The Police Surgeon
SUPPLEMENT
Vol. 26 FEBRUARY 1990

"THE DISCOVERY OF "JACK THE RIPPER'S" FIRST MURDER.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

The Journal of the Association of Police Surgeons Published bi-annually, price £15.00 or $US30.00 per year including postage.

Editor: Dr. DAVID McLAY, O.B.E.

Editor: Dr. MYLES CLARKE, D.M.J.
Vine House, 8 Huyton Church Road, Huyton, Merseyside L36 5SJ
Tel: 051-480 4035 Fax: 051-480 8491

Assistant Editor: Dr. H.B. KEAN, D.M.J.

Printers: The Bemrose Press (Michael Bemrose) Ltd.,
21, Chaser Court, Greyhound Park,
Chester CH1 4QQ Tel: Chester (0244) 390039

Front Cover: *'The Discovery of "Jack the Ripper's" First Murder'*
Back Cover: *'The Discovery of the Sixth "Ripper" Murder'*

From 'Famous Crimes, Past and Present', Police Budget Edition, price one penny.

The Police Surgeon SUPPLEMENT

Vol. 26 FEBRUARY 1990

CONTENTS

PRESIDENT'S LETTER

I regret that there should be no great odyssey to report, but other matters of importance to the Association have occurred.

First of all, I ought to mention the Annual Conference held at Gourock in May. The neighbouring town of Greenock has an unenviable local reputation as one of the wettest places in the country, but the sun shone, so gilding the magnificent view of the hotel dining room which looks out over the Firth of Clyde to the hills of Argyll. Submarines, both atomic and conventional, came and went on their mysterious missions, looking sinister, yet strangely attractive, in their black livery. On their passage upstream to base, the Americans turn to port, towards the supply vessels sheltering in the Holy Loch, an aptly named haven. Our own submarines are based a little further north, where there is much building activity in preparation for Trident, a weapon which has not so far distinguished itself in trials, but which is guaranteed when in service, to kill all our enemies many times over. Is once not enough?

Thoughts like these did not spoil our enjoyment of the surroundings. By the evening of the banquet the heat was such that many of the company reassembled well-poached salmon, especially those with kilts on Sassenachs hurdies. Not a few gentlemen were reduced to showing off their braces. It was great to see our elders in the shape of Ralph Summers and Bill Thomas; what made them more welcome to me was the dearth of funny hats and squeakers during speeches!

The Conference was very well attended, occupying the whole hotel, but I had the personal disappointment of knowing that local support was poor. This was a great pity for, as always, the sessions produced much material to be heard with profit. For that, the Association has to thank Stephen Robinson, who's first solo effort this was.

More recently, Lesley Lord organised a symposium in Huddersfield (where?). Both academic and social aspects of

this were highly successful. As to the former, the general theme running through the topics was psychiatric and psychological. On the social side, your President was persuaded to get on the table to sing "I belong to Glasgow", no mean feet in both muscological and cerebellar senses. There was much singing, most lacking the quality of the music produced by David Lord and his friends, who formed a barber shop quartet. David's tones were described as dulcet, which seemed pretty close.

Returning north along Pennine valleys (rather than competing with all the other idiots on the motorway) was also a new experience for us. We delighted in heath and cliff, strangely grubby stone cottages, sudden prospects, but not in the density of Sunday afternoon traffic (why do people block the passage of touring motorists?) which kept attention firmly on the roads. Verdict — spectacular countryside.

Two significant features of the AGM were Council's failure to have the new constitution adopted (now passed in amended form by an EGM at Huddersfield) and the complaint of some that the membership felt that decisions were being taken by officers of the Association without proper consultation. If that is a valid complaint, how should it be remedied? As with many similar organisations, I suspect, a relatively small number of members take an active part in running it. In general, the Association has been well served by its office bearers. I am glad to acknowledge the unstinted support they have given me. Do members want more in the way of circulated information? We do have postings from time to time, but a special circulation is an expensive matter.

One reason for the change in name was to broaden the Association's appeal. We must set about increasing membership. We represent perhaps a third of doctors who are called on a regular basis to undertake work for the police. It should not be beyond us to improve that. All other consideration apart, an extra two or three hundred on the roll would do wonders for the Treasurer's peace of mind. What scope is there in your area for recruiting more members?

Urgency is given to this because the police (as represented by ACPO) is now starting to take the needs of training in clinical forensic medicine seriously. Our right to have a major say in the content of courses and in standards of the attainment will be the more secure with a base of having the greater proportion of police surgeons within the fold. ACPO has always tended to be a somewhat fragmented body, for its functions are deliberative, representative and advisory. It seems likely that a change is in the wind, for the Home Secretary wants to increase its administrative support and, presumably, its persuasive power to implement agreed policies. What repercussions this portends for the constitutional position of chief officers will, no doubt, be debated, but the present government is now known for its desire to disperse control from the centre. A pale imitation of the FBI has been proposed, with a national force, even for an initially limited range of functions. Some will take the view that any move along this path strengthens the argument for maintaining a part-time, and hence independent, police surgeon service.

DAVID McLAY

RETIREMENT

Professor Tom Marshall, C.B.E., Northern Ireland's remarkable forensic pathologist, has retired. A dinner was given in his honour in the Great Hall of Queens University, attended by the Lord Chief Justice for Northern Ireland and other members of the Judiciary.

Tom, who is an honorary member of the Association, has addressed the Association on a number of occasions. At the time of going to print, his successor has yet to be decided.

IS IT TIME TO HAVE A FULL-TIME FORENSIC MEDICAL SERVICE?

Guest Editorial by RAINE ROBERTS

"Police Surgeons" have traditionally been G.P.s who have made themselves available to assist the Police with their enquiries when requested to do so.

In the past the Police have been satisfied merely that a doctor would turn out and did not audit the work done.

Persons in custody and victims of crime were attended to as necessary, sometimes with a high degree of skill and caring but sometimes in a casual or even incompetent way.

The Association of Police Surgeons of Great Britain, founded in 1951, has been responsible for a raising of standards and expectations, but still only a minority of Police Surgeons are members, and there is still no general requirement for a doctor wishing to engage in forensic medicine to undergo training, and certainly no requirement that he should continue training or subject his work to audit. This is despite many recommendations made to the General Medical Council that undergraduates should pass in medico-legal subjects.

The public, as well as the police service, are now concerned that service of a high standard should be offered, particularly to victims of crime, but also to persons in custody and I believe that the medical profession must respond and provide this service.

Forensic medicine is an exciting and professionally rewarding branch of medicine, which I have found of increasing interest as my involvement in it has grown. It will always be stressful and there is no room for the faint-hearted. Much of the work is carried out at unsocial hours, in difficult conditions; the gloom and squalor of the surroundings where the initial examination is sometimes done, is in sharp contrast to the brightly lit area of the Court room with its impressive ambience and its sharp-minded lawyers who will analyse in detail every facet of the case.

I believe that Doctors of both sexes should be prepared to give a commitment to this field of medicine and become skilled in it, but there must be a proper career structure.

Each Police Force should appoint a Forensic Medical Director who would advise the Chief Constable on all medical matters. He should be the equivalent of an N.H.S. Consultant with a B merit award. A Deputy should also be appointed.

Senior Forensic Medical Offices ("F.M.O.s") would work under his supervision and would be treated as Junior Consultants. They would have training; would obtain the Diploma in Medical Jurisprudence and have experience of all branches of forensic medicine. All matters of forensic import would be attended by these senior doctors — all the child abuse, rape, serious assaults, allegations police brutality and the like. These doctors may be part or full-time (the implications of the White Paper on the N.H.S. make it likely that G.P.s in the future will find it increasingly difficult to fit in police work with general practice as in the past).

The general care of prisoners required

under PACE should be dealt with by junior F.M.O.s, who would work under the direct supervision of a senior, much as trainees in general practice do now. They would attend all minor matters relating to prisoners — their general medical concerns; the care of addicts and alcoholics etc. If a serious forensic matter was found, for instance if a prisoner alleged that he had been assaulted, then the senior doctor would be called.

At present there is a pool of highly trained and able young doctors who have completed their general practice training and are looking for a Practice. Doctors such as these should be employed full-time (37½ hours not 168 hours a week!) for a period of perhaps 3 years, to look after all the minor matters in police cells. Women doctors and others with family commitments could share jobs.

Some of these doctors would leave and enter general practice or other specialties; others would pursue their interest in forensic medicine and perhaps become full-time senior F.M.O.'s, or become part-time general practitioners and F.M.O.', as now.

Opportunities for research in clinical forensic medicine are there, and there is a great need for serious and well thought out research to be done. Research Registrar posts could be created, as in the hospital service.

Women doctors, as well as men, would find this area of medicine personally and professionally rewarding if the above changes are made.

Women doctors must not, however, think that they should have special privileges, or play at forensic medicine. I would hope that many more women will come into forensic medicine in the future, but they must offer the same high levels of skill in all branches of the subject and the same commitment as should be expected of the men.

A woman (or a man) who has had the good fortune in life to be able to qualify as a doctor, has a duty to society to use her skills.

The people who need our help, either as victims or offenders, deserve a high standard of care and justice demands it.

RAINE ROBERTS

GOUROCK 1989

There are several pertinent questions which require an answer in a review of a conference. A catalogue or complacent record of events and papers presented to the meeting is insufficient.

The valuable papers which were presented however should be recorded and reproduced elsewhere for the benefit of those who heard them and others who did not.

How did Gourock 1989 compare with the previous 37 Conferences of the Association

What benefit did I and the other 110 attenders derive from the 3 days of meetings, discussions and other activities?, — and for most of us the many hours of travel?

What would anyone else have gained from the experience and especially those who were attending a conference for the first time? Would it inspire them to attend another, and what did those that stayed at home lose or miss?

What on the other hand did I (and each of us) personally contribute to its success or failure?

On the experience of this conference will I go again, to another and how can I ensure a greater contribution by myself or others and perhaps a more valuable return for my efforts and time?

Did this conference advance the "cause" of clinical forensic medicine in any way?

What then are the answers to my questions for Gourock 1989?

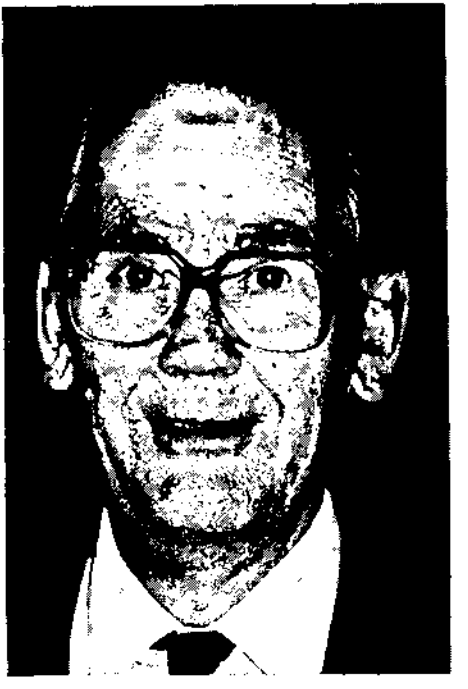
Like the school end of term report it might be said:

> '. . . this conference was satisfactory — could have been better — it did not reach its full potential.'

It was a good conference, if not an outstanding one. It met many of the criteria of a good conference. Any gathering of more than a hundred police surgeons is likely to result in benefit. There will always be opportunities for exchange of views and opinions. The grisly humour of the forensic clinician was punctuated by the effervescent wit of the Bristol maestro. Where does he get those stories, or where does he store those he got so long ago?

It is easy to criticize from the stand, the touchline or the wings. I thought it would be easy to review this conference! The critic only deserves to be listened to if he is constructive in his criticism and prepared to contribute. In a similar way, the reviewer who gives a 'rave review' for a mediocre perfor-

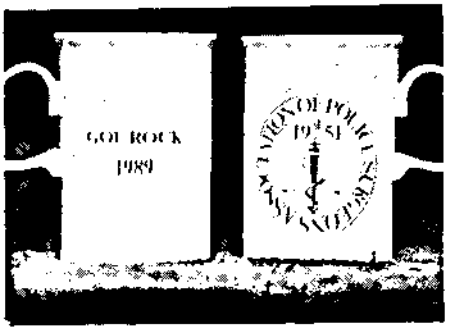
Reporter Peter Bush



mance will serve neither his readers nor the cast he reviews. He will serve only to discredit himself.

The hotel hospitality started at the registration desk with a welcoming glass of sherry or brandy (no scotch? — strange in this land!). The glass itself was an unusual but auspicious start . . . The tasting of the national drop came later in the afternoon in the hotel foyer lounge. A choice of scotch . . . or scotch . . . (you've guessed it) . . . or scotch.! The hotel staff were at all times willing, helpful and friendly which on most occasions made up for a less than 5 star proficiency. One valuable aspect of this conference was that the entire hotel was booked for the conference, providing that sense of being or togetherness in a family home or 'house'.

The meeting venue was 'satisfactory' but an international meeting such as the conference of this Association has become, deserves better audio-visual



facilities. The first speaker should not have to be the 'bunny' for trying out the projector. The quality of the group photograph equated a Box-Brownie shot by a schoolboy photographer with about one-third (37%) of the field being used for the group and the remainder mere background ensuring a very small reproduction of faces and almost none of the President's lady's! Perhaps the time has come for some

Tea for three: Janet Napier (Liverpool), Vicki Evans (Leeds) and Lesley Lord (Halifax)

more professional input into this part of the conference organisation.

And where were the Scottish Police Surgeons? Are there no more in the land which, as Mrs. Brenda White reminded us, was in the forefront of the development of modern forensic pathology? Our President David McLay and his ever charming wife Isobel were left alone to undertake the duties of welcome and hospitality to the visitors from south of the Border and across the seas. If an area cannot provide a supporting local group to help host the conference, it might be wiser for the Council to look elsewhere for a venue.

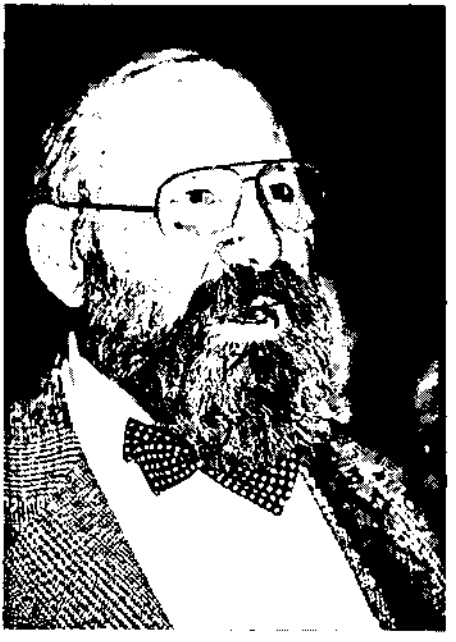
The Annual General Meeting however did cast some suspicion on the wisdom of Council. The projected revision of the Constitution faltered. Like a voyage between the Scylla of unpreparedness and the Charybdis of lack of canvassing among the membership it ran into stormy waters. The proposal was discreetly withdrawn for further study by the Council and its legal advisers. It did however become obvious from the discussion on this item of the agenda at the A.G.M. that Councillors who have in the past attempted to canvass or contact the membership they represent meet with a story silence of apathy or disinterest.

The proceedings of the Annual General Meeting will be published elsewhere. It is however appropriate to record two items. Michael Knight was confirmed as President-elect, and a warm and sincere expresssion of thanks was proposed by Robin Moffatt to Myles Clarke and Ann for all that they had done for the Association over the years. This was carried with acclammation.

There were this year missing faces at this Conference. Before their untimely death Stan Burges, Past President and Peter Jago had both given many years of devoted service to the Association and were among the regulars always supported by their wives, Pam and Bett. We missed them all.

The positives of this conference included a varied programme and the op-

USA visitors — Drs Marvin Aaronson and Bill Eckert



Relaxed — Eddie Josse

Intense — Neville Davies

portunity to make friendships and renew old ones — (perhaps some of the old ones are beginning to show the passage of the years, as the mirror tells us all); — to take stock and to balance one's own reserve of knowledge with speakers providing up-to-date information from their own background of knowledge and experience.

Although the attendance represented some 10% of the total membership of the Association, the interest in the programme by those who did attend was borne out by the numbers of members who were still present for the Sunday morning sessions.

We expect a good opening by the local police chief and Mr. A.K. Sloan Q.P.M., B.A. Chief Cosntable Strathclyde Police did not disappoint us. He referred in general to the team relationship of police and police surgeons and their interdependence, and the reliance placed upon us by the forces we serve, and in particular he recognized the invaluable contribution to his own force made by our President . . . His admonition to replace the divots hopefully was not lost on those who tested the fairways and greens at Greenock . . . His support was much appreciated for he returned later in the week and proposed the toast to the Association at the annual Banquet.

Of the 15 papers presented six could be classified as of general interest, one related to police health and recovery after limb injury, two concerned the mainly self-inflicted problems associated with alcohol and other forms of drug abuse and the traumatic realities associated with AIDS. Three papers related to injury or trauma of the extremes of the gastro-intestinal tract, two from forensic odontologists at the top end and Bill Eckert's (Wichita) illustrated classifications of ano-rectal trauma at the other. Richard Walter the peripatetic forensic psychologist from Michigan contributed another in his own unique style defying classification except as 'general psych'. As usual he entertained and informed. He did not however advocate emulation of the means by which the wrestler obtained his surge of power. His story, as many

Controversial — David Hull

of Richard's has to be heard from his own mouth. It would lose all by repetition by another.

Stephen Hempling's well researched paper 'From Imhotep to Sherlock Holmes' traced the history of forensic medicine over 5000 years; David Filer in 'The forensic nurse' gave an excellent example of good idea emanating from chance circumstances. Professor Hull from Nottingham introduced some controversy in his references to the topical problems of child sexual abuse.

One memorable presentation at this conference was given by Dr. Marvin Aronson, Forensic Pathologist from Philadelphia. The amusing, entertaining and erudite 'transpalpebral omphalologist' viewed the 'Dingo case' through the eyes of a Greek classical tragedian. Oh that more papers presented to conferences were given in such a style and with such preparation! His geographical distance from the scene of the events upon which his drama was based had not prevented a remarkable insight into so many of the main players on his stage.

Four sessions deserve special mention. The eloquent comprehensive and factual style of Willie Grey's report on the Third Cross Channel Conference surely relieves the Editor of the Supplement of any future worries on choice of reporter. Perhaps it will have to wait until next year in Peterborough for an A.G.M. resolution for a permanent appointment as such. (Can Ivor Doney hand over his permanent gentleman world traveller's pass in the interests of an improvement in the standard of reporting?)

Open house, made possible by the non-appearance of one of the scheduled speakers provided an opportunity for the airing of several topics.

Roger Hunt from Devon canvassed the practicality of a medical examination of convicted drink-drivers before return of licence after disqualification. Who is to conduct the examinations, and upon what criteria can a valid assessment of safety to relicence be made?

The member from Bristol (and who else could have conceived the idea?) requested advice on the delicate subject of adolescent peri-anal trichology . . . There were questions on the time for examination of children after alleged sexual abuse, and this session even provided an opportunity for a whinge on misprints in the programme!

In the meantime the ladies had been entertained — at least some of the non-professional ladies (or is that a dangerous term too?) were shown some of the cultural delights of the Strathclyde region. The main complaint I heard was, as usual, the shortage of time to do justice to the fare provided. The Burrell collection itself warranted several days to do it justice. Perhaps this was a canny way, as have the Scots, of whetting the appetite and some of us will be encouraged to take them back again to Bonnie Scotlane . . . and why not?

Tim Manser described progress (or the lack of it) on the Data Base project.

From a membership of around 800 Time has received details of 129 cases form 8 individuals.!!!

An innovation at this conference was the session chaired and instigated by

Ivor Doney: 'Bring your own slides'. Eleven members each showed a brief case illustrated by one or two slides. These ranged from a possible canine injury to a nine month old male child's nether regions, several cases of child abuse from James Hilton, another canine child abuse (this time fatal), death by a church altar(!), a possible zip injury, and several reports of deaths from other strange causes, and one injury even worse than death by his own hand.

A self-inflicted facial injury and several transcontinental murderers' tracks, and satanic tattoos. The aggressive homosexual who was relieved of one of his vital parts by his girl friend sweetie and the other sweetie from the freezer!

Ivor concluded the session: 'Myles has had one of these' but the full significance of that remark was not explained and must wait for elucidation later.

The presence of members of the British Association of Forensic Odontology and their presentations were added benefits. Dr. Gordon McDonald's outstandingly clear presentation on the interpretation and court presentation of bite mark evidence was supported by excellent photographs and a demonstration of the value of super-imposition of dental x-rays and skull photography in identification problems. He also described the determination of bite marks with possible identification of assailants.

Criticism is only permissible and acceptable with positive suggestions. Despite the long and excellent periods of service by previous Conference Secretaries, Ian Johnston, Myles Clarke and Tim Manser and their wives, perhaps it is time for Council to look at Conference organisation and consider some local back-up for the Conference Secretary.

Steve Robinson had the misfortune to succumb to the surgeon's knife a few weeks before the conference which must have added immeasurably to his problems and difficulties. That he overcame them all as he did and provided a conference which was much enjoyed by all who attended is a matter for congratulations and thanks from all of us who were privileged to be there.

So, to my original question

Yes, it was a good conference. Yes, I will come again to another.

Yes, we can all contribute more, and particularly those members who did not attend or have never attended a conference. As said the mouth-piece and advocate extra-ordinaire of Police Surgeons' conferences national and international 'You've got to be there to enjoy it. You cannot benefit from it unless you are'.

After this 'commercial' from Ivor for future conferences, details of which are found elsewhere in this Supplement, Gourock 1989 was closed by the President shortly after noon on Sunday afternoon.

'Long may your lum reek'

The final question I leave to each of your readers, Mr. Editor, to answer for himself or herself:

What on the other hand did I personally contribute to its success or failure?

Golf

Dr. Charles Stewart won the golf prize Dr. Willie Gray was second.

Darts

First (men) Piers Lawrence. 2nd. Alistair Irvine

First (ladies) and overall winner Mrs. Barbara Irvine 2nd. (ladies) Mrs. Babs Moffatt

J. PETER BUSH

ORGASMIC DUTY?

Hong Kong's policemen have been called upon to donate to the family planning association's depleted sperm bank.

ASSOCIATION OFFICE

MEMBERSHIP LIST CHANGES

DEATHS

We regret to record the following deaths —

Dr. R. Latham Brown (F)	Derby
Dr. J.E. Trotter	Brisbane, Australia
Dr. W. Phillips	Whitley Bay

NEW MEMBERS

OVERSEAS

Dr. G.A. Cadden	Western Australia
Dr. W.G. Eckert	United States of America

Area 1 (North West)

Dr. I. Clelland	Preston
Dr. A. Kumar	Blackburn
Dr. D. Kumar	Bolton
Dr. S.J. Lawson	Batley
Dr. M.K. Montrose	Cheadle
Dr. R.A. Qazi	Burnley
Dr. M.A. Rahman	Great Harwood
Dr. W. Joan Robson	Liverpool
Dr. B.J. Sopher	Bury
Dr. Valerie J. Sutherland	Egremont
Dr. F.W. Thomason	Rochdale
Dr. J.W.B. Wignall	Preston

Area 2 (North East)

Dr. Marjorie Baillie	Saltburn, Cleveland
Dr. C.P. Davison	Darlington
Dr. D.P. Diggle	Pontefract
Dr. D. Fieldhouse	Bradford
Dr. P. Gallagher	Peterlee
Dr. Anne P. Knox	North Ferriby
Dr. Jennifer L. Mabbott	Snaith
Dr. N.A. Naroz	Chester le Street
Dr. Janet Pemberton	Barton on Humber
Dr. N.K. Ray	Washington

Area 3 (Midlands)

Dr. Janette Adams	Kidderminster
Dr. Pauline Naughton	Birmingham
Dr. D. Wilson	Leek

Area 4 (Eastern)

Dr. J. Spincer	Derby
Dr. A. Walton	Spalding
Dr. Katherine B. Worley	Norwich

Area 5 (South East)

Dr. Linda Allenby	Lewes
Dr. Mary E. Caroe	Hambledon
Dr. Susan J. Moore	Cobham
Dr. W.T. Prince	Weybridge
Dr. S.M. Sen	Dartford
Dr. Margaret M. Stark	Sutton
Dr. Angela Sullivan	Newbury
Dr. A.D. Weaver	Basingstoke

Area 6 (South West)

Dr. A.J. Collins	Bath
Dr. Christina M. Davidson	Southleigh
Dr. P.J. Hewett	Weymouth
Dr. J.P. Jeffs	Bristol
Dr. P.L. Moore	Torquay
Dr. T.C. Ross	Minehead
Dr. S.A. Szweda	Bath

Area 7 (Wales)

Dr. D.R. Dare	Abersychan
Dr. W.J. Murfin	Tywyn
Dr. R.K. Sharma	Cwmbran

Area 8 (Metropolitan and City)

Dr. M. Abdulla	London SE16
Dr. Shashi P. Gupta	London N5
Dr. G.B.Winstock	London W4

Area 9 (Scotland)

Dr. J. Keit	Stirling
Dr. A. Milne	Cleland
Dr. Elizabeth J.B. Milne	Glasgow
Dr. W. Simmons	Glasgow
Dr. P. Sheridan	Glasgow
Dr. S. Williams	Perth

Area 10 (Nothern Ireland)

Dr. J.R.D. Esler	Carrickfergus
Dr. P.J. McGrath	Ballynahinch
Dr. Mary G. O'Hara	Ballymena
Dr. Deborah Turner	Larne
Dr. Ena Wilson	Belfast

Associate Members

Dr. N. Cole	Newport
Dr. I. Doney, D.M.J.	Bristol
Dr. Alyson S. Dovell	Chichester
Dr. N.A.P. Evans	Brighton
Dr. G.T. Haysey	Market Drayton
Dr. P.A. Leach	Minehead
Dr. Meriel Susan Nicholson	Eastbourne
Dr. D.J. Scott	Hastings
Dr. Jane M. Semmens	Goring by Sea
Dr. M. Tettenborn	Eastbourne
Dr. S. Vis-Nathan	Cleadon Village

RESIGNATIONS

*** See Associates**

Area 1 (North West)	
Dr. W.T. Hunter	Ravenglass
Dr. A. MacGillivray	Mellor
Dr. C.E. Wilson	Barrow-in-Furness
Area 1a (Northern Ireland)	
Dr. M. McVerry	Rostrevor
Area 2 (North East)	
Dr. S.M. Amin	Barnsley
Area 3 (Midlands)	
Dr. L.E. Arundell	Kings Norton
Dr. G.T. Haysey*	Market Drayton
Dr. Keeling-Roberts	Wem
Dr. P.J. Morris	Evesham
Dr. J.P. Paw	Walsall
Area 4 (Eastern)	
Dr. T.R. Chandran	Sutton-in-Ashfield
Dr. G. Dillon	Spalding
Dr. J.S. Nelson, D.M.J.	Nottingham
Area 5 (South East)	
Dr. N.M. Cole, D.M.J.*	Hellingley
Dr. P.J.H. Tooley, D.M.J.	Twyford
Area 6 (South West)	
Dr. W.R.I. Barrie	Taunton
Dr. I. Doney, D.M.J.*	Bristol
Dr. P.A. Leach*	Minehead
Dr. G. Llewellin	St. Helier, Jersey
Area 8 (Metropolitan & City)	
Dr. D. Goldman	Bromley
Dr. K.G. Mistry	South Ruislip
Area 9 (Scotland)	
Dr. P.A.P. MacKenzie	Bridge of Earn
Associate Members	
Dr. D. Osborne, D.M.J.	West Glamorgan
Dr. Glenna Thomas	Cardiff
Dental Associate Members	
Mr. R.D. Simper	Edgbaston

DETOXIFICATION CENTRES

At the Annual Representatives Meeting of the BMA the following motion was passed.

"That this meeting calls for the establishment of appropriate places of safety for police detainees who are the victims of alcohol or drug abuse and whose condition renders police custody unsuitable and referral to hospital inappropriate".

The Hon. Secretary asks that members draw the attention of their police authorities to this motion which is now official BMA policy. It was stressed during the debate that there would be very little resource implication in implementing this policy. It was also stressed that we were not seeking the therapeutic type of detoxification centre such as in Leeds but simply a place where semi-conscious detainees can sober up in safety. All that would be required from a financial point of view would be the salary of a trained nurse to keep proper observations.

Furnishing need not be elaborate. Rubber mattresses on the floor and toilet facilities are all that is needed together with a bucket and mop for the clients to clean up their mess before they leave such a place of safety.

In those police stations where there are not enough clients to justify such a room being put aside, then at least part of the detention area should be monitored by a video camera where semi-conscious prisoners, suicide risks and others who need contant observation can be continuously observed. Most police stations now have video security arrangements and this would lead to little extra expense.

COUNCIL DIRECTORY

President:	Dr. David McLay, O.B.E., Chief Medical Officer, Strathclyde Police Headquarters, 173, Pitt Street, Glasgow G24 JS Tel: 041-204 2626
President-Elect:	Dr. Michael Knight, D.M.J., 11, Tuddenham Road, Ipswich, Suffolk. Tel: 0473 57284 or 35, Hatfield Road, Ipswich, Suffolk. Tel: 0473 59556.
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., Creaton House, Creaton, Nr. Northampton NN6 6ND 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 Supplement:	Dr. Myles Clarke, D.M.J., Vine House, 8, Huyton Church Road, Huyton, Merseyside, L36 5SJ Tel: 051-480 4035 Fax: 051-480 8491
Hon. Assistant Secretary (Conferences):	Dr. Stephen P. Robinson, D.M.J., West Timperley Medical Centre, 227, Manchester Road, West Timperley, Altringhcam, Cheshire WA14 5PQ Tel: 061-962 4351 or 145, Framingham Road, Brooklands, Sale M33 3RQ Tel: 061-973 2156
W.G. Johnson Memorial Trust:	Dr. R.D. Summers, O.B.E., 26, Monkhams Drive, Woodford Green, Essex 1G8 OLQ Tel: 051-504 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 3326/5538
Area 2 (North East)	Dr. Alistair J. Irvine, D.M.J., Neasless Farm, Sedgefield Road, Stockton-on-Tees, Cleveland TS21 3HE Tel: 0704 21909 or The Health Centre, Billingham, Cleveland TS23 2LA Tel: 0642 360033/360640 Fax 0642 552892
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 8LP Tel: 021-449 6370/0300
Area 4 (Eastern):	Dr. Robert J. Collins, 33, Cotswold Avenue, Ipswich Tel: 0473 54038
Area 5 (South East):	Dr. Stephen M. Hempling, D.M.J., Sarnia, Tongdean Road, Hove, East Sussex. Tel: 0273 555 382 or 10, Buckingham Place, Brighton, East Sussex. Tel: 0273 28882
Area 6 (South West):	Dr. Tim Manser, D.M.J., 26, Fore Street, Totnes, Devon TQ9 5BN Tel: 0803 862 671 (Surgery) Whitelears, Bridgetown Hill, Totnes, Devon TQ9 5BN Tel: 0803 863 876 (Home)
Area 7 * (Wales)	Dr. Hugh Jones, 17 Brytirion Drive, Prestatyn, Clwyd LI19 9NT Tel: 07456 4110 or The Surgery, Fforddlas 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: 941-954 8759
Area 10 **(N. Ireland):**	Dr. John H.H. Stewart, O.B.E., Downings, Randalstown, C. Antrim, Northern Ireland BT41 3BE Tel: 084-94 72231

*** Retire at Annual General Meeting 1990**

COUNCIL ELECTIONS

In accordance with the rules of Constitution, Councillors for Areas 7, 8 and 9 will retire at the next Annual General Meeting. Nominations for Councillors should be made by an Ordinary Member, supported in writing by four Ordinary Members, together with the agreement of the nominee to serve if elected. Nominations should be received by the Hon. Secretary before March 30th 1990.

Note: Area 7 (Wales) retiring Council Member Dr. Hugh Jones, Area 8 (Metropolitan and City) retiring Council Member Dr. Neville Davis, D.M.J. Area 9 (Scotland), retiring Council member Dr. C.S.. MacKelvie.

CONTEMPORANEOUS RECORDS

The Council of the Association wishes to emphasise the crucial importance of contemporaneous notes — notes made during examinations. It is essential that full notes and records are made at the time of examination, no matter how minor the case may appear to be.

Notes and records, including diagrams, drawings, or photographs taken by the police surgeon as part of the notes, must remain in the possession of the police surgeon, and not surrendered to any police force or other authority. Proforma supplied by police forces or other authorities for special examinations e.g. sexual assault cases, should become the property of the police surgeon on use, and retained by the police surgeon.

The police surgeon must retain all notes for a number of years, as cases may come to court several years after the examination is made. All notes and contemporaneous records should be taken to court.

Entries made in police medical registers, book 83, or other official documents kept for recording police surgeon visits to police stations should be limited to details of the person examined and the times involved. Only sufficient clinical detail should be entered in official documents to enable the custody officer to satisfactorily manage the detained person. Such registers must never be a substitute for proper clinical records.

Statements should be based on contemporaneous notes, and submitted promptly when requested. Further details regarding record keeping and statements may be found in the forthcoming textbook "Clinical Forensic Medicine".

COUNCIL SUBCOMMITTEE MEMBERSHIP

(Subcommittees have power to co-opt)

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

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

Education and Research Subcommittee: President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary, Drs. M. Clarke, D. Jenkins, T. Manser.

THE ASSOCIATION DATABASE

The purpose of this short piece is to report up to date the progress with the Database. It has not been forgotten and I hope members may still think of contributing.

A small group of stalwart members have indeed been sending me cases. Some of these have been a one off, but some members are sending me regular contributions which are most welcome.

I plan to enclose the data entry phase at the end of this year i.e. 31.12.89. Then I will start to analyse the results. If any member wishes to send cases then please try to get them to me as soon as possible. Any cases sent to me after the initial analyses are started will not be discarded but will be used for a further analysis at a later date.

I have got something of a backlog of work at present on the database, caused by the poor timing of the introduction of the New Contract and discussions on Budget Holding as our practice in Totnes is over the 11,000! I hope to catch up and produce figures from the database before Easter 1990.

I am now open to suggestions as to what questions to try to answer from the information collected. A number of suggestions have already been made such as the incidence of genital injury of victims in the rapes in the series. The field is wide open as there are almost no British figures in existence. If you have an idea for something in particular to be looked at from our information then please let me know.

Finally I have to thank those who have given their time and effort in completing my forms. The response has been better than I dared hope. The greater the number of cases the more value the figures will have. So to the minority of members who have contributed I send my thanks. To the majority who have not, let me say there is still time to send in a minimum of FIVE consecutive cases of serious sexual assault. I know it is an effort but if you can just fill in the forms for the last five cases you have done and send them to me it will add to the value of the whole.

Forms are still available from me. To get forms, return forms or to offer suggestions on what analysis of the figures you would like to see, please contact me by phone or mail.

DR. TIM MANSER
Whitlears, Bridgetown Hill
Totnes, DEVON TQ9 5BN.
Phone 0803 863876 (Home);
0803 862671 (Surgery).

AREA REPRESENTATIVES

Stephen M. Hempling
Area 5 South East

Stephen qualified at Manchester University in 1968. After house jobs in Manchester and Oxford, he entered general practice in 1972, and was appointed police surgeon in 1972. He obtained the Diploma in Medical Jurisprudence in 1977, and has been Honorary Lecturer in Forensic Medicine at Guys Hospital since 1978.

In 1984, Stephen left general practice and became a medical advisor to the pharmaceutical industry. However, in 1985 a serious illness resulted in his being off work for more than a year. He gradually recommenced forensic work in Surrey and also for the Metropolitan Police in Clapham and Battersea, together with clinics at Wandsworth Prison.

In 1986, he re-entered general practice in Brighton, and now works as a police surgeon available throughout Sussex County. He still is interested in ultraviolet photography, being called upon both by Sussex Constabulary and the Social Services for non-accidental injury cases.

His non-medical interests include philately, photography and Rotary.

He may be contacted at —
Sarnia,
Tongdean Road,
Hove,
East Sussex BN3 6QB
Tel: 0273 555 382 or
10 Buckingham Place,
Brighton, East Sussex BN1 3TD
Tel: 0273 28882

Dr. Bob Collins
Area 4 Eastern

Bob qualified from the Middlesex Hospital in 1974. After junior hospital posts in London, Ipswich and Nottingham he obtained his M.R.C.P. (U.K.) in 1977.

He entered general practice in 1978 as a trainee in the Ipswich practice of Dr. Stanley Burges, who introduced him to clinical forensic medicine. Bob became a retained assistant to Suffolk Constabulary in 1980, divisional surgeon in 1985, and deputy force surgeon in 1988.

Bob and his wife Bridget have three sons. His interests include sport, particularly cricket, and gardening.

He may be contacted at —
33 Cotswold Avenue
Ipswich IP1 4LJ
Tel: 0473 54038

Dr Tim Manser
Area 6 South West

Trained at the Westminster Medical School and qualified in 1970. After pre-registration jobs at Amersham and St Stephens, Chelsea, he started on the road to thoracic surgery at Harefield Hospital. Locums in general practice whilst studying for the fellowship changed his direction, and after jobs in obstetrics in Reading, Geriatrics in Bristol, and paediatrics in Torquay he entered general practice in Totnes in 1974.

He took over from his senior partner as police surgeon in 1977 and joined the Association in the same year. He obtained the D.M.J. in 1980. In 1983 he took over as Honorary Assistant Secretary (conferences) from Dr Myles Clarke. In 1988 he gratefully relinquished this post to Dr Stephen Robinson.

He is currently Police Surgeon/Police liaison officer to the Devon & Cornwall Constabulary, and lectures to the W.P.C.s and C.I.D. at Force Headquarters. He is a member of the Devon Area Child Protection Committee. He is a council member of the Section of Clinical Forensic Medicine of The R.S.M.. He is a member of the Local Medical Committee, the District Medical Committee and the District Ethical Committee. He is the medical adviser to the Dartington Hall trust.

His hobbies are photography, sailing, D.I.Y. (I'll try anything), computers, and Napoleonic naval history.

He may be contacted at:
26, Fore Street,
Totnes,
Devon TQ9 5DX
Tel: 0803 862671 (Surgery)
Whitelears,
Bridgetown Hill,
Totnes,
Devon TQ9 5BN
Tel: 0803 863876 (Home)

Association Secretary Hugh Davies

HON SECRETARY'S REPORT ON THE WORK OF THE ASSOCIATION 1988/89

The membership state currently stands at

Full	690 (+27)
Associate (including 23 dental)	70 (+3)
Life Associate	53 (-6)
Overseas	32 (+3)
Honorary	17 (+1)
	862 (+28)

MEETINGS

In addition to the Annual Conference at Cardiff, May 1988, there was held an Autumn Symposium in September 1988 at Manchester, a Winter Meeting organised by the Metropolitan Group in January 1989. A large representation attended the Third Cross Channel Conference in Antwerp and several members accompanied our President and Mrs. McLay to the Sixth Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers. In September 1988, the First International Congress on Forensic Sciences was held in Peking and also attracted a delegation from the APSGB. All the above meetings are fully reported in the Supplement.

I have represented the Association at meetings organised by County Forces in Hertfordshire, West Mercia and Durham. Officers of the Association welcome the chance to attend such country meetings as an opportunity to support our colleagues in the provinces and meet our grassroots members.

COUNCIL

Your Council has met on three occasions during the year and extra meetings of the Finance and General Purposes Sub-Committee have been involved with the proposed new Constitution which will be offered to the membership at this year's Annual General Meeting. The proposed changes have been circulated and our thanks are due not only to the members of the Sub-Committee for the extra work undertaken on our behalf but I personally extend my grateful thanks to Dr. Jeremy Smart who was co-opted onto Council with special responsibility to assist with the drafting and has spent many hours not only redrafting but coordinating the many views of the Working Group, contacting our legal advisers, Hempsons, and then rewriting various sections as we have amended the draft many times. Your Council hope that after discussion at the AGM, further alterations may only be of a minor nature and the new Constitution be formally adopted at an Extraordinary General Meeting probably to be held at the Autumn Symposium.

The Association continues to be represented on the Forensic Medicine Sub-Committee of the BMA and apart from negotiating our fees with the local authorities this Sub-Committee attends to many matters affecting our members. During the year discussions with representatives of the Association of Chief Police Officers (ACPO) have produced an agreed training programme for newly appointed police surgeons similar to that already in being for the Metropolitan Police Forensic Medical Examiners. The logistics have yet to be worked out but probably regional courses will be run once or twice a year depending on the demand.

We have provided evidence to the

BMA Working Party on the health care of remand prisoners held in police cells and prisons.

Following the publication of the Report of the Inquiry into Child Abuse in Cleveland 1987, the BMA set up a working party on which two of our members, Dr. Ralph Lawrence and Dr. Michael Knight served. One of the recommendations of this Working Party was that ourselves and the British Paediatric Association should jointly produce an agreed glossary of medical terms related to child abuse and also agree a definition of reflex anal dilatation and its significance. We have made a start in this direction but further meetings will be necessary to complete the task properly. The DHSS Standing Medical Advisroty Committee's own working party of which I was a member together with Dr. Stuart Carne published its report in July 1988. The main points of our own Association policy were adopted in the recommendations which were circulated to all doctors in England and Wales.

LAW SOCIETY CONFERENCE

The Association was represented at the above Conference on the 23rd September 1988 when Lord Justice Butler-Sloss and her three assessors met representatives from all the statutory authorities and many other national bodies concerned with child sexual abuse. Our delegates made contributions in all the plenary sessions and then travelled straight up to the Manchester Autumn Symposium.

PACTS

We continue to be represented on the Parliamentary Advisory Committee for Transport and Safety and following the introduction of a Bill to make compulsory rear seat belt wearing, the Committee has also continued to campaign to introduce further legislation against drink drivers. Your Council hold the view communicated to PACTS that we are in favour of "random testing" which is rather a loose term but in our view gives a police officer unrestricted powers to demand a breath test. This has been Council policy for the past three years but this year Council went even further and have after considerable discussion agreed that legislation should be drafted so that unconscious patients (or those feigning unconscious) should have blood taken for alcohol estimation. The legislation should be so that on recovery of consciousness the person be asked to allow the relevant sample to be supplied to the police. This puts the onus on the patient who may wish the sample to be analysed especially if it may prove his innocence. If the patient did not wish the sample analysed then as with intimate samples a court may draw certain conclusions from the refusal to provide. At the time of writing this report, our President and Dr. James Dunbar are due to have an informal meeting in the near future with Mr. Peter Bottomley at which no doubt our views will be made known. Although there is opposition from certain BMA quarters our views are shared by BASICS and the Casualty Surgeons Association who like ourselves are in the front line of the battle against drining drivers.

FAGIN

The Forensic Academic Group in the North have now had two weekends of their DMJ Course being held in Manchester. Students and teachers have enthusiastically supported it and acclaim it as an instructive as well as a social success. A waiting list has already been started for the next course so make sure of your place by putting your name down now. Details may be obtained from Dr. Stephen Robinson.

DMJ

We congratulate Dr. K. Megson, Gateshead, Dr. S. Goldthorpe, Merseyside and Dr. A. Draisey, East Sussex on their success in Part II of the Diploma in January 1989.

ROYAL COLLEGE OF PHYSICIANS

Your Council welcomes the news that the Royal College of Physicians has decided to form a Faculty of Clinical Forensic Medicine and that a Steering Committee will shortly be appointed on which members of the APSGB will be invited to serve. It is envisaged that such a Faculty, which will cater for forensic doctors in all disciplines not only police surgeons, will develop in a similar fashion to the Faculty of Occupational Medicine. Police surgeons have a lot in common with occupational physicians who are mainly GPs doing the work part time and whereas it is proposed membership will automatically be granted to those holidng the DMJ, other police surgeons who are doing the work regularly will be invited to apply for associated membership. In the course of time examinations for membership and associate membership will be organised and the associate examination will hopefully appeal to those doctors who do not require or possess the high standards demanded by the DMJ which will continue to remain for police surgeons the highest qualificationin clinical forensic medicine. Your Council has expressed certain reservations which will be considered by the Steering Committee but for the Association to be linked with such a prestigious body as the Royal College of Physicians will enhance our standing as a source of authoritative advice on matters of clinical forensic medicine and also enhance the academic status of the discipline so that we gain parity with our professional partners in Europe in 1992.

CLINICAL FORENSIC MEDICINE

"Clinical Forensic Medicine" has aptly been chosen for the title of our new text book which is being edited by our President to whom Council formally recorded a vote of thanks for the many hours of work he has undertaken. He has an onerous task not only in recruiting subscribers but also in ensuring contributions are presented on time for painstaking editing and preparation for the printers. Then comes the proof reading and corrections in which he is being ably assisted by another stalwart, Dr. Myles Clarke, who is also organising the marketing. It is regrettable that for personal reasons, Myles felt unable to continue to hold the office of President Elect. We are pleased that after all he has done over many years for the Association and clinical forensic medicine in particular that he is still able and willing to help with our new text book and continue editing the Supplement.

COUNCIL CHANGES

Drs. Birch, Sarvesvaran and Bunting representing Areas 4, 5 and 6 retire this year and in their place nominations have been received for

Area 4 — Dr. R.J. Collins
Area 5 — Dr. S. Hempling
Area 6 — Dr. T. Manser

We offer our thanks to the outgoing Councillors and welcome their successors.

GMC

Your Council supports the initiative of the BMA in its recent correspondence with the General Medical Council pleading for improved teaching of forensic medicine to undergraduates. I have written also on our behalf and copies of the correspondence will be published in the latest Supplement which will appear shortly after the Conference.

Finally, on behalf of the President and Council, I welcome you to the 35th Annual Conference at the Stakis Gantock Hotel, Gourock, Glasgow and have pleasure in presenting this report to the Annual General Meeting on Friday, 19th May.

HUGH DAVIES

Ailing Tara Chand beheaded his 15 year old niece at the altar of a Hindu goddess in central India in the belief that human sacrifice would cure him.

PRE-PUBLICATION DISCOUNT OFFER

At last — the authoritative textbook and guide to the everyday forensic problems encountered in many fields of medicine.

CLINICAL FORENSIC MEDICINE

Edited by David McLay

To be published in 1990 by the Association of Police Surgeons, with contributions by the leading experts in clinical forensic medicine in the United Kingdom.

CLINICAL FORENSIC MEDICINE will be of inestimable value, not only to police surgeons and forensic medicine practitioners generally, but also to casualty officers, general practitioners, social workers, paediatricians, solicitors, barristers and police officers and to many others who need expert guidance in problems involving CLINICAL FORENSIC MEDICINE.

Topics include:—
The Doctor's Medico-legal obligations; Police and Criminal Evidence Act; Legal Systems and the Police; Facilities for Examination; Prisoners and Detainees; Alcohol and Drugs; Traffic Medicine; Sudden Natural Death; Suicide; Suspicious Deaths; Accidents; Occupational Disease; Wounds; Non-Accidental Injury to Children; Child Sex Abuse; Medico-legal significance of Pregnancy; Forensic Science; Odontology; Identification; Occupational Health; Sexual Assaults.

. . . . . .

Publication price £18.50 ($US37.00)
PRE-PUBLICATION PRICE **£15.50** plus postage ($US31.00 plus postage)

To reserve your copy or copies, complete the form below and forward it with the appropriate cheque to ASSOCIATION OF POLICE SURGEONS, VINE HOUSE, 8, HUYTON CHURCH ROAD, HUYTON, MERSEYSIDE L36 5SJ UNITED KINGDOM. All orders will be acknowledged.

COST PER COPY INCLUDING POSTAGE (airmail to overseas destinations)

United Kingdom £17.00 per copy Europe £19.00 ($US38.00) per copy Destinations other than Europe £21.50 ($US43.00) per copy.

Please send me . . . . . copy/ies of CLINICAL FORENSIC MEDICINE
I enclose a cheque payable to ASSOCIATION OF POLICE SURGEONS for £/$US . . . . . .

NAME . . . . . .

ADDRESS . . . . . .

TOWN . . . . . POSTAL/ZIP CODE . . . . . .

COUNTRY . . . . . .

Minutes of the 38th Annual General Meeting held at The Stakis Gantock Hotel, Gourock, Glasgow on Friday, 19th May 1989 at 4.30 p.m.

1. Apologies: Hon. Sec. reported he had received fifteen apologies and ninety-five members attended.
2. Minutes of the 37th Annual General Meeting were received and signed after a correction that Dr. Myles Clarke had been elected as President Elect.
3. Matters arising: It was reported that for personal reasons Dr. Clarke had earlier in the year resigned as President Elect.

   There were no other matters arising.
4. Hon. Treasurer presented his report and noted that the income for the year exceeded expediture by £11,000. After explaining in detail the contents of his report, in answer to a question from the floor, he explained that the large building society account was to make provision for the time when the office ceases to be at Creaton House and that the interest from the account would be used to finance accommodation and a new secretariat if as expected expenses in this area would be greatly increased. After a proposal by Dr. Neville Davis, seconded by Dr. Robin Moffat, the Hon. Treasurer's report was accepted.
5. The Hon. Secretary's report was accepted after a proposal by Dr. Fram Patuck, seconded by Dr. Debbie Rogers.
6. The report of the W.G. Johnston Trust was presented by Dr. James Hilton who reported a balance of £15152. An interest free loan having been received from the general Association funds whch it was intended to use as a priming fund for the new book, "Clinical Forensic Medicine". It was hoped this would be published in the late Autumn. Dr. Hilton stressed the need to keep the Trust Fund topped up at a reasonable level in order to attract sufficient interest. He reminded the meeting that the Trust was subject to the scrutiny of the Charity Commissioners. Apart from producing publications, its activity was restricted to providing money for research and prizes. After a proposal by Dr. Stephen Robinson, seconded by Dr. Tim Manser, the report was accepted nem con.
7. Hon. Sec. reported that there had been eight deaths during the year and twenty five resignations; sixty three new members had been approved by Council, and these were confirmed by the meeting making a net increase of thirty members during the year.
8. Election of Officers: On behalf of Council, Hon. Sec. nominated that Dr. Michael Knight be elected as President Elect. It was proposed by the President that the Hon. Treasurer, Hon. Secretary and Hon. Assistant Secretary be re-elected en bloc. This was seconded by Dr. Paddy Keavney and passed unanimously.
9. Hon Secretary thanked the retiring Councillors for Areas 4, 5 and 6 and reported that nominations had been received from Area 4 — Dr. Robert Collins, Area 5 — Dr. Stephen Hempling, Area 6 — Dr. Tim Manser. As no other nominations for these areas had been received, he proposed their election.

Seconded by Dr. Smart they were elected unanimously. Drs. Ian Craig and Frazer Newman were proposed by Dr. Ivor Doney as scrutineers of accounts. The proposal was seconded by Dr. Lesley Lord and there being no other nominations they were duly elected.

10. A spirited discussion took place on the draft presented by Council of a proposed new Constitution. This draft had previouisly been circulated in Volume 24 of the Police Surgeon Supplement, January 1989, and copies had been circulated to the membership with the agenda for the AGM. Having listened to suggestions from the floor of the house, it was agreed that a final draft would be prepared and hopefully after due notice had been given to the Hon Secretary in accordance with the Rules of Constitution an extraordinary general meeting would be held at the Autumn Symposium when the new Constitution would be adopted.
11. Any other business: Robin Moffat proposed and Ian Hamilton seconded a vote of thanks to Dr. Myles Clarke on his resignation from the post of President Elect for personal reasons. Dr. Moffat referred to the many years of work that Myles had carried out for the Association and clincial forensic medicine in particular. Dr. Moffat stated that while we appreciated and regretted Myles' decision, we were delighted that he was to continue his many other activities on behalf of the Association. The motion was carried unanimously with prolonged applause.

There being no other business, the meeting adjourned at 5.50 p.m.

EXTRAORDINARY GENERAL MEETING

An Extraordinary General Meeting of the Association was held on Saturday, 16th September 1989 at 1745 hours during the Autumn Symposium which was held at the Penine Hilton Hotel, Huddersfield.

1. The Hon. Secretary read the notice convening the meeting. 38 members signed the attendance record.
2. There were 17 apologies.
3. The Honorary Secretary proposed that the Constitution be altered to that previously circulated to members prior to the 38th Annual General Meeing duly amended in accordance with the decisions of that meeting. Dr. Robin Moffat proposed that a minor amendment that under 1 (b) the term 'medical practitioner' should be substituted for 'medical person'. The amendment was carried and the proposal adopted unanimously.

The meeting closed at 6.0 p.m. after Dr. Jeremy Smart, Secretary of the Constitutional Review Working Group and the other members of the Working Group had been thanked by the President for their work.

The members of the Working Group were Drs. David McLay, Michael Knight, H. de la Haye Davies, Stephen Robinson, Neville Davis, Hugh Jones, Raine Roberts, David Jenkins, Myles Clarke and Tim Manser. Working Group Secretary was Dr. Jeremy Smart.

JAILED FOR LIFE?

Chamoy Thipyaso, known as the queen of underground investing in Thailand, and seven of her associates were each jailed for 141,078 years by the Bangkok Criminal Court for swindling the public through a multi-million-dollar deposit-taking business. The court ruled that Thipyaso cheated her 16,231 clients by failing to pay 6.5% monthly interest on their deposits as promised.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN
INCOME AND EXPENDITURE ACCOUNT
For the year ended 31st March 1989

1988	EXPENDITURE	£	£	1988	INCOME	£	£
979	Stock of Goods April 1988		901	36924	Subscriptions		41404
344	Goods Purchased		300	2276	Interest received		3631
1872	Diaries		1897	124	Conference etc. Surpluses		925
266	Printing and Stationery etc.		339	1255	Sale of Books, Journals etc.		710
493	Telephone		426	373	Advertising Supplement		936
601	Postage		595	64	Sundry Receipts		111
1901	Council Meetings		2146	564	Sale of Goods		381
–	Law Society Meeting		598	901	Stock of Goods March 1989		735
235	Northern Ireland Expenses		149	166	Sale of Body Sketches		120
–	Seville Manifesto Meeting Expenses		392				
500	(Johnstone Trust – Grant)		–				
150	Subscription P.A.C.T.S.		150				
16	Sundry Publications		113				
5893	Police Surgeons Journal		6735				
1446	Police Surgeons Supplement		5530				
736	Accountancy etc.		805				
41	Miscellaneous Expenses		116				
3195	Insurance		3195				
148	Bank Charges		395				
200	(Delegates Expenses)		–				
	Expenses – Honorary Secretary:						
1643	Travel and Subsistence	1308					
4215	Attendance	4152	5460				
3740	Assistant's Salary	4344					
757	Assistant's National Insurance & Expenses	847	5191				
1125	Rent, Rates and Heating		1150				
401	Depreciation						
	– Equipment		491				
–	– Photographic Equipment		50				
30897			37124				
11750	Excess of Income over Expenditure		11829				
42647			48953	42647			48953

BALANCE SHEET
As at 31st March 1989

1988		£	£	1988		£	£
	GENERAL FUND				FIXED ASSETS		
	Balance 1st April 1988	48903			Office Equipment		
	Add Excess of Income over Expenditure for year	11829			At cost	4598	
				2270	Less Depreciation to date	1816	
48904			60732				2782
				50	(Photographic Equopment)		–
	CURRENT LIABILITIES			264	Medallions – Cost		264
1194	Sundry Creditors	1125			LOAN New Text Book		5000
–	Bank Overdraft	3116	4241				
					CURRENT ASSETS		
				901	Stock of Goods	735	
				44919	Cash in Building Society	56050	
				1620	Cash at Bank and in Hand	142	56927
				74	(Debtors)		–
50098			64973	50098			64973

ACCOUNTANTS REPORT

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

40 York Road, Northampton

ORTON DESBOROUGH & CO
Accountants

9th May 1989

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

1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents . . . . . packets of 50 . . . . . £2.50
   Postage charge on Aide-Memoires £1.00 (one packet), £1.80 (two packets).
2. **Sexual Assault Leaflets.** Packets of 100 . . . . . £2.50
   Postage £1.00 (one packet), £1.80 (two packets).
3. **Key Fob** with the crest in chrome and blue enamelled metal 0.25p
4. **Terylene Ties** — silver motif on blue. Ties now available with either single or multiple motifs. Please state which preferred £4.50
5. **Metal Car Badges,** chrome and blue enamel (for hire only) £7.00
6. **Car Stickers** for the windscreen (plastic) . . . . . each 50p
7. **Wall Shield** or plaque bearing Association Insignia £13.00

The following books may be obtained from the Association Office:—
RAPE £8.50, non-members please add 50p postage & packing.
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:	Office hours:
CREATON HOUSE, CREATON, NORTHAMPTON, NN6 8ND.	1.30-3.30 p.m. Monday - Friday Telephone: (Creaton) 060-124 722

W.G. JOHNSTON MEMORIAL TRUST FUND
COMBINED ACCOUNTS — 5th April 1988-5th April 1989

£	RECEIPTS	£	£	£	EXPENDITURE	£	£
	Balance at 5th April 1988						
	Current account	83.06			Grants	2358.50	
8673	HRD	11538.84	11621.90		Carriage Charge	21.28	
					Balance at 5th April 1989		
1352.41	Sales of 'Rape'		677.50		Current account	103.28	
—	Sales of 'History'		94.50		HRD	12669.60	
1000	Grant from APSGB		—				12772.88
—	Repayment of Grant (Fagin)		2000.00				
1918.25	Interest	758.76					
			15152.66				15152.66

HRD = Higher Rate Deposit

GOODBYE SEC 63 — HELLO WHAT?

Now that section 63 seems destined to sink below the fiscal horizon for good, how are we going to support training?

The 'new' post graduate training scheme seems to take no account of the importance of Medical Jurisprudence to the active medical practitioner. I may have to concede that much of the education needed by a forensic clinician has to delve far deeper into a wider range of subjects than is necessary to the doctor not specialising in forensic work, but the total lack of incentive to the practising doctor to train in legal medicine is scandalous. At least there is some sign of germination appearing in the primaeval sludge of state initiative regarding undergraduate training in medical jurisprudence, so by 1992 we will hopefully be graduating doctors who will be considered the equal of their European colleagues. But what of those who dared to graduate before the last decade of the millenium?

For those of us who chose to specialise as 'police surgeons' I will suggest an option.

Many of us in the APS have been vocal about general standards of training for some time. Now that section 63 appears to have been well and trully zapped, those of us who combine general practice with our forensic work will be in the same boat as quite a few of our colleagues who have not had the benefit of a general fund to support their postgraduate education. However the vociferous ones mentioned above are not alone. ACPO has also taken up the cudgel in support of training. This is important for the suggestion that I will proffer shortly.

A very positive move was made some years ago in introducing a supplement to the 'retainer', as it was then, to those who held the Diploma in Medical Jurisprudence. I feel this supplement is inappropriately low, but nevertheless it is a welcome carrot to encourage training. Naturally and justifiably there was a 'grandfather' clause introduced at the time. I feel that there is now *no* justification for this seniority qualification to apply automatically after 15 years.

I would suggest the payments should be made up of the following components:—

1. A *retainer* depending on contractural status

(a) Police Surgeon = equivalent to current full availability fee
(b) Deputy Police Surgeon = equivalent to current deputy fee
(c) Associate Police Surgeon = probably a training role without retainer
(d) 'other' Police Surgeons = eg Specialist Fields/Senior Force Surgeons with negotiated fee in addition to (a) if appropriate.

(note that actual terminology may vary from force to force)

2. An additional payment to holders of the D.M.J. or other post graduate forensic qualification as may be recognised. This may be a higher retainer and/or increased forensic case fee.

3. Post Graduate Training Allowance

Number (3) above would be a new venture, I will continue by suggesting a mechanism whereby a Postgraduate Training Allowance (PGTA) may work.

a) Requirements

i) A doctor specialising in medical jurisprudence either full time or part time, and under contract to a police force will be entitled to an annual PGTA if he attends seven recognised sessions in any one year.

ii) Recognition of training sessions can be obtained by application to the appropriate committee by the organiser or by the individual if the organiser has not done so.

iii) The individual in all cases must submit a form of attendance signed by the organiser and a copy of the programme.

iv) The programme will be awarded a number of points depending on content and duration. Five points will equal one session (c.f. Sec 63 two and a half hours equalling one session).

v) An individual may carry over sessions/points earned in any one year to the next year.

vi) The year will consist of a calender year starting January 1st.

b) Costs

i) A set sum (e.g. £400-00 for 1990) will constitute the PGTA to cover travel and subsistence. Course fees have to be paid by the individual or negotiated for payment by the responsible police force.

ii) A fee for registration of courses to be paid by the organiser or by the individual. The individual may send a number of claims in under one fee notice. The fee to be paid to the PGTA Committee (PGTAC) and to cover administration costs only.

iii) a: The PGTAC to consist of three members

1 A member appointed by council of APS.
2 A member appointed by (hopefully) Faculty of Clinical Forensic Medicine of Royal College of Physicians (FCFMRCP).
3 A member from Association of Chief Police Officers (ACPO).

Most communication could be done by Telephone, FAX and post keeping costs low.

b: One administration mailing address to be nominated-possibly the secretary of FCFMRCP.

iv) PGTA to be negotiated annually through the current negotiating committee of BMA.

Why should ACPO agree to support such an idea?

Generally police forces are happy to abide by nationally agreed fees.

That ACPO supports the concept of training is to be applauded and with this scheme they would be encouraging training still further yet have a voice in the selection of the type of training to be encouraged.

Money would be saved by not accepting automatically the fifteen years service qualification for the supplement to the retainer.

Most important however is that this gives us an opportunity to tailor our education to fit the specialist service that is Forensic Medicine.

STEPHEN ROBINSON

TERMINATION

John McLeod brought his trial in Edinburgh Sheriff Court to a dramatic conclusion when he cut his throat in the dock; his solicitor Carol Duncan collapsed over the solicitor's table. McLeod required 25 sutures.

CORRECTION

The covers of the last issue of the Supplement (Vol. 25 May 1989) were incorrectly attributed and titled. The front cover was "An Unsolved Mystery" and the back cover "Decoyed and Drugged — How a Brilliant, but Impulsive, Young Burlesque Artiste was Led Astray by two Men and Ultimately Chloroformed and Robbed". Both covers were from "The National Police Gazette — The Leading Illustrated Sporting Journal of the World", published 17th November 1897, price twopence.

HILLS ALIVE IN HUDDERSFIELD
Notes on the Autumn Symposium

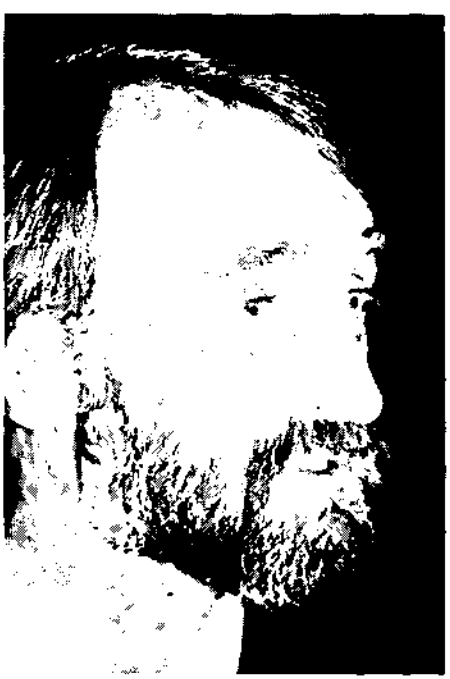
Bright sunshine greeted delegates to the Autumn Symposium held at the Pennine National Hilton on 16th and 17th September. The warm weather got the proceedings off to a good start and the momentum was maintained throughout the weekend.

Lesley and David Lord had gone to a lot of trouble to arrange a set of lectures and demonstrations around the topic of 'Mental Health and the Forensic Physician'. Their labours were well rewarded for the presentations were put over enthusiastically and professionally; almost absent were the crowded unintelligible slides, hand written overheads and speakers who ramble. There was interest, clarity of thought, action, new ideas and the overall effect was to send us away invigorated.

We were welcomed to West Yorkshire by the Chief Constable, Mr. Peter Nobes. He expressed gratitude for our contributions to the Police service and particularly appreciative of the night work we undertake.

Chief Superintendent David Pickover began a presentation on The Yorkshire Ripper detailing the 13 murders and 7 attempted murders committed by Peter Sutcliffe between 1975 and 1979. Dr. Michael Green then followed with an excellent review of The Ripper's Modus Operandi and how, during the course of the serial attacks, he had altered his ritual. He summarised the lessons to be

Oz Group: Tony Moynham



Narrator: Willie Gray

Recitation: Mike Green

Aria: Alistair Irvine

learnt by emphasising the importance of trace evidence, encouraging exchange of information but being mindful of who NEEDS to know, the need for good records and finally he warned of being led astray by dogmatic statements made early in the course of enquiries.

Dr. Rao, Consultant Psychiatrist, lectured on various aspects of the Mental Health Act mentioning the now inevitable trend towards de-institutionalisation of chronically mentally ill patients. This theme was vigorously taken up by Ch. Insp. Walker of Leicestershire who outlined his Home Office sponsored project which will study the role of the police service (in terms of duty, time and effort) in dealing with the increasing numbers of mentally ill and homeless. This talk prompted much useful discussion and sharing of ideas. We must look forward to the

Serioso: David Jenkins and Bertie Irwin

Arrangers: David and Lesley Lord

Dr. W.D.S. McLay, Officer of the Order of the British Empire, Bachelor of Law, Fellow of the Royal College of Surgeons, Last President of the Association of Police Surgeons of Great Britain, First President of the Association of Police Surgeons, Chief Medical Officer, Strathclyde Police, claiming that Glasgow belongs to him.

final report and be aware of its implications for strategic planning.

Dr. Joan Sneddon, in her talk on self-inflicted injuries and chronic simulated illness took us through her experiences in this field in a most fascinating way. She told us of the wrist slashers who felt no pain and of the 19 cases she had followed for years, 10 of whom had recovered, 6 of whom continued to slash and 3 of whom were dead. Her advice in cases of Dermatitis Artifacta was not to confront the patient but to give them a roll of micropore tape and tell them to go away and heal themselves. We also heard of Chronic Simulated Illness featuring the massively over investigated, attractive wife, accompanied by the too good husband. Other manifestations were described and her excellent talk concluded with Munchausen's syndrome. During questions she said she had yet to see a convincing case of Myalgic Encephalitis.

Detective Constable Driver displayed the latest, state of the art, computerised Photo-fit, a most ingenious device which has already been used with suc-

The Lord Quartet: one descenting voice?

Local police called to subdue disenchanted groupies

Virtuoso Brian Lightowler

cess in West Yorkshire. Also from the West Yorkshire Force came Police Constable John Hayton who demonstrated basic self defence to the assembled company. His lessons were most timely considering that well over 60% of police surgeons present admitted to having been assaulted.

Dr. Patsy Chapman in her lecture on The Difficult Teenager pointed out that 25% of 17yr olds and 35% of 25yr olds have a criminal record. She described some of the common pathological behaviour patterns which come to the attention of child psychiatrists: — stealing, lying, running away, truancy, school refusal, drugs, alcohol overdosing, anorexia, promiscuity, smoking, bullying and agoraphobia. All major problems which require help and which may bring the teenager into conflict with the police and the law.

It is impossible to do justice to Dr. Keith Rix's paper '"Alcohol Intoxication" or "Drunkenness": is there a difference?' in this review article. In summary the paper proposes the theory that the behaviour we witness from drunks is more a function of society's expectations of drunkenness than of the level of alcohol in the blood. This paper was very well presented with much clinical data to substantiate its conclusions.

The social side of the Symposium was well catered for with a shopping trip to Ponden Mill, lunch and afternoon tea in Haworth on Saturday. The Dinner was a grand affair which was followed by David Lord and three of his friends entertaining us with their melodious Barber Shop Quartet. No sooner had they finished when Hugh Davies (on spoons) took over as Master of Ceremonies, with accompanying music provided by Brian Lightowler. And who will forget the finale with the President, Dr. David McLay, from on top of the table, leading everyone in his theme song 'I Belong To Glasgow'? And so it was that the evening ended with the Huddersfield going 'round and round' in time with Glasgow on that memorable 'Saturday night'!

WILLIE GRAY

Save £3.00 on Page 25

VISA TO MADRAS — the Professor's Dilemma

Many of the delegates attending the 3rd Indo-Pacific Forensic Congress in Madras in September took the opportunity to explore India at the same time.

On one of the pre-congress tours, the Delhi guide pointed proudly to the city's magnificent Government buildings and said "The British gave us three things — these wonderful buildings, the English language and they gave us our discipline".

A gracious tribute. Certainly the British have left many elegant buildings in most Indian towns, they left an English language sometimes as difficult to understand as the language of certain parts of Tyneside or Scotland but the discipline is probably the most striking of all. The Indians in India are probably the most polite people in the world. That doesn't mean they can't be angry when they want to, and delegates soon discovered that, when they went to the Congress business meeting at the end, but more of that later.

India is an amazing country, vast in size and enormous in population. What is astonishing is that any foreign power ever dared to occupy it. Nationalism now runs high and probably no-one every will attempt occupation again but the great Mogul Empire of the 16th century was overrun first by the Persians (they even stole the Peacock Throne and took it back to Persia on an elephant caravan) and then, unbelievably in the 19th century by the crazy British. Who but made dogs and Britishers would travel half way across the world and march on a country of millions of peo-

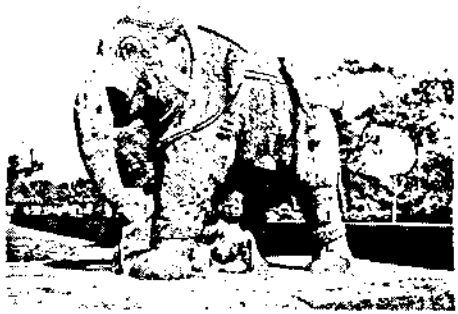
Garlanded Key-note speakers Rex Ferris (Canada) Prof Chao (Singapore) and Bill Tilstone (Australia), with U.K. police surgeons Ivor Doney, Ian Craig and David Filer in the back row.

ple (wearing serge puttees and pith helmets of course) and occupy the Red Fort in Delhi and proclaim Queen Victoria, Empress of India? At least the British left something behind!

Professor Chandra Sekharan was president of the Indo Pacific Forensic Congress which attracted delegates from 35 countries. What an energetic man he turned out to be! He was everywhere and anywhere all at the same time. He seemed to be a permanent chairman, yet if you stopped him to ask him something, he would beam a captivating smile and give time to your query as if nothing were more important in the whole wide world.

The Conference was opened by His Excellency Dr. P.C. Alexander, the Governor of Tamil Nadu. A shrewd and precise man if ever there was one (Police surgeon Amar Rayan was his G.P. when he was ambassador in U.K.!) He gave an excellent speech. What puzzled him, he said, was that for a subject as important as forensic medicine, why was the Forensic Science Society of India only 10 years old and why was this only the third Indo Pacific Congress. He said forensic people are good at their jobs and should not hide their light under a bushell or be shy or hide away in their laboratories, but go out and tell other doctors and colleagues. "Make them listen" he said. Delegates felt it would be good if Universities heeded his advice and allowed more teaching time for students in forensic matters.

U.K. speakers gave consistently good papers at the conference. Prof. David Bowen gave a paper on Bath Tub Deaths and reminded everybody the bathroom is one of the most dangerous rooms in the house. Despite being a key-note speaker he almost didn't get to the meeting! Travelling to India entails getting a visa. Usually there is no difficulty about it. Imagine Prof. Bowen's surpise when India House refused his application! He phoned Madras and was told there was no problem, try again. He was refused again! Bewildered after even a third refusal, he began to feel he really was personna



non grata — an uncomfortable feeling when he didn't know why. He finally got his visa, literaly only a few hours before flying off. He still doesn't know who had it in for him — or why!

Other key-note speakers from U.K. were Alec Jeffreys on DNA profiling, Paul Knapman on The Coroner System, Ken Mason on Ethics and Pramod Jauhar from Glasgow on The Value of Psychiatric reports.

Two APSGB members gave good papers too. David Filer extolled the use of a nurse in police surgeon's work. A long needed addition. More professional, better results and a calming effect in tense situations. He even brought his nurse Miss Linda Filer there to answer questions! There to hear him from Tanzania was an old pal, DMJ holder Dr. Ndetiyo Pallangyo. He could see the advantages when treating children with crocodile bites! "Not really a problem in the Thames" rejoined David!

Ian Craig's impressive paper came under the section on Psychiatry. It concerned a family murder in which the culprit killed his wife and his whole family of small children. To this day, his prison cell is adorned not with the usual pin-ups but with happy photos of all of them in picture frames on his table.

Peter Minty from Charing Cross gave a good paper on the analysis of drugs. There were literally scores of papers at this conference. Some old hat, some new. Regular conference goers sometimes sneer and say they've heard it all before. They sometimes say it

about APS meetings too but old timers should really be grateful for their experience and knowledge. At the Madras conference there were many first time delegates and also a number of students. They revelled in every grain of information.

Even so, it is right to expect a few new ideas and there were certainly some of interest to police surgeons at this meeting. Professor Tsunerari from Japan showed a new way of blood grouping from faeces. Criminals often leave excrement at scenes of crime. He found that proteins in HHB (human hepatic bile) showed profound individual differences in blood group activity. All the police surgeon or SOCO need to do is take a swab of the faeces. His lab does the rest. Then there was Dr. Deebak Middha from Petallia showing how blood grouping could be ascertained from finger nails using absorption elution techniques. From Wolfgang Steinke (Wiesbaden) there was news of SIMS (Secondary Ion Mass Spectromety) capable of picking up really minute particles of gun shot residues — even atoms molecules and ions. His scheme provides information about submicron composition of individual particles and shows whether they are really gun shot residues or other origin. The cost of the apparatus? — dirt cheap at well in excess of a million dollars! (Police surgeons please note — never use ordinary swabs for wiping hands or fingers for gun shot residues. Ask the lab for the special kit provided). Doctor of Law C.H.J. Merx from Holland spoke on Euthanasia and gave careful support for both sides of the argument. A paper on "Did he fall or was he pushed?" was presented by Dr. M.M. Singh from Ahmedabad. Using a dummy and a variety of propellant forces he showed the pattern of body motion when falling from a sky scraper. He claimed that pushing produced a distinctly characteristic type of fall. He survived some harsh questioning afterwards.

People who shudder at the revelation of some of the railway accidents in the Western world would have been utterly horrified at the report by Dr. M.M. Huq from Bangladesh. Scarcity of transport there means that people hang from the sides of trains, they stand or sit on the roofs and even hang on to the front of the engines. Serious accidents are commonplace and sometimes trains fall off bridges!

India is a colourful country not least being the beautiful saris and the sparkling jewellery the ladies wear (sloppy Western females in oversize jumpers and jeans take note). The pretty conference banners were gorgeous and key-note speakers found themselves adorneded with exquisite and exotic long gilt garlands.

There were exciting events every night including a party with food and Indian dancing at no less a place than the home of the Governor himself. Security was tight and delegates, well used to airport gate checks found they had to walk through a similar bleeper to get to the Governor's front lawn.

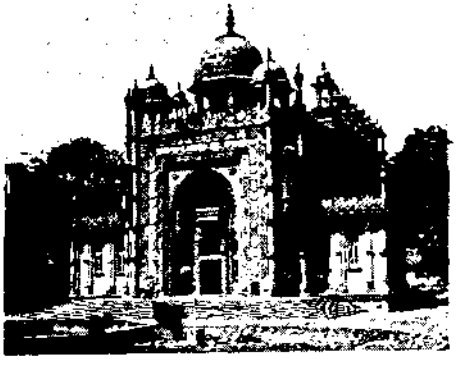
On another occasion, one half day and evening was spent by the entire Congress at Fisherman's Cove. Reputedly the loveliest and most delightful coastline of the whole large Indian peninsula, it was heaven itself. Clear blue seas, no pollution, hot sands, sheer delight. Forensic medicine seemed a very long way away that day.

Another night was at the VGP Golden Beach Resort, a magnificent pleasure garden with all sorts of events and sports, ideal for the sort of fitness fanatic who wants to hasten his coronary and enjoy all-bran binges.

A word about the Indo-Pacific congresses. They began in Singapore as an idea by Bill Eckert who felt the Southern hemisphere was not gettiong its fair share of conferences of international status. He persuaded Professor Chao to start things moving in Singapore in 1987. It was a huge success. They have pursued a successful though sometimes turbulent course since then. The ebullient Chao was in Madras full of fun and in characteristic flamboyant form. He gave an excellent talk on Blood spatter pattersn and stressed the need for police surgeons to take note of such patterns on walls at scenes of crime. They are the first professionals on the scene and may give useful guidance to investigating officers.

At the Congress business meetings towards the end of the conference some Indians showed that, polite though they may be, they can start a furore if they want to. Organisational fireworks, arguments, accusations of betrayal filled the auditorium as various injured parties expressed their ire at certain constitutional irregularities. The cool Dr. Salgado from Sri Lanka eventually cooled tempers and restored peace and the venue for the next congress was declared — it will be in Bankok in 1992 under Dr. Tassana Suwanjutha. Make a note of it now. Don't miss it. It will be good.

The most moving presentation of the whole Madras congress was a first time, first hand report on the Bhopal disaster by the man who had to deal with it first hand Dr. Heeresh Chandra.



A silent, stunned audience listened in awe to his terrible story of 1985 when on one tragic day poisonous fumes killed hundreds of people in Bhopal and maimed thousands of others in the ensuing months. Like Pompei, suddenly engulfed in the dust of Vesuvius, like Hiroshima, so Bhopal was pervaded by a cloud of poisonous fumes, killing 70 people by 7.00 a,m,, 260 by 9.00 a.m., and nearly 3,000 over subsequent months. Just imagine being responsible for dealing with such a situation. No-one knew what the fumes were, what had caused them or what rules had been broken. He had a graveyard full of bodies and not enough fuel to cremate them all, his treasured new forensic mortuary with enough refridgeration for all the autopsises he had ever expected, became hopelessly inadequate to deal with such an emergency. Since then his investigations have unearthed whole areas of neglect, incompetence, ignorance involved in the cause of the tragedy. His restrained, careful report pointed the finger of blame with devastating certainty at the people responsible. The mistakes were almost beyond comprehension. His story should be told at some future international forensic meeting again, and again and again.

One surprise for the Brits at this congress was to see a programme about Crime Watch BBC. Not just for the entertainment value but a serious assessment of its value before a professional audience. Two courageous BBC presenters, Anne Morrison and Helen Phelps, faced the audience to show other countries how a programme such as Crime Watch (which the Germans were quick to point out was first put out on German TV) can help solve crime. They faced some searching questions on prejudicing trials, confidentiality, harassment of witnesses, but responded with shrewd and competent answers. They carried the flag admirably.

Ken Brown was a key-note speaker for the forensic odontologists. At the Madras conference great excitement

and interest was shown about the forthcoming Australia/New Zealand forensic meeting in Oct/November 1990. IAFS President Dr. Bill Tilstone was there to tell everybody about Adelaide and John Barr publicised the World Police Surgeons meeting in Auckland. These two meetings look like being the greatest ever.

But India is poor and Indians have great trouble getting funding and currency to go abroad. It is a pity because their congress in Madras showed they have a wealth of material to discuss and present to an international audience. They are going to try to come and will put every effort into it. Nobody in this world likes to be beaten. As the saying goes — "Show me a man who is a good loser and I'll show you a man who is playing golf with his Boss!"

IVOR DONEY

BOOK REVIEW

PAEDIATRIC FORENSIC MEDICINE AND PATHOLOGY

Edited J.K. Mason. Published Chapman and Hall Medical. Price £75.00

Regius Professor (Emeritus) of Forensic Medicine Ken Mason has undertaken the herculean task of persauding 36 other contributors from three continents to produce their contributions; sadly three invited contributors died during the book's preparation.

The book is divided into four sections. Part one is a short introductory section on the role of the expert witness in paediatric forensic practice.

The longest part is the second on Forensic Medicine and Pathology. There are many sections here of considerable interest to police surgeons, including chapters on physical abuse, emotional abuse, .radiology in child abuse and forensic odontology. The chapter on "Incest and other sexual abuse of children" is by W.D.S. McLay and is an excellent guide to the examination of the sexually abused child. The chapter is illustrated by photographs supplied by Raine Roberts of Manchester. The original photographs were colour slides which have been printed in black-and-white, and the results are very poor indeed. The inclusion of colour reproduction of the slides would have greatly enhanced the quality of this chapter without greatly increasing the cost of the book. For good quality reproduction of Raine Roberts' slides, see "ABC of Child Sex Abuse", BMA publications in the ABC series.

Parts Three and Four are concerned with Legal Aspects and Ethical Considerations respectively, and the book concludes with a List of Cases, Table of Statutes, standard growth charts, foetal foot length and sitting height chart, and a comprehensive index.

The price of this excellent book will inevitably mean that unlike "Clinical Forensic Medicine", it will not be found on the bookshelf of every police surgeon, but every police surgeon should at least know in which of his local medical libraries he can lay his hands on a copy.

MASS DISASTERS — CONFERENCE AT CASTLE DONINGTON

People who complain about the cost of some of our forensic conferences would do well to make some comparisons with conferences elsewhere.

Fees for attendance at the recent Aviation and Emergency Management conference (Mass Disasters to you!) at Castle Donington, Derby, in October, were jumbo-jet high!

Slice it which way you like this conference, good though it was, was pricey.

It cost £109 to attend for a half day, but it you stayed for the whole three days (six sessions) there was a reduction — it only set you back about £550. Agreed, the cost included teas and coffee and an unexciting two course lunch (coffee cost extra) but even so, forensic congresses are dirt cheap by comparison.

There were other snags too. Castle Donington is not an easy place to reach if you haven't got a car. There is no convenient public transport and a taxi to Derby station costs £8 each way.

Understandably, travel and hotels cost extra!

However, giving credit where it is due, the conference set out to tell people what to expect if a Mass Disaster hit their area and what help was available. It certainly did that. There were excellent speakers and they knew from bitter personal experience what could and could not be done.

Unfortunately they had to speak against the frequent roar of overhead planes to say nothing of the occasional race car practising on the famous racetrack next door. Just another feature of the Castle Donington venue.

Police surgeons have varying ideas about what their role should be in a Mass Disaster in their area. The answer is to leave it to the police to decide. One thing came through loud and clear at this conference. There is no doubt about who is in charge and who should give the orders. The local police and the Coroner. Whatever experts there are available around the country, they only come if requested. In a similar way, the police surgeon should await his call.

Everybody will criticise and suggest alternatives and say what ought to be done and as Prof. Tony Busutill (Edinburgh) put it — 'The retrospective is the easiest instrument in the world to use' — but the local police and the Coroner must be left to deal with the disaster in the way they believe to be best. They know where the experts are if they want them.

There were lectures on the role of the Ambulance Services, the Fire Brigade and the Voluntary Services and mapping out location of bodies and aircraft fragments using grid maps (N.B. same nomenculature as Ordnance Survey maps please). There were talks on the long term psychological effects on personnel, lessons learned from recent tragedies, the use of portable road systems and one unusual paper from R. Anker (Cranfield) on 'In-Flight Break up: Where will the pieces fall?'

On the medical side there were some very good papers. Prof. Ken Mason stressed that investigation of accidents meant saving lives by learning lessons and improving safety for others. Derek Clark and Eric Sykes, both forensic odontologists and APS members, spoke of the importance of dental identification of the dead, far and away the most consistently successful method of identification. Barend Cohen from the Netherlands called for stricter rules on alcohol abuse amongst aircraft personnel and he dealt deftly with questions afterwards with characteristic good humour. Other forensic delegates there as observers included Stephen

Leadbeatter, Alastair Irvine, Lawrence Addicott (also a Coroner), J.K. Wade, Ivor Doney and of course, R.A.F. expert Ian Hill who spoke on Accident Pathology and Air Safety.

Altogether there were about 250 delegates from a variety of disciplines including Medicine, Dentistry, Police, Aviation, Universities, Red Cross and Salvation Army and from a variety of countries including Europe, Saudi Arabia and Singapore.

Exhibitors brought a host of expensive equipment to the conference including quick inflatable tents, lifting gear, portable floodlighting, fire fighting equipment, sign posting. It cost them approximately £160 per sq.m. for the privilege! They gave some very impressive demonstrations.

Altogether a very useful and well devised conference that clearly showed there are plenty of people available when disaster strikes.

A final word about cost. Delegates received a conference proceedings book free each day in their conference folders. Anyone wishing to purchase extra copies found the cost per volume was £125. There were three volumes for the three days!

So there's a simple message when you're contemplating your next forensic conference and counting up your pennies — count your blessings too!

IVOR DONEY

THE WASSERMAN REPORT

On July 17th 1984, the Home Secretary announced in a written Parliamentary Answer that he had established a Working Party to review the arrangements for providing a forensic pathology service in England and Wales with particular reference to organisation and funding, appointment and conditions of service, training and quality assurance, and to make recommendations. A short letter appeared in the Daily Telegraph on March 14th 1985, announcing the formation of this Working Party and inviting written comments on any aspect of its work. The British Association for Forensic Odontology submitted evidence outlining its views on the role of forensic dental pathology within the forensic pathology services and expressed its views concerning training, methods of payment for services and its concern that the Home Office list of forensic odontologists had not been updated since 1969.

The Wasserman Committee, as the Working Party became known, were rumoured at various times to be putting forward some sweeping changes with possible closures of forensic medicine departments. The publication of the report was awaited for some considerable time and finally laid before Parliament in April 1989.

The committee was originally formed following anxiety that the number of forensic pathologists was declining due to the fact that medical schools and the National Health Service were no longer prepared to provide pathologists for police work. There appeared to be little incentive for pathologists to specialise in this field without a definite career structure.

One of the committee's first tasks was to define the term 'forensic pathology' adopting the definition provided by the Broderick Report (1971) as 'that small amount of work which, although it is carried out on behalf of the coroner, is particularly the concern of the police'. The volume of work is illustrated by reference to the 1987 statistics. Of 135,961 coroners post mortems carried out only 630 were recorded as homicides of which 300 occurred in the London area. In a footnote to the figures it is interesting to observe that, after London, the next busiest area for the forensic pathologist is Devon and Cornwall in the holiday season.

A review of the present organisation of forensic pathology in England and Wales concludes that not much has changed since Broderick described the 'service' as 'arrangements of a limited and loosely organised character which have been made, or have developed, to provide assistance to coroners and the police'. Despite the lack of full time employees, management structure and central direction it is recognised as being among the best in the world.

It is noted in the report that, in 1984, of the 27 forensic pathologists with university appointments 3 professors had been informed that their posts will not be filled on their retirement. The gradual decline in forensic medical training and consequently the forensic pathology services is associated with the fact that the number of departments of forensic medicine has decreased, undergraduate teaching of this subject is decreasing as other subjects require greater teaching time. It is becoming of interest mainly to post graduates. The teaching of forensic odontology to undergraduates in England and Wales is limited to 1 or 2 lectures and there are now no formal post graduate courses.

Comment is made that because the forensic pathology departments do not contribute to undergraduate teaching the universities require them to be self supporting. This is impossible on the present fee structure, a thousand 'routine' coroners post mortems a year

will not pay a professor's salary in 1989. Even when a 'special post mortem' fee is payable for a homicide case this amounts to less than the local plumber charges for repairing a leak in the surgery at the weekend. (Author's comparison). The same applies to a forensic odontologist who is also a general practitioner who takes an afternoon off to travel to a mortuary, undertake a post mortem, write a report and possibly take another half a day off to attend the inquest to give evidence of identification. This attracts a maximum sum of £80 gross. No dental surgery can run successfully on less than £300 gross per day. Forensic pathologists and forensic odontologists are thus subsidising the police investigations. Wasserman comments, in relation to forensic pathology, that a subject which is seen as having to pay its own way at the expense of teaching and research soon loses its standing as a subject for serious study and notes that the only two remaining professors of forensic medicine in London are to retire shortly and it is uncertain that their chairs will be filled or the departments kept open.

The recommendations made in the Wasserman Report include that the Home Office should agree with the Association of Chief Police Officers guidance to all (police) forces on the employment of forensic pathologists, toxicologists and odontologists and that the responsibility for the central direction of the forensic pathology service should rest with the Home Secretary, at the same time recognising that the forensic pathologist is an independent professional. The Home Office would provide accreditation of forensic practitioners, the oversight of quality assurance arrangements and encouragement of research and development and the management and support of training.

To advise the Home Secretary on these matters the establishment of a Policy Advisory Board for Forensic Pathology (PABFP) is recommended. This would include representatives of the Association of Chief of Police Officers, the Coroners, Departments of Health, Crown Prosecution Service and the Royal College of Pathologists. The PABFP would be responsible for appointments to the Home Office list, the MRCPath and DMJ would be essential qualifications and the appointment would be for renewable five year periods after an initial probationary year.

The author believes that a similar system should be developed for forensic odontology which would ensure that the police received the services of an experienced forensic odontologist. At the present time a joint subcommittee of the British Dental Association and British Association of Forensic Odontology is engaged in drawing up proposals for submission to the Home Office for the revision of the 1969 list of Home Office forensic odontologists and addressing themselves to the problems concerning accreditation, the oversight of quality assurance arrangements, research, management and training. Bearing in mind that the whole of England and Wales is served by no more that 45 forensic pathologists, a maximum of 16 forensic odontologists has been suggested for appointment to the Home Office list with a further group acting as deputies gaining experience and providing replacements for the Home Office list as vacancies occur. Those on the main list will have responsibility for providing experience for their deputies and annual refresher courses should be compulsory. The main problem facing forensic odontologists will thus have an educating role to fulfil.

The Wasserman report makes several recommendations concerning methods of remuneration stating, 'we do not understand why forensic pathologists should be prepared to sell themselves so cheaply'. It is recognised that it would be of value for the Home Office to publish a minimum rate to be negotiated annually between the police and the BMA. Presumably this would replace or be based on the existing Home Office CRN circular and the Joint Negotiating Committee for the fees of doctors assisting local authorities cir-

cular. The proposals would permit the police authorities to obtain cost effective forensic pathology services for which they would pay the full cost. Substantial increases in fees paid per item of service will be required if the forensic pathologist, and indeed the forensic odontologist, is to be adequately rewarded for the (frequently inconvient) time spent not only at the scene of crime and in the post mortem room but also in the preparation of reports and the presentation of evidence for court which frequently entails many hours of work.

The suggestion that there should be one Institute of Forensic Medicine in London, first suggested as long ago as 1936 in the Trenchard Report, is raised again and the question asked, 'Is the time yet ripe for such an institute?' It is simply noted as a possibility for the future. Such a possibility could become a necessity if the departments of forensic medicine are closed. It would seem a much more cost effective way of running a business which, at present, could be regarded as having four head offices in London. A large central facility with mortuary facilities would save a vast amount of pathologists wasted time travelling around London and also provide for the inevitable crunch that will occur in the skies above London one day. Would a central facility work you may ask; the answer is to take a look at what has been achieved with central facilities in Toronto, Copenhagen or Melbourne. Not only are the forensic services under one roof but the coroners court is only a few steps away. The argument against such an institute in 1936 was the cost, so what's new? Maybe privatisation is the answer. The British Association of Forensic Medicine and the Royal College of Pathologists argue that a single professional institute would create intra-professional rivalry and jealousy with stagnation setting in due to a single institute resting on its laurels. Does this occur in other single centres of excellence around the country?

50 fully trained forensic pathologists are considered sufficient in 1989 to cover the current annual caseload of suspicious deaths and allow sufficient experience for those in training. Flooding the market with forensic pathologists would result in a large number gaining insufficient practical experience, this also applies to forensic odontology and is one of the reasons for considering that a maximum of 16 on the Home Office list would be sufficient for the current case load. The increased awareness of the value of dental evidence would suggest that the odontology case load is increasing at a faster rate than forensic pathology, hence the need for deputies in training. This increasing work load in forensic odontology is due, not so much to the recognition of bite marks in homicide cases and routine post mortem identifications but to the increasing awareness of the value of dental evidence by paediatricians, social workers and rape crisis centures.

The Wasserman report is contained in 24 pages with two additional pages listing 20 recommendations. There is an appendix of extracts from the Broderick Committee Report of 1971 which indicates that little has changed in 18 years, let us hope that we will not be reading a similar report in 2007.

DEREK CLARK

PUNISHMENT FOR CSA

Six Afghans and an Iranian were hanged in public in the eastern Iranian city of Zahedan for sexually assaulting children, on the orders of the city's Islamic court. A seventh Afghan national was given 70 lashes and expelled from Iran.

A Tahitian spiritual healer was charged with manslaughter after trying to cure a woman by walking on her, beating her and jumping up and down on her stomach.

THE BRITISH ASSOCIATION FOR FORENSIC ODONTOLOGY

REMEMBER BUDAPEST 1985?
NOW BUDAPEST 1990!

The British Association for Forensic Odontology invite members of the Association of Police Surgeons to join them in Budapest, 9th — 13th May 1990 for their East/West conference at the Hotel Gellert on

IDENTIFICATION AND MASS DISASTERS

Speakers will include professors from Hungary, Czechoslovakia, Poland, Russia, Yugoslavia, Austria, Switzerland, East and West Germany, Finland, U.S.A. and the U.K.

The conference is for two days allowing ample time for sightseeing.

All this for the amazing price of £395.00 which includes flights, airport transfers, 4 nights hotel accommodation at the Hotel Erzebet, American breakfasts, Hungarian visa, conference dinner at the famous Hotel Gellert and a Goulash party.

This is a major venture for BAFO and it is hoped that members of APSGB will support us.

Further information and booking forms from:

Mr. A.W. Martin,
Woodberry House,
111 Wickham Way,
Beckenham,
Kent, BR3 3AP

CORRESPONDENCE

Inhaler Overdose

Dear Sir,

I have just had six court warnings in eight days and all were cancelled; is this a record?

More seriously, may I use your columns to bring to notice a phenomenon I have not previously seen reported, and to invite discussion? I refer to the reluctance of prisoners to be parted from their Ventolin Inhalers even for an hour or two.

It is our policy not to allow prisoners to keep drugs with them in their cells, for obvious reasons. Some police surgeons do not object to prisoners keeping inhalers with them, yet it would be quite possible for one to deliberately take, say, 100 inhalations (half a canister) and inhale a total dose of 10mg. This could produce an apparent panic state, with restlessness, agitation, tremor, dilated pupils, tachycardia and vasodilation.

In turn, the custody sergeant could panic and send the prisoner to hospital, from which it would be easy to escape.

Yet when I hand the inhaler to the custody officer for safe keeping, I often hear a stream of complaints and abuse in exactly the same terms as from drug addicts disappointed that I have not satisfied their demands. In fact, on one occasion, we worked out that one prisoner was taking 32 puffs of Ventide daily for little apparent reason, and extra officers had to be called to remove the inhaler from his pocket.

The company representatives have repeatedly assured me that the inert propellant is non-additive, despite the apparent abuse of their product — abuse with which all G.P.s are familiar.

Am I the only police surgeon hard-hearted enough to have met the problem? What do other members think?

A.J. Lyons

Barbaric Sample?

Dear Sir,

Is the collection of pubic hair from the victims of sexual offences really necessary?

At one forensic science laboratory which dealt with 800 cases last year, the pubic hair samples were only looked at in one instance. This tends to confirm the impression obtained from discussions with forensic scientists that pubic hair samples are rarely examined.

My local Rape Crisis Centre has told me that this part of the examination, *especially where the doctor does the* plucking, is to a victim the most uncomfortable and distressing part of the examination, particularly if no explanation is given as to the reason for collecting the pubic hairs.

Is it not time to cease this barbaric intrusion into the victim's privacy?
(name and address withheld)

Medico-legal cases

Sir, — This refers to the report on the Supreme Court's directive that every doctor should (and can) institute life saving measures, irrespective of the medico-legal implications (*The Hindu,* Aug. 30).

There is no law in this land that either permits or prohibits any medical practitioner or hospital to provide any type of medical care irrespective of the medico-legal angle. True, many hospitals claim that they are now recognised by the police for accepting medico-legal cases (accident victims). This recognition is a joke.

No authority can prevent a doctor or a hospital from treating medico-legal cases. The permission is only a myth. The law only requires, as does normal ethical medical practice, that adequate records of the case and treatment be maintained. If grounds exist to suspect injury or 'unnatural causes', then the police have to be informed. The onus of responsibility for investigation and prosecution lies with the police and the injured person.

Next, the element of compulsion. The victim cannot be directed to take treatment from a particular institution. It is his choice. Neither can an unwilling physician or hospital be forced to deliver care. The fundamental freedom exists on both sides. A contract to deliver adequate care is deemed to come into effect only if the doctor voluntarily begins the physical act of examining the patient. From then on, even if the patient is unconscious, the contract exists, the Law of Tort applies, and inadequate or negligent treatment attracts compensation.

Some doctors are not aware of this. Others, though aware, avoid medico-legal cases. The numbing experience of sitting in a magistrate's court or a sessions court waiting for one's turn to give evidence has to be experienced to be believed. And what evidence? The doctor has to read out his medical notes. The judge takes dictation in long hand. Then comes questions from some lawyer. It disrupts the schedule and interferes with the doctors' business. However, the police and the courts have given thought to this. Evidence can be collected from the doctor and accepted as read in court. Quite often the doctor is called up as the first witness for the day and let off early.

Ravindra Padmanabhan, Madras
(From the 'Indian Express')

Error

Dear Sir,

In my report on the AAPAPMO conference in Australia (Vol.24 January 1989), I reported that there were no women police surgeons in Japan, perhaps because there are few women doctors. Professor Tsunenari, of the Department of Forensic Medicine, Kumamoto University, writes to say that there are in fact many women doctors in Japan, and 20-30% of medical students are female. However, they feel tht the job of police surgeon is NOT for a lady, and Japanese society accepts this view.

Yours sincerely,
Ivor Doney

POLICE ASSAULT

A survey compiled by 'Police Review' of all 51 British police forces showed that one in seven police officers was assaulted in 1988, almost 20,000 attacks. In England and Wales, rural forces were worst effected, with one assault for every 3.25 officers. In Scotland, Strathclyde came top of the league, where 2,517 attacks represented one in 2.76 officers, an improvement over 1987.

SEXUAL ABUSE CARE

Overseas doctors are welcome at the Annual National Training Weekend of "Doctors for Sexual Abuse Care" (DSAC). DSAC is a national association of New Zealand doctors formed in 1987 with the main objective of enhancing their knowledge relating to sexual abuse and assaults. An annual training course is held for doctors to learn and update their skills in the forensic medical examination and assessment of rape and sexual abuse victims.

November 1990, before the 2nd World Meeting of Police Surgeons, offers an unique opportunity for doctors from throughout the world to share their experience in this management.

Further information from DSAC, Building 43, Auckland Hospital, Private Bag, Auckland, New Zealand.

DSAC Training Weekend 2nd-4th November 1990, Auckland, New Zealand.

METRIC GLAISTERS GLOBES

Glaisters Globes are now available in metric measurements, and the imperial measurement set has been discontinued.

The series now comprises five globes, measuring 1cm, 1.5cm, 2cm, 2.5cm and 3cm. The rods are 10cm long. The three smaller globes are on 6mm rod with one of the rods tapering to 4mm. The larger two globes are on 8mm rod. The rods now give graduated measurements by 2mm increments from 4mm to 1cm, and then by 5mm to 3cm.

Cost – £16.00 per set including p. & p. from M. Clarke, Vine House, 8 Huyton Church Road, Huyton, Merseyside L36 5SJ.

MEETINGS IN STAFFORDSHIRE

Small group meetings on 'Legal Aspects of Medical Practice' have been held at the North Staffordshire Medical Institute, Stoke-on-Trent. Recent topics have included 'Keeping the Police Healthy', 'Psychiatry for Police Surgeons' and 'Wounds'.

For futher information regarding future meetings, contact

Dr. P.J. Franklin,
132 Liverpool Road,
Newcastle,
Staffordshire ST5 9EG
Tel: 0782 616 573

RESIDENTIAL TRAINING COURSE

A five day initial training course in clinical forensic medicine will be held at the police training centre, Bramshill, Surrey, commencing 19th March 1990, and will be residential.

The course is designed to be of value to those recently appointed as police surgeons, and will concentrate on matters which form the ground work of training in clinical forensic medicine and police surgeon work generally. The course does not replace the more advanced courses such as the FAGIN course held in Manchester.

Those interested in taking part in the Bramshill course for police surgeons should apply either to their Chief Constable or to the chairman of the training committee of the Association of Chief Police Officers, Mr. A.R. Bourlet, Assistant Chief Constable, South Wales Police Headquarters, Cowbridge Road, Bridgend, Glamorgan CF31 3SU. Enquiries regarding financial support for attending the course should be made to the surgeon's own Chief Constable.

PARKING PLACE

Mechanical diggers dug a grave 27 by 12 foot in Aurora, Indiana, into which the deceased was lowered by crane — insider her 1976 Cadillac convertible.

WANTED:

Books, Journals and Papers of Forensic Medical Interest. Post War material only. Please write suggesting a guide price to:

Dr. A.K. Canter,
Bridge Road Medical Centre,
66-68 Bridge Road,
Litherland,
Liverpool L21 6PH
Tel: 051-949 0249

CASE MANAGEMENT IN CHILD PROTECTION

Christine Hallett and Elizabeth Birchall of Sterling University are undertaking a three-year research programme into coordination of case management in child protection, funded by the Department of Health.

Major criticisms have been repeatedly levelled at failures in collaboration and communication in the many official inquiries into child abuse tragedies, but little has been done to explore the meaning of co-operation or to discover the constraints in the practical experience of the workers involved.

Following an extensive literature review, two phases of fieldwork will be starting shortly in the North of England. The first, conducted mainly by Elizabeth Birchall, will interview about 200 professionals from the key disciplines about their perceptions of co-ordination, and the sample will be arranged this autumn. Christine Hallett will be chiefly involved in the later phase which will observe the progress of a sample of cases through the child protection system.

Christine Hallett and Elizabeth Birchall look forward to meeting police surgeons selected for the research programme and unravelling this important topic.

OLD AGE JURORS?

The age limit for jurors in England and Wales is to be raised from 65 to 70 from Feburary 1990.

AUSTRALIA AND NEW ZEALAND

There is still time to consider the two southern hemisphere conferences which will be the two outstanding meetings outside the U.K. in 1990. More than one travel company is offering quotations — Association members might consider contacting H.G. Tyson & Co., whose advertisement appears elsewhere in this issue.

International Association of Forensic Sciences

The 12th triennial meeting of the International Association of Forensic Sciences will be held in Adelaide, South Australia, which claims to be the last moderately contented metropolis on earth. The meeting will be held in the purpose built Adelaide Convention Centre.

The IAFS meeting will have the full range of lectures and sessions familiar to attenders at past conferences — Anthropology, Ballistics, Marks and Fingerprints, Blood Stains and Body Fluids, Chemical Criminalistics, Clinical Medicine and Psychiatry, Crime Scene Examination Evaluation, Fires and Explosions, Hairs and Fibres, Illicit Drugs, Law, Management and Computers, Odontology, Paternity and Individualisation, Pathology, Questioned Documents, Toxicology, and Victimology and Criminology.

"Fossickings" is how they pronounce "I Always Wanted to Give a Paper on . . ." in Oz — this may indicate a need to obtain an English/Strine dictionary, as Oz soaps bear little relationship to Real Life down under.

You can expect the social life at the conference to be as hectic as the academic, and you may well require a relaxing post conference tour. One I looked at included a visit to Sydney followed by a visit to tropical Northern Queensland, with a visit to the great Barrier Reef and other attractions; staying at the best hotels and including the flight from London and the conference expenses, this tour cost just over £2000 per person (sharing twin).

Further details from IAFS 1990, P.O. Box 753, NORWOOD, South Australia 5067, Australia.

IAFS Meeting, Adelaide, South Australia, 24th-31st October 1990

2nd World Meeting of Police Surgeons

The 1990 Conference will be held jointly with the Seventh Biennial meeting of the AAPAPMO at the Sheraton Auckland Hotel and Towers, Auckland's leading convention centre. Accommodation is available at the Conference venue and there are also less expensive hotels nearby.

There will be a wide variety of subjects discussed during the meeting. Considerable emphasis is laid on Police Occupational Health in New Zealand, and there is much to learn on this topic. Two sessions will be devoted to various aspects of Drugs, including a Conference Debate on the motion "That drugs of addiction should be decriminalised". Each of the principal five days will have a session of Invited Short Papers, the details of which will be available on enrolment.

WORLD
POLICE MEDICAL
OFFICERS

1990 CONFERENCE

Stan Burges Memorial

There will be two memorials to the late Stan Burges, former President of the Association of Police Surgeons of Great Britain. The first will be a symposium known as the Stanley Burges Memorial Symposium. On this occasion, the symposium will be an in depth investigation into a recent New Zealand homicide. The second memorial to Stan Burges will be a photographic competition, details of which are given in this Supplement.

The social side of the Conference promises to be spectacular, with the delegates being greeted with a traditional Maori Welcome, and concluding with a banquet hosted by the New Zealand Police. Mid-conference there will be a tour of Auckland Harbour on a large all-weather catamaran, followed by visit to a vineyard in the Hills of West Auckland for dinner!

Those leaving Australia at the conclusion of the I.A.F.S. conference will be able to fit in a tour to the Bay of Islands prior to the Conference, and there is a choice of tours after the conference.

Travel Information: European inquiries to: H.G. Tyson & Co., 53 Long Lane, London, EC1A 9PA.

Conference Inquiries: Dr. Bill Daniels, P.O. Box 28-306, Remuera, Auckland, New Zealand.

2nd World Meeting of Police Surgeons, Auckland, New Zealand, November 5th-9th 1990

PHOTOGRAPHIC EXHIBITION

The Stan Burges Memorial

Delegates to the 1990 Conference of World Police Medical Officers and Australasian and Pacific Area Police Medical Officers are invited to submit photographic prints of forensic interest to form a display during the conference. A plaque will be awarded for the best forensic print.

The closing date for entries is 1 October 1990 and prints should be sent c/o Dr Bill Daniels, Po Box 28-306, Auckland, New Zealand. The name and address of the sender must be clearly shown on the reverse side of the prints if they are to be returned.

The exhibition and the plaque are being sponsored by **AGFA** manufacturers of quality photographic products.

THE RIPPER PROJECT

Modern Science Solving Mysteries of History

William G. Eckert, M.D.

General Aspects

The Ripper Project was developed to determine a model for the approach to the problem of solving crimes that have remained unsolved for many years.

The Whitechapel Murders — the brutal, serial murders of five women — occurred within a square-mile area in East London over a 70-day period, from August 31 to November 9, in 1888.

To evaluate such a case properly, it is essential that appropriate information be gleaned from all potential resources, including newspaper and police reports as well as written descriptions of the case by students of the crime who present their theories regarding problems in solving it as well as in identifying potential suspects. The *London Times* and the *New York Times* as well as the *Police Gazette* and other period newspapers afford a great deal of information on the Ripper case and provide valuable documentation for investigators and students who are researching it. In addition, information may be gleaned from records of police and witness statements or the diaries, biographies, and autobiographies of participating police authorities. In the British Public Records Office (national archives) in Kew Gardens, London, family records, files, or previously unrecognized sources such as personal writings are accidently uncovered after the death of a relative or a police official who had originally investigated the crimes.

The three major components of any murder case are the victims, the scenes, and the suspects. Our approach in the study of the Ripper case was to establish it as a specific project for the Milton Helpern International Center of Forensic Sciences. In reviewing the Ripper case, we used case data collected from the Helpern Center's Larson Historical Archives, including numerous published non-medical works, beginning with Leonard Matters' study in 1928.[1] Several dozen books have been written that provide different concepts and theories regarding the specific Ripper suspect that each author favors. A bibliography of Ripper works has also been developed by the British Library Association.

The Official Government Ripper Case File, which is the accumulation of the case records, was not supposed to be viewed by the public until 1992. By special arrangement with the Public Information Officer of the Public Records (the British national archives) at Kew Gardens in London, I was able to visit this facility and review the file, which consists of four large cardboard boxes, each tied with cloth ribbon and designated as Metropolitan Police (MEPO) Files. Three of these boxes contain all of the letters received from those who had identified themselves as 'Jack the Ripper'. There are more than 350 letters written on various types of paper with different colors of ink. Several of these letters might be authentic Ripper communiqués, but this is still in question. Some letters include drawing of knives, swords, satanic figures, and victims. Some letters are written in neat handwriting while others are scribbled, and the material used ranges from bonded paper to the backs of a daily newspaper. The content in some instances is easily discernible, but difficult to understand in others. Some exhibit red spotting, which is meant to simulate bloodstains.

One file box of the MEPO records includes handwritten reports from individual police constables with descriptions of the scenes, the victims, and witnesses from each of the five

murders. The reports are quite legible and very interesting in that they provide a lucid insight into the observations of the police, some of whom had discovered a body and others of whom had obtained the statements of area residents regarding any pertinent information such as victim statements or unusual circumstances at approximately the time of the crime. There are communications related to various orders from police superiors to constables, and newspaper clippings that include comments on the use of bloodhounds, which was considered a farce by some.

The remaining file box includes those records that had been accumulated by the investigative police at the Home Office (The Scotland Yard Thomas Bard Investigation). There is a handwritten autopsy report by the pathologist (Dr. Bond) who autopsied the body of one of the Ripper's victims, Mary Kelly. Dr. Bond's personal comments regarding the condition of the victim's body show that he was well aware of the proper way to examine it, and his evaluation reflects professionalism and experience.

Police surgeons are physicians used for support by the police when a person needs to be examined for injuries, or when sex crimes, prison-related health problems, or commitments to institutions must be evaluated. They are also called upon to investigate suspicious deaths, and, in all of the Ripper cases, one (or more) was called to the scene to provide a preliminary evaluation of the victim and the pronouncement of death as well as to provide the investigating officer with a professional opinion as to what specifically had happened to the victim, the manner of death, and other related facts.

The murders occurred in the jurisdictions of the Metropolitan Police and the City of London Police. Thus, two police groups were investigating the five murders that occurred within a one-mile square area. External pressure was a serious factor in denying the police the proper freedom of effort that most certainly was needed to solve these murders.

The Home Office record file on this case is small and relatively unenlightening because it contains little important information relative to the case. It mainly contains administrative material, including correspondence between officials regarding the need for extra funds to pay for overtime for constables required to police the streets and soothe citizens' fears.

Two prominent Ripperologists (experts in the Ripper case) in London, and their divergent theories on the suspects, provided an additional perspective to my investigation. Don Rumbelow is an expert in the history of London police activities, a devoted student of the Whitechapel Murders, a former curator of the Police Museum, and a member of the City of London Police. His fellow Ripperologist, Martin Fido, who is a Professor of English at London University, also has an avid interest in the Ripper case, and has organized a night walking tour of the Ripper murder scenes for tourists in London's Whitechapel area.

A trip to London was thus a necessity in order to gather the preceding information. The wider perspective that was provided by this tour of the Ripper murder scenes with a Ripperologist as the guide thus was added to my knowledge and experiencce in forensic pathology, and my intense study of the literature of the case.

I was privileged to participate in this tour on a dark Friday night in July of 1988. It began opposite the entrance of the London Hospital on Whitechapel Road, in front of a building that was the site of a coroner's inquest held for a Ripper victim, and in the midst of the cleanup of the sidewalks by the pushcart peddlers who sell their wares each day at an open-air market in this location. The tour lasted from 7 p.m., while there was still daylight, until some 3½ hours later in pitch darkness among the lightless streets, alleys, and squares. The atmosphere thus provided must have been identical with that in the days of the Ripper a century

before. Our guide described each scene in great detail, and made personal comments. It was like a crash course in the history of the crime, the city of London, and the period of the reign of Queen Victoria.

The Ripper Project

The approach of the Helpern Center project to the study of the Ripper case began with a historical review of the state of the art of criminalistics and the other forensic sciences at the time of the Ripper murders in London. No crime laboratory, as such, existed in London at that time. The microscope was just beginning to be applied in police cases that required the examination of trace evidence. Serology and biology had not been developed. Forensic pathology, although not developed as a specialty, was the responsibility of the pathologists working with the coroners in London. The autopsies on two of the Ripper victims were performed at the London Hospital morgue, and the others were done at mortuaries in the Whitechapel area. Some of the newspapers mentioned analysis of the way in which the killer selected his victims, and his treatment of them while they were alive and after their deaths, but this very enlightened approach to finding the Ripper was never pursued.

In considering the Ripper case for what it was — the prototype of serial murders — and why it has received so much continuous notoriety, we find that its impact was not only on the Victorian age, where it was even a major concern of Queen Victoria, who exerted her power to have it solved. It also influenced George Bernard Shaw to write about the poverty of the people who lived in Whitechapel, with its predominant alcoholism, crime, and disease. In addition, a plethora of downtrodden women living there were forced into prostitution to survive. Here it was that the melting pot of immigrants fleeing the pogroms of Russia and the revolutions of Europe struggled to maintain their lives and traditions in a strange land. To the sailors of the ships sailing from London to foreign lands, this area was a playground: they feasted on the prostitutes and public houses. Here, too, were the butchers, fish mongerers, and food market workers who moved freely, plying their trade in Spitalsfield and other markets.

With this as a background, we focused on the crimes themselves in trying to develop leads regarding possible and plausible reasons for any of the suspects to be realistically considered as the murderer.

At the beginning of the project, concentrated case information was sent to experienced forensic scientists who evaluated it according to their expertise. Thus, a background article[2] was sent with other material to Dr. Thomas T. Noguchi of Los Angeles; Dr. Fred Hacker, a forensic psychiatrist and internationally renowned expert on terrorism; Mr. Douglas Lucas, a criminalist and the director of Canada's leading Center of Forensic Sciences in Toronto; and Dr. Bernard Sims, a forensic odontologist in the Department of Forensic Medicine at the University of London Hospital Medical School and a native of the Whitechapel area.

These scientists met as a group during a 2-hour discussion of the Jack the Ripper case at the annual meeting of the American Academy of Forensic Sciences in Los Angeles in 1981.

Their presentations were recorded at that time, but were never published. They basically presented a review of the case from the standpoints of each of the specialities represented. No definite information was provided, however, that contributed directly to the determination of a possible suspect.

New books on the subject were also reviewed, but the project gained momentum with the application of new information on serial murderers that was developed by the Behavioral Sciences Unit of the Federal Bureau of Investigation based at the FBI Academy in Quantico, Virginia. This coincided with the formation of the Research and

Training Program in Forensic Sciences at the FBI Academy and development of the VIAP program, a data base on information geared to aid unsolved homicide investigations. The latter was originated by Pierce Brooks, former head of the Los Angeles Police Department Homicide Division, and encouraged police departments in America to complete and submit forms providing information about their unsolved homicides. This information is entered into the VICAP program's computer where cases are compared for similarities. If a new case is similar to a previously entered one, inquiring authorities may uncover or confirm a suspect, such as a new serial murderer, for example. Such computerized case comparisons served to support the Ripper Project.

The data base on serial murders, which is filled with information derived from interviews with imprisoned serial murderers such as Gacey, Berkowitz, Lucas, and Toole, enables an insight into such behavior and thus serves to support future decisions on the profiling of criminal cases. This information has been supported further by the development of an artificial intelligence computer program called 'The Profiler' which, when fully developed, will be capable of independent analysis and will support case profiling by the Behavioural Science Unit members.

It was apparent to me that this was a much more fruitful approach to understanding the Ripper Case. Since computers are oblivious to the constant competition among Ripper book authors regarding their Ripper candidates, the use of computers averts the bias and commercialism surrounding the case.

The second phase of the Ripper Project was based on the application of proper criminal profiling based on the analysis of all facts related to the scene, the victim, and the actions of the perpetrator in each of the five Ripper murders. The Larson Historical Archives on International Crimes and Problems at the Helpern Center, media reports from the historical period in question, and review of the Ripper files at the Public Records at Kew Gardens in London served as the information base. Careful analysis of this material by the criminal profilers of the FBI Behavioral Science Unit at the FBI Academy in Quantico, Virginia, and use of the Profiler mark the first time that the Ripper case has been properly analyzed scientifically using the most modern methods in the world. The information obtained on the personality and behavior of the Ripper was compared with that which had been developed on the suspects already evaluated by law enforcement authorities at the time of the crimes. This enabled us to solve the century-old question: *Who was Jack the Ripper?*

Assumed Pre and Postoffense Behavior of Jack the Ripper

Prior to each homicide, the Ripper would be drinking spirits in a local pub, and thus lowering his inhibitions. He would be observed walking all over the Whitechapel area during the early evening hours. He did not specifically seek a specific physical type of woman, but it was no accident that he killed prostitutes. He had the sense to know when and where to attack his victims. Many other women may have avoided being assaulted by Jack the Ripper because the location at that moment was not secluded enough.

The Ripper's postoffense behavior would include returning to an area where he could wash the blood off his hands and change his clothing. We would not expect him to inject himself into the police investigation or provide bogus information.

The Ripper hunted nightly for his victims. When he could not find a new victim, he returned to the locations of his previous murders. If the victims were buried locally, he would visit their gravesites during the early morning hours to relive his lust murders.

Jack the Ripper would not have committed suicide after his last homicide. Generally, crimes such as these cease because the perpetrator has come close

to being identified, has been interviewed by police, or has been arrested for some other offense. We would be surprised if Jack the Ripper simply would suddenly stop, except for one of these reasons.

Possible Effective Investigation and/or Prosecution Techniques

The best time of day at which to interrogate Jack the Ripper would have been during the early morning hours, because that is when he would have felt most relaxed and secure in confessing to the homicides, and most inclined to express in writing his motivation for killing the women. The Ripper would not be visibly shaken or upset if directly accused of the homicides, but would be psychologically and physiologically stressed if confronted with the fact that he had been soiled by the victims' blood. Jack the Ripper believed that the homicides were justified — that he was only eliminating garbage.

Jack the Ripper: Criminal Investigative Analysis by the FBI Academy

The following criminal investigative analysis was prepared for me be Supervisory Special Agent (SSA) John E. Douglas, the Program Manager of Criminal Investigative Analysis at the FBI National Center for the Analysis of Violent Crime (NCAVC). SSA Douglas prepared an analysis of this 100-year-old, unsolved serial murder case (The Whitechapel Murders) involving the perpetrator known as 'Jack the Ripper'.

SSA Douglas was provided basic background information relative to each murder. It is noted that forensic technology and most other modern investigative techniques were nonexistent a century ago. The medical examiners' reports were incomplete, crime scene photography was used sparingly, the police investigative reports did not reflect the thoroughness evidenced today.

When a case is submitted for investigation, the reliability and validity of the overall analysis hinges on the thoroughness of the medical examiners, technicians, investigators, and other personnel involved. Although materials provided a century ago were not as complete as those submitted today by more sophisticated law enforcement agencies, SSA Douglas was able to piece together missing information by making certain probably assumptions.

His analysis addresses the following areas: victimology (victim profile), medical-examiner findings, crime and crime-scene analysis, perpetrator characteristics, pre- and post-offense behavioral patterns, investigative and/or proactive techniques, and interview/interrogation suggestions.

Rather than address each homicide separately, SSA Douglas' comments relate to the entire series of homicides as a group.

Victimology

Each homicide victim was a female prostitute with a reputation for drinking quite heavily. These two ingredients place each victim in a high-risk category. By high risk, we mean that each victim was someone who was very likely to be the victim of violent crime. From an investigative perspective, this makes it extremely difficult to develop leads to logical suspects. From a forensic viewpoint, if any evidence such as hairs and fibers or semen were obtained, police investigators would have difficulty establishing for certain whether this evidence did in fact come from the murderer.

One hundred years ago, prostitution was not as organized as it is today, where pimps control, monitor, and protect their 'stables' of women. During the 'Jack the Ripper era', these women worked independently. A female prostitute who drank heavily was endangering herself — 'tempting fate'. We would suspect that there were numerous instances of these women being physically assaulted, raped and robbed.

Prostitutes at that time did not dress differently than other women. In most

cases, they performed their 'services' in dark alleys or in flophouses. The prostitutes targeted by Jack the Ripper were nearly twice the age of prostitutes who solicit today. They were not particularly attractive and, other than their age, bore no striking similarities. (Note, however, that the Ripper's last victim was only 25 years old.)

The Ripper victims were targeted because they were easily accessible. Jack the Ripper did not have to initiate the contact. This was done for him by the prostitute. This is an important feature in a case such as this and will be addressed later in this analysis under 'Characteristics of the Perpetrator'.

Medical Examination

As stated earlier, the medical examinations conducted at that time were not very thorough when compared with autopsy examinations conducted today by experienced forensic pathologists. (Unfortunately, even today in some parts of the United States, the efficiency of autopsy examinations is sometimes less than desirable or adequate.) The highlights of our analysis are as follows:

1. No evidence of sexual assault was seen.
2. The subjects were killed swiftly.
3. The murderer was able to maintain control of victims during the initial 'blitz' style of attack.
4. The murderer removed body organs (e.g., kidney, uterus, nose) from some of the victims, indicating some anatomical knowledge.
5. No evidence of physical torture prior to death was noted.
6. Postmortem mutilation was extensive.
7. Possible manual strangulation was evident.
8. Blood from victims was localized in small areas.
9. Rings were taken from one of the victims.
10. The last victim was killed indoors and was the most mutilated. The murderer spent a considerable amount of time at the scene.
11. The murders occurred in the early morning hours.

The above-listed postmortem findings contribute to the overall offender analysis that is addressed later in this report.

Crime and Crime-Scene Analysis

With the exception of the last case, all victims were killed swiftly outdoors, with four bodies consequently undergoing postmortem mutilation. The homicides occurred within a quarter of a mile of each other and occurred either on Friday, Saturday, or Sunday during the early morning hours. After the first homicide at Whitechapel Station, the murderer struck across the Whitechapel area a quarter mile away. A line drawn through crime scenes 2, 3, 4, and 5 reveals a triangular configuration. This configuration, which has been observed in other serial crimes, is viewed as encompassing a secondary comfort zone for the murderer. This type of movement results when a subject believes that the investigation is heating up in his primary comfort zone. The Ripper's primary comfort zone would be in the location of the first homicide in the vicinity of Whitechapel Station. It is my opinion that there were other attacks in the Whitechapel area that either went unreported or, for some reason, were not considered by authorities to be crimes of Jack the Ripper.

Some criminologists and behavioural scientists have written that perpetrators maintain their modus operandi, and that this is what links so-called signature crimes. This conclusion is incorrect. Subjects will change their modus operandi as they gain experience. This is learned behaviour. The personal desires and needs of the criminal are expressed in the ritual aspects of the crime. Such subjects must always perform their ritual because they are acting out their fantasies. With Jack the Ripper, the target selection, the approach,

and the method of his initial attack formed his modus operandi. What occurred afterwards was his ritual. Such rituals may become increasingly elaborate as was the case in the Ripper's last homicide, where he had time to act out his fantasies. As investigators of such serial murders, we should not necessarily expect the same type of homicides in the future, particularly if subsequent victims are killed outdoors, for once again, the perpetrator would not have the time to act out all of his fantasies and consequently, for example, mutilation would not be as extensive.

Communiques Allegedly Received from the Ripper

One aspect worth mentioning about this case is the written communiqués allegedly received from Jack the Ripper. Rarely do serial murderers of this type communicate with police, the media, a family, etc. When they do communicate, they generally provide specifics relative to the crime that only they know. In addition, they generally provide information relative to their motivation for committing such a heinous crime. It is my opinion that this series of homicides was not perpetrated by someone who intended to challenge law enforcement. While the killer knew that he would be receiving national as well as international publicity, this was not his primary motivation. I would not emphasize the communiqués during this investigation, but I would develop investigative techniques with the objective of identifying the author of the communiqués.

Characteristics of the Perpetrator

The Ripper homicides may be referred to as lust murders. The word 'lust' does not mean love or sexual desire in this case, it is simply used because the perpetrator attacked the genital areas of his victims. The vaginal area and breasts are the focal point of such attacks on women, whereas the focus in such attacks on men is the area of the penis and scrotum. Generally, male victims who are attacked in this fashion are involved in a homosexual relationship.

I have never encountered a case of a woman who was a serial lust murderer, either in research or in reports received at the NCAVC. Thus, it can be assumed that Jack the Ripper was a man, and of white race since whites were predominant at the crime scene locations and generally such crimes are intraracial.

The age of the offender at the onset of these types of homicides is generally the mid- to late 20s. In the case of the Ripper, the high degree of psychopathology exhibited at the murder scene, and his ability to converse with the victims until suitable locations were found and to avoid detection, place him in the age bracket 28 to 36 years. It should be noted that age is a difficult characteristic to categorize and consequently we would not eliminate a potential suspect exclusively because of his age.

Jack the Ripper would not look out of the ordinary. He would not wear his everyday clothing, however, at the time of the assaults. He would want to project to his unsuspecting victims (prostitutes) that he had money, which would consequently relieve him from initiating contact.

He would come from a family with a weak, passive and/or absent father and a domineering mother who, in all likelihood, also drank heavily and enjoyed the company of different men. As a result, he would have failed to have received consistent care and to have maintained contact with stable adult role models. He consequently would have become detached socially and would develop a diminished emotional response toward people in general. He would become asocial and prefer being alone. His anger would become internalized and, in his younger years, he would express his pent-up destructive emotions by setting fires and torturing small animals. By perpetrating these acts he would discover increased areas

of dominance, power, and control, and would learn how to continue to perform violent destructive acts without detection or punishment.

As he grew older, his *fantasy* would develop a strong component that included domination, cruelty, and mutilation of women. We would expect to find evidence of this violent destructive fantasy life through his personal writings or, perhaps, drawings of women being mutilated.

For employment, he would seek a position where he could work alone and vicariously experience his destructive fantasies: for example, he would work as a butcher, mortician's helper, medical examiner's assistant, or hospital attendant. He would work Monday through Friday, and have Friday night, Saturday, and Sunday free. He would carry a knife for defensive purposes, so that if he was ever attacked, he would be prepared. This paranoid type of thinking would in part be justified by his poor self-image. We would expect him to have some type of physical abnormality that, although not severe, he would perceive as psychologically crippling. He would be below or above average in height and/or weight, and might have a speech impediment, scarred complexion, or a physical illness or injury.

We would not expect this type of offender to be married. If he had been married in the past, it would have been to someone older than himself and the marriage would not have lasted long.

He would not be adept at meeting people socially, and most of his heterosexual relationships would involve female prostitutes. Since adequate hygiene was not a major concern of most prostitutes at that time and there was no effective treatment for infections such as veneral disease, he may have been infected, which would further fuel his hatred and disgust for women.

He would be perceived as being quiet, a loner, shy, slightly withdrawn, obedient, and neat and orderly in appearance when working. He would drink in the local pubs and, after a few spirits, would become more relaxed and find it easier to engage in conversation. He would live or work in the Whitechapel area. The first homicide would be in close proximity to either his home or workplace. We would note that London Hospital is only one block from the first homicide and, as stated earlier in this analysis, we would expect other violent crimes to have occurred in the same vicinity.

Investigators would have interviewed him during the course of the investigations, and he would probably have been questioned by police on several occasions. Unfortunately, at this period in history, there would have been no way to correlate information gathered from interviews; therefore, he would have been overlooked. Investigators and citizens in the community would have had a preconceived idea or picture of what Jack the Ripper would look like. Because of the belief that he must appear odd or ghoulish, the true Ripper would have been overlooked and/or eliminated as a possible suspect.

Epilogue

The Ripper Project culminated in a live documentary originating from Hollywood and televised nationally in America and Canada for 2 hours on October 26, 1988. Peter Ustinov served as the host, and guest consultants included John Douglas and Roy Hazelwood of the FBI Academy Behavioral Science Unit in Quantico, Virginia, who presented portions of the criminal profile published here. William Waddell, Curator of the Scotland Yard Crime Museum in London, and an expert on the history of crimes in Great Britain, Ann Mallalieux, a Barrister and Judge from London and an expert prosecutor in murder trials, and myself, a forensic pathologist and the Director of the Milton Helpern International Center for the Forensic Sciences and Medicine at Wichita State University in Wichita, Kansas, where the idea of the Ripper

Project was conceived were all present to provide their expertise in an attempt to determine the identity of Jack the Ripper from among the five most likely suspects. These included:

1. *The Duke of Clarence,* the eldest son of the future King Edward VII. One story alleges that 'Prince Eddy', as he was called, had contracted syphilis and turned into a criminal lunatic. This was then covered up by his doctor, Sir William Gull. Another story alleges that Eddy secretly married a shop girl from Whitechapel and had a little girl. The Prime Minister then ordered Sir William Gull to mastermind a cover up. The baby's alleged nanny, the Ripper's last victim, Mary Kelly, escaped and hatched a blackmail plot with her prostitute friends. Gull set out to silence them. This story was later revealed as a hoax.

2. *Sir William Gull,* who was named as the sole killer in another theory. This theory was later discredited, largely because at the time Sir William was 70 years old and in poor health.

3. *Montague Druitt,* a London barrister who drowned himself because his mother went mad. He thought the same thing was happening to him. The only evidence that connected him to the Ripper murders was some papers that were later found to be faked.

4. *Dr. Roslyn D'Onston,* a drug addict, alcoholic, doctor, and journalist who was obsessed with black magic. D'Onston was living in Whitechapel in 1888. He had the military background to have been able to have planned the murders and he had medical knowledge.

More than that, however, he talked and wrote about the murders often and claimed to have known the Ripper. After the murder of Mary Kelly, D'Onston was struck with a debilitating illness.

5. *Kosminski,* a Jewish immigrant butcher, from Poland. He had been known to have attacked women before, and was eventually caught raving mad in the streets. He died in an insane asylum when he was in his early 30s.

After 4 days of intimate consultations preceding the telecast, our group announced during the live telecast that Kosminski was the most likely person to have committed the Whitechapel murders — and that therefore Kosminski was Jack the Ripper.

References

1. Matters, L., *The Mystery of Jack the Ripper.* London: Hutchinson, 1929.
2. Eckert, W.G., The White Chapel Murders: Jack the Ripper Case. *Am J Forensic Med Pathol* 1981; 2:53.

NEWS AND VIEWS

NEW ASSOCIATION

The Association of Police Surgeons of Great Britain is no more, and has become The Association of Police Surgeons. The resolution put before the Extraordinary General Meeting of the A.P.S.G.B., circulated prior to the Huddersfield Autumn Symposium was passed without a dissenting voice, with one amendment.

The amendment is to a single word in paragraph 1b. Instead of reading '. . . and any other such medical person as Council degrees'. it now reads '. . . and any other such medical practitioner as Council decrees'.

The officers and council members of the A.P.S.G.B. continue in the new Association until the next Annual General Meeting, and there will be few if any dramatic changes.

Northern Ireland members who have long been referred to as being in Area 1A, are now to be found in Area 10 of the membership list.

NUMBER OF DIPLOMAS

Since the Diploma in Medical Jurisprudence was instituted in the early 1960's, the total number of those who passed is 385. This is broken down as follows — 148 Pathology passes, and 238 Clinical passes; this includes two candidates who achieved a pass in both the Clinical and Pathological sections. The Diploma has been awarded Honoris Causa once.

NEW YEAR HONOURS

Congratulations to the following whose names appeared in the New Year Honours List: —

C.B.E.

Dr. E.C.A. Bott, Chief Medical Officer, Metropolitan Police and honorary member of the Association.

O.B.E.

Dr. W.D.S. McLay, Chief Medical Officer, Strathclyde Police, and President of the Association of Police Surgeons.

Dr. John H.H. Stewart, Forensic Medical Officer, Randalstown, Northern Ireland.

CONGRATULATIONS

Congratulations to Andrew Latham, of Fremington, Devon, who obtained the Diploma in Medical Jurisprudence in July. Also successful in the Pathology section was Associate member Louray Muhielddin Al Alousi.

Congratulations also to Peter Green, London, successful candidate in January 1990.

COST OF DNA PROFILE

For those curious about such matters, a DNA profile on a single blood sample may be obtained for £126.50. A reduced rate for three is available at £345.00 (mother, father, child).

SAD NEWS FROM NEW ZEALAND

Older Association members will remember Natalie and Noel Pearson, formerly of Porthcawl, who emigrated to South Island, New Zealand, some years ago.

Noel has written to say that Natalie died suddenly in 1986, and following this he became ill for some time, but has now improved. He retired in 1984 from general practice, but continues to do locums.

Noel reads 'The Police Surgeon' and the 'Supplement' avidly, and in that way keeps in touch with the U.K. forensic scene. He hopes to attend at least the social functions of the Second World Meetings of Police Surgeons, to be held in Auckland in 1990, and hopes to meet friends from the U.K. there.

Noel has sent a generous donation to the Association funds. He has for a number of years been a Life Associate members, but feels that that solitary subscription has been more than used up, and the donation will ensure that he continues to receive both magazines. (Hint to other Life Associate members??!!)

CUSTODY TIME LIMIT

With effect from 1st June 1989, custody time limits for those awaiting trial In England and Wales are as follows:—

From first appearance to summary trial — 56 days

From first appearance to committal — 70 days

From committal to arraignment — 112 days

Failure to proceed within the appropriate time limit will result in unconditional bail being granted to the defendant, except in those cases where the court is prepared to grant an extension.

DOWN IN THE MOUTH

A landlord denied being drunk in his own pub, contrary to the Licensing Act, claiming that he was toothless rather than legless. He told magistrates at Newton Abbot, Devon, that the reason his speech was slurred was because his labrador dog had eaten his false teeth. He was fined £50 with £75 costs.

ERROR

In the last issue of The Supplement, the names of the wrong Councillors were given for areas 1, 1a, 2 and 3. The Editor apologises for any inconvenience or embarrassment caused.

The correct details are given in the Council Directory on page 16.

NOT GUILTY

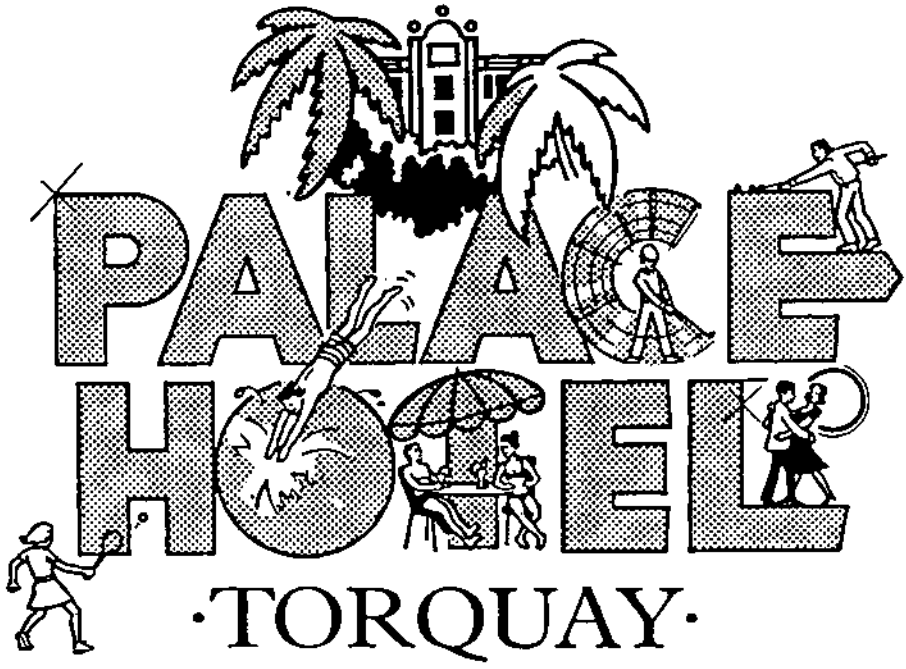
Police surgeon Bhupendera Sinha, 48, of South Woodford, East London, was found not guilty of indecently assaulting a W.P.C. he was called to examine at a police station. W.P.C. Amanda Fudge had alledged that Dr. Sinha had deliberately grabbed her breast during an examination at Hackney police station in June 1988.

CONVICTION QUASHED

Former police surgeon William Phillips' conviction for paying for sexual services with Diconal was quashed by three Appeal Court judges as 'unsafe and unsatisfactory'. Phillips had been convicted of using Diconal to pay for sex sessions at a massage parlour. Phillips admitted visiting the massage parlour in the early 1980s, but denied paying with Diconal. Phillips resigned as a Bristol police surgeon prior to his trial.

NICE WORK

A former policeman has been jailed for four years for taking nude photographs of young women held for questioning at Nice police headquarters. He told them he was taking photographs of scars and other distinctive marks.



We are known to the Police!

We have 25 acres of colourful gardens and woodland for you to relax in,
with some of the finest hotel sports facilities in the country indoor and outdoor.
Easy access M5 London 3½ hours, Midlands 3½ hours!
Italian terraced gardens, resident entertainment and excellent cuisine.

Book a Break. Simply write or telephone.

5 resident sports professionals. Indoor & outdoor tennis; 1 indoor, 1 outdoor swimming pools; 9 hole golf course snooker, squash, sauna; nanny service & resident band, and much more.

THE PALACE HOTEL TORQUAY
BABBACOMBE ROAD, TORQUAY TQ1 3TG **Telephone 0803 200200**

FORENSIC ASPECTS OF SEXUALLY TRANSMITTABLE DISEASES

The fifth meeting of the Section of Clinical Forensic Medicine was held in the Barnes Hall at the Royal Society of Medicine on June 10th 1989 under the chairmanship of Dr. Neville Davis. The presentation of the papers was of a high order and non-attenders missed an extremely useful symposium. May & Baker Ltd. gave support and also shewed a short film on the AIDS virus.

The morning's proceedings opened with a thoughtful address from the president of the Association of Police Surgeons of Great Britain David McLay, on "Police Apprehensions". He felt that police officers were now very conscious of infectious disease. David had seen no case of tetanus in twenty years and only one case of tuberculosis. In 1986 the Scottish Police Federation began to promote the use of hepatitis-B vaccine and the level of apprehension had declined. He said too few people had their antibody-level checked after vaccination, and he warned of the risks to laboratory and mortuary staff. All janitors and laboratory staff had been vaccinated and their sero-conversion varied. He found that spitting upon officers had become a norm for drug abusers. Some prisoners tried to intimidate police officers by falsely saying they were hepatitis carriers, and a court sheriff had fined one such defendant £250. With regard to HIV testing, he thought informed consent was "not always possible in the real world". We had a duty to protect the public and a duty to test for the serological status of a prisoner.

Dr. Martin Rowell, a London Forensic Medical Examiner, discussed the management of remand prisoners. Problems arose because of overcrowding and the prison officers' dispute. At the Lambeth (T.O.11) Centre large numbers of prioners were processed. In 1988 22,075 prisoners passed through, which lead to enormous pressures on the forensic medical examiner service. The new medical facility at Cannon Row Station, with an S.R.N. in attendance, had helped and gave 22 places for the more serious medical and social problems locked out of prison. The really unfit were admitted to hospital. Martin said he thought the major difficulty was not knowing who had HIV infection. Some prisoners identified themselves and denied it the following week. Prisoners feared discrimination and segregation. In the discussion which followed, Dr. Rosemary Wool (Director-designate, Prison Medical Service) referred to the inadequacies of the hospital facility in H.M. Prisons. Recent figures had shewn there were 70 HIV-positive prisoners in the system (6 of them female). She felt, as did other speakers, that the top priority was education of prison officers and of prisoners.

The third speaker was Dr. Alexander McMillan (of the Edinburgh Royal Infirmary), a consultant in G.U. medicine, who spoke on HIV in prisons. He thought the majority were drug misusers; also possibly infected from tatooing (using infected needles), or by sexual intercourse. The prevalence was unknown. In Italy one third of drug misusers were sero-positive. In the U.S.A., New York State had a high seroprevalence, as had Edinburgh. In Italy 17% of sero-positive women were known prostitutes. The United Kingdom sero-prevelance was very uncertain.

The real danger to all was unprotected receptive anal intercourse — a most risky activity. Dr. McMillan thought aggressive inserters would not stop to use a condom. Unfortunately, cell-sharing made it difficult to stop homosexual activity. The virus did not pass the condom's latex membrane but it was debatable whether to issue condoms to prisoners, which meant condoning an illegal activity as a prison cell

was not classed as a private place.

He said historical data was often unreliable, because prisoners forgot episodes in the past. In Cyprus risk-groups were offered screening at six-monthly intervals. Dr. McMillan said all prison-entrants should be educated verbally and by leaflets. He reminded the audience that HIV could affect the brain and produce dementia. If an HIV positive prisoner was taken ill, he should be treated outwith the prison in a specialist hospital.

The final speaker before lunch was Hugh Davis, the A.P.S.G.B. honorary secretary, who dealt with association policy and advice, and told listeners to refer to the April 1984 Police Surgeon Supplement. He mentioned that dangers were minimised by proper hygiene precautions; by the use of a Portex Resusci-aid in mouth to mouth resuscitation; by the use of disposable mouthpieces and of gloves when officers used the breath test devices and, finally, the use of gloves when handling bodies, blood and in skin-contact risks. He advised that drug addicts be asked to turn out their own pockets. He said he did not scare rape victims by mentioning AIDS after an offence. Hugh then shewed an excellent Surrey Police training film. In the discussion period Dr. McMillan said that there was no evidence that HIV was transmissible by droplet infection.

The afternoon session began with a provocative and thoughtful talk by Dr. Sophie Botros from the Centre for Medical Law and Ethics at King's College. She discussed the ethical problems for a doctor raised by confidentiality; the right to privacy. The duty of the doctor is to put his patient's interests first. But whose property is the information elicited? In the STD Clinic the patient had a number and therefore their identity was unknown. However, if AIDS became a notifiable disease, then confidentiality would be lost. The HIV positive patient could still act responsibily — or not.

Dr. Greta Forster, of the London Hospital, then delivered a full and fascinating over-view of STD. She said that in the decade 1977-87 there had been a fall in gonorrhoea and syphilis, a rise in the incidence of non-specific infection — especially chlamydial trachomatis, and a very steep rise in viral infection, especially herpes simplex and genital wart virus. She stressed the need to take a full history in every case — menstrual and contraceptive history and whether vaginal, oral or anal intercourse had occurred. Examination should include external genitalia for trauma or evidence of pre-existing STD, and a careful look at the mouth and ano-rectal mucosa. Dr. Forster felt victims of rape were often very concerned about HIV and AIDS, and it was important to remember that sero-conversion could take from six weeks to three or four months. In some cases post-coital contraception or abortion were options to consider. In discussion Dr. Oriel drew a comparison between syphilis in the 19th Century and the present incidence of HIV.

Detective Inspector Jack Renwick from the Metropolitan Intelligence Bureau, addressed the question of the need for sensitive handling of the victims of sexual assault. "We owe a duty of care to our victims" he said. He referred to the Thames Valley Force film which had discouraged victims to come forward. Society's attitude to rape was changing. There were prejudices against women, as there was class and racial prejudice. "She was asking for it anyway", one judge had opined. Inspector Renwick dealt fully with the rape trauma syndrome: "Why me?" followed by anger (against all men, society, the police, the assailant) and, later, fear, guilt and self-blame.

The final speaker was Dr. John Oriel, a G.U. medicine consultant at University College Hospital, who gave a clear account of the medico-legal aspects of ano-genital warts. They were caused by the human papilloma virus — of which there were 62 different strains: the commonest being eight HPV 6 and 11,

or HPV 16. Some patients may have more than two wart viruses. There may be a sub-clinical infection, which may not be identified naked-eye. There are two main types of warts — conduloma or sessile. The majority arise from sexual contact with someone who has a clinical or subclinical infection. Incubation period can be over two months in duration. A hand virus infection may be transferred to a genital site. He said 80% of men with perianal condylomata have had anal intercourse. Dr. Oriel said ano-genital warts occurred twice as often in girls. Penile warts in children were very unusual, usually vulva or anal. Sexual abuse was a common route of infection in children. Intra-uterine infection was possible where mother had vulval warts or contact could take place during vaginal delivery. He encouraged the use of disposable endoscopes and thought there was no good substitute for informed clinical judgment in this field.

Votes of thanks were propsed to the speakers by Dr. Ivor Doney and Dr. Raine Roberts.

ROBIN MOFFATT

COST OF A WIFE

A man who beat his wife to death when she refused to prepare a meal, was fined $250 (£73) in Harare. The magistrate said she had been asking for trouble.

A court in the Zimbabwe capital heard that the man and his wife had been drinking at a beer hall when he ordered her to go home and make food for their three children. When she refused he beat her with a stick. She died shortly afterwards.

HELMETS

Medellin, Colombia's drug capital, population 2.5 million, had 4,000 murders in 1988. Motor-cyclists wearing crash helmets face arrest, as the helmets secure anonymity for hit-men and have been banned.

IDEAS WANTED

Stephen Robinson, Conference Secretary, is ALWAYS on the look out for interesting ideas, cases or subjects for presentation at meetings. If YOU have a case you would like to present, a paper deserving of an appreciative audience, or just an idea for development — contact Stephen Robinson, 145 Framingham Road, Brooklands, Sale, Manchester M33 3RQ, telephone 061 973 2156.

DIET REQUIRED?

A professional wrestler standing 7ft 4in and weighing 38 stone was arrested in Iowa after putting a TV cameraman in a headlock, and charged with assault and criminal mischief. Police were delighted that he came quietly.

TRAINING IN CLINICAL FORENSIC MEDICINE IN KENTUCKY

Beginning from next year the University of Lousiville School of Medicine in Kentucky, U.S.A., is hoping to introduce, in conjunction with the Kentucky Medical Examiner's Office, a programme to train physicians in Clinical Forensic Medicine.

The scope of the project is to have specialists trained jointly in Forensic Medicine and Accident and Emergency Medicine based at the University Hospital's Accident and Emergency Unit. In this way it is hoped that the forensic specialist would be present at the initial time when the casualty of a physical assault or sexual abuse, homicide or a road accident is brought into hospital. Thereby, he would be able to collect all the evidential material which may be required by the Medical Examiners in the eventual compilation of their case and in the subsequent court proceedings. The forensic physician will also be asked to accompany the paramedics to a scene of a crime or accident and here also take on the role of 'scenes of crime forensic medical expert'. At other times he will assist in the treating of patients in the Accident and Emergency Unit.

This taining scheme will involve a four year rotational and residential scheme comprising:

In Year 1 a rotation through General Medicine, Surgery, Orthopaedics, Genito-Urinary Medicine, Paediatrics and the Intensive Therapy Unit.

In Years 2 and 3 the resident will spend half of his time in the Accident and Emergency Unit and the other half in the Medical Examiner's Unit where, in addition to clinical forensic medical training, he will obtain training in pathology and laboratory techniques.

The fourth year will be spent entirely in the Medical Examiner's Office.

At the end of this rotation the trainee will be able to sit for a qualification in Accident and Emergency Medicine. It is also hoped that accreditation in Forensic Medical Practice with its own examination, will also be instituted in due course.

It is anticipated that in this way the quality of evidence produced in such cases as a rape, serious physical assault, child sexual abuse, vehicular homicide, murder and manslaughter, etc. would be greatly improved with an increased rate of successful prosecutions.

The University of Louisville will be the first institution world-wide to establish such a residency training programme for physicians in clinical forensic medicine.

A. BUSUTTIL
Police Suregon, Edinburgh
Regius Professor of Forensic Medicine

WILLIAM S. SMOCK
Department of Anatomical Science and Neurobiology
Louisville, Kentucky

SENTENCE

A mother of four was jailed for life in Detroit, U.S.A., for selling her 13 year old daughter to a rapist to support her addiction to crack, the cocaine-based drug.

MEDICO-LEGAL SOCIETIES

SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

President: Mr. J.A.R. Smith, FRCS

Wednesday, 21st March, 1990
'No Fault Compensation'
Mrs. Margaret Brazier, Senior Lecturer In Law.

Thursday, 26th April, 1990
ANNUAL GENERAL MEETING
'Tune In, Turn On and Drop Out: Is Substance Abuse Harmful to your Health?'
Dr. A.R.W. Forrest, Consultant Chemical Pathologist.

Thursday, 24th May, 1990
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 details from:—
Mr. Arthur Kaufman,
Medical Secretary,
Children's Hospital,
Sheffield.
or
Mr. John Pickering,
Legal Secretary,
Irwin Mitchell & Co.
Belgrave House, Bank Street,
Sheffield S1 1WE

FYLDE MEDICO-LEGAL SOCIETY

Chairman: Mr. Michael Wren-Hilton

Wednesday, 25th January, 1990
Dr. G.J. Roberts,
The Medical Defence Union.

Wednesday, 4th April, 1990
His Honour Judge J. Pickles.

Meetings will be held at the Royal Lytham & St. Anne's Golf Club at 7.30 p.m. for 8.00 p.m. (Formal Dress).
Further details from:—
Mr. M.S. Cornah,
Secretary,
4 Forest Gate,
Blackpool FY3 9AW

MERSEYSIDE MEDICO-LEGAL SOCIETY

President: Mr. Kenneth Anderson

Wednesday, 31st January, 1990
'Mass Disasters'
Speaker to be announced.

Wednesday, 28th March, 1990
Subject to be announced
Dr. H. Pilling, recently retired Coroner for South Yorkshire.

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

BIRMINGHAM MEDICO-LEGAL SOCIETY

President: Dr. Richard M. Whittington

Tuesday, 5th December, 1989
'The Work of the Regional Health Authority Legal Adviser'
Mr. Ian Patterson, Legal Adviser to WMRHA.

Thursday, 15th February, 1990
'Recent Developments in Medicine and Law'
Mrs. Diana Brahams, Barrister, Legal Correspondent to The Lancet.

Thursday, 15th March, 1990
'Fact and Fiction in Psychological Offender Profiling'
Professor David Canter, Professor of Psychology, University of Surrey.

Thursday, 12th April 1990
'Action for Victims of Medical Accidents 8 years on — Are doctors and lawyers learning the lessons?'
Mr. Arnold Simanowitz, Director of AVMA.

Friday, 25th May, 1990
Annual Dinner (Botanical Gardens, Edgbaston)
Address by Mr. Desmond Fennell, QC, Chairman of the Bar Council.

MEDICO-LEGAL SOCIETIES

Wednesday, 13th June, 1990
AMI Priory Lecture
'Medical Responsibility'
Lord Walton of Detchant, Lately President of GMC, BMA and Royal Society of Medicine.

All meetings are held at the Queen Elizabeth Postgraduate Medical Centre, Matchley Park Road, Edgbaston at 7.45 p.m. preceded by a Buffet Supper 6.30-7.30 p.m.
Further details from:—
The Hon. Secretary,
Birmingham Medico-Legal Society,
Universal Conference Consultants,
17 Salisbury Road,
Moseley,
Birmingham B13 8JS

THE MEDICO-LEGAL SOCIETY

President: Dr. J.D.K. Burton

Thursday, 14th December, 1989
'The Medieval Coroner'
Professor Bernard Knight, MD (Wales), MRCP, FRCPath, DMJ, Barrister at Law, Professor of Forensic Pathology, University of Wales College of Medicine.

Thursday, 11th January, 1990
'The Consular Corps(e)'
Mr. Grant Lindsay, OBE, Consular Department, Foreign & Commonwealth Office.

Thursday, 8th February, 1990
'Quack Cancer Cures or Scientific Remedies'
Professor Michael Baum, ChM, FRCS, Professor of Surgery, The Rayne Institute, King's College School of Medicine and Surgery, University of Leeds.

Thursday, 8th March, 1990
'D.N.A. Profiling'
Dr. B. Sheard, Director, Forensic Science Laboratory, Metropolitan Police, London.

Thursday, 5th April, 1990
'Forensic Pathology — A Service?'
Mr. G.J. Wasserman, Assistant Under-Secretary of State, Head of Science & Technology Group, Home Office.

Thursday, 10th May, 1990
'The N.H.S. — Beginning, Middle and End?'
Dr. John Marks, MD, FRCGP, Chairman of Council, B.M.A.

Thursday, 14th June, 1990
8.00 p.m. Annual General Meeting
'Medicine and the Courts'
The Rt. Hon. Lord Justice Woolf.

Thursday, 7th June, 1990
ANNUAL DINNER
Royal College of Obstetricians and Gynaecologists.

All meetings are held at The Royal Society of Medicine, Wimpole Street, London W1 at 8.15 p.m. unless otherwise stated.
Further details from:—
Miss E. Pygott,
Hon. Legal Secretary,
8th Floor, Beaufort House,
15 St. Botolph Street,
London EC3A 7NJ.

BRISTOL MEDICO-LEGAL SOCIETY

President: His Honour Judge John Da Cunha

Friday, 26th January, 1990
'Fiat Justitia: the trial of terrorist offences"
A Judge.

Friday, 23rd February, 1990
ANNUAL DINNER
Banqueting Room, Council House, Bristol.
The Right Hon. Lord Carlisle of Bucklow QC, DL.

Thursday, 29th March, 1990
Professor David Canter,
Department of Psychology, University of Surrey.

Wednesday, 16th May, 1990
Members' Papers

The meetings will be held in the School of Nursing at the Bristol Royal Infirmary and a buffet supper will be available from 6.15 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,
Bridgwater Road,
Winscombe,
Avon BS25 1NN

MEDICO-LEGAL SOCIETIES

LEEDS & WEST RIDING MEDICO-LEGAL SOCIETY

President: Stuart C. Brown Esq., B.A., B.C.L., Barrister-at-Law.

Wednesday, 7th February, 1990
Joint Meeting with Leeds Division of B.M.A.
'Perceived invented and fatal illness — Munchausen Syndrome by Proxy'
Professor S.R. Meadow, Professor of Paediatrics, University of Leeds.

Wednesday, 7th March, 1990
'Crime — Current Trends'
Mr. Peter J. Nobes, QPM, LL.B., Chief Constable, West Yorkshire.

Saturday, 28th April, 1990
Annual Banquet.

The President and Committee would welcome any members wishing to dine with the Speaker before the Meeting at the Waterhole, Great George Street at 7.00 p.m.

Meetings (except where otherwise stated) will be held at 8.30 p.m. at the Littlewood Hall, The General Infirmary, Leeds.

Further details from:
Mr. K.M. Nightingale,
Hon. Secretary,
C.W. Nelson & Co.,
Trafalgar House,
29 Park Place,
Leeds LS1 2SS.

NOTTINGHAMSHIRE MEDICO-LEGAL SOCIETY

President: Professor E.M. Symonds

Tuesday, 23rd January, 1990
'Exchanging Reports — A Problem of Communication'
Richard Maxwell, Q.C., and John Hopkins (Consultant Orthopaedic Surgeon).

Tuesday, 27th March, 1990
'The Mind of the Murderer'
Professor B. Bluglass.

Friday, 4th May, 1990
Nigel Colley Lecture — 'Sports Medicine and the Law'
Mr. Edward Grayson.

Tuesday, 3rd July, 1990
Any Questions — Panel of four.

Tuesday, 11th September, 1990 (Provisional)
'Repetitive Strain Injuries'
Frank Burke.

Tuesday, 13th November, 1990
Annual General Meeting.

With the exception of the meeting to be held on 4th May, 1990, all meetings will take place at AMI Park Hospital, Sherwood Lodge Drive, Arnold, Nottingham at 7.00 p.m. for 7.30 p.m. The meeting on 4th May will take place at Queen's Medical Centre, Nottingham.

Further information from:—
Mrs. M.A.R. Boyd,
c/o Mrs. J. Burbidge,
Assistant Secretary,
9 Douglas Road,
Sutton in Ashfield,
Notts. NG17 2EE.

MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

President: Dr. C.A.K. Bird

Wednesday, 21st February, 1990
Subject to be announced
Professor David Canter.

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

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: Mr. Fergus McCartan, BA, LLB

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.

THE POLICE SURGEON IN FICTION

AT THE INQUEST

From *'The Clocks'*, by Agatha Christie, published 1963.

Doctor Rigg, the police surgeon, having described himself and his qualifications, told of his arrival at 19, Wilbraham Crescent, and of his examination of the dead man.

'Can you give us an approximate idea of the time of death, Doctor?'

'I examined him at half past three. I should put the time of death as between half past one and half past two'.

'You cannot put it nearer than that?'

'I should prefer not to do so. At a guess, the most likely time would be two o'clock or rather earlier, but there are many factors which have to be taken into account. Age, state of health, and so on'.

'You performed an autopsy?'

'I did'.

'The cause of death?'

'The man had been stabbed with a thin, sharp knife. Something in the nature, perhaps, of a French cooking-knife with a tapering blade. The point entered . . .'. Here the doctor became technical as he explained the exact position where the knife had entered the heart.

'Would death have been instantaneous?'

'It would have occurred within a very few minutes'.

'The man would not have cried out or struggled?'

'Not under the circumstances in which he was stabbed'.

'Will you explain to us, Doctor, what you mean by that phrase?'

'I made an examination of certain organs and made certain tests. I would say that when he was killed he was in a state of coma due to the administration of a drug'.

'Can you tell us what this drug was, Doctor?'

'Yes. It was chloral hydrate'.

'Can you tell how this was administered?'

'I should say presumably in alcohol of some kind. The effect of chloral hydrate is very rapid'.

'Known in certain quarters as a Mickey Finn, I believe', murmured the coroner.

(The same police surgeon was able to differentiate between scar tissue five years old and fifteen years old. Evidence in the coroner's court was not given on oath.)

THE TARDY SURGEON

From *'The Famous Cases of Dr. Thorndyke'* by R. Austin Freeman

Pembury listened to the baying of the hounds, gradually growing fainter in the increasing distance, and cursed the dilatoriness of the doctor. Confound the fellow! Didn't he realise that this was a case of life or death? These infernal doctors had no sense of responsibility.

Suddenly his ear caught the tinkle of a bicycle bell; a fresh light appeared coming up the avenue and then a bicycle swept up swiftly to the scene of the tragedy, and a small elderly man jumped down by the side of the body. Giving his machine to Mrs. Parton, he stooped over the dead man, felt the wrist, pushed back an eyelid, held a match to the eye and then rose. 'This is a shocking affair, Mrs. Parton', said he. 'The poor

fellow is quite dead. You had better help me to carry him to the house. If you two take the feet I will take the shoulders'.

Pembury watched them raise the body and stagger away with it up the avenue. He heard their shuffling steps die away and the door of the house was shut.

TYPICAL SCOT SURGEON?

From *'Somebody at the Door'*, by Raymond Postgate 1943.

(Inspector Holly) found Dr. Hopkins with Police-Surgeon Campbell. He respected Dr. Hopkins as a hard-working, unpretentious G.P., quite competent to deal with any case likely to come his way; he neither respected nor liked Dr. Campbell. He could not follow easily what he said, for the doctor's broad Scots was never in the least moderated for his Devon ears; he believed that the doctor regarded him as an intruder and was intentially rude; he suspected that he drank whisky too freely and was inaccurate in his work. But he was the police doctor, and there was nothing Holly could do about it — not, anyway, until he had been in Croxburn considerably longer.

'So ye've come, have ye?' said Campbell. (There is no possibility of attempting to reproduce his accent). 'Maybe ye will explain the case to the Inspector, Dr. Hopkins; I doubt I could make him understand'.

Ignoring him Holly turned to the smaller man. Dr. Hopkins began fumblingly: 'The case presents, um, several features of difficulty. I am not quite sure how to present — that is, to explain exactly . . .'.

'Dinna haver, man,' said his colleague. 'Tell Mr. Holly we don't know how the man died; and then tell him why we don't know how he died. Be very simple for the Inspector'.

Any more contributions on fictional police surgeons?

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

23rd-24th March 1990 — GLASGOW
Spring Meeting of the Forensic Science Society, to be held at the Dean Park Hotel, Glasgow. Drugs: Peformance and Behaviour. Further details from The Forensic Science Society, Clarke House, 18A Mount Parade, Harrogate North Yorkshire HG1 1BX.

24-25th March 1990 — MANCHESTER
FAGIN COURSE ONE.

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.

16th June 1990 — CLEVELAND
A.G.M. of the Section of Clinical Forensic Medicine, Royal Society of Medicine, to be held in Cleveland. Details from Dr. Alisatair Irvine, Neasless Farm, Sedgefield Road, Stockton-on-Tees.

20th-21st July 1990 — YORK
Summer Meeting of the Forensic Science Society, to be held at the College of Ripon and York St. John, York. "Unique Offender Detection" an update on DNA Profiling and Fingerprint Identification. Further details from The Forensic Science Society, Clarke House, 18A Mount Parade, Harrogate North Yorkshire HG1 1BX.

15th-16th September 1990 — BANGOR
Association of Police Surgeons Autumn Symposium, to be held at the University of North Wales, Bangor.
Further details from Dr. Hugh Jones, 17, Brytirion Drive, Prestatyn, Clwyd LL19 9NT Tel: 07456 4110.

29th-30th September 1990 — MANCHESTER
FAGIN Course Two, Weekend One.
Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale, M33 3RQ. See page 50

12th-13th January 1991 — MANCHESTER
FAGIN Course Two, Weekend Two.

23rd-24th March 1991 — MANCHESTER
FAGIN Course Two, Weekend Three.

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.

29th-30th June 1991 — MANCHESTER
FAGIN Course Two, Weekend Four.

1991 — IPSWICH
Association of Police Surgeons Autumn Symposium, Ipswich. Further details from Dr. M. Knight, 11, Tuddenham Road, Ipswich, Suffolk.

28th-29th September 1991 — MANCHESTER
FAGIN Course Two, Weekend Five.

11th-12th January 1992 — MANCHESTER
FAGIN Course Two, Weekend Six.

INTERNATIONAL MEETINGS

7th-9th December 1989 — UNITED STATES
National Conference on Investigation of Death and Injury, to be held at the Ramada Hotel, Wichita, Kansas. Details from Dr. W.G. Eckert, P.O. Box 8282, Kansas 67208, U.S.A.

21st-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 Skprings, CO 80910, U.S.A.

9th-13th May 1990 — HUNGARY
Meeting of the British Association for Forensic Odontology, to be held at the Hotel Gellert, Budapest. "Identification and Mass Disasters". Further information and booking forms from: Mr. A.W. Martin, Woodberry House, 111, Wickham Way, Beckenham, Kent BR3 3AP. See page 47

28th-31st May 1990 — DENMARK
First World Congress on Safety in Medical Practice, to be held in Elsinore, Denmark. Details from ISPIC, c/o Association Prof O. Winding, The University of Copenhagen, 21 Blegdamsvej, DK 2100, Copenhagen O, Denmark.

31st July-5th August 1990 — BOPHUTHATSWANA
Second Congress on Human Rights Medicine & Law. Further details from International Centre of Medicine & Law, University of Bophuthatswana, P.O. Box 4182, Bophuthatswana, Southern Africa.

21st-22nd October 1990 — AUSTRALIA
Two day meeting to be held in the Victoria Institute of Forensic Pathology. Details from Professor S. Cordner, VIFP, 57-83 Kavanagh Street, South Melbourne, Victoria 3205 Australia.

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. See page 52

2nd-4th November — NEW ZEALAND
Doctors for Sexual Abuse Care training weekend. Further details from DSAG, Building 43, Auckland Hospital, Private Bag, New Zealand. See page 50

5th-9th November 1990 — NEW ZEALAND
The Seventh Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers AND the Second World Meeting of Police Surgeons and Police Medical Officers, to be held in the Sheraton Auckland Hotel, Auckland, New Zealand. Further details from the Conference Secretary, Dr. W. Daniels, P.O. Box 28-306, Remuera, Auckland, New Zealand or to Dr. R.C. Bartley, 139, Mountain Road, Epsom, Auckland, New Zealand. See page 53

1992 — THAILAND
4th Indo-Pacific Congress in Forensic Medicine, to be held in Bankok. Further details from Dr. Tassana Suwanjutha, Chief Forensic pathologist, Institute of Forensic Medicine, Office of the Police GNRL Surgeon, Henry Dunant Road, Bangkok 10330.

NO RESPONSIBILITY IS ACCEPTED FOR THE ACCURACY OF MEETING DETAILS, AND DELEGATES MUST OBTAIN FURTHER INFORMATION FROM CONFERENCE ORGANISERS.

THE DISCOVERY OF THE SIXTH "RIPPER" MURDER.