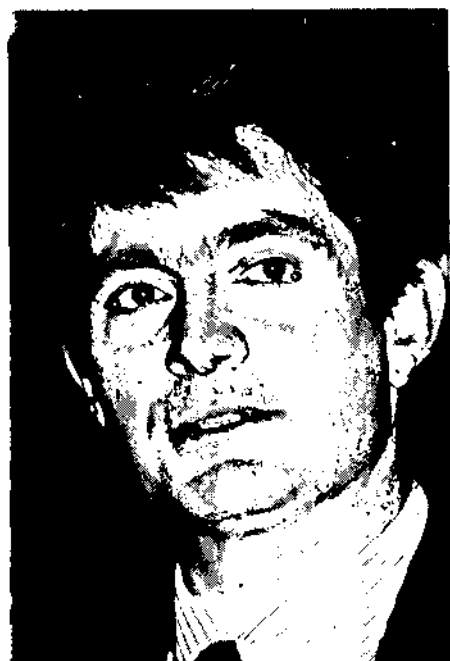
their sequelae, and the setting up of integrated interview teams at Rochdale. Much of this to provide a service in excess of our customary norms to benefit the victims, this being the first consideration in the philosophy underlying their policy. It was encouraging to hear the praise which he lavished on our colleagues in Manchester.

The keynote speech was undoubtedly that of Raine Roberts, bouncing back after the Cleveland affair. She described very graphically the dedicated Sexual Assault Centre at St. Mary's and I suspect that this may well turn out to be the model of choice for other cities. Like the GMP, their terms of reference carry them much further than we would normally have thought appropriate for police surgeons, forensic medical examiners or what you will; the scope and quality of the after-care was an eye-opener. Raine has seen more cases since the SAC opened than she had done in the previous ten years. Victims are frequently self-referred in addition to those coming from the police and other agencies. I was pleased to hear that they are aware of their obligation to collate and publish all the data that is accumulating, for this is what is so urgently needed for the clinician. An interesting comment was her observation that rapists were beginning to use condoms, although whether it was to protect them from AIDS or attempts to foil the forensic scientists remains in doubt.

Madeleine Robinson, the wife of Steven who organised the symposium so well, described the screening undertaken for sexually transmitted diseases, again more than we are accustomed to doing ourselves.

May Duddle, a consultant psychiatrist working at the SAC gave a masterly account of the psychopathology of the victim, not old-hat material from the text-books, but based on some five hundred cases. Some 31% had been raped before, even excluding incest. She

Mr. Alan Castree, A.C.C., G.M.P.





Dr. Madeline Robinson



Dr. May Duddle

pointed out that the risk stakes were highest for divorced or separated women, then widows, with single women at the bottom of the list. As part of her contribution to eradicating the mythology of rape, she emphasised that the victims were generally quite ordinary women, and that certainly during the rape itself, fear of dying was often paramount, so it was not surprising that over 30% of victims were totally passive during the attack.

Ms Bobby Print of the Swindon Child Abuse Unit spoke about "Talking to Children" and supplemented this with a useful handout. Most of us, of course, working in the primary health care field, have been talking to children for years, and I suspect that we have greater skills in this area than many other disciplines.

WPS Margaret Parker of the GMP is responsible for the training courses set up for GMP officers dealing with sexual offences. It was quite interesting to compare the Manchester approach with that of the Metropolitan Police in London. Whereas at the present time in

the Met. training is very rape-orientated, in Manchester the horizon is somewhat broader, perhaps too broad for WPS

W:PS Margaret Parker, G.M.P.



Parker who would like to see things in sharper focus.

Notwithstanding this, Chief Superintendent Albert Yates of the GMP was quite satisfied, as were his audience, that the effort involved was worthwhile when comparisons were made before and after the "new awareness." He made some interesting comments regarding the geographical distribution of crime in the GMP patch, but it would be invidious of me to name the area that was responsible for more crime than the collective total work-load of eleven other constabularies.

On the second morning, Peter Green, overcoming technical difficulties with a projector, went into some detail about homosexual murder, homing in on one particularly well publicised case. Like other speakers before him he had researched his material well, and gave us some very interesting information.

The final session was devoted to "The Cleveland Forum," with David Jenkins bravely replacing Alastair Irvine in the quartet, the others being Raine Roberts, Myles Clarke and David Paul. Myles finished off with a factual account of one case which must have been another eye-opener for some, but all in all I thought the quartet was rather subdued, which is perhaps as it should

have been, since now is the time to heal the rifts that appeared so acutely in and over Cleveland.

All in all a useful week-end. The students' rooms were perhaps a little spartan for the our more mature (? spoiled) tastes, but the food was good and the company, as usual, excellent. After dinner on Saturday night we were even treated to a showing (but not a demonstration) of Steven Robinson's Great Yak Emasculator, which turned out to be a rather up-market, low-tech bottle-neck cracker for vintage port.

If you missed the symposium out of sheer inertia, think twice before you miss the next one. I doubt if you'll regret it.

NEVILLE DAVIS

MERSEYSIDE SYMPOSIUM

In May 1988 a very successful training day for Merseyside Police Surgeons was held at the Police Training School in Liverpool. Eighteen of the twenty-one Merseyside Surgeons attended and none had calls to take them away from the meeting.

The meeting was opened by the Chief Constable, Sir Kenneth Oxford, who foresaw the time when Divisional Police Surgeons would require the Diploma in Medical Jurisprudence to achieve their full appointment.

After a review of the Police & Criminal Evidence Act by Inspector Roberts, Dr. Jim Burns, Home Office Pathologist, discussed the Police Surgeon's role in cases of sudden death and reviewed changes after death. He concluded his talk with a selection of his widely varied case load.

In the afternoon, after an excellent lunch, Detective Chief Inspector Bailey of the Fingerprint Department gave an overall view of the work his Department, with reference to scenes of crime.

The afternoon concluded with a session by Mr. M. Firth of the Chorley Forensic Laboratory, who concentrated on DNA profiling and its implications for the Police Surgeon.

Dr. David Paul



DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

7th-8th January 1989 — MANCHESTER

FAGIN COURSE ONE.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ. See page 90.

21st January 1989 — LONDON

Metropolitan Group Winter Symposium, to be held at Charing Cross Hospital Postgraduate Centre, London.

Further details from:—

Dr. David Filer, Warwick Lodge, Warwick Dene, Ealing, London W5.

18th February — BIRMINGHAM

Meeting of the Clinical Forensic Medicine Section of the Royal Society of Medicine, to be held at the Queen Elizabeth Postgraduate Medical Centre, Birmingham. "Forensic Open House" — short papers from members.

Further details from:—

Dr. Jeremy Smart, "The Lantern House", 22 Beaks Hill Road, Kings Norton, Birmingham B38 8BG.

10th-11th March 1989 — BUXTON

Forensic Science Society meeting to be held at the Palace Hotel, Buxton. "Problems and Practice in the Private Sector".

Further details from:—

The Forensic Science Society, Clarke House, 18A Mount Parade, Harrogate.

6th-17th March 1989 — LONDON

Postgraduate Course in Forensic Medicine, to be held at The London Hospital Medical College.

Further details from:—

The Postgraduate Medical Sub-Dean, The London Hospital Medical College, Turner Street, London E1 2AD, tel: 01-377 7637.

18th-19th March 1989 — MANCHESTER

FAGIN COURSE ONE.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ. See page 90.

12th-15th April 1989 — GLASGOW

Second Conference on the Uses of the Forensic Sciences — "Forensic Science on Trial". To be held at the Normandy Hotel, Glasgow.

Further details from:—

The Conference Organisers — Windsor Conferences and Exhibitions, 26 Windsor Crescent, Elderslie, Johnstone PA5 9QU. See page 88.

UNITED KINGDOM MEETINGS

7th, 8th, 14th, 15th April 1989 — LONDON

One day seminars on "Special Care Questioning" and "Statement Validity Analysis", to be held at The Policy Studies Institute, 100 Park Village East, London NW1 3SR.

Further details from:—

Tully Phillips Associates, Chartered Psychologists, Greyhound House, 23/24 George Street, Richmond, Surrey TW9 1JY. See page 91.

13th-15th April 1989 — BELGIUM

Third Cross Channel Conference.

See International Section.

21st-22nd April 1989 — NORWICH

Spring meeting of the Forensic Science Society. "Series Crimes". To be held at the Hotel Norwich, Norwich.

Further information from:—

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

18th-21st May 1989 — GLASGOW

Association of Police Surgeons Annual Conference to be held at the Stakis Gantock Hotel, Gourrock, Glasgow.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale M33 3RQ.

25th-26th May 1989 — CARDIFF

International Academy of Legal Medicine and Social Medicine to be held in Cardiff, Wales. Subject: "Medical Malpractice: Medical Negligence and Professional Misconduct."

Further details from:—

Professor Bernard Knight, Department of Pathology, Royal Infirmary, Cardiff CF2 1SZ. See page 88.

10th June 1988 — LONDON

Meeting of the Clinical Forensic Medicine Section of The Royal Society of Medicine, to be held at the R.S.M. "Forensic Aspects of Sexually Transmitted Diseases".

Further details from:—

Dr. Robin Moffat, 10 Harley Street, London W1N 1AA.

1st-2nd July 1989 — MANCHESTER

FAGIN COURSE ONE.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ. See page 90.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

14th-15th July 1989 — YORK

Summer meeting of the Forensic Science Society.

Further details from:—

The Forensic Science Society, 18A Mount Parade, Harrogate HG1 1BX.

16th-21st July 1989 — LONDON

Second International conference on Health, Law and Ethics. Logan Hall, University of London. Organised by the American Society of Law and Medicine, and the Commonwealth Lawyers and Medical Associations.

16th-17th September 1989 — HUDDERSFIELD

Association of Police Surgeons' Autumn Symposium — "Mental Health and the Forensic Physician". Topics will include assessing suicide risk, mental handicap and crime, murder and psychiatric assessment. To be held at the Pennine Hilton National, Ainley Top, Huddersfield (close to M62).

Further details from:—

Drs. Lesley and David Lord, "Norwood", Skircoat Green Lane, Halifax, West Yorkshire.

30th September-1st October 1989 —

MANCHESTER

FAGIN COURSE ONE.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale M33 3RQ. See page 90.

14th October 1989 — LONDON

Meeting of the Clinical Forensic Medicine Section of the Royal Society of Medicine, to be held at the R.S.M. "Forensic Medicine and the Media". The meeting will be preceded by The Presidential Address.

Further details from:—

Dr. Robin Moffat, 10 Harley Street, London W1N 1AA.

October 1989 — LEEDS

One day course for police surgeons.

Further details from:—

The Department of Forensic Medicine, Clinical Sciences Building, St. James's University Hospital, Leeds 9.

3rd-4th November 1989 — HARROGATE

Forensic Science Society AGM and Autumn Meeting. "Fire Investigation".

Further details from:—

The Forensic Science Society, 18A Mount Parade, Harrogate HG1 1BX.

UNITED KINGDOM MEETINGS

13th-14th January 1990 — MANCHESTER

FAGIN COURSE ONE.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale M33 3RQ. See page 90.

24th-25th March 1990 — MANCHESTER

FAGIN COURSE ONE.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale M33 3RQ. See page 90.

18th-20th May 1990 — PETERBOROUGH

Association of Police Surgeons Annual Conference, Swallow Hotel, Peterborough.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ.

1990 — MANCHESTER

Association of Police Surgeons Autumn Symposium.

Further details from:

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ.

MAY 1991 — TORQUAY

Association of Police Surgeons Annual Conference, Palace Hotel, Torquay.

Further details from:—

Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ.

1991 — IPSWICH

Association of Police Surgeons Autumn Symposium, Ipswich.

Further details from:—

Dr. M. Knight, 11 Tuddenham Road, Ipswich, Suffolk.

INTERNATIONAL MEETINGS

13th-18th February 1989 — UNITED STATES

41st Annual Meeting of the American Academy of Forensic Sciences, to be held at the Riviera Hotel, Las Vegas, Nevada. Theme: Serial Crime — The Puzzle/Forensic Science — The Solution.

Further details from:—

American Academy of Forensic Sciences, P.O. Box 669, Colorado Springs, Colorado, U.S.A.

DATES FOR YOUR DIARY

INTERNATIONAL MEETINGS

19th February 1989 — UNITED STATES

Interim Meeting of NAME to be held in Las Vegas.

Details from: —

Dr. George Ganter, Pathology Department, St. Louis University Medical School, 1402 S. Grand Boulevard, St. Louis, MO 63104, U.S.A.

13th-15th 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 Bergdhem, Belgium, or from Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ. See page 45.

24th-28th April 1989 — BELGIUM

2nd European Conference on Child Abuse and Neglect, to be held in Brussels. Theme "Child Protection through Therapy?"

Further details from: —

Odette Thon, Akademisch Kinderziekenhuis V.U.B., Laarbeeklaan 101, B-1090 Brussels, Belgium.

26th-30th July 1989 — MEXICO

Fifth World Congress of Victimology, to be held at the Princess Resort, Acapulco, Mexico.

Further information from: —

World Congress, 2333 North Vernon Street, Arlington, VA 22207, USA. See page 91.

8th-12th September 1989 — INDIA

3rd Indo-Pacific Congress on Legal Medicine and Forensic Sciences, to be held in Madras.

Further information from: —

INDPAC Congress, "Forensic House", 30A Kamarajar Salai, Myapore, Madras — 600004, India.

24th-27th October 1989 — UNITED STATES

11th International Conference on Alcohol, Drugs and Traffic Safety, Ambassador West Hotel, Chicago, Illinois, U.S.A.

Further information from: —

Mr. Al Lauersdorf, National Safety Council, 44 North Michigan Avenue, Chicago IL U.S.A. 60611.

6th November 1989 — COLOMBIA

Fourth International Meeting of the Pan American Association of Forensic Sciences, to be held in Bogota, Colombia — theme "The Sciences and Justice". Topics will include identification, questioned documents, AIDS, homicides, suicides, child abuse and molestation.

INTERNATIONAL MEETINGS

Further details from: —

Dr. Egon Lichtenberge, Carrera 11A 96-26 Bogota, Colombia, or from Dr. W.G. Eckert, P.O. Box 8282, Wichita, Kansas, U.S.A.

13th-18th November 1989 — CUBA

Fifth congress of the Latin American Association of Legal Medicine and Medical Deontology, including the 12th Cuban Meeting of Legal Medicine and the 1st International Colloquium on Forensic Psychiatry, to be held at the Havana International Conference Centre.

Further details from: —

Palacio de las Convenciones, Apartado 16046, La Habana, Cuba.

19th-24th February 1990 — UNITED STATES

Annual Meeting of the American Academy of Forensic Sciences, to be held in Cincinnati, Ohio.

Further details from: —

AAFS, 225 South Academy Boulevard, Colorado Springs, CO 80910, U.S.A.

24th-31st October 1990 — AUSTRALIA

12th International Meeting of the International Association of Forensic Sciences will be held in Adelaide, South Australia. Theme — "Towards a Professional Profession".

Further information from: —

IAFS 1990, PO Box 753, Norwood, South Australia. First Circulation and call for papers early 1989, circulation of registration documents early 1990. See page 89.

5th-9th November 1990 New Zealand

2nd World Meeting of Police Surgeons and Police Medical Officers, New Zealand. See page 89.

CLEVELAND DEFENCE

Middlesborough MP Stuart Bell strongly defended police surgeon Alistair Irvine following an attack from a Cleveland County Council working party. A spokeswoman for the parents also supported the doctor: 'We felt that without him we don't know where we would be today. He was the light at the end of the tunnel'.

A 35-year-old man tricked 23 hospitals into believing that he had a kidney stone. He put a stone under his back during X-ray. Told that he had Munchausen's syndrome, Taunton Crown Court put him on probation.

EDUCATING POLICE SURGEONS

The 1980's may be the decade which saw the end of the "amateur" police surgeon and the emergence of the trained, professional forensic clinician.

That experts in this speciality had existed previously cannot be questioned. The need for adequate training and professional approach has been recognised by some for years; it is only recently that the need has been recognised elsewhere, in particular by the police. Police forces are now beginning to require their forensic clinicians to achieve recognised standards of training within a reasonable period after appointment.

Training courses, symposia, conferences and meetings have been organised in the past. They have tended to attract the same faces, with a few new faces at each meeting. There has always been a hard core of doctors occupying police surgeon posts who have resisted all blandishments and inducements to attend meetings, to learn the job and more about it. They exist as big fish in their pools, unchallenged, doing their own thing, unruffled until surprised by a pike — the defence medical expert — with some times disastrous consequences.

There should be little room for defence medical experts to manoeuvre. If the forensic clinician has made a careful examination with documentation at the time, supported, if necessary, by drawings, photographs and forensic evidence, there is little the defence expert can do but to acknowledge the conclusions drawn by the forensic clinician and offer alternative, if less likely, explanations for the jury to consider.

Unfortunately there are still doctors who make cursory examinations, inadequate notes, and less than satisfactory statements, and who provide the defence expert with considerable ammunition, which the expert *must* supply to the defence lawyers.

A defendant has to be found guilty "beyond reasonable doubt". That shadow of doubt may be cast by a prosecution doctor's sloppy, incompetent and, at times, negligent work.

The police are now appreciating that perhaps ten years elapse between the medical undergraduate learning any forensic medicine and the appointment of a new police surgeon. In many universities in the United Kingdom teaching of forensic medicine has dwindled to a mere digital gesture to the dictates of the General Medical Council. The police are now realising that newly appointed doctors are not instant forensic experts and never will be unless they learn the job, by compulsion if need be.

Training demands lectures, lecture theatres, organisers and time. All police forces can — indeed must — undertake some training of their forensic clinicians. However, no police force, with the possible exception of the Metropolitan Police Force, has the number of police surgeons in post which will support ongoing training courses, together with more advanced training. To do this local training must be supported by national schemes.

Two such training projects are in the north of England. FAGIN — Forensic Academy Group in the North — gets underway in Manchester in January 1989 and is mentioned elsewhere in this Supplement. It is six residential weekends, extended over 18 months. It will have its imperfections and the organisers will be ruthless in their self-criticism.

The second scheme has been in existence for some years and has been the one-day course for police surgeons organised by the Department of Forensic Medicine at the University of Leeds.

Although well attended, this year showed a reduction in the numbers attending, probably due to the postal strike, compounded in some instances

by the bureaucratic lethargy which exists in some police forces when it comes to disseminating "low priority information".

This year's course had the theme "Wounds". Joint organiser, Mike Green (with "Siva" Sivaloganathan), had nursed a secret desire to proclaim "The Adams Family" — satisfied by his introduction of brothers Mr. D. Adams, Crown Prosecution Service, and Dr. I. Adams, sports medicine expert. The lawyers' at times strange view of wounds may be explained in part since the law is embodied in the Offences against the Persons Act 1861. Sports medicine and forensic medicine? Consider sudden death in relation to exertion. Did you know that by far the greater number of fatalities occur in the sport of horse riding? What happens to the body who has to sprint after a criminal? Most illuminating. And, how about drugs and athletics?

Although nominally enjoying early retirement because of ill-health, Emeritus Professor David Gee showed that his skills as a lecturer are as fresh as ever. He talked on "Patterns of Injury", a deceptively simple subject, which showed why this modest, self-effacing man is one of the world's great experts. It is entirely appropriate that he is currently working on a book on the Expert Witness, available in a year or two — see a future issue of the Supplement for details.

Clear and sensible explanations of the mechanics of bite marks came from Mr. F.D. Ayton, Forensic Odontologist. He was curious to know why he did not get more referrals of bite marks from police surgeons — a need perhaps for all surgeons to attend forensic odontology lectures.

Professor Alan Usher, as entertaining as ever, confessed to being a defence expert. He pointed out that our adversarial legal system is only fair if the defence have access to medical experts. It is a duty of the defence to test the quality of the prosecution's case. There is a moral duty upon forensic experts to undertake defence work,



Ms. Lesley Cohen

seeking the truth as far as possible, no matter which "side" the truth favours. When a prosecution doctor has erred in the recording of facts or their interpretations, the defence expert owes a duty to expose the error to the accused and to the profession. Alan added that the phrases, "I don't know" and "I can't help" are the marks of an honest man, not the marks of incompetence.

Ms. Lesley Cohen explored the reactions of the victims of trauma. She startled delegates by dividing them into pairs, the one to quiz the other on the sequelae of some episode found stressful in the past. Once the initial embarrassment passed, the brief exercise was concluded and fuelled greatly the lively discussion which followed. We may appreciate the more the needs of our patients and indeed our own needs.

The course was concluded with a paper by Myles Clarke on "Complaints against the Police". The role of the forensic clinician as an impartial gatherer of evidence was emphasised, with some suggestions as to courses to follow in the unlikely event of a police force suppressing evidence of the ill treatment of detainees.

The date of the next Leeds course will appear in the April, 1989 issue of the Supplement.

THE SECOND CONFERENCE ON THE USES OF FORENSIC SCIENCE

This is the 2nd Conference on the Uses of the Forensic Sciences to be held in Glasgow under the auspices of the Forensic Science Unit at Strathclyde University. It is subtitled Forensic Science on Trial because its purpose is to serve as a forum for reviewing the investigation and prosecution of contentious cases from the Preece to the Birmingham Bombing case and from the Dingo case to an assessment of the Fry hearings. This is an international meeting with plenary lectures being given by speakers from Australia; the United States and the United Kingdom. As with the previous conference it is structured so that mornings will be devoted to plenary lectures while afternoons will call upon a large number of speakers to present 30 minute papers on their specialty in the realms of Forensic Science, Medicine, Statistics, Odontology, Law and Police Investigation. Each session will be rigidly timed to allow delegates to move between sections. This conference will give to all those involved in the legal process the opportunity to exchange views, challenge ideas and advance concepts. It is hoped to publish the full proceedings of the conference in book form. This will compliment the proceedings of the last conference published by the Scottish Academic Press. A full social programme will also be available for the partners of delegates.

Further information from:

Windsor Conferences,
26 Windsor Crescent,
Elderslie,
Johnstone PA5 9QU

12th-15th April 1989

INTERNATIONAL ACADEMY OF LEGAL MEDICINE AND SOCIAL MEDICINE

A two-day meeting will be held under the aegis of the International Academy, in CARDIFF, WALES on 25-26 May 1989.

The theme of the meeting will be:

MEDICAL MALPRACTICE: Medical Negligence and Professional Misconduct

This will include the increasing legal and medical problems of iatrogenic damage to patients, quantum of compensation, alternative "no-fault" systems, professional misconduct and disciplinary measures against doctors. The effects of proposed harmonisation within the EEC on medical litigation will also be discussed.

The meeting will be held at the new University Hospital of Wales in Cardiff, the capital city of Wales. Pre- or post-conference vacation tours can be arranged in this historic tourist country, called "the Land of Castles".

For further details, write to Professor Bernard Knight, Department of Pathology, Royal Infirmary, Cardiff CF2 1SZ, Wales.

A.P.S.G.B. CONFERENCE 1989 THURSDAY MAY 19

Why is this day important. It is day one of our annual conference.

This time we are again going north of the border but to the west coast. Twenty five miles west of Glasgow lies Gourach, a delightful coastal town and again we are staying at a Stakis Hotel with excellent facilities. Remember how well we were looked after in Cardiff. However, this time we have the addition of the wonderful Clyde sea scape from the front of the hotel.

An international academic programme together with Scottish hospitality is something not to be missed.

DO COME

1990 IN THE ANTIPODES

For those who would prefer to spend the early winter of 1990 in the antipodean early summer, start saving your p.s. now! Two splendid conference beckon, the first to be held in South Australia, and the second in New Zealand.

International Association of Forensic Sciences

This is the 12th meeting of the IAFS, a triannual meeting which is becoming increasingly popular with Association members (remember Vancouver?) and its organisers are endeavouring to ensure that all future IAFS meetings will pall into its shadow! It will be held at the Adelaide Convention Centre in Adelaide — 'the last well-planned, well governed and moderately contented metropolis on earth'!

All the familiar Special Interest Sections will be there, including Clinical Forensic Medicine. 'I Didn't Really Want to Give a Paper, But...' — Ivor Doney's contribution to the world of the forensic sciences — has been renamed 'Fossicking'; its probably derived from Ivor's middle name or an ancestor of something!

Australian hospitality is a byword — I've yet to meet a Pom Doc who can't wait to get back. Its not all 'Neighbours' and 'Young Doctors'. Tours are being arranged to outback Australia, Ayers Rock, Opal Mines, with Winery tours to Barossa Valley and the Southern Vales. Or you can cuddle a Koala at Cleland Wildlife Reserve if that's your fancy.

Further information in the next issue of the Supplement, and from IAFS 1990, P.O. Box 753, Norwood, South Australia 5067, Australia.

Oh, and by the way, think of a paper to give!

2nd World Meeting of Police Surgeons

The second world meeting of police surgeons and police medical officers will take place in New Zealand —

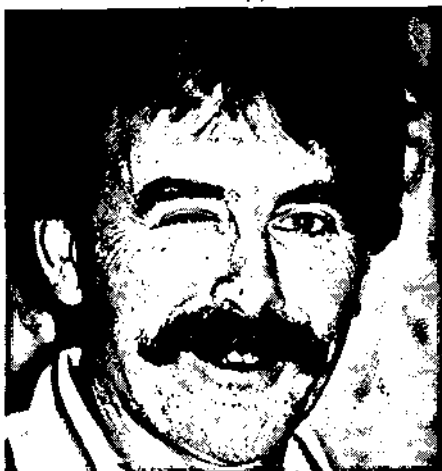
somewhere! At the time of writing, three venues had been suggested — Roturua, Christchurch and Auckland, all splendid venues (I was there!). Whatever venue is decided upon by AAPAMO President Bill Ryan and his able committee, a splendid conference is being lined up.

The meeting will be held the week after the IAFS meeting, from 5th-9th November 1990. No details of the programme are yet available, but no doubt there will be a wide range of papers from contributors from many countries, all involved in various aspects of clinical forensic medicine.

New Zealand has a quite outstanding variety of fabulous scenery, from the sub-tropical in the North of North Island, to the rugged grandeur of South Island. Fancy standing on a glazier half way up Mount Cook, and at the edge of boiling mud pool on the same day? You can do it in NZ. Enjoy motoring without traffic jams? Try NZ.

Promised yourself a round-the-world trip? Call in at the Second World Conference of Police Surgeons on the way.

Further details from Dr. W.P. Ryan, P.O. Box 267, Nowra, New South Wales 2541, Australia, and from the next issue of the Supplement.



Alistair Ross IAFS Section Secretary



STUDY DAYS IN MANCHESTER PART II

Further to my previous article in Police Surgeon Supplement Vol 23 April 1988 — Study days in Manchester, where I have bemoaned the apathy of a few Constabulary Forces and many of our colleagues regarding Police Surgeon training and a proposed course run by FAGIN, I still feel that my comment is justified.

However, there has been a welcome change in the tide and our course which is starting in Manchester on the 7 January 1989 is fully subscribed. In-

deed, the change in tide has resulted in somewhat of a flood and unfortunately, a number of applicants had to be disappointed as we kept the numbers to 36.

In addition to the score of individual applicants whom we could not accommodate, there has been a strong flow of requests from various Police Forces wishing to send their Police Surgeons on the course.

We welcome this positive change. We are looking forward to the course and are already planning number two.

FAGIN MEETINGS IN MANCHESTER COURSE ONE

7th-8th January 1989

18th-19th March 1989

1st-2nd July 1989

30th September — 1st October 1989

13th-14th January 1990

24th-25th March 1990

Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale. M33 3RQ.

ASSISTANT POLICE SURGEON, MELBOURNE, AUSTRALIA

Expressions of interest are invited for the position of full-time Assistant Police Surgeon to the Victoria Police Force. It is anticipated that the position will become available in early 1989.

The Police Surgeons Office currently has a staff of 3 full-time and 30 part-time police surgeons, providing a clinical forensic medical service to the State of Victoria.

Applicants should hold the D.M.J. or have a significant amount of experience in the field of clinical forensic medicine (post-graduate diploma and degree courses in forensic medicine will be commencing at Monash University, Melbourne in 1990).

Further details or applications can be obtained from Dr. David Wells, Victoria Police Surgeon, 376 Russell Street, Melbourne, 3000, Australia.

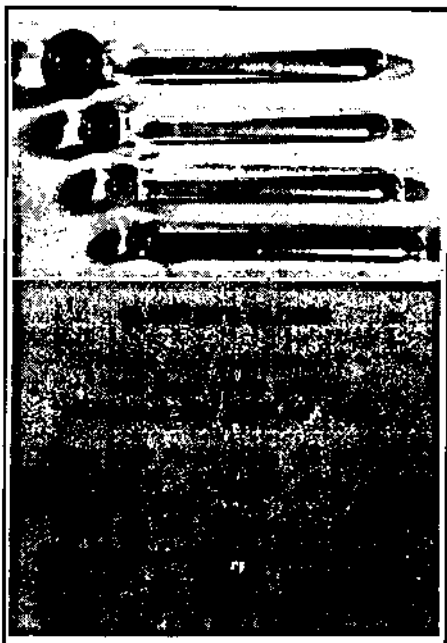
FIFTH WORLD CONGRESS OF VICTIMOLOGY

Princess Resort, Acapulco, Mexico
July 26-30, 1989

The World Congress is for all those who work with, for, or about victims of crime, accidents and disasters. Its objective is to provide mental health professionals and other intervenors with the tools and information to understand the dynamics of victimization and the consequences of abuse, disaster and loss; with strategies for intervention and treatment; with the most current research information; and with international networking opportunities.

Papers, workshops and presentations are invited. Deadline for receipt of proposals May 1, 1989.

For information: World Congress, 2333 North Vernon Street, Arlington, VA 22207 USA, Tel (703) 536-1750; tlx 9103803091.



HELPING THE POLICE WITH THEIR INQUIRIES

When children are dealt with in the justice system, by the police or by the courts, the results are often highly emotionally distressing, and damaging to the true purpose of testimony. The collection, protecting and evaluating of legal testimony from mentally vulnerable people poses similar problems.

A series of repeated one day seminars on "Special Care Questioning" and "Statement Validity Analysis" are to be held at The Policy Studies Institute, 100 Park Village East, London NW1 3SR. The programme directors are Professor Ray Bull, Glasgow College, Ms Gillian Grebler, formerly co-director of the Police and Mental Disorder Research Project (MENCAP), and Dr. Bryan Tully, formerly Senior Force Clinical Psychologist, Royal Hong Kong Police Force.

Cost including lunch and a professional workbook £130.00 plus VAT. Further details from Tully Phillips Associates, Chartered Psychologists Greyhound House, 23/24 George Street, Richmond, Surrey TW9 1JY. 7th, 8th, 14th, 15th April 1989.

FORENSIC SCIENCE SOCIETY

10th-11th March 1989 — BUXTON
Palace Hotel, Buxton. 'Problems and Practice in the Private Sector'.

21st-22nd April 1989 — NORWICH

Spring meeting of the Forensic Science Society. 'Series Crimes'. To be held at the Hotel Norwich, Norwich.

14th-15th July 1989 — YORK

Summer meeting.

3rd-4th November 1989 — HARROGATE

AGM and Autumn Meeting. 'Fire Investigation'.

Further details from The Forensic Science Society, Clarke House, 18A, Mount Parade, Harrogate.

MEDICO-LEGAL SOCIETIES

THE MEDICO-LEGAL SOCIETY

President: Dr. J.D.K. Burton, CBE, MBBS, FFARCS

Thursday, 13th October, 1988

Presidential Address

'Disasters and Mysteries at Heathrow'

Dr. J.D.K. Burton, Coroner of the Royal Household,
H.M. Coroner Greater London Western District

Thursday, 10th November, 1988

'Some Jewish Teachings on Doctor-Teacher Relationships'
Lord Jacobovits — The Chief Rabbi

Thursday, 8th December, 1988

'The Crown Prosecution Service'

Mr. Allan Green, Q.C., Director of Public Prosecutions

Thursday, 12th January, 1989

'The Psychology of False Confessions'

Dr. Gisli H. Gudjonsson, PhD, Senior Lecturer in Clinical Psychology at the Institute of Psychiatry, University of London

Thursday, 9th February, 1989

'Assisted Reproduction'

Professor Ian Craft, FRCS, FRCOG, Head of the Fertility and IVF Unit, Wellington Humana Hospital

Thursday, 9th March, 1989

'The Cleveland Enquiry'

The Rt. Hon. Lord Justice Butler-Sloss

Thursday, 13th April, 1989

'Malpractice in Psychiatry'

Dr. J.J. Bradley, FRCP, FRCPsych, Consultant Psychiatrist, Whittington Hospital

Thursday, 11th May, 1989

8.00 p.m. Annual General Meeting

8.15 p.m. 'The Bamber Case'

Dr. I.D. Craig, Police Surgeon, Essex Police

Wednesday, 14th June, 1989

Annual Dinner

Royal College of Surgeons

Unless stated, meetings will be held at 8.15 p.m. at the Royal Society of Medicine, Wimpole Street, London W.1.

Further information from: —

The Legal Secretary,

Miss E. Pygott,

1 Finsbury Avenue,

London EC2M 2PJ

BIRMINGHAM MEDICO-LEGAL SOCIETY

President: Dr. Richard M. Whittington

Thursday, 13th October, 1988

7.30 p.m. Annual General Meeting

8.00 p.m. 'DNA Profiling: Forensic Application'

(Genetic Fingerprinting)

Dr. D.J. Werrett, Home Office Forensic Scientist

Wednesday, 30th November, 1988

'The Bradford Football Stadium Fire'

Mr. J.A. Turnbull, H.M. Coroner for West Yorkshire

Wednesday, 15th February, 1989

'Getting the best out of the medico-legal report'

Panel and discussion

Chaired by Mr. A.T. Matheson, BSc FRCS, Consultant Orthopaedic Surgeon

Thursday, 27th April, 1989

'Bereavement and Loss following Violence'

Dr. K. Bluglass FRCPsych, Consultant Psychiatrist

Friday, 5th May, 1989

Annual Dinner (Botanical Gardens, Edgbaston).

Address by Rt. Hon. Sir Stephen Brown,

President of the Family Division

Annual Summer Event to be confirmed

All meetings are held at the Haworth Lecture Theatre of Birmingham University at 7.45 p.m., preceded by a Buffet supper 6.30-7.30 p.m. at Staff House of the Birmingham University, unless otherwise stated.

Further information from: —

The Hon. Secretary,

Birmingham Medico-Legal Society,

Universal Conference Consultants,

17 Salisbury Road,

Moseley,

Birmingham B13 8JS

BRISTOL MEDICO-LEGAL SOCIETY

President: Dr. Ivor Doney

Wednesday, 5th October, 1988

'Genetic Fingerprinting'

Mr. Ron Yaxley, Cellmark Diagnostics

MEDICO-LEGAL SOCIETIES

Thursday, 24th November, 1988

'Forensic Aspects of Documents'
Mr. David Ellen, Metropolitan Police Forensic
Science Laboratory

Thursday, 26th January, 1989

'Taking Children's Rights Seriously'
Professor Michael Freeman, Faculty of Law,
University College, London

Friday, 24th February, 1989

ANNUAL DINNER
Banqueting Room, Council House, Bristol

Wednesday, 22nd March, 1989

'Medico-Legal Aspects of Defective
Hearing'
Professor Ronald Hinchcliffe, Royal National
Throat Nose and Ear Hospital

Thursday, 11th May, 1989

Members' Papers

The meetings will be held in the School of
Nursing, Bristol Royal Infirmary at 8.00 p.m.
and a buffet supper will be available from 8.30
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,
Bridwater Road,
Winscombe,
Avon BS25 1NN

FYLDE MEDICO-LEGAL SOCIETY

President: Mr. Michael Wren-Hilton

Wednesday, 19th October, 1988

'Natural death, American Developments'
Professor McCall Smith, Professor of Law,
University of Edinburgh

Wednesday, 25th January, 1989

'Life Sentence'
Dr. R.C. Ingreys-Senn, Consultant
Psychiatrist

Wednesday, 5th April, 1989

Title awaited
Mr. R.H.Q. Henriques, Barrister at Law

Meetings will be held at the Royal Lytham & St.
Annes Golf Club at 7.30 for 8.00 p.m. Formal
dress.

Further details from:—

Mr. M.S. Cornah,
4 Forest Gate,
Blackpool FY3 9AW

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

President: Mr. Stuart Brown

Wednesday, 5th October, 1988

Annual General Meeting
Presidential Address
Subject to be announced

Wednesday, 2nd November, 1988

10,000 Doors'
Prof. D.J. Gee, Professor in Forensic
Medicine, University of Leeds

Wednesday, 7th December, 1988

Subject to be announced
His Honour Judge H.G. Bennet Q.C.

Wednesday, 4th January, 1989

'The Child and Court'
Dr. J. Aldridge, Lecturer in Clinical
Psychology, University of Leeds

Wednesday, 1st February, 1989

'Medico-Legal Aspects of Disasters'
Mr. Rodger Pannone

Wednesday, 8th March, 1989

'Intoxications vile and various'
Dr. R.N. Forest, Consultant in Clinical
Chemistry, Royal Hallamshire Hospital

Saturday, 18th March, 1989

Annual Banquet

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,
Fox Hayes,
Bank House,
150 Roundhay Road,
Leeds LS8 5LD

A 42-year-old man put a sign outside
his house near Toulon, France warning
of a "risk of explosion". He then com-
mitted suicide by blowing the house up
with seven cylinders of propane gas.

MEDICO-LEGAL SOCIETIES

NOTTINGHAMSHIRE MEDICO-LEGAL SOCIETY

President: Professor E.M. Symonds

Tuesday, 1st November, 1988

Annual General Meeting followed by a buffet supper

Thursday, 24th November, 1988

'After Cleveland'

Professor David Hull, Professor of Paediatrics

Meetings will be held at AMI Park Hospital, Sherwood Lodge Drive, Arnold, Nottingham NG5 8RX at 7.30 p.m.

Further information from: —

Mrs. M.A.R. Boyd,
Hon. Secretary,
Nottinghamshire Medico-Legal Society,
c/o AMI Park Hospital,
Sherwood Lodge Drive,
Arnold,
Notts. HG5 8PX

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: Mr. Fergus McCartan, BA, LLB

Tuesday, 18th October, 1988

Presidential Address

'A Psychiatrist's View of China'

Mr. Alex Lyons, MB, DPM, FRCPI, FRCPsych

Tuesday, 15th November, 1988

'The Personality Profile of the Murderer'

Dr. T. Dorman, MB, BCh, BAO, MRCPsych, DPM, Consultant Psychiatrist, Stoke Mandeville Hospital, Visiting Forensic Psychiatrist to Prisons

Tuesday, 17th January, 1989

'Pets, Problems and People'

Mr. D.J. Thompson, BA, MVB, MRCVS
President, North of Ireland Veterinary Association

Tuesday, 21st February, 1989

'Lawmanship'

A View from the Bar

Saturday, 18th March, 1989

Annual Dinner

7.30 p.m. for 8.00 p.m.

Culloden Hotel, Graigavod

All meetings are held in the Ulster Medical Society Rooms, Medical Biology Centre, City Hospital, Belfast.

Membership enquiries should be directed to: —

Dr. Elizabeth McClatchey,

Hon. Secretary,

Northern Ireland Medico-Legal Society,

40 Green Road,

Belfast BT5 6JT

MANCHESTER AND DISTRICT MEDICO-LEGAL SOCIETY

President: Dr. C.A.K. Bird

WEDNESDAY, 19th OCTOBER, 1988.

'Terrorist Trial'

The Hon. Mr. Justice Carswell (Northern Ireland)

WEDNESDAY, 16th NOVEMBER, 1988.

'Adolescents who Murder'

Dr. Sue Bailey (Forensic Psychiatrist)

WEDNESDAY, 14th DECEMBER, 1988.

Mr. John Stalker (formerly Deputy Chief Constable of Greater Manchester Police).
Subject to be confirmed.

WEDNESDAY, 18th JANUARY, 1989.

'The Bradford Fire'

Mr. Keith Goddard Q.C.

This will also be the Annual General Meeting.

WEDNESDAY, 15th FEBRUARY, 1989.

Mr. Raymond Carroll (Consultant Urologist).
Subject to be announced.

All meetings will be held in the Hayworth Banqueting Suite, The Refectory, Manchester University, Oxford Road, Manchester. Bar facilities available from 5.30 p.m. — 6.15 p.m. with a two-course dinner between 6.15 p.m. and 7.15 p.m. The formal meeting will commence at 7.30 p.m. and conclude at approximately 9.00 p.m. Further details from: Mr. Peter M. Lakin, Hon. Secretary, c/o Pannone Blackburn, 123 Deansgate, Manchester M3 2BU.

A woman raped on a train in France was fined £60 by the driver for pulling the communication cord. Her attacker, jailed one year later, was ordered to pay her fine.

MEDICO-LEGAL SOCIETIES

MERSEYSIDE MEDICO-LEGAL SOCIETY

President: Mr. Kenneth Anderson

Thursday, 10th November 1988

Mentally Disordered Killers and their Victims
Dr. T. Kay, Regional Secure Unit, Wakefield.

Wednesday, 25th January 1989

Details to be announced later.

Wednesday, 15th March 1989

Annual Dinner, to be held at the St. George's Hotel, Liverpool.

Wednesday, 29th March 1989

Details to be announced later.

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

Further details from:—
Dr. Alan Canter,

Hon. Secretary,
Merseyside Medico-Legal Society,
Crofton,
The Serpentine South,
Blundellsands L23 6UQ
Tel: 051-924 2897

TRESPASS TO THE PERSON

A primary school teacher won damages of more than £25,000 in a civil action against her alleged assailant. The case, technically for 'trespass to the person', was brought against a physiotherapist alleging that he had raped her at his surgery. A defence claim put forward by a consultant psychiatrist that the complainant had probably fantasized the ordeal was dismissed by the judge.

The teacher did not report her assault for two weeks, by which time no forensic evidence was available. The Director of Public Prosecutions decided against a criminal prosecution, but the Criminal Injuries Compensation Board awarded the teacher £6,512, which she will now have to repay.

SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

President: Dr. Peter Jones

Tuesday, 15th November 1988

"Aids, is it really a Medico-Legal Problem?"
Dr. J.R.W. Harris, Senior Consultant in Genito-Urinary Medicine, St. Mary's Hospital, Paddington.

Tuesday, 13th December 1988

"Genetic Fingerprinting".
Mr. Ron Yaxley, International Chemical Industries.

Tuesday, 10th January 1989

"The Cleveland Inquiry — a Useful Exercise"
Mr. S.A. Hawkesworth Q.C.

Wednesday, 22nd February 1989

"Certainty and Uncertainty"
Professor David Hannya, University of Sheffield.

Tuesday, 28th March 1989

"Risk Taking and Drugs"
Professor W.H.W. Inman, Director of Drug Safety Research Unit.

Thursday, 20th April 1989

ANNUAL GENERAL MEETING
"Responding to the Medico-Legal Needs of Victims of Disasters"
Mr. Michael Napier, Solicitor.

Friday, 19th May 1989

ANNUAL DINNER, Cutler's Hall, Sheffield.

Meetings will be held at 8.00 for 8.15 p.m. at the Medico-Legal Centre, Watery Street, Sheffield 3.

Further information from:—

Mr. Arthur Kaufman,
Medical Secretary,
Children's Hospital,
Sheffield.
Tel: 0742 761111

or

Mr. John Pickering,
Legal Secretary,
Irwin Mitchell,
Sheffield.
Tel: 0742 721002

POLICE · BUDGET · EDITION

EDITED BY HAROLD FURNISS

FAMOUS CRIMES

PAST AND PRESENT

ONE · PENNY

