



# **Police Surgeon SUPPLEMENT**

**Vol. 3 Autumn 1977**



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# The Police Surgeon SUPPLEMENT

**Vol.3 Autumn 1977**

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# Dr. RALPH SUMMERS OBE

We are delighted to learn that Dr. Ralph Summers has been awarded the OBE in the Jubilee Honours List. He received the honour in recognition for his services as a Divisional Police Surgeon to the Metropolitan Police.

It is quite untrue to suggest that Ralph Summers is a founder member of the Metropolitan Police Surgeons Association but he has been a Divisional Police Surgeon to the Metropolitan Police for 50 years. He played a major part in the affairs of the Metropolitan Police Surgeons Association, becoming its Secretary for its final five years. As Secretary of the Metropolitan Association, he proposed the formation of the Association of Police Surgeons of Great Britain and undertook much of the work required to bring the new Association into being. Ralph subsequently became Secretary of the new Association for six years, President for three years and is now an Honorary Member.

Ralph recalls that there have been significant changes in the workload of the Police Surgeon during the 50 years he was with the Metropolitan Police. For instance, in his early days he used to regularly undertake post-mortem examinations. The Police fees per item of service when he started were 3/6d and 5/- for day and night work respectively. This was to rise to the princely sum of 5/- and 7/6d. A whole day at the Old Bailey would bring a fee of 16/8d. Ralph



was a regular, almost daily, attender at Court and enjoyed the duels with Counsel.

During the Second World War, Ralph was on duty in the east end of London and lived and slept in a Police Station in Whitechapel. He attended the Bethnal Green shelter disaster and later gave evidence at the secret enquiry. It is evident that he did not allow his sense of humour to be dampened by those dark and desperate days. In his Llandudno home there hangs an illuminated address presented to him by the Officers of "G, H and TA Divisions of the Metropolitan Police". On this is recorded that during the war in the early hours an entry was made in the Occurrence Book (normally jealously guarded by the Duty Sergeant) that "Adolph Hitler visited at three"; entered in the appropriate coloured ink for high ranking visitors. On another occasion, Ralph caused uproar by hiding the station typewriter. It is not surprising that the Police retaliated by nailing a coffin shell to his front door.



*Car Bonnet Mascot*

Other events recorded are a collision with a cow in Epping, a drive along the footway when other motorists were fog-bound on the road and a collision when Ralph's car became wedged between two buses in Commercial Road.

Ralph was an editor and contributor to the "Practical Police Surgeon" published in 1969. He was one of the moving spirits behind the institution of the Diploma in Medical Jurisprudence and was later awarded an Honorary Diploma in Medical Jurisprudence by the Society of Apothecaries for services to forensic medicine.

Ralph served the community for many years as a General Practitioner and sat on various Committees concerned with the running of the Health Service. He says that of all the commitments he has had, Police work has given him the greatest pleasure.

Ralph has now retired from General Practice and from work as a Police Surgeon. He still continues regular sessions in London — in a brewery — where else?

When not in London he lives in



Llandudno in a house on the west side of the Great Orme, from which he can see the Welsh Mountains, the Menai Straits and Anglesey. A do-it-yourself addict, he has extensively remodelled his house, turning his hand with equal skill to bricklaying, rewiring, carpentry and gardening.

A man of vision and boundless energy. He has the ability to make his ideas work. The Association owes much to him.

TO BE PUBLISHED 1978

## **THE NEW POLICE SURGEON**

### **A PRACTICAL GUIDE**

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Foreword by Sir Robert Mark, G.B.E., Q.P.M.

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# POLICE SURGEON - NORTHERN IRELAND

The title 'Police Surgeon' engenders in many minds a fierce medical ogre who is just waiting to pounce on drunk-in-charge drivers and their ilk. This is far from the fact. I arrived to commence General Practice in the Quaker village of Bessbrook in late 1958, and was subsequently asked by the Police to examine children who were the victims of sexual assaults, battered wives, injured policemen, man-slaughter cases, and the very occasional murder case.

Bessbrook is a village founded by the Quaker family of Richardson, and is situated in South Armagh. It nestles in the valley under the beautiful hills of South Armagh, overlooked on the southern side by the mountains of Mourne in County Down. Bessbrook is known in Ireland as the Model Village, because under the edict of the Richardsons, no pubs, pawnshops or police stations were allowed in the area. The village was the model for the Cadbury village of Bourneville.

What a change now, when every reader of the National Press knows that Bessbrook is the Headquarters for the British Army in its border campaign.

My first murder case was in 1960, when a girl called Pearl Gamble was murdered by one Robert McGladdery. This man was the second last man to hang in the British Isles for murder, and the tie with which he strangled his victim is to be seen to this day in the Police Museum in Enniskillen. When the McGladdery murder case first became news, the local newspaper and the Northern Irish newspapers carried columns and columns of news

items, whereas now a local murder only merits a short paragraph. Our fees have changed somewhat since then — I recall going to Downpatrick Assizes for the day and being paid a fee of £3.5s. plus 3d a mile. It was my lot to pay for the lunch, for a colleague, two barristers and myself — the bill came to £5 — not much profit on that day's work!

I was quite happy to be 'on call' for the Police if I was available, but the powers that be decided in 1970 that each Division should have its own appointed Police Surgeon. With some reluctance, being a single-handed practitioner, I applied for the post, and was given a very wide area, nearly 60 miles in length, and stretching from Newcastle in County Down, right up to Newtownhamilton in County Armagh, and including towns and villages which are now very well-known to television, radio and newspaper viewers and readers — Crossmaglen, Forkhill, Bessbrook, Newry, Culloville, Killeesh, Kingsmills, Jonesborough, Warrenpoint, Rathfriland, and Rostrevor.

Since 1971, I have been involved in 2300 cases, and my Deputy (Dr. Michael McVerry) has dealt with over 1000 cases in this Division.

I recollect the murder of a breadman at a farm in Silverbridge, when he was doing his rounds after dark. Travelling to the scene of the murder, as my own car had broken down that particular night, I agreed to go in a police car, and sat in the front seat in a very uncomfortable position sitting on the handbrake. It turned out that the poor breadman died of shock, but close examination of his van revealed a bullet hole in a wooden partition between the loaves in the back and the driving compartment.

Shortly after this a soldier who had

Based on a talk given at Enniskillen,  
Easter 1977 by Dr. P.J. Ward of  
Bessbrook, South Armagh

been on leave below the border was murdered. I was called to declare life extinct. It was decided that it would be judicious to view the body with a pair of very strong binoculars, and declare life extinct from a distance. This was a very wise move, as the body was booby-trapped.

Next in my notes I find the interesting case of Donald Seaman, an Englishman who had given a story to the Sunday newspapers, claiming that he was a double agent with the IRA. The BBC news at 7.55 am that next Sunday morning mentioned that a body had been found tied to a telegraph pole near Crossmaglen, and shortly afterwards the Police telephoned me asking me to view the body. As there was to be a Civil Rights March that day (attended by Vanessa Redgrave), I decided to stay at home and ask for the body to be brought to my home by ambulance. When the ambulance arrived, the body was obviously dead. He had been tortured and finally shot behind the right ear. The body was later identified as Donald Seaman.

Next came the Corporal Elliott case. This was an Ulster Defence Regiment Corporal, who came from Rathfriland, and was a lorry driver in civilian life. He had been kidnapped at the border at Killen. His body was found two days later with several .45 bullet wounds, plus some very strange marks across his fingernails and fingertips. The news got out, and it was quickly rumoured that he had been tortured and burned across his fingertips. It later transpired in Court, with very detailed evidence being given by the State Pathologist, that the marks on the poor man's fingers were caused by a single .22 bullet which had tracked across the fingertips and nails, giving a very false impression.

In March 1973, I received a call late one night to say that a terrorist had been shot dead outside the back gate of Newtonhamilton Police Station by a soldier. On my journey to Newtonhamilton I followed a police car which stopped at every crossroads to make sure that no trap was awaiting it — landmine, ambush,

etc. — I arrived at the Police Station to find a poor chap called Sammy Martin lying dead in the yard. He had been carrying two dozen eggs, apparently quite innocently, but had not answered the challenge from the sentry, who had then shot him. The mixture of brain tissue and eggs was difficult at first to differentiate. The soldier was later charged with manslaughter.

Apart from these individual murders and violent deaths, the work of myself and my Deputy became very much intensified. When each different British Army Regiment arrived in Bessbrook (the rotation is and was four months for each Regiment), it was our experience that numbers of suspects were arrested by units of these regiments, and brought to the police station if they could not satisfy the army personnel as to their innocence. On one particular day following the high-jacking of electrical goods containers at the Border (which goods were distributed by the generous hi-jackers to many residents of the picturesque village of Jonesborough) the Army sent a number of helicopters into the village to arrest, for questioning, many of the people there. The first intimation I had that a 'big lift' was on was when I was told that 168 suspects had been arrested, and to arrange to have them examined at the local police stations at Newry and Bessbrook. This would have been an impossible task! I made careful inquiry and the original figure of 168 was happily reduced to 28. This still meant the conducting of 56 examinations, as each prisoner had to be examined on admission to the Police Station and again on discharge, in case allegations of brutality or ill-treatment were made. My Deputy and I were in the Police Station on that particular Saturday from 10.00 am to 5.30 pm. One dear old lady of 78 years of age told me how delighted she was to have been arrested and taken by helicopter from Jonesborough to Bessbrook because "I never thought South Armagh could be so beautiful and the soldiers were very nice to me".

The murders and violent deaths con-

tinued throughout 1975, and they included the most grievous injuries from bomb explosions and pub bombings. Sadly, for the first time, there also occurred a very sinister deterioration in community relations and a definite polarization of the community.

I have experienced two of the most dreadful tragedies in 1975 and 1976. In July 1975 at 2.00 am, I got a call from a woman Police Constable asking me to go to Newry Police Station, where a man was in a hysterical condition and said that his friends had been shot in a Showband dance vehicle about three miles from my own home. I drove to the Police Station wondering what great tragedy would be my experience before I returned to bed. Unhappily it had been established that this young man was giving a true account of his movements. I proceeded to a lonely place called Buskill on the main Dublin to Belfast road, and found a scene of utter desolation. The Showband vehicle had been blown to pieces, the air was thick with the smell of burning flesh. The scene was lit by a searchlight from a helicopter overhead, which helped me to identify pieces of arms, heads and bodies and attachments scattered over a wide area. I was taken into a field where I found three young men shot dead. On the road beside the field were the bodies of two men who had apparently been killed by their own bomb while placing it in the Showband vehicle. This tragedy was later to be known as the Miami Showband Murders. Although one can pass the spot nowadays and see very little evidence of the slaughter, I can never forget that scene, and when I returned home at 5.30 am, on a beautiful summer morning, with a beautiful sunrise, I said to my wife who was awaiting my arrival, "Look over there, there are five young Irishmen dead, for what reason?"

January 1976 saw an even worse tragedy from the point of view of numbers. On a Sunday, I think it was the first Sunday in January, armed men attacked the home of a family called Reavey, some six miles from Bessbrook, shot dead two

brothers, and injured another brother who later died. I examined these young men in the local hospital mortuary at Daisy Hill, Newry, and in conversation with the mortuary attendant, we wondered how many more bodies would arrive in that mortuary within the next few days, as a result of the incident. On the Monday, there was a feeling of apprehension throughout South Armagh. People spoke in whispers, and the Surgery attendances were very sparse. I had a call to do after Surgery at a place called Kingsmills, near Whitecross, County Armagh, but when I drove out to the area at about 5.30 pm my sixth sense advised me that the call could wait until the following day. It was perhaps fortunate for me that I made the decision to turn the car at the next crossroads. It was as if evil were abroad in the air that night, I have never seen such a black night — pitch black with not a star in the sky, and not a car on the road. I arrived home to receive a telephone call at 6.05 pm to attend a patient who was suffering from shock, and when I asked what had caused the shock I was told, "He has come home and all his pals have been shot dead". I asked, "How many?", to be told four or five. Immediately after that there was a newflash on the Northern Ireland BBC television news to say that a massacre had occurred in South Armagh. This was the first time the word massacre was to be used in this area, and indeed it tragically proved to be a very operative and significant word. I proceeded to see my patient immediately, and he told me that at first he thought he was the intended victim, and that two of his friends (two brothers) had held his hands and told him not to identify himself, as they, too, thought he was to be the victim. Having sedated him I immediately went to the local hospital feeling that the bodies would be brought there, but when I arrived at the hospital I was told to proceed immediately to the scene of the crime, in case medical assistance could be given to anyone who may have survived. My Deputy was engaged on another very important matter, so I drove back alone to the scene to find, alas, that the news



was only too true. Ten men were lying dead on the lonely road, and as I picked my way, slipping on the blood on the road, from man to man I was able to identify every one of the ten dead men. Eight were my own patients, and the other two were well known to me, as they were related to some of my patients. Fortunately the Police had held back the relatives' cars and I was able, after declaring all the victims to be dead, to go immediately to the hospital and make arrangements for the reception of the bodies at the Mortuary where I had been the previous day, wondering how many more would join the Reavey brothers, and also make arrangements for the reception of the dozens of relations who came along hoping that at least their own particular relative was still alive. I was reminded of pictures of Welsh mining village tragedies which I had watched on television, and felt that this was akin to a village tragedy such as was known in South Wales. Indeed when I was interviewed by a Canadian Broadcasting Corporation TV newshound a few days later, and when he told me that it had been the worst village disaster since Aberfan, I was forced to agree. When this interviewer asked me what my own religion was, my reply to him was "Why?" and I terminated the conversation.

I am glad to be able to say that the community kept its head. There were no reprisals that I know of, the funerals were attended by a vast throng from all sections of the community, including all the Clergy, and as I stood under an umbrella with my Dental colleague in the village, we were joined by a Senior Police Officer and we watched certain Politicians enter the Church. Some of these Politicians had never to the best of my knowledge, ever entered the village of Bessbrook before, and I have never seen them again. The Senior Police Officer remarked to me and my Dental colleague, "there go some gentlemen whose mistakes we are burying today". How true. I think it is agreed on all sides throughout Ireland that if the community of Bessbrook and its environs had not kept their heads during that

month of 1976 there is no doubt that a bloody and widespread civil war would have resulted. In my travels through the streets of the village to this day, and in the country roads surrounding the village in South Armagh, there is seldom a mile traversed where I cannot see a relative or friend or daughter or son or wife or nephew or niece or Clergyman or Doctor of all of those twelve men who died on that bleak, bitter January weekend.

It is very difficult giving a lecture or writing a paper on my work as a Police Surgeon during the past years. The very nomenclature Police Surgeon stirs up resentment in some quarters, but it has been my policy, and I know it is the declared policy of every doctor working as a Police Surgeon in the area, to be as completely and utterly impartial as it is humanly possible. Apart from the risks to oneself and one's family if one were not strictly impartial, I feel it so important that the confidence of the community should rest in the impartiality. In the early days when mass arrests were made by the Army and Police, naturally anxious relatives would converge on the Police Stations, and would telephone their own Doctors, asking them to attend to make sure that the relations were not subjected to abuse. After a few months my other colleagues in the area who had been so contacted were able to assure relatives and friends that their presence was really unnecessary because their findings would be consistent with my own. I feel that the building up of such confidence in the impartiality of the Police Surgeon, should not be eroded by any Police Surgeon allowing his impartiality to be clouded by his natural reaction to the brutal and evil murders in the community. Suspects who are arrested for interrogation should be questioned in their own areas and not removed to other areas where "Holding Centres" may be established. I feel that the very removal of suspects to distant areas where their own Doctors may be deprived from examining them or talking to them engenders suspicion and indeed may lead to violent demonstrations.

In conversation with young soldiers

who unfortunately appear to have no choice in being sent to dangerous areas, it has filtered through to me that they have been told at home and in their briefings that their experiences in crowd and mob control in Northern Ireland may be the forerunner of similar experiences in racial riots in England, Scotland or Wales. I fervently hope that this will not prove to be true, but who would have thought 18 years ago that Doctors acting as unofficial Police Surgeons and dealing with the odd murder, the odd rape, the odd indecent assault, and the not altogether odd drunken charge case, might find himself over a five or six year period dealing with over 2,300 cases of murder, mutilation, bombing, stabbing, torture or mere physical examination of detainees. I am often approached by medical colleagues and asked about my reactions to this terrible strife, which is tearing our country apart, and they often remark to me, "Well I suppose you get used to it". I shall never become used to it. I always hated a scene of

death, even a natural death from old age in a comfortable bed with a loving family surrounding the patient. I have always shrunk from exposing myself too much to the grieving relatives and friends. No, I shall never become used to it, and indeed have often thought of resigning from this particular sphere of my work. But I feel that if relations knew that their deceased loved ones will have a respectful examination made of the bodies, that their injured and maimed ones may be afforded medical attention as soon as possible, and that the bodies will be treated with respect, some consolation comes to one's mind. The vast majority of the people in Northern Ireland do not want this violence, they want their children to grow up in a peaceful community, they want to be able to go to the cinema, visit their local pub, or go to their local Church without let or hindrance, they want an end to fear and intimidation. Some day, somehow, perhaps, someone will come along and make all this possible.

**PADDY WARD**

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## **THE INTERNATIONAL ASSOCIATION OF FORENSIC SCIENCES**

The International Association of Forensic Sciences — IAFS — held its first meeting in Belgium in 1957. Its principal aim is to advance the development of the Forensic Sciences, by organising meetings to assist forensic scientists and others to exchange scientific and technical information. The official language is English.

Meetings are held every three years. Two meetings have been held in Great Britain. The third meeting in 1963 was held in London, when the President was the late Professor Camps. The sixth meeting was planned originally to be held in Belfast in 1972, but because of local problems was transferred to Edinburgh at short notice. In spite of the change in venue, Professor Thomas Marshall presided over a successful meeting.

The eighth IAFS international meeting will be held in Wichita, Kansas. The President is William G. Eckert, MD.

The meeting will commence with a Plenary Session on "The Medical, Legal Law Enforcement and Forensic Aspects of International Terrorism". Section Meetings will be held in the fields of Anthropology, Biology, Criminalistics, Jurisprudence, Odontology, Pathology, Psychiatry, Questioned Documents, Toxicology, Law and Medicine. A visit has been arranged to a regional forensic centre. Delegates are invited to present papers at the meeting.

Delegates will be able to take guests, and an outstanding social programme has been arranged for those not attending meetings, and for during the evenings.

For further information write to:— Secretariat, 8th IAFS, PO Box 8282, Wichita, Kansas, U.S.A.

British co-ordinating Secretary General:— Dr. Bernard Knight, Institute of Pathology, Royal Infirmary, Cardiff, South Wales.

**8th MEETING OF IAFS MAY 22 – 26, 1978, WICHITA, KANSAS, U.S.A.**

# AUTUMN



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# SHEFFIELD MEDICO-LEGAL CENTRE

Below the hill on which stands the University of Sheffield, a short bus-ride from the City centre, there is a new red brick building. From the outside there is little to indicate that this building is unique in Britain, and provides a concentration of medico-legal facilities as advanced as any found in Europe.

The Sheffield Medico-Legal Centre houses Sheffield's Public Mortuary, the Coroner's Court and the University Department of Forensic Pathology, and provides facilities for the City's Police Surgeons.

It took ten years to persuade the authorities that the facilities and working conditions, which existed for medico-legal work in various parts of the City, left much to be desired — the Public Mortuary was built in 1904 and the Department of Forensic Pathology was housed in a Chapel Crypt. The result of the persuasion and planning is a remarkable, successful, harmonious combination of faculties, which reflects great credit on those responsible for the planning and execution of the design. The battling duo who are responsible for this notable achievement are Dr. Alan Usher, Home Office Pathologist, Senior Police Surgeon and Head of the University Department of Forensic Medicine, and Dr. Herbert Pilling, H.M. Coroner for Sheffield.

## *Reception Area*



Public access to the Centre is gained first through a reception area, which is under the constant supervision of a member of the staff. She ensures that members of the public are directed to the appropriate department and that unauthorised persons do not gain access to the viewing gallery of the Post-Mortem Theatre.

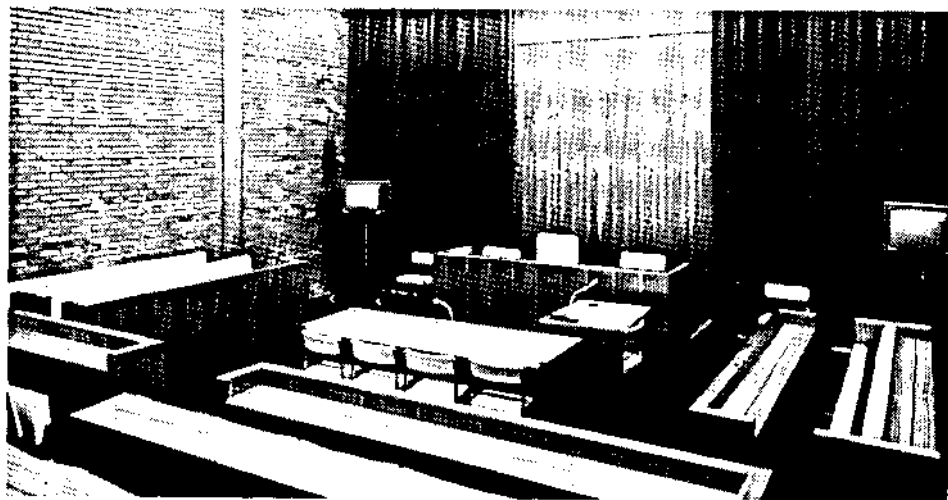
## *Coroner's Court*

The Coroner's Court and associated offices are on the first floor. A lift has been provided so that handicapped persons can get to Court without difficulty — doors in the public area are especially wide to accommodate wheelchairs. Adjacent to the Court are small interview rooms.



The Coroner's Court is dignified with a chapel-like atmosphere, and is fully air-conditioned. There is an amplification system and also a built-in tape recording system, so that all the proceedings can be recorded. An unusual facility is the provision of video-tape units — the scene of an accident can be filmed, with reconstruction of the event, and then shown to the Coroner's Jury.

At the back of the Court seats for the public rise in tiers. The block of seats for the Jury is on the Coroner's right

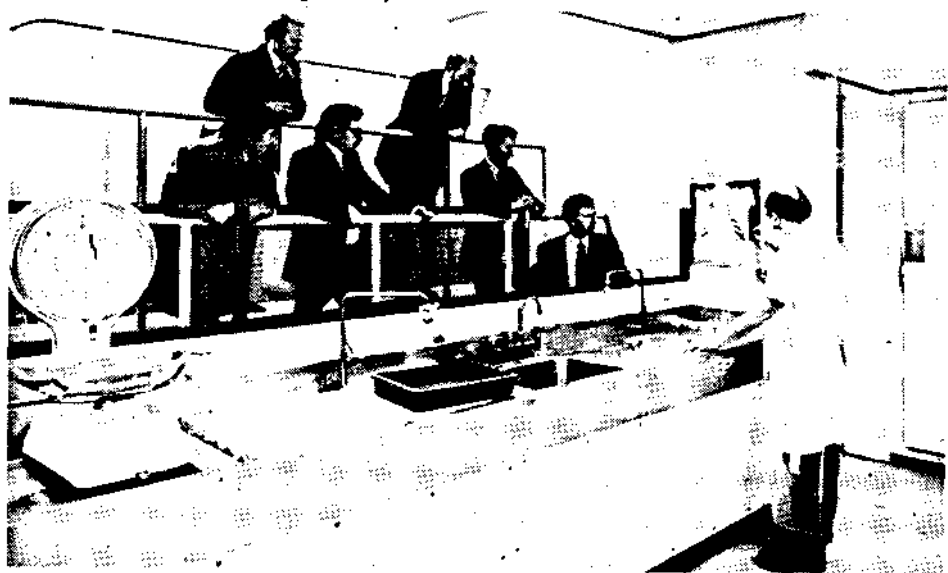


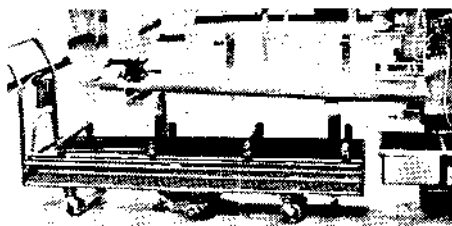
hand — a similar block is provided on the Coroner's left hand for members of the press. The two blocks of seats are on castors and can be moved in front of the tiered seats. Curtains and panels behind the Coroner's bench pull back to reveal blackboards and screens, and the Court thus converts into a Lecture Theatre for up to 80 people. Full projection facilities are built in at the rear of the Court.

### **Post Mortem Facilities**

Bodies are brought into and out of the Medico-Legal Centre by a rear entrance separate from that used by staff and public. Entrance is through two parallel electrically operated doors controlled by an attendant. The doors once opened close automatically after a short pause, ensuring maximum privacy and security.

### ***Post Mortem Room Viewing Gallery***

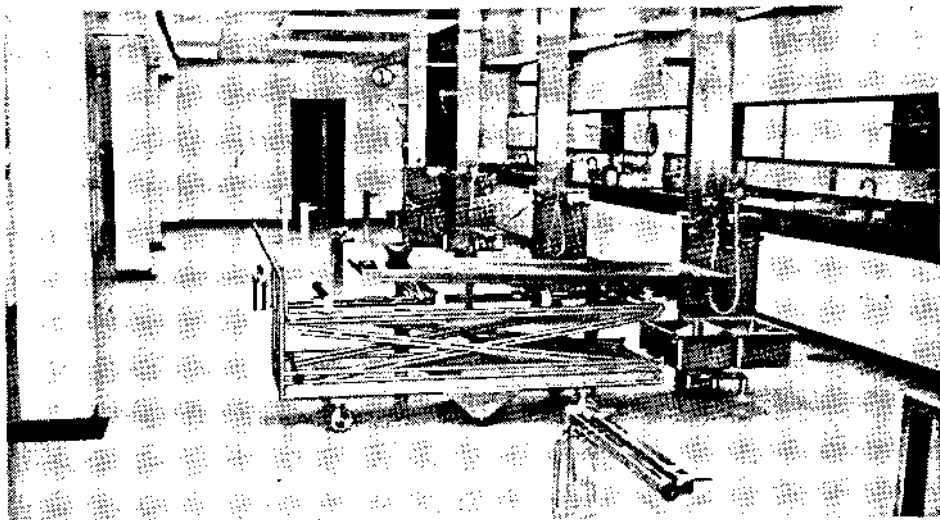




#### *Post Mortem Room.*

*The body tray is removed from the hydraulic trolley on to the floor brackets. The trolley is then withdrawn.*

*P.M. Room Equipment by Laboratory & Electrical Engineering Company, Nottingham.*



Bodies are placed on to stainless steel trays on admission and stored in a bank of refrigerated chambers, which will hold 60 bodies in banks of four at about 42°F (5°C). Additional storage for eight bodies is provided at 28°F (-3°C) for long term storage. Specially designed trolleys enable the body trays to be put into the upper rows of the refrigerator bank without difficulty. The same trolley conveys the body on its individual tray from the refrigerator into the postmortem room where there are floor mounted brackets onto which the tray fits and locks. The height of the brackets can be adjusted for

individual pathologist's requirements.

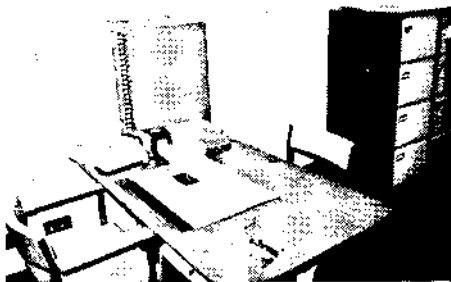
The main postmortem room has five separate dissecting stations. Each dissecting station is supplied with hot and cold water, electric power, compressed air and double sink units, a dissecting bench, x-ray view and a weighing machine. Each station is linked to the sophisticated communications system connected to a bank of tape recorders and to various secretaries rooms elsewhere in the building. Thus a pathologist may either have his notes typed out as he proceeds, or recorded on tape for attention later. At the end of the main postmortem room

there is a tiered viewing gallery with a demonstration bench.

There is a smaller 'special' postmortem room. This is equipped to deal with bodies which are grossly offensive, or which present particular infection risks, or which are the victims of crime. It has its own small isolated viewing gallery. There is a small x-ray unit attached. Both postmortem theatres are sterilised by ultra-violet light when not in use, and are air-conditioned. The small post-mortem room is insulated and fitted with chiller units in the ceiling, and it can be converted into extra accommodation for 25-30 bodies in the event of a major disaster.

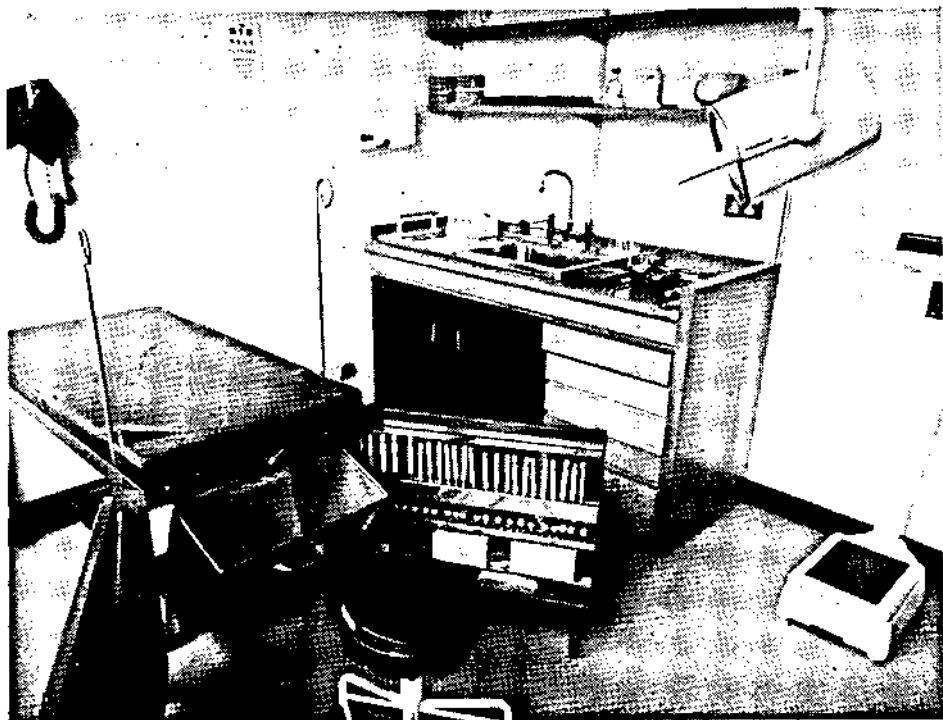
### Police Surgeon's Suites

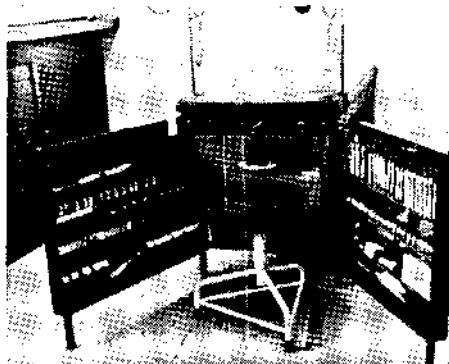
Dr. Alan Usher 'inherited' an unusual appointment. Not only is he a Pathologist, he is also a practising Police Surgeon. He is now assisted by three Police Surgeons, but still does a night on call each week.



*Interview Room.*

There are two suites on the first floor for the Police Surgeons. Each suite comprises an interview room with record storage facilities, a separate examination room fitted with a couch and toilet facilities. The couches were specially made to Dr. Usher's specifications and are convertible for examination in sexual offences. A wide range of medical equipment for all types of clinical forensic examinations is provided. Each examination



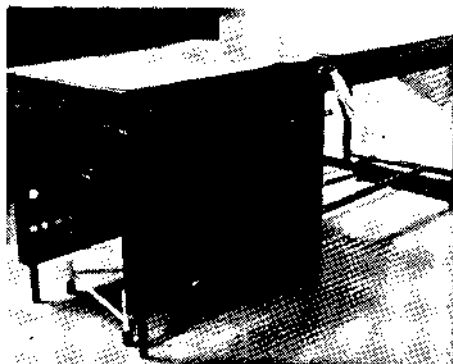


room is fitted with ultra-violet light and a first class spotlight. However, these suites do not remove the need for the Police Surgeon to attend Police Stations and to have adequate facilities there.

### Department of Forensic Pathology

The laboratories include facilities for Histology, Chemistry and Serology. The Department is one of 16 officially recognised national centres for paternity testing, carrying out on average more than 200 such tests each year.

The work at the Medico-Legal Centre results in considerable teaching material. The Department slide collection now numbers about 10,000 slides. A new acquisition is colour video-tape equip-



ment, complete with camera, available for use in the post-mortem theatre and the Police Surgeons' examination rooms. A portable camera can be taken on location to scenes of crime. It is hoped that Association members will be able to see some of the results of this work at future meetings.

Throughout the Centre, attention has been paid to various aspects of security, particularly regarding persons gaining access to areas of the Centre not open to the public, and security of records, whether written, tape or photographic.

The Sheffield Medico-Legal Centre is a remarkable achievement. It is unfortunate that it is likely to be the only one of its kind in this country for years to come.

### *General view of one of the Laboratories.*





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# **HON. SECRETARY'S REPORT for 1976/77**

As we left our 25th Annual Conference at Peebles the Honorary Assistant Secretary had already not only started organising this year's Conference but had drawn up plans to issue a Supplement to the 'Police Surgeon' journal. He described it as a house magazine to give information to members especially those who are unable to attend our Conferences and tend to be professionally isolated from other Police Surgeon colleagues.

In his first two issues Myles Clarke has not only succeeded in disseminating up to date news of our activities to all members but has also succeeded in a public relations exercise that was not originally envisaged. Complimentary copies to police forces, Forensic Laboratories, and others working in the field of forensic medicine have resulted in requests for more copies. One Chief Constable admitted to me that when he opened his copy with the morning mail — he was so intrigued by the contents that he read it from cover to cover immediately! Revenue from advertising has helped to off-set the cost of production and general opinion among members is that this is yet another worthwhile venture. From my point of view most of the activities of our Association during our Jubilee year having been so well reported in the Supplement need only a brief mention in this report.

## **BLENNERHASSETT REPORT**

A sub-committee of Council has been formed to deal with this matter, which after meeting at Peebles submitted comments approved by the Council to the Department of the Environment.

(These comments were circulated to members with the Department's reply). The BMA comments were in similar vein, and we are informed by the Department that proposals to replace blood tests by breath tests will not be implemented until a long programme of testing has been undertaken, as we suggested. Members of the sub-committee attended a meeting at the Royal Society of Health in June where several members of the Blennerhassett committee and staff from the Department of Environment were present together with representatives from the Police and many organisations who had given evidence to the Committee. All present enjoyed a day of most useful informal discussions. Both Ralph Summers and myself will attend meetings of the BMA panel on relationship of alcohol and drugs to road accidents which will be convened before any further meetings take place between the BMA and the Department of the Environment.

I attended the BMA Working Group on High Risk offenders in relation to drinking and driving which considered Chapter 7 and Appendix 7 of the Blennerhassett report. The group recommends that when a Chief Constable (as respondent) has to review the evidence that the plaintiff will be required to produce to show that he is no longer in the high risk category, then the Chief Constable would be advised on any medical evidence by a *police surgeon* who would act in a liaison capacity between the Chief Constable and the various medical authorities involved. Mr. George Terry (Chief Constable Sussex) representing the Police on the working group was strongly in favour of this proposal and suggested there would be no difficulty and indeed he would welcome implementing the use of Police Surgeons in this role.

## **FEES**

At the time of writing this report we are still awaiting the Review Body findings and when these are announced then a meeting will be convened of the Joint Negotiating committee for Police Surgeon

fees (which replaced the former Whitley 'C' committee). Category 'D' fees for private practice have recently been increased and members have drawn my attention to an apparent anomaly in that a general practitioner going into a police station *at the request of a patient* is advised to charge a fee higher than a Police Surgeon receives for taking a blood sample or certifying a prisoner fit to be detained. However it must be realised that the recommended fee approximates to the fee we receive for performing a comprehensive medical examination under the Road Traffic Act or any other examination under Section 1 of PSSC 8 (e.g. greivious bodily harm, sexual offences, etc) and any non-police doctor going into a station at a patients request will it is assumed invariably carry out a comprehensive examination. It is encouraging that the BMA have managed to get the Category 'D' fees approved by the Price Commission and we hope for similar success in relation to our fees.

#### RELATIONS WITH THE POLICE

Towards the end of last year, a meeting was held between the Community Relations branch of Scotland Yard and representatives of the British Hospital Doctors Federation relating to "problem areas" involving doctors and police, for example Non-accidental Injury to Children, Battered Wives, drug addiction to name three of a list that had been drawn up. Following this meeting a report was circulated to all members of the National Executive of the Junior Hospital Doctors Association with the suggestions that "the BHDF establishes a dialogue with the Metropolitan Police and that a working party of doctors and Community Relations Officers make recommendations regarding the problem areas", and "that the JHDA booklet should include a chapter giving basic information to doctors which would be of use to our members, e.g. procedure for patients lodging a complaint against the police".

As soon as the BMA heard of this, a letter was sent by Dr. John Havard (Deputy Secretary) to the Chief Medical

Officer, Department of Health and Social Security pointing out "that some confusion is likely to arise if these recommendations should happen to conflict with the policy of the BMA on these issues, and that it would be more satisfactory that the Metropolitan Police should conduct formal discussions on these matters with the BMA as on previous occasions. The BMA would of course ensure that all medical interests were represented in particular hospital doctors and Police Surgeons (represented by the Association of Police Surgeons of Great Britain) *"who have had considerable experience in the issues raised in the enclosed note"*. Council were pleased to hear of Dr. Havard's prompt action, especially the remarks he made about our Association.

I have since heard that Dr. Havard is now in touch with Mr. Peter Matthews, President of the Association to Chief Police Officers, who has asked for a list of subjects we might like to discuss with them. My reply to Dr. Havard is appended to this report. The Chairman of the Private Practice Committee and the Chairman of the Central Ethical Committee have also been written to for comments and it is hoped a meeting with Mr. Matthews will be arranged shortly.

This is a major step forward in creating an effective liaison machinery between doctors and police which some of us are fortunate to have enjoyed in our own areas for many years. Here is something we hope will have National repercussions and through the BMA the voice of our Association will be listened to by our colleagues, who in turn will give us their support in future discussions with the representatives of the police.

#### HO/RT 5

The Association has taken legal advice and your Council are considering advising members to leave unfilled the top and bottom portion of the statement under the Criminal Justice Act used by some police forces (without prior consultation) during the past three years. This means the central portion only need be completed, which fulfills the requirement

to provide a certificate under the Road Traffic Act. Only two police forces to my knowledge have continued to use the original HO/RT 5 forms introduced by agreement in 1967.

However in view of the forthcoming talks we hope to have with Mr. Peter Matthews I felt as a matter of courtesy that we should not take immediate or hasty action in order that the matter can be clarified to everyone's satisfaction especially as the Metropolitan Police legal branch have been consulted and their 'official attitude' is being awaited at the time of writing this report.

## **EDUCATION, TRAINING AND RECRUITING**

### **No. 1 Group (N.W. Region)**

Dr. H.W. Lees the Regional Councillor arranged a meeting of the Lancashire Police Surgeons and representatives of the N.W. Forensic Science Laboratory in December which was well attended and also another meeting between representatives of the laboratory and the Police Surgeons of the Greater Manchester Force. Several non-members at both meetings were approached with a view to becoming members and whilst two have already taken up membership we hope to persuade the others to follow!

Speaking as an examiner in the DMJ (and I know my fellow examiners agree with me) the standard of competence from non-member police surgeons who present themselves for the examination is abysmally low in comparison with those who have the advantage of being members of our Association, some of whom are by no means always brilliant but at least are usually "somewhere on the right wavelength".

### **No. 1 Group (Ulster)**

Once again the Police Surgeons in Northern Ireland have been quite busy during the past year.

The campaign of terrorist activities has continued, with some reduction in bombing and sectarian murders, but the work load of the Police Surgeons has increased. Police Surgeons are now being

universally called to examine detained persons before and after interrogation; at last the Authority have learned of the value of the Police Surgeon's Report to the Courts.

However, it is disturbing that on a number of occasions, one witnesses injuries which have been alleged to have occurred while undergoing interrogation, and it is difficult on occasions to ascertain the truth of these allegations. However, the frequencies of these cases would appear to be rapidly diminishing.

As regards the local Branch, it is pleasing to report that now all Principals are members of the Association, and that only one or two Deputies have, as yet, to become members.

The Annual General Meeting was held in Coleraine on 16th November 1976 when twenty-four members attended, some travelled over 100 miles to attend a meeting which lasted 3½ hours – that is over half the total number of Police Surgeons in Northern Ireland, the rest being on duty.

The Group also held a successful Spring meeting at Enniskillen in March at which the President and several members of Council and their wives enjoyed a most hospitable weekend with a series of entertaining and informative lectures from both hosts and visitors making up the academic programme.

### **No. 3 Group (Midland Region) and No. 4 Group (Eastern Region)**

A joint medicolegal symposium was held with the *Midland Institute of Forensic Medicine* in Northampton on 12th July 1976. In a varied and interesting programme the audience which in addition to Police Surgeons contained senior police officers, lawyers and local magistrates were treated to a masterly dissertation on "Sexual Deviation" by our President Elect giving his maiden speech in this office. From a wide experience of medicolegal meetings I find the multidisciplinary approach not only most enjoyable on a social level but most stimulating academically. We as Police Surgeons are part of a team and a working knowledge of the law and the problems of the other disci-

plines involved in our work can be easily picked up at such meetings. *The Midland Institute of Forensic Medicine* which receives the support of this Association especially from members of these two groups will notify its Symposia and meetings in the Supplement. At the moment a repeat DMJ course is not being organised as there does not appear to be enough support forthcoming but I will be pleased to hear from any members who would take part if one were arranged say next year or the year after. Dr. David Sandilands is our representative on the Council of the MIFM and in my capacity as Hon. Treasurer to the Institute I am also on the Council in an ex officio capacity.

#### No. 8 Group (Metropolitan & City)

In addition to acting as hosts for their successful Autumn Symposium held at Bedford College which was well attended both by our own members and a few invited members from the *British Academy of Forensic Sciences*, visits to the Metropolitan Police Laboratory have been arranged.

The Annual General Meeting of the group took place at the Worshipful Company of Innholders Hall on 15th April which was attended by our President and myself. We enjoyed the soirée which followed the meeting where the guest of honour, Mr. Barry Hudson QC, regaled us with his experiences of Police Surgeons in and out of Court.

During the year the Metropolitan & City group has presented to Council its views on matters concerning terms of service and pay and these recommendations have been accepted by Council who are pursuing the recommendations as Council policy. Members living within a reasonable travelling distance of London especially those in Area 5 (South East) which is very wide and scattered from Bedfordshire and Thames Valley in the north, down to the South Coast, may find it convenient to attend meetings of the Group. Dr. Arnold Mendoza in his capacity as Hon. Secretary of No. 8 Group is interested to hear of members

outside London who wish to be circulated when 'open' meetings of the group are to be held.

#### No. 9 Group (Scotland)

In addition to acting as hosts for the Peebles Conference and the Glasgow Symposium a visit to the new Central Scottish Police HQ at Sterling was arranged in November and attended by 17 members — some of whom travelled from Thurso, Fort William & Aberdeen (267 miles, 97 miles, and 115 miles each way to Stirling). With the reorganisation of the Tayside Police Surgeons Dr. David Marshall tells me that there are now established 16 Police Surgeons and nineteen deputies in the region, to whom we are in the process of advertising the benefits of joining our Association.

The joint Symposium held with the Forensic Science Society gave our members a further opportunity to meet informally colleagues from other disciplines, especially those working in the laboratories who in the old days — prior to the Criminal Justice Act 1967 — we used to meet regularly in Court. We now rarely come across them except at such meetings which cater for multidisciplinary audiences, reason enough for our Association to continue to make such meetings a regular feature of our educational programme.

#### MEMBERSHIP

The present state of the membership is:

Full	446
Life Associate	38
Associate	50
Corresponding	12
Honorary	13
Total	559

The meticulous work of our Clerk Ron Taylor has continued and not only have subscription defaulters been chased up but some members have also had overpaid subscriptions returned much to their surprise! The resignations are nearly all from

members who have given up police work. There are still Police Surgeons in many areas who are not members — admittedly most of these are appointed only for breathalysers cases and apart from the 'blood money' have no real interest in clinical forensic medicine. Unfortunately, their deficiencies are often not demonstrated until regrettably one of our Pathologist colleagues or Defense Counsel in Crown Court has to do so in public, often with damage to the reputation of the Police Surgeon service in general. Now that our work has become so sophisticated and through this Association opportunities to keep up to date are provided through our journals and meetings I am drawing the attention of Chief Constables to the facilities available through the Association and asking them to encourage all their Surgeons to join. Members of the Council are available and willing to assist any member who arranges a meeting in this area especially with a view to recruiting non-members.

#### **RAPE AND THE HEILBRON REPORT**

Following evidence submitted by this Association to the Heilbron Committee last year all Chief Constables were notified that Her Majesty's Inspectors of Constabulary would this year be paying particular attention to facilities for medical examination in Police Stations. I have received several enquiries both from our own members and police forces for some guidance in this matter and I have been able to pass on the recommendations made by this Association to the Home Office in 1967. Circumstances alter cases and one cannot be dogmatic as to where a Police Surgeon should carry out his examination. Ideally if — and only if — proper facilities exist then the Police Station is the best place as then the victim does not have to be transported with the risk of losing trace evidence, and also the other members of the CID team are easily to hand. In one Force the Senior Police Surgeon was instructed by his Chief Constable to tour all Stations with the Superintendent i/c Research & Planning where he talked to the Divisional

Commander and a female police officer as well as inspecting facilities with the Association's recommendations in mind. As a result they found two Stations with excellent facilities, three failed to reach the standard and two needed minor modifications in order to satisfy the sixty-four dollar question "Would you be happy to have your wife or daughter examined in these conditions?" This is as good a test as any if asked of a senior Police Officer in the presence of one of his WPC's! This honest practical approach could well be copied by other Forces at surprisingly little expense.

In February came the publication of Barbara Toner's book 'The Facts of Rape' (Hutchinson hard-back: Arrow Books Limited paper-back) which in my opinion gives a fair and well-balanced account of the medical and forensic examination (several members of the Association co-operated in the author's research). Following this a programme called 'Act of Rape' was screened on BBC2 and caused several members to complain to the Association. A letter from our President and myself to the BMJ and the Radio Times was published in both journals after minor editing. The unedited version has been circulated in the No. 2 Supplement. Even though Dr. David Paul and the lady Senior Police Officer were excellent in the presentation of their views I must emphasize the danger of experts being used in TV panel programmes who are only allowed to part answer a question, creating false impressions which may or may not be the intention of the producer who wishes to use experts unfamiliar with TV techniques to support his or her line of argument.

#### **HOUSE OF COMMONS SELECT COMMITTEE ON VIOLENCE (See No. 2 Supplement)**

I am indebted to James Hilton Stanley Burges who assisted me in preparation of our evidence to the Committee. I am pleased to report evidence is to be published in full as appendix to the Parliamentary Report of the Select Committee.

## PUBLICATIONS

We have reproduced in Supplement No. 2 articles by:

Dr. M. Lois Blair 'The Problem of Rape' originally published in the September issue of *Midwife, Health Visitor & Community Nurse*.

and

Dr. Stanley Burges 'The Police Surgeon' originally published in *Nursing Times*, November 5th 1976.

Dr. W.M. Thomas and his assistant editors Drs. David Filer, Ralph Lawrence and David McLay continue to maintain the high standard of the 'Police Surgeon' journal and David McLay also produced the 1977 Dairy — we are grateful to them all for the hard work they put in.

Requests are still being received from all over the world for reprints of the articles in *Police Surgeon* No. 6 (October 1974) on the subject of Non-Accidental Injury to Children.

As you have read in the Supplement 'The New Police Surgeon — A Practical Guide' will be published in September \* and what the publishers term "a material dummy in paper wrapper" will be available for inspection at this Conference. I am sure when you see it and have the chance to read a chapter or two you will join me in congratulating the Editors Drs. S.H. Burges, and J.E. Hilton on the excellence of their production. Contributions from the many experts mainly drawn from the ranks of this Association have been most tactfully edited with obsessional perfectionism, updating on legal changes is even being carried out while the book is on the press! To Dr. Ralph Summers who initiated the idea, did most of the original spade work in enlisting contributors and steering the work through the various stages of publication, we are extremely grateful. We acknowledge the 'behind the scenes' help he has been given by his son-in-law daughter-in-law Sheila who will welcome to the Conference

now expected January

as long standing friends of the Association. For the benefit of new members, it must be mentioned that Ralph has just completed fifty years as a Police Surgeon, was the original Secretary of the Association and a former President who is the only member to have attended every Conference we have held since our formation. Currently he is engaged on research into the history of the Police Surgeon service and we look forward to receiving a contribution to the journal in the not too distant future!

Finally, I am grateful to all members of Council for their help and support during the year, especially their willingness to accept the various tasks I delegate.

I am pleased to welcome Ron Taylor to his first Conference as Clerk to the Association. Those who met him at the Autumn Symposium will agree that in the short time he has been with us he has in a most pleasant and courteous manner maintained the high standards set by his predecessors in office.

To our President and Hon. Treasurer I am indebted for their advice and assistance readily given at any time, not only to myself but also to Ron in the Office. Myles Clarke, who as Hon. Assistant Secretary takes an equal share in the work of the Secretariat is always available to do a little extra when asked and besides congratulating him on his venture in producing the Supplement, would like to express our thanks to both Ann and Myles for their efforts on our behalf in arranging what I am sure will be a most enjoyable and instructive Conference for us all.

---

To: Dr. J. Havard.

From: Hugh Davies, Hon. Secretary.

18th April, 1977.

Dear Dr. Havard,

Thank you for your letter of the 30th March informing me of your liaison with Mr. Peter Matthews, President of the Association of Chief Police Officers.

I have read the list of subjects that were raised by the JHDA which is a fairly

comprehensive list and I am sure the Association would be able to make constructive suggestions and contributions in discussion on any of the subjects. There is no particular field which I feel takes priority but a good liaison between doctors and Police in some areas and conversely in other areas show up the deficiencies. Those areas that have good liaison schemes in action not surprisingly demonstrate a good working relationship between doctors and Police in *all* their relationships not only those concerned with the non-accidental injury problems.

I feel strongly that the Police Surgeon in any area has an important part to play in smoothing out the various problems that arise — I have said elsewhere, a Police Surgeon of the right personality and experience is extremely fortunate in having a 'foot in both camps'; he can without any breach of medical ethics act as an intermediary in helping to solve problems that may arise in ordinary day-to-day working before these problems escalate into major inter-professional disputes, with both sides taking up defensive positions. I do know of several of our members who perhaps have a clinical assistantship in a Hospital who also extend their activities to acting as honorary forensic physicians to the advantage of the Hospital and also of course, the Police.

Certainly at County Police Headquarters level and also at Divisional level I think this Association could provide sufficient Police Surgeons to act in a liaison capacity on a National basis following the pattern of some Police areas who are running what may be regarded as successful 'pilot schemes' in dealing with their non-accidental injury cases.

I think the improvement of relationships between the two disciplines should be discussed at our first meeting but we might have not too rigid an agenda so that any 'thorny' problems that arise can be ventilated immediately.

With kind regards and best wishes,

Yours sincerely,

**HUGH DAVIES**

Hon. Secretary

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# I'M SORRY BUT IT WON'T STAND UP IN COURT!

COLIN BREWER

"Will you see a man who's been charged with rape? He's putting forward this rather unusual defence and I'd like your opinion, because the Crown will probably try to rebut it".

The undisputed facts of the case were these. One afternoon, Miss X — that's what rape victims get called these days — saw an advertisement for a job in the window of the small employment bureau owned by Fred, the principal actor in this black comedy. Miss X was unemployed and, despite the fact that the sort of wage she could earn would hardly exceed her income from welfare benefits, she entered Fred's bureau to inquire further. Fred interviewed her but said he couldn't give her an answer there and then, so would she please return the next day at 5 pm and he would see what he could do.

*Photo: Birmingham Evening Mail.*



Miss X arrived promptly and found Fred alone in his office. There was no sign of the secretary who had been there the previous day. However, Miss X was not the sort of person to notice things like that, or to attach much significance to them if she did. She waited eagerly for what she hoped would be good news. Fred was unable to offer her the job. Instead, he offered her something entirely different and, as Miss X insisted in her written statement to the police, not at all what she wanted.

At this point, as often happens, the accounts of Miss X and of Fred diverge sharply. Miss X claimed consistently that she was forced onto her back on Fred's desk and raped. Fred claimed at first that nothing improper had happened, then said that whatever happened had happened with her consent. Finally he settled for the story that, although he may have forced his favours on Miss X to a certain extent, rape could not have occurred because rape requires proof of penetration, and Fred insisted that it was physically impossible for him to have done so.

If your fantasies have led you to imagine Miss X as a sialagoc blonde with a 90 cm bust, I must ask you to quell them instantly. It is true that she was unmarried and — as the police surgeon's examination demonstrated — she had been a virgin until her second encounter with Fred. Miss X's virginity, however, was of a distinctly unusual kind, for she had preserved it intact throughout her 59 years. Not even the sort of people who write drug advertisements would have found it possible to describe her as even mildly arousing. She looked more than her age; she was

Colin Brewer is a psychiatrist working in London and Birmingham.

scrawny, drab and generally down-trodden and, judging by her spectacles, she may have had cataract extractions.

The Police Surgeon found spermatozoa as well as a recent hymeneal tear. There were no other marks of violence — but, having seen Miss X, you would hardly have expected her to put up even token resistance, let alone to kick Fred in the balls as recommended by the more up-to-date women's magazines. There was also circumstantial evidence of a fairly damning kind. Fred's secretary said that, although she would generally stay at the office until 5.30, Fred had suggested on the day in question that she leave at 4.30, which she did. Her boyfriend, who normally collected her at 5.30 arrived at the usual time to find the bureau apparently closed.

Fred was a man of about 45 with a red face and an obvious and rather ill-fitting wig. He bounced into my consulting room — quite literally, because his right leg was about three inches shorter than the left and his gait was therefore somewhat uneven. He spurned built-up shoes and managed to walk at good speed by a combination of extreme plantar flexion and amazing tricks with his lumbosacral articulation. I knew he already had a couple of convictions for dishonesty of one kind or another, and he was quite frank about them. There was no record of any previous sexual offences.

The trouble with his leg dated back to childhood when he had had osteomyelitis of the femur. After several operations it had settled down but left him with shortening and a fixed flexion deformity of about 30° at the hip. According to Fred, his leg wasn't the only thing that was shorter than it ought to have been. He maintained that his penis, when erect, would not exceed about 3½ inches in length, and that this deficiency, combined with the flexion in his thigh, made rape impossible. The most obvious flaw in his defence was that Fred had been married for several years and his wife had borne him three fine children whose paternity Fred did not dispute.

Fred's answer to that was that, although

he could just about manage to penetrate his lawful wedded wife, it was a difficult business, requiring complex gymnastics which couldn't possibly have been done on a desk top, as alleged. He offered to demonstrate his technique against my filing cabinet and, sure enough, the gap between his symphysis pubis and the metal could not be made much less than the 3½ inches which was the alleged limit of his reproductive reach. Nature, it is said, does not go in for straight lines, and it is true that Miss X's shape was fairly devoid of curves, but to compare her with a filing cabinet was going too far. In any case, I had my doubts that Fred's organ was really as small as he claimed. However, neither of us felt it either appropriate or practicable to have a full-scale, full-frontal action replay.

Mrs. Fred had come with her husband, and I asked if I could see her alone. Fred wanted to accompany her but he could hardly insist. After a few pleasantries, I decided on a direct attack. "Fred tells me he is a bit on the small side, and of course that certainly makes the defence much easier. What's your opinion about that?" Evidently well primed Mrs. Fred agreed vigorously. "Oh yes, he's not very big that way". "I see. Well, could you give me an idea just how big?" "Oh, I shouldn't think it would be more than about six inches".

Much as I would have liked to, I restrained myself from asking her how much machismo she reckoned that the average man on a Clapham omnibus might summon up if he found himself sitting next to the right sort of passenger. Instead, I asked her to indicate with her two index fingers just how long, and measured the distance between them with a ruler. The mean of two trials worked out a shade over the six, but her judgment couldn't really be faulted.

Inevitably, my report was helpful to the defence, though doubtless have delighted. In the circumstances to be called to attend promised to be interesting on pleading not guilty.

him bluntly he could not act for him since he could not honestly put forward such a plea on the evidence available. Fred eventually conceded as near as dammit that of course he was guilty, but that inevitably meant a prison sentence. Counsel agreed but said that if he pleaded not guilty and wasted the Court's time the sentence would be even longer.

What then followed amazed me, though I understand it goes on all the time. Counsel went to see the judge who was to try the case and explained that his client was being awkward, but that if the judge felt able to guarantee a non-custodial sentence, Fred would agree to plead guilty to the lesser charge of indecent assault. The Crown did not object and the judge duly gave his verbal guarantee. Fred went into the dock, pleaded guilty, received a ticking-off from the judge and a fine of some £300.

One often reads that the women involved in rape cases are reluctant to give evidence and dread the court proceedings. Not so with Miss X. She and her retinue could be heard muttering angrily that it was a disgrace and he ought to have been put away and probably flogged into the bargain.

Personally, I am rather perplexed by the outcome. It seems quite clear that Miss X was raped by Fred and almost certain that she gave him no encouragement whatsoever. The forensic evidence was more than adequate to substantiate the charge and even if it was not a particularly vicious rape as these things go it was surely a pretty mean one. On the other hand, I am not anxious to have more people in prison than is absolutely necessary, there being far too many prisoners as it is.

Perhaps the real issue is whether we should always make such an important distinction between rape — with its maximum penalty of life imprisonment — and indecent assault. Does it really matter whether a man puts his penis half a centimetre to one side of the introitus or half a centimetre inside it? Both actions are reprehensible if done without the woman's consent, but is the one so very much worse than the other?

Paradoxically, we might begin to take rape more seriously if we took sex a bit less seriously. If a man forces a woman to hand over her purse, and subsequently gets arrested, he will probably get probation or at most a short sentence, especially if his record is trivial. The defence would hardly base its case on a claim that the woman, by carrying a purse, was behaving in a provocative manner.

Why do we employ such different standards when what is stolen is virginity, self-respect, or freedom? The possibility of false accusations — the usual excuse — is surely a rationalisation. The real reason is that women have traditionally been regarded as the property of men, and as long as they aren't rendered unusable or unmarriageable, they're up for grabs. So the law gives encouragement to men, but over-reacts like crazy when the reality becomes inescapable. Somewhere between the extremes, I feel certain that a more useful position can be maintained.

I think Fred's punishment was about right. But I wish the judge had not felt obliged to lend his name and his dignity to the promulgation of a lie.

This article first appeared in *World Medicine* on April 6th, 1977, and is reproduced by kind permission of the Editor.

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# THOROUGHLY NICE POLICE SURGEONS

JUDITH SMALLSHAW



I have come to the conclusion that there is a small cross-section of the medical profession which can definitely be considered a race apart from the general run of mankind. I am, of course, referring to the Police Surgeons of Great Britain.

Only a very special kind of person could possibly pick up the pieces of some unfortunate who has thrown himself out of an express train in a tunnel and then come home to eat roast beef for lunch as if nothing untoward had happened. What other breed of man could examine some wretched, torn girl, the victim of an afternoon rapist, and not appear to be unduly concerned when his young teenage daughter is late home from school after dark? How can anyone witness the gross inhumanities being perpetrated in Northern Ireland, swamped under the savage tide of war, and still retain not only his sanity but also a magnificent sense of humour?

Yet these are not callous people. They have not become hardened in the least by the results of the shocking barbarities they have to witness. To them it is all in the line of duty. They are not uncaring or indifferent to the casualties of modern violence but, when they are not acting in their official capacities, they are able, thank God, to turn themselves off and revert to the thoroughly nice people that they are.

As a Police Surgeon's wife I have become resigned to the late night calls from the station duty officer. Always polite but invariably insistent, he drags my husband from his bed with a monotonous regularity to attend anything from a slurring drunken driver to a particularly bloody murder.

The perks which most jobs offer are there, of course. For instance, my clapped-out mini, as well as my husband's smarter, newer car, bears the official Association badge which has got me out of trouble on the few occasions that officious speed-cops have thought it necessary to wave me to a stop for violating something-or-other in their traffic regulation book.

Another Police Surgeons' Conference has come and gone, giving me the chance to meet my husband's colleagues from all over the country.

Interminable shop was talked and medico-legal anecdotes were exchanged as was only to be expected at a gathering of such professional people. The hard graft of lectures was attended with anticipation and discussed with varying degrees of amicable criticism. The social part of the proceedings wore painlessly on into the night — every night. Someone found a piano and played the nostalgic songs of thirty years ago well into the not-so-early-hours of the morning. It was all very pleasant.

Although I am virtually non-hippocratic in being unable to claim a medical family history or a nursing career, and with not even a Girl Guide first-aid badge to my name, I thoroughly enjoyed this medical-forensic-legal conclave. But I did find myself at a singular and slightly feverish disadvantage. Some of the lectures, especially those which were illustrated by coloured slides, turned my stomach. From time to time I must admit to looking obliquely past the screen while pretending a rapt attention after a quick glimpse of some of the transparencies.

The everlasting cruelties of mankind revealed to me during the three days of this conference made me feel ashamed of belonging to the human race.

In the past I may have joked about — and even denigrated — the hard-living, hard-drinking Police Surgeon, but I must

put the record straight here and now. Towards the end of an afternoon of seeing pictures of unspeakable horror and hearing them discussed with steady impassivity I found myself looking forward to that first large scotch with more than a modicum of relish!

It is said that homo sapiens is a sponge which soaks up every experience that life has to offer. All I can say is that, now I have learned what these people have to mop up in terms of human suffering, I know that the value and compassion they give to life is far more precious than anything they can possibly take from it.

This article first appeared in Pulse on June 18, 1977, and is reproduced by kind permission of the Editor.

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*More thoroughly nice Police Surgeons —  
April Meeting of the Metropolitan Group.*



# PRESIDENT'S LETTER



We have a saying in the East — "Once you have drunk of the waters of the Nile, you will return". Thus it is with the Annual Conference; our twenty-sixth Annual Meeting was supported by many regular attenders, who find the Conference not only stimulating academically, but also an ideal opportunity to relax and enjoy themselves with their friends. This year I was delighted to meet a number of first attenders — I am sure that this Conference will not be their last!

There has over the past years been a tendency for the numbers attending Conference to increase. This year was no exception and we had our largest attendance ever.

The year's work was received at the Annual General Meeting. It was an opportunity for frank speaking and observation, and I am pleased that so many took part in the discussions and that so many worthwhile observations were made.



*Dr. James Hilton.*

This year saw the appearance of "The Police Surgeon Supplement". I hope that members will consider what contribution they can make to it, and will use the Supplement to express their views on any topic relating to our work.

## THE NEW POLICE SURGEON

If one activity is to be singled out for particular mention it must surely be "The New Police Surgeon". Dr. Stanley Burges, together with his able assistant, Dr. James Hilton, have succeeded against considerable odds in producing what will be a work of major importance in Clinical Forensic Medicine. It will be available in a few months. "The New Police Surgeon" is an authoritative work which will be purchased by many outside our profession. Undoubtedly, the lawyers will use it as a guide to what can be expected of a Police Surgeon. Order it now and save £3.00. Read it when you get it, and it could well save you considerable embarrassment in Court.

The Hon. Secretary and the Hon. Treasurer have continued the smooth running of the Association — their reports appear elsewhere in this magazine. Both have been ably assisted by Mr. Ron Taylor, the Association Clerk.

## MEETINGS

The Hon. Secretary has reported on the activities of members in various parts of the country. I have had the opportunity this year of attending meetings held in

Northern Ireland, Glasgow and London. In Glasgow we had a joint meeting with members of the Forensic Science Society. This meeting was as successful as the previous joint meeting held in Belfast and demonstrated the great benefit to be derived by holding meetings between members of various disciplines.

I must make a special mention of my visit to Northern Ireland. This was at the invitation of the Northern Ireland members to attend their Annual Conference, held at Enniskillen. The meeting was well attended and the hospitality excellent. For ten years the Police Surgeons in Northern Ireland have had to work under difficult and, at times, dangerous conditions and have throughout that time maintained standards which are a shining example.

#### CONFERENCE LECTURES

It would be impertinent of me to single out anyone lecture as outstanding. We were blessed by having so many lecturers who delighted us with their knowledge and wit. To all of them I express the Association's thanks, but particularly to our visiting lecturer from Virginia, USA — Mr. Bruce Given.



*Mr. Bruce Given with Mrs. Ann Clarke.*

#### EXHIBITIONS

Once again, exhibitions were held during the Conference. In the lecture theatre was the incredible array of exhibits collected in the 'Cambridge Rapist' Case, and we are very grateful for the Cambridgeshire Constabulary for staging this exhibition. There was also a display by the Department of Medical Illustration, Addenbrookes Hospital, Cambridge, of a number of Professor Graham's cases — gory but fascinating.

In addition, members had also contributed photographs of interesting cases, and also of past meetings. Police Surgeons throughout the country have experience





of cases which would be of great interest to other members. Please do bring these cases to our notice, either through the journals, or by exhibiting the photographs at our Conferences.

Outside the lecture theatre (close to the bar) were displays of eight pharmaceutical companies. I noted that their stands were well attended by members during breaks. We are very grateful for the financial support these companies have given to the Association – without it the Conference Fee would undoubtedly be greater. That the companies find it a worthwhile exercise is indicated by the fact that several have already booked places for the next Annual Conference!

In addition, there was a display by the radio telephone firm, 'Air-Call' and of books of forensic interest by Mr. J.C.G. Hammond.

#### TOURS AND DANCES

The social aspect of the Conference was a great success, a tribute to the friendly spirit which pervaded the Conference.

On the Tuesday there was a chance to see a few of Cambridgeshire's remarkable treasurers. In the morning there was



*Anglesey Abbey.*

a guided tour of some of the Cambridge Colleges ending in King's College Chapel, a quite remarkable building. In the afternoon we went to Anglesey Abbey, a few miles from Cambridge. This beautiful building is a storehouse of treasures, owned by the National Trust.

The next morning there were tours to Ely Cathedral and the Cambridgeshire

*Anglesey Abbey – in the Grounds.*





*Cambridge — Admiring the view.*

Police Headquarters. Those who went to the Cathedral were later entertained by Dr. & Mrs. J. Hine. The visit to the Police Headquarters was most impressive and our thanks go to Mr. Drayton Porter, the Chief Constable, and his staff for a well conducted tour.

A visit to the Cambridgeshire Theatre was made by over 90 members and wives. The Conference Secretary shepherded us all onto the buses but left his wife behind — we had two melodramas — one on the stage, and one in the stalls when she arrived by taxi!

Another evening highlight was the demonstration of Morris Dancing by the Staploe Hundred Morris Men. Morris Dancing is clearly a most exhaustive business, and none of our company felt inclined to emulate the dancers, with or without bells on their legs!

*The President entertains.*



## ULSTER CUP

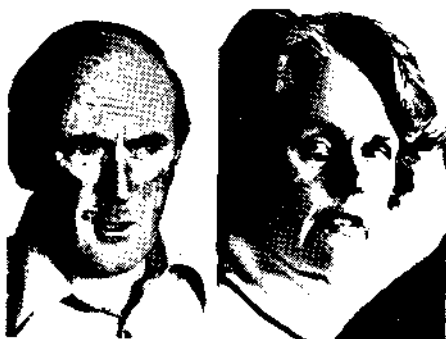


Once again the Ulster Cup has been won by a member from Northern Ireland — Dr. J.C. Hall from Dunmurry. The runner-up was Dr. M. Knight of Ipswich. The ladies prize was won by Mrs. Imelda Watson for the second time!

Dr. J.F. McFadyen of Stirling was shameless enough to accept the wooden spoon.



*An unexpected visitor to Conference was the Shriek of Pénwortham, Mustava Leek  
El Edit.*



*Dr. and Mrs. J. Hine.*



*Dr. and Mrs. H.B. Kean, with Dr. J. White  
(centre).*

*Dr. Alan Wallace.*



*Dr. William Thomas.*





*Dr. Lawrence Addicott.*

*Three Graces.*



## BANQUET

The banquet on the Friday night was a fitting climax to the Conference. It was made more memorable by the presence of so many charming and radiant ladies.

*Sir Jamie Flanagan.*



We were greatly honoured by our many distinguished guests, among whom were Sir Jamie Flanagan, formerly Chief Constable, Royal Ulster Constabulary, who kindly proposed the toast "The Association", Mr. Drayton Porter, Chief Constable of Cambridge, and Mr. S. Whitely, Chief Constable of Suffolk. Chief Superintendent R. Greaves from the South Yorkshire Police replied on behalf of the guests, who also included many of the speakers, colleagues from the Police, the Law and Forensic Science and many personal guests.

It gave me special pleasure to see our overseas visitors — Dr. & Mrs. J.P. Bush from Australia, Mr. & Mrs. H.T.P. Cremer from Holland, and Mr. Bruce W. Given from Virginia, USA. We hope Bruce took back to the USA a good impression of that particularly British institution — the Police Surgeon.



*Mrs. Jean Gabbani.*

I would like to end by taking this opportunity of thanking all those who have helped make my first year as President such an enjoyable one, and particularly Jean, for her every encouragement. We both look forward to seeing you at Torquay.

**FUAD GABBANI**

# SPRING SYMPOSIUM NORTHERN IRELAND

CHARLES H. STEWART



In the far south-western corner of Northern Ireland, not far from better known names such as Belcoo, Lisnaskea and Rosslea, there lies the town of Enniskillen. Close by the town on the shore of Lough Erne, is the Killyhevlin Hotel, the venue of the Spring Symposium. The organising committee members — Drs. R.B. Irwin, J. Stewart, E. McClatchey and G. Kennedy — had done their homework well in choosing the location, topics and speakers.

It was a somewhat damp and windy Friday afternoon when we approached from diverse directions. Most took the logical main roads of the Province, but it is to be feared that Pam and Stan Burgess got their geography confused. For reasons

best known to themselves they came ashore somewhere near Dublin and then headed due west. For several days they meandered along the waterways of Eire, until they realised that they were still on the wrong side of the Border. Thereupon they reverted to more prosaic transport, and arrived some hours later safely, if windswept, at Enniskillen.

Present at the meeting were fourteen Police Surgeons from Northern Ireland, Dr. Derek Carson, the Assistant State Pathologist, and Dr. Harry Morgan of the Forensic Science Laboratory in Belfast. From the 'Mainland', we were delighted to welcome the President, Dr. Gabbani, three Past Presidents, Dr. R. Hunt-Cooke, Dr. R. Summers, and Dr. Mollie Cosgrave, together with Drs. Stan Burges, James Hilton and Myles Clarke. It was a pleasure to have the company of so many spouses of Surgeons (I can't think of any other term which would include Pat Cosgrave), as without them the social side of the weekend would have been much less enjoyable.

Dr. James Stewart, introducing the Symposium, expressed the Association's thanks to Messrs. Galen Pharmaceuticals

*View from the Hotel.*



*President-Elect  
— off course in  
Eire.*

*Killyhevlin Hotel.*



of Craigavon, who acted as sponsors. He also indicated that he would be passing on the good wishes of the meeting to Dr. T. Killen of Larne, who was ill in hospital; his presence and the contribution he would have made to the Meeting would be much missed.

Dr. Derek Carson spoke on "The Challenge of the Obscure". One of the problems in pathology in Northern Ireland at the present time is the identification of remains, often grossly mutilated, after assassination or explosion. He showed how even the burned tip of one finger could provide a fingerprint, sufficient to prove identity. He once again warned us of the dangers of drug interactions and stressed the need to bear these in mind when we were faced with an unexplained death.

Dr. Hunt-Cooke introduced Dr. Paddy Ward from Newry. Dr. Ward covers the area known widely as the border land of South Armagh. He spoke to us in some detail of his experiences in Police work over some 35 years, from a murder case which ended in the second last death by hanging in the United Kingdom, the multi-murder cases of the present day which end in much more lenient sentences. Before 1970, this was a quiet rural area with no more medico-legal work than any other. Now it has become the scene of repeated acts of guerilla warfare.

On Saturday, Dr. Gabbani took the chair, and introduced Dr. James Hilton, who spoke on "The Police Surgeon at the Scene of Crime". Once again, Dr. Hilton showed us the truth of the statement — "It's not that you don't know, it's that you won't look". He stressed the need for non-interference with the scene until all inspection, including photography, has been completed. He also reminded us of the need for careful and complete note taking and the making of diagrams at the time of examination.

Dr. S. Burges talked on "Sexual Deviation and the Law". This is a most complex subject, and Dr. Burges' paper served to remind us how ignorant we were on the subject. I trust the new "Book" will be of further help to us all. Stan said "The Police Surgeon may be able to give some form of relief to the sexual deviant". Does this mean we must carry whips in our little black bags?

Dr. Morgan gave a short talk on the work being done at the Forensic Science Laboratory at Belfast, with special reference to the finding of drugs in blood samples taken in drunk-in-charge cases, and also research into the validity of breath tests as a method of indicating alcohol content in the blood. At present the results show that in many cases breath sample testing produces inaccurate results when compared with levels in blood





samples taken concurrently. It would seem that there is strong evidence for the retention of blood sampling in all cases of drunk-in-charge. In addition, drugs can now be identified in quite small quantities of blood.

The final item was a discussion, the panel being Doctors Molly Cosgrove, James Hilton, Myles Clarke, Stan Burges and John Stewart, the President being the Chairman. A number of interesting topics were aired and adequately dealt with by the panel.

Following lunch, Chief Superintendent Robinson acted as our guide to the Police Training Depot in Enniskillen, where we spent some time viewing the museum of the Royal Irish and Royal Ulster Constabularies. A visit was also made to the Royal Inniskillin Fusiliers' museum. We later went on a trip on Lough Erne in the Police launch, visiting Devenish Island and its historic Abbey ruins. After this cooling experience, we were warmed by cocktails at the home of Dr. Eddie Forster, the local Police Surgeon. Later, a sherry reception was given by Dr. & Mrs. J. Stewart, followed by dinner and dancing.

It must be recorded that during dinner, Wendy Ward successfully saved her husband Paddy from what could have been a nasty accident, thus depriving the local duty divisional Police Surgeon of a fee of £13.10. Early on Sunday morning we adjourned to an upper room, where bread was notable by its absence, whilst wine flowed freely.

Much later on Sunday, we set off for our varying destinations feeling that the weekend had been worthwhile from many points of view. Some of our members had not met each other before, let alone those from across the water. There was adequate opportunity for discussion of topics of mutual interest, and it is always good to hear the views of others. Those members of the Northern Ireland branch who could not make the journey were the poorer for not having done so, but somebody had to stay at home and do the work.

One final word of thanks to Frank, our tame detective, seconded to us for the weekend. He was our chauffeur, guide, information bureau and protector all in one. We were most grateful for all his help given in such a friendly spirit.

## NEWS FROM ABROAD

Dr. Peter Bush writes from the State of Victoria, Australia. There is one Police Surgeon for the entire State of Victoria, and not surprisingly it is a full time appointment. He has at present one nominally full-time assistant, but he also has other commitments. Peter is endeavouring to establish a team of part-time Police Surgeons who will assist in the work. He is also attempting to form an Association of Police Surgeons of Australia.

Any doctor interested in a career in forensic medicine as Police Surgeon in Australia should get in touch with Dr. Peter Bush — address available from Association Offices. Peter does not guarantee a fortune for any interested applicant.



*What do you think of it so far?*



# GLASGOW SPRING SYMPOSIUM

The 1977 Spring Symposium of the Forensic Science Society was held in conjunction with the Association of Police Surgeons of Great Britain in Glasgow. The meeting took place on the 1st and 2nd of April at the Baird Hall of Residence, University of Strathclyde.

Our Scottish hosts made us welcome on the Friday evening and it was pleasing to see fellow Police Surgeons. Our President, Dr. Gabbani, who attended with Mrs. Gabbani, was one of the speakers at the dinner. At the get-together following the dinner old acquaintances were renewed and it was stimulating to speak to forensic scientists, policemen and lawyers as well as our colleagues from the Association.

The second speaker, Miss V. Bullen, from the University of Glasgow Forensic Medicine Department gave a fascinating account of her work with the scanning electron microscope on the typing of antigens on minute samples of blood. All antigens were detected by the sensitisation of red cells with a coat of gold. Using latex particles as "complement" blood antigens could be fixed to the coated red cells. In this way numerous antigens could be identified using only a few red blood cells. The extensive antigen analysis, identification and comparison on red cells present in minute quantity on cloth fibres and hairs and other materials was possible provided you had an electron scanning microscope and knew how to



*Mr. J.K. McLellan*



*Mr. B. Caddy*



*Miss V. Bullen*



*Dr. S.S. Kind*

At 09.15 am on Saturday Mr. J.K. McLellan, CBE, QPM, MA, BSc, FRIC introduced Dr. S.S. Kind who described a method of determining the time since intercourse. He used ultra violet assay of the acid phosphatase substrate in semen samples. The vaginal swabs were obtained from volunteers at various intervals following coitus. The method was not dependent on the amount of semen on the swabs. There appeared to be a logarithmic relationship between the time interval and the concentration of acid phosphatase substrate on the swabs.

use it. The photographs shown with the paper were of the highest quality.

The third paper was given by Mr. B. Caddy. He described the determination of phenelzine, a degradation product of semen, in the blood of homosexuals. The phenelzine extracted from the blood was converted to phenylethanol which could be accurately assayed.

Mr. S. Fletcher from Aldermaston then discussed a radioimmune assay method for LSD in body fluids. Only 2.0 ml. of sampling fluid was required and the sensitivity of the test made it a

good screening method for the presence of LSD, before proceeding to time-consuming and sophisticated procedures.

Dr. Stewart of Glasgow University told of the problems of high atmospheric lead levels in a shooting range — presumably used by Glasgow police personnel. Sample boxes together with extraction tubes placed close to the subjects face were used for sampling. The lead levels were found to be unacceptably high and improved ventilation was installed to good effect. None of the instructors, who were only on duty at the range once a month, had excessive blood lead levels.

The first session of the meeting was concluded with a discussion of the explosion at Braehead. This was essentially a preliminary communication. The extent of the fire and intensity of the explosion appeared to have been due to a combination of the materials from which the warehouses were constructed and the nature of the materials stored within. The buildings were clad with bitumen coated corrugate. This easily caught alight and melting, burning bitumen fell to the floor. The temperature became high enough to explode drums of sodium chlorate which had been stored near large quantities of sugar. Drums of chlorate, some intact and some disintegrated, had been scattered over a wide area. Powdered asbestos had added to the hazard.

After a coffee interval Dr. Faud Gabbani took the chair and introduced the Rt. Hon. Lord McCluskey of Churchill. He discussed the law in relation to robbery and theft and maintained that the Theft Act of 1968 had made the English law on this subject extremely complicated. He quoted passages of beaurocratic jargon from the Act and felt much of it was incomprehensible. The Scottish law remained workable.

Dr. W.D. McLay, Chief Medical Officer, Strathclyde Police, under the title "Robbery and Impaired Consciousness" discussed various crimes committed whilst consciousness was allegedly impaired. Conditions described included the hypoclycaemic state, post epilepsy, paranoid schizophrenia other psychoses



*Lord McCluskey*



*Dr. W.D. McLay*

and ischaemic cerebral impairment in the elderly. The effect on consciousness of drugs, including alcohol, was also mentioned. In discussion, Dr. McLay mentioned the Police Surgeons vested interest in maintaining present blood sampling methods in RTA cases. He also emphasised the difficulty appreciated by surgeons, lawyers and police alike, of finding suitable secure psychiatric accommodation for those patients who are the subject of a court treatment order.

In the last paper of the morning, Mr. K. Eynon of Strathclyde Forensic Science Laboratory, discussed the help the forensic scientist could give in the investigation of robbery and theft. Its association with other crimes was mentioned. The value of glass, fibre and paint samples was illustrated. Paint scrapings have a specificity of 1 in 1 million.

The afternoon session chaired by Mr. P.W. Allen began with a fascinating account, on a chronological basis, of the Charles Street Robbery and the events leading up to the apprehension and conviction of the culprits.

Chief Superintendent A. McNair then told us about the computer control of Police Communications at Strathclyde. There was no doubt that Strathclyde Police had established a sophisticated and efficient method of maximising resources for any incident. This had been achieved without employing a "big brother is watching" attitude as far as the policemen and women were concerned.

The concluding speaker described and demonstrated the latest alarm security and surveillance devices. These ranged from the simplest alarm bell devices to the most sophisticated electronic equipment, necessary to combat the increasing complexity of modern crime.

Many had travelled long distances to attend the meeting. At first sight the programme had daunted by its apparent high academic and scientific content. In the event all the papers were well delivered and interesting. The chairman kept the speakers to a strict timetable whilst allowing discussion of the papers.

The overall impression gained was that of the ability of the Forensic Scientist, if he is given the proper sampling material, to help the police and Police Surgeon more and more in their work to keep law and order. He must have the resources and facilities which modern Forensic Science demands.

## H.B. KEAN

### *Biochemical determination of time since intercourse*

S.S. Kind (Home Office Central Research Establishment, Aldermaston).

### *A sensitive method for detecting red blood cell antigens*

V. Bullen (Department of Forensic Medicine, University of Glasgow).

### *The determination of phenelzine in body fluids* B. Caddy (Forensic Science Unit, University of Strathclyde, Glasgow).

### *An improved radioimmunoassay for LSD (in body fluids)*

S. Fletcher (Home Office Central Research Establishment, Aldermaston).

### *Particulate lead levels in a shooting range*

D. Stewart (Department of Environmental Engineering, University of Strathclyde, Glasgow).

### *The £20 million explosion at Braehead, Renfrew*

W.J. Rodger (Strathclyde Police Forensic Science Laboratory).

### *The law in relation to robbery and theft*

The Rt. Hon. the Lord McCluskey of Churchill, QC, MA, LLB. The Solicitor General for Scotland.

### *Robbery and impaired consciousness*

Dr. W.D. McLay, MB, ChB, LLB, FRCS (Glasgow) Chief Medical Officer, Strathclyde Police.

### *Laboratory investigations of robbery and theft*

Mr. K. Eynon, MSc. Deputy Principal Scientist, Strathclyde Police Forensic Science Laboratory.

### *The Charles Street Robbery - The Police Investigation*

Superintendent J. MacVicar, Strathclyde Police.

### *Computer control of communications*

Superintendent A. McNair, Strathclyde Police.

### *Aspects of security and surveillance*

Mr. R. Lander, BSc, ACMB. Deputy Managing Director, Lander Alarm Co. (Scotland) Limited.

CONTRIBUTIONS to the next issue of the Police Surgeon Supplement are always welcome. Contributions can take any form - articles, letters, photographs, cartoons.

Read something somewhere which you think is worth reprinting in the Supplement? - send it to the Editor!

Items for the next issue by mid-January please.

# PHOTOGRAPHY BY POLICE SURGEONS

Increasing numbers of Police Surgeons are using a camera as a regular instrument in clinical forensic examinations. The commonest reasons for taking photographs are for record purposes and for educational purposes.

Because of the complex issues involved, Council of the Association of Police Surgeons has given approval to the following code of practice, and it is being published as a guide to the tyro Police Surgeon photographer and the regular camera user alike.

## The Place of Photography in Medicine

Photographs can give an accurate and comprehensive visual image of a subject at a time of a clinical examination.

A clinical diagnosis and the interpretation of physical signs can often be appreciated the more easily by photographs than by a visual impression alone.

Retrospective consideration of a subject can be more accurately performed from a photographic record than from a mental image.

When immediate treatment is required and a proper clinical examination would prejudice that treatment, photography may then be the only means of accurately assessing the pre-treatment condition.

A photograph provides an image relevant to a particular time, an image altered and perhaps lost by the passage of time. For this reason photography has particular usefulness in the practice of medicine in general and clinical forensic medicine in particular.

It is possible by photography to compare similarities and differences in a clinical condition over a passage of time by repeated photography.

Photographs are an acknowledged and widely used part of medical recording. Such is their considered importance that

few hospitals are without a department of medical photography.

The use of photographs in medicine for instructional purposes has now reached the proportion that one cannot envisage a contemporary lecture, text book or research project without them.

## General Principles

The relationship between an appointed Police Surgeon and a Police Force is contractual.

The terms of the contract require, amongst others, an obligation on the part of the Police Authority to reimburse the Police Surgeon for examinations performed on their behalf and an obligation of the Police Surgeon to carry out those examinations promptly and within the limits of his competence.

Any examination carried out by the Police Surgeon shall be in accordance with current medical practice.

If during the course of an examination he performs procedures he considers a valid part of that examination, whether it be the recording, diagnosis or treatment, and, provided his professional conduct does not offend the demands of criminal law, civil law and the professional code of conduct as determined by the General Medical Council, he is entitled so to do. Indeed, any other course places that practitioner at risk from accusations of professional negligence.

If a registered medical practitioner decides that the use of photographic apparatus forms a necessary part of an examination, this decision shall be the prerogative of that practitioner. In this context the use of photographic apparatus may be likened to a stethoscope, pulse chart or any other diagnostic or therapeutic aid.

A Police Surgeon who chooses to use photographic apparatus as part of an examination required by a Police Force is offending no civil, criminal or professional requirement.

Any restriction of the professional independence of a registered medical practitioner would be regarded by the profession as a matter of grave importance

and doubtless would be acted upon by the profession as a whole.

#### Code of Practice

1. No photographs shall be taken without first obtaining the valid consent.
2. Consent shall be informed and should be in writing.
3. The use of photographic apparatus shall be used only when performing a necessary part of the medical examination or when intended for academic purposes.
4. The use of photographic apparatus shall not prejudice either the well-being of the subject or the Police investigation.
5. Any negative or positive photograph resulting from the use of photographic apparatus shall be used with the utmost discretion. Any improper use will inevitably result in accusations of unprofessional conduct and possibly litigation.
6. Any photograph taken during the course of an examination will necessarily be part of the medical record and therefore subject to the rules of professional confidence and privilege.
7. Where subsequent publication of

photographs is undertaken, every effort should be made to preserve the anonymity of the subject.

8. Written informed consent should be obtained at any other subsequent examination.
9. Though a Court may direct that photographs be submitted for examination as a part of the medical record, a Police Surgeon would be unwise to offer photographs as exhibits. Decisions as to the selection of exhibits offered at subsequent judicial proceedings, photographic or otherwise, is rarely the concern of the Police Surgeon.
10. In the case of photographs taken during the course of an examination of a deceased person, consent can only be lawful if obtained from the appropriate Coroner.
11. A Police Force may include in the terms of contract with a Police Surgeon prohibitions as to the conduct of a medical examination, with particular reference to the use of photographic apparatus. In such cases, it is the responsibility of the contracting Police Surgeon to satisfy himself that he is able to honour that contract without dishonouring his professional obligations.

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#### THE NORTH OF ENGLAND MEDICO-LEGAL SOCIETY

**Monday 5th December 1977**  
To be arranged

**Monday 6th February 1978**  
Speaker: Professor Sir Martin Roth  
"Recent Trends in Society and Pornography — a Psychiatrist's Viewpoint"

**Monday 10th April 1978**  
Symposium on  
"Assessment of Damages for Personal Injuries"  
Details to be announced later.

All meetings are held in the New Lecture Theatre, Royal Victoria Infirmary, Newcastle upon Tyne, commencing at 8.15 pm, and members and students of Dental, Legal and Medical professions are invited to attend.

Further details from:—

Mr. Derek Jackson BDS,  
Honorary Secretary,  
NE Medico-Legal Society,  
Dental School,  
Northumberland Road,  
Newcastle upon Tyne, NE1 8TA.

# DMJ (failed) - a candidate looks at The Diploma

I was interested by David Paul's article on the DMJ ("that bloody Diploma") in the last issue of this magazine. As a journalist I found myself wondering what had moved him to publicise the exam, and whether it really had changed as much as he claimed.

Thus I decided to be a human guinea pig. Perhaps by taking Part II again I could see what it was like, who else was sitting it, and whether the DMJ (Clin) really does have any attractions for the ordinary Police Surgeon.

The Diploma in Medical Jurisprudence was instituted by the Society of Apothecaries of London in 1962. There is a primary exam. (Part I) and a final (Part II) which can be taken as either the DMJ (Path) or DMJ (Clin) — or, if you like, both. Of the 264 Diplomas awarded over the last fifteen years, about 60% (165) have been DMJ (Clin) — which is obviously the more relevant to the Police Surgeon. I note however, that only 60 members of our Association hold the Diploma, plus a dozen Associate Members and 3 who are DMJ (Hon. Causa).

Many of these APSGB members took the DMJ in its early years when UK graduates predominated. In January of this year, for example 7 out of the 8 candidates were from abroad. The four successful ones came from the universities of Calcutta, Kashmir, Ceylon and Hong Kong. In July, I was one of three UK graduates taking Part II along with five overseas graduates. Three of the foreign doctors were taking both DMJ (Clin) and DMJ (Path).

The Society of Apothecaries who run the exam, and the APSGB who initiated it, may derive credit from the prestige value which the DMJ obviously enjoys as

a post graduate qualification in legal medicine from Beirut to Bangalore, but something must be slightly amiss when the same qualification is virtually ignored by practitioners in medical jurisprudence in the UK.

Indeed, when I arrived for the exam. I found that I did not know ANY of the other candidates (and I am a frequent attendee at meetings of the APSGB, Medico-Legal Society, BAFS, etc.). Both the other two home runners were deputies and neither was a member of the Association, although they had heard of it. Ten years ago, the DMJ was a social event, especially during the lunch interval!

What about the exam, itself? The written papers certainly bore out David Paul's assertion that they are now slanted more towards the practicing clinician. I reproduce them here in full with only the spelling mistakes corrected. (Soc. Apoth. please note: *Eraldin*, not *Eraldine*; *berylliosis*, not *berylllosis*).

## Paper 1

Only FOUR questions to be answered:

Question 1. Write short notes on:

- (a) Eraldin
- (b) Sexual asphyxia
- (c) Subdural haematoma
- (d) Acute berylliosis

Question 2. What are Locard's principles (trace evidence)? How are they applied to the selection of specimens in a case of alleged rape?

Question 3. Describe in detail your clinical examination in a case of suspected non-accidental injury in a child of one year. What steps would you take to ensure the safety of the child while the diagnosis is being made?

Question 4. Describe the clinical examination of a person suspected of being intoxicated by alcohol including the clinical signs of alcohol intoxication and compare them with the clinical signs of intoxication by amphetamines.

Question 5. Discuss the role of the Coroner in a mass disaster.

## Paper 2

Answer ONE of the following questions in essay form.

- 1) An abrasion is of greater forensic significance than a laceration.
- 2) The advantages and disadvantages of a full-time service in clinical legal medicine.
- 3) The "Report of the Committee on Death Certification and Coroners 1971" (The Broderick Reports) is being implemented in part only by current legislation. Discuss.

The next part was new to me. It was a practical clinical examination with two examiners and it covered the kind of topics we meet all the time as GP's and Police Surgeons. First I had to examine an elderly man for life insurance. This led to a discussion on fitness for an HGV licence and conditions such as diabetes, epilepsy and hypertension in relation to driving.

Among other topics the examiners raised were the place of radiology in forensic medicine, bite marks and the pattern of injuries in car crashes. In this session I felt that David Paul's influence on the exam. was very apparent.

Then came the afternoon vivas. Normally, these are conducted by the two clinicians and two pathologists who are the examiners for the DMJ (Path). To my surprise, I had only a brief viva with one examiner, one of the pathologists. The other had not turned up, and I was not asked to face the clinicians. The pathologist asked me about the clinical course of poisoning by paracetamol, paraquat and aspirin, from ingestion to death and including the specific pathology in each case. (I recall the questions in detail because I noted them down the moment I left the room). The next subject was jaundice due to halothane anaesthesia. To save precious time I told the examiner straight away that I knew nothing about it. Finally the viva moved on to clinical subjects; self inflicted gun shot wounds and self inflicted incised wounds, where I was rather more at ease.

When the results arrived I found I had

failed the viva. (I have just learned that only three of my group of eight were successful).

David Paul opened his article with a quotation: "Why should I bother to take the DMJ? I've been a divisional surgeon for over 25 years. I do not need a Diploma to tell me that I know what I am doing". In my case it is only fifteen years, but I can understand the sentiment!

I do not want anyone to think, however, that this response to David Paul was prompted by my exam. result. I promised Myles an article on the DMJ months ago and, as I said at the start, I went into it as a guinea pig, so I will allow myself only one personal comment. It is that taking the result at face value, a candidate may apparently pass the written papers and the practical which are now clinically orientated, yet still fail because of a ten minute viva with a pathologist!

Can any conclusions be drawn? David Paul defends the Diploma because it helps the Police Surgeon stand tall in Court; well, I have never been asked if I have it. Certainly the exam. is far more clinical than it was and rightly reflects, in the main, the kind of problems the working Police Surgeon faces. What has not changed is the view expressed in the minutes of the AGM held in Newquay in 1965, where "it was agreed that apart from the satisfaction obtained from passing the examination it is, at present, of no actual advantage to the holder". For as the exam. has gained in popularity among overseas doctors it has remained unloved by Association members.

But apart from those tentative conclusions my experience raises more questions than it answers. Like: Has the DMJ a role? If so, what? If you've got it, was it worth it? If not, do you miss it? What do you think should go towards a postgraduate qualification for a Police Surgeon. The Diploma in Medical Jurisprudence was the APSGB's idea. Surely the time has come for Council to send a simple questionnaire to all members -- and let my colleagues say what they think.

DAVID FILER

# THAT BLOODY DIPLOMA AGAIN!

I have had the opportunity to read David Filer's article prior to publication, and I have been invited to comment upon it. I have no wish to become involved in any way with personalities and my comments will therefore be of a general nature.

The APSGB did not initiate the examination: the late Francis Camps had the idea that a postgraduate qualification would be to the advantage of the Association in that Police Surgeons holding the Diploma would be entitled to a higher fee structure than those without it, and it would be to the advantage of the various police authorities to know that their divisional Surgeons had undertaken postgraduate study and had reached a recognised standard in their speciality. The Association, through Drs Hunt Cooke, Ralph Summers and Charles Johnston, and in co-operation with the professors of Forensic Medicine at London University, brought the project into life.

It has taken many years for the Bar and the Bench to come to recognise the value and significance of the diploma, but it is now known to be the ONLY postgraduate qualification in Clinical Forensic Medicine. I know that it will only be a matter of time before David Filer is asked about it in open court.

The fact that only 50 members of the Association hold the diploma does NOT mean that only 50 members have attempted to obtain it: in my own experience as an examiner I seem to be able to recall at least a further 50 who have failed the examination. It would seem to be quite wrong to state that because only 50 members have passed the examination, the diploma is "ignored by practitioners in medical jurisprudence in the U.K.". It may well be that the police authorities do not care sufficiently about the standard

of their divisional Surgeons to insist that the diploma is required for continued appointment, but that is not the fault of the examination.

As to the examination to which the "guinea pig" exposed himself — I am pleased that he considered the papers fair, for I set them! The clinical examination allowed 20 minutes for the examination and a short discussion as stated on matters relating to driving. This was followed by the viva with the two clinical examiners, which dealt with all other clinical topics, and David Filer indicates those that he was questioned about. This viva immediately followed his clinical and was so planned on this occasion to save time.

It was unfortunate that one of the pathologists due to examine had to go to a case as soon as the post-mortems had been completed by the candidates who were taking the Pathology portion of the examination. This did mean that there was only a single examiner, albeit a professor of Forensic Medicine with a very comprehensive background in Clinical Forensic Medicine, to examine for the second viva. None of the questions asked would seem to be outside the Clinical syllabus, and I assure all candidates that they will never fail the examination because of a "ten minute viva with a pathologist".

I have had the privilege of examining with several members of the Association who are actively engaged in Clinical Forensic practice, both in the Metropolitan area and outside, and I can only recall three instances where I was not in agreement with my fellow examiners and in those instances I was proposing to use the examiners' discretion to pass a candidate and my fellow examiners were against the use of this discretion! I will not disclose how this was resolved! We intend to keep a high standard for we think that the diploma should mean something — surely it is up to the candidates to reach the standard required and not up to the examiners to lower the standard to make the diploma "loved" by Association members. The incentive to take the required postgraduate study



which is essential in this modern and sophisticated age must come from the employing police authority and from the Association. Forensic Medicine and the associated sciences are among the most rapidly advancing fields of medicine in the world today: is it asking too much to ensure that those of us who are involved in the examination of the living victims of crime and accident and the living suspects in such cases maintain the very high standards required of the Forensic Pathologist who examines the dead? I would remind Dr. Filer and any who think like him, that sentences for crimes of violence involving live victims is nowadays as severe as it is for crimes resulting in death: conviction under the Road Traffic Act can carry a burden of great weight for the entire family of the person so convicted: medical negligence and accidental injury can produce great anguish and stress, both to the injured and also to the defendant in such an action.

I can only repeat what I said at the International Meeting of Forensic Sciences

in Toronto in 1969.

"Surely in the field of Legal Medicine, the living are as entitled to highly qualified and expert opinion as are the dead".

We hope that the study required for the diploma, and the successful passing of the examination, will ensure that the living get the expertise that they deserve.

#### Addendum

The reason that so many overseas graduates take the examination is simple: their continuing employment as Forensic Medical Officers in many cases is dependent upon their obtaining this qualification.

My original article was written at the request of Myles Clarke to encourage members of the Association to take the examination. The Diploma needs no publicity or advertising — it's value is already well known where it counts most — in the BAR MESS and in the COURTS.

David M. Paul

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# CORRESPONDENCE

## NOTIFICATION OF ADDICTS

Dear Sir,

I refer to the article 'Notify that Addict' on pages 26 and 27 of Police Surgeon Supplement Vol. 2 Spring 1977.

Please note that Home Office Drugs Branch has changed its address to:

Home Office,  
Drugs Branch,  
Queen Anne's Gate,  
London, SW1H 9AT.

Letters or completed notification forms should accordingly be sent to 'The Chief Medical Officer' at the address above.

Advice or general information about addicts may be obtained by telephoning:  
General Enquiries 01 213 3403 or  
01 213 7352

Enquiries about individual addicts — surnames beginning with:

A — G	01 213 5141
H — P	01 213 4274
Q — Z	01 213 6083

Police Surgeons may obtain supplies of addict notification forms from:

Medical Section,  
Tintagel House,  
Albert Embankment,  
London, SE1 7TT.  
Tel: 01 230 5497.

Yours faithfully,

M.J. CHADWICK

Drugs Branch, Home Office,

## A NEW LABEL ON THE DOOR

On the 24th June 1977, I was a member of a very privileged group who witnessed the opening of an institute which has great significance for all those genuinely interested in the future of Clinical Forensic Medicine. I refer to the Sheffield Medico-Legal Centre.

For the first time in the history of Forensic Medicine in the United Kingdom we see not just lip service to, but true recognition of, the existence and coming of age of the Forensic Physician by the combined efforts of a University and a Local Authority.

This recognition is manifest by the presence of facilities within a building complex for the examination of the living by Police Surgeons. Such facilities, of course, already exist in constabulary buildings but not physically conjoined with a Department of Forensic Pathology. In many cases, a new label is put on an old door. The Sheffield Medico-Legal Centre has a New Label on a New Door and it reads Police Surgeon. This is not all. Further wonders reveal themselves on opening the door. Wonders like the Usher examination couch, ultra violet light as a standard fitting, a test bench and sink, a superb movable spotlight, and well equipped separate offices. Aladdin never had it so good. A rub on the Sheffield lamp may not materialise a genie but it does allow ready access to the Coroner and his staff, the Coroner's Court, the Forensic Pathologist, the Forensic Pathology Laboratories, the Post Mortem Theatre (with no less than five separate dissecting stations and Teaching Gallery)

and an ingeniously concealed Lecture Theatre. Electronic devices abound. Tape recorders, closed circuit television, lifts, and elaborate communication systems, are standard equipment. Walls disappear and re-appear at the touch of a button. Remote controlled security devices have wisely been incorporated.

Two rubs on the Sheffield lamp link the Medico-Legal Centre with the Regional Blood Transfusion Centre, the new Police Headquarters, the Magistrates' Court, the University Departments of Pathology, Law and Criminological Studies.

Congratulations, Sheffield. Congratulations Alan Usher, and Congratulations Herbert Pilling.

Thank you Sheffield, thank you Alan Usher, thank you Herbert Pilling for allowing us, the New Police Surgeons, to assist each other the better to assist Society.

Stan Burges

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## DEMURE COUNCIL?

Atherstone,  
Warwickshire.

Dear Sir,

Some glaring schoolboy howlers are printed in the Spring 1977 Police Surgeon Supplement. The article, entitled Herbert's Hobby Horse, refers to a barrister as a Council (sic). I have continually begged our lawyers not to refer to Counsel when they advise my patients in damage claims, because invariably the patient returns to tell me that the lawyer is seeking the advice of our Local Council. On page 73 we learn that the 'Police Surgeon demures'. I know of no young, demure lady among our Association and can only suppose that it is one of the elderly males among us who demurs.

I do hope that you will alert our proof reader to these mistakes lest future solecisms are mentioned in Private Eye.

Yours sincerely,

K.T. FARN

"Herbert's Hobby Horse" produced sufficient correspondence to prove that the Police Surgeon Supplement is read and justify the production of Issue No. 3. Our proof reader now has "The Concise Oxford Dictionary" and has got as far as 'abysmal'.

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## BEDOUIN BETTY

From: Dr. Elizabeth McClatchey,  
Belfast.

Dear Myles,

I wish to let all members of the Association know that invitations have been extended to them to attend two conferences, one in Kansas, U.S.A., the other in Singapore.

Dr. Bill Eckert, historian, pathologist, coroner, ex G.I., currently Eighth President of the International Association of Forensic Sciences and Editor of "INFORM", St. Francis Hospital, Wichita, Kansas, U.S.A. extends an invitation to all members of the Police Surgeons Association to attend the Eighth International Meeting of Forensic Sciences in Wichita, May 22nd - 26th, 1978. The subject of the Plenary Session is "INTERNATIONAL TERRORISM".

Bill has a special feeling for our Association, as his father was a Police Surgeon and took him out to "Scenes of Crime" from the tender age of ten years.

Those of us who attended the Sixth International Meeting of Forensic Sciences in Edinburgh will know that there is nothing small about Bill. I predict that

the welcome and hospitality in Wichita will be on the same grand scale as himself.

"INFORM" would like to hear of any cases of outstanding or unusual interest from our individual members. The range of subjects may cover everything from abortions to war wounds. These unique cases will be combined with existing case collections of unusual cases from the International Literature at the Milton Helpen International Centre in Wichita.

Please send your communications to Dr. Eckert in Wichita or Dr. Bernard Knight in Cardiff.

The second invitation to our members is from the President of the Medico-Legal Society, Singapore. Dr. Chao Tzee Cheng, Senior Forensic Pathologist, Outram Road General Hospital, Singapore, will also be well known to Police Surgeons who attended the Edinburgh Meeting.

The ebullient Chairman Chao, alias 'Top Cat' (even his cigars have 'Top Cat' on them, in case anyone should require scientific proof of his identity) is holding a Seminar in Legal Medicine on Saturday and Sunday, October 15th and 16th, 1977, in the Hilton Hotel, Singapore. All Police Surgeons welcome.

I feel that, in justice to my colleagues, I must warn them of what lies in store for the intrepid traveller.

First — a gastronomic adventure. Within 18 hours, we had sampled the gamut of Chinese culinary art — first North, then Mid and finally South China meals. A full scale Cantonese Banquet can run to 25 courses — ours fortunately stopped at 10! In the first — North China style — we grouped round a bubbling brass Mongolian hot-pot, industriously inserting and fishing out microtome thin slices of meat, chicken, vegetables and fish, hilariously dipping the cooked pieces, precariously and incompetently held with chopsticks, into various sauces. Later we sampled, among innumerable exotica, a magnificent bream from Borneo, Sharks Fin Soup and Peking Duck. Given time, we could have worked our way through the culinary delights of every province.

At the time — it felt as though we had!

Secondly — a test of sang-froid, e.g., trial by cable car — where one is stuck for five minutes at the top of the run, just beyond the point of no return, not at all reassured by the obviously keen and sympathetic interest of those spectators crowding onto the take-off platform to watch the possible precipitous descent.

If you pass these stringent tests of nerve and guts, you will then be permitted a fascinating glimpse of "Murders in the Orient" — tropical forensic medicine in all its varied aspects, from being pushed off a high hotel roof to a modern mass murder by Indonesian Pirates.

A further suggestion from Dr. Chao is, that we Police Surgeons and Medico Legals might care to follow in his footsteps and plan a symposium in China. A group from the Singapore Medico-Legal Society visited Peking and the Great Wall of China this year, and had a most informative and enjoyable time. Apparently the difficulties and restrictions which hedged visitors to China in the past are now being gradually eased.

If any member of the Police Surgeons Association or various Medico-Legal Associations are interested, would they please contact me. Several of our Ulster colleagues have already expressed their willingness to go. If sufficient numbers are interested, we will go into feasibility, costing and programme.

Hope to see you all in Peking!

With all good wishes,

Elizabeth R<sub>x</sub>

Peripatetic Police Surgeon

Please mention the  
Police Surgeon Supplement  
when replying to advertisements

# ASSOCIATION OFFICE



*Map showing distribution of Association Members displayed at recent meetings.*

## Association Emblems:

The following articles bearing the Association motif may be obtained from the Association Office:

1. Aide Memoirs, documents for recording notes made at the time of Forensic Medical incidents  
..... packet of 60 ..... £2.55  
..... packet of 100 ..... £4.76
2. Key Fob with the crest in chrome and blue enamelled metal  
..... £1.00
3. Terylene Ties, Silver motif on blue  
..... £3.00
4. Car Badges, chrome and blue enamel (for hire only) ..... £5.00 each
5. Car Stickers for the windscreen (plastic) ..... 50p each

(cost includes postage and packing)

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Office Hours: 2-6 pm Monday — Friday.

*Ron Taylor and the map he made.*



# THOUGHTS

after attending the post-graduate Course in Forensic Medicine and Pathology at the London Hospital

There was a professor called Jim  
Who cut up his corpses with vim,  
Will he carve up his students  
(Dip. Med. Jurisprudence),  
Will the pass rate be dreadfully grim?

The talk we received in statistics  
Was almost as hard as ballistics  
To shoot with the one  
Or count with a gun  
Can be done if you know all the tricks.

Then came the delightful Miss Frith,  
Who 'delivered' her lecture with pith  
"Come on don't be shy men  
Examine her hymen  
You may be exploding a myth".

Now who is the dad? asked B. Dodd  
It seems it is not all just cod,  
With AB and a Kell  
It is easy to tell  
Which naughty young man is your bod.

The man from the RAF, Dr. Steven  
For disasters he always is leavin'  
A jaw and some teeth  
Arms and legs underneath  
The limbs must all add up to even.

Bernie Sims is the expert on jaws  
Just give him some teeth and some claws,  
He'll read the X-ray  
And then he will say  
"Its furry, its maned and it roars".

And lastly I toast you our Ron,  
So handsome so tall and so strong,  
He showed us the bar  
Where to go for a jar,  
Without him we'd not have stayed long.

Phyllis Turvill

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## NORTHERN IRELAND MEDICO-LEGAL SOCIETY

### Monday 31st October 1977

Lord McCluskey of Churchill, Solicitor  
General for Scotland  
"Insanity, Intoxication and Criminal  
Responsibility"

### Tuesday 17th January 1978

Mr. R.J. Wilson, Consultant Orthopaedic  
Surgeon, Royal Victoria Hospital  
"Possible or Probable"

### Tuesday 7th March 1978

Sir Frederick Lawton,  
Lord Justice of Appeal  
"The Judicial Aspects of Traumatic  
Neurosis"

### Tuesday 18th April 1978

Annual General Meeting followed by a  
Symposium on "Battered Babies"  
Taking part — a member of the  
Judiciary, a consultant Paediatrician,  
and a senior member of the RUC  
(Womens Branch)

Unless stated, the meetings will be held  
in the Ulster Medical Rooms, Belfast, and  
will commence at 8.00 pm.

For further information please write  
to:—

Dr. Elizabeth McClatchey,  
Honorary Secretary,  
Northern Ireland Medico-Legal Soc.,  
40 Green Road,  
Belfast, BT5 6JA.

**THE MEDICO-LEGAL  
SOCIETY  
(Founded 1901)**

**Thursday 12th January 1978**

Dr. Calvin Wells FRAI, PLD, MRCS,  
LRCP  
"Palaepathology — Modern Medical  
Evidence from Ancient Human  
Remains"

**Thursday 9th February 1978**

Chief Superintendent E.G. Sansom  
"The Growth and Problems of the  
British Transport Police"

**Thursday 9th March 1978**

The Rt Hon Sir A. Melford S. Stevenson  
"The Privilege of Silence"

**Thursday 13th April 1978**

John Camp, Esq. JP  
"The Murderous Dr. Clements"

**April/May 1978**

Annual Dinner/Buffer Supper  
(date to be announced)

**Thursday 11th May 1978**

Her Honour Judge Jean Graham Hall  
"Who should decide the Criminal's  
Guilt?"

**Thursday 8th June 1978**

8.00 pm ANNUAL GENERAL  
MEETING  
8.15 pm "Police Community Relations"  
Commander John Thornton,  
Community Relations Branch,  
Metropolitan Police, to incorporate a  
presentation of the film "Seven Green  
Bottles" by Chief Inspector Dark

All meetings are held at The Royal  
Society of Medicine, Wimpole Street,  
London W1, at 8.15 pm unless otherwise  
stated.

Enquiries about membership should  
be directed to:—

The Honorary Secretary,  
The Medico-Legal Society,  
71 Great Russell Street,  
London, WC1B 3BZ.

**ASSOCIATION OF  
POLICE SURGEONS  
OF GREAT BRITAIN**

**MEETINGS FOR 1978 and 1979**

**Annual Conference 1978**

8th-13th May 1978  
The Palace Hotel, Torquay

**Autumn Symposium 1978**

23rd-24th September 1978  
Ipswich Police Headquarters, Suffolk.

**Annual Conference 1979**

14th-19th May 1979  
Hotel Majestic, Harrogate.

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**MERSEYSIDE  
MEDICO-LEGAL SOCIETY**

**Thursday 17th November 1977**

Joint Meeting with members of the  
Liverpool Medical Institution  
"The Devil's Work?"  
Mr. P.S. Gill LI B, H.M. Coroner,  
Wakefield

**Wednesday 8th February 1978**

"Dangerous and Violent Children"  
Dr. Dewie Jones, Department of Child  
Psychiatry, Alder Hey Hospital

**Tuesday 14th March 1978**

"Art Forgeries" (provisional title)  
Speaker to be arranged (open meeting)

**Wednesday 3rd May 1978**

Annual Dinner

Meetings of the Merseyside Medico-  
Legal Society are held in the Liverpool  
Medical Institution, 114 Mount Pleasant,  
Liverpool, 3.

Further details from:—

Dr. M. Clarke,  
Honorary Secretary MMLS,  
24 High Street,  
Liverpool, 15.

### INCOME AND EXPENDITURE ACCOUNT

**BALANCE SHEET – AS AT 31st MARCH, 1977**

## ACCOUNTANTS REPORT

ORTON DESBOROUGH & CO.  
Accountants

**COMBINED ACCOUNTS**  
6th April 1975 to 5th April 1977

\* £50.00 given to the Trust Fund by the Association and quoted in the Accounts for 1973/74. This was paid into the bank in June 1974 but was not credited to the account until June 1975 owing to a Bank error.



# MEMBERSHIP LIST

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

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

F = Founder Member.

## Council Members

G.H. Burges, D.M.J.	Ipswich	S.J. Lundie	Nottingham
M.D.B. Clarke, D.M.J.	Huyton	A.H. Mendoza, D.M.J.	London
M.F. St. John U. Cosgrave, D.M.J.	Gateshead	H. Rosenberg, O.B.E.	Worthing
H. de la Haye Davies, D.M.J.	Northampton	R.D. Summers, O.B.E., D.M.J. (F)	London
I. Doney, D.M.J.	Bristol	W.M. Thomas	Preston
Fuad, A. Gabbani (f)	Rotherham	W.J.B. White, D.M.J.	Cardiff
G.K. Macdonald-Hall	Kirkcaldy	D. Wright, D.M.J.	Birmingham
J.E. Hilton, D.M.J.	Norwich	R.B. Irwin (Northern Ireland)	Belfast
R. Hunt-Cooke, D.M.J. (F)	Kent	P. Jago, D.M.J. (Scotland)	Alloa
S.Er Josse, D.M.J.	London	D. Jenkins, D.M.J. (co-opted)	Bow
H.W. Lees	Darwen	R.G. Wrangham, D.M.J. (co-opted)	Hillingdon

## Honorary Members

Prof. J.M. Cameron, D.M.J.	London	Prof. A.K. Mant	London
Dr. J.A.G. Clarke, D.M.J.	Dudley	Mr. R.W. Nevin	London
Dr. M.H. Hall	Preston	Sir John Richardson, Bart, M.V.O.	London
Prof. W.A. Harland	Glasgow	Prof. K. Simpson	London
Dr. R. Hunt-Cooke, D.M.J. (F)	London	Dr. R.D. Summers, O.B.E., D.M.J. (F)	London
Dr. I.F.B. Johnston	Knaresborough	Prof. R.D. Teare	London
Prof. T.K. Marshall	Belfast	Dr. A. Usher, D.M.J.	Sheffield
Prof. J.K. Mason	Edinburgh	Dr. Peter Wilson	London

## Overseas

J.H.W. Birrell	Australia	N. Pearson, D.M.J.	New Zealand
J.P. Bush, D.M.J.	Australia	T.J. Stamps	Rhodesia
J.C. Cassaglia	Gibraltar	J.E. Trotter	Australia
H.T.P. Cremers	Holland	J. Chalou, D.M.J.	America
D.A.L. Gibson	Australia	G. Llewellyn	Jersey
A.D. Ikegwuonu	Nigeria	D.N.M. Scott-Warren	Jersey
N. Patel, D.M.J.	Zambia		

## Area 1. (North West)

Council Member Dr. H.W. Lees

R. Abendstern	Bury	M.O.P. Iyengar	Barrow-in-Furness
B.L. Alexander	Manchester	S.V. Joshi	Blackburn
C. Berens	Prestwich	H.B. Kean	Liverpool
M.L. Blair	Heywood	K.B. Kenyon	Blackpool
A.J. Borkin	Salford	M. Kirwan, D.M.J.	Liverpool
L. Caprio	Stockport	M.S. Kukula	Worsley
P.C. Chaudhuri	Rawtenstall	G.B. Lamberty	Lancashire
R.D. Choudhury, D.M.J.	Bolton	A.B. Lishman	Burnley
D. Cohen	Liverpool	J.R.A. Luckas	Manchester
G.E. Crawford	Liverpool	K.S. Mackenzie	Oldham
T.M. Doran	Wigan	M. Mandick	Liverpool
J. Furness	Liverpool	J. Moorhouse	Birkenhead
H.E. Godfrey	Cheadle	H.C. Palin	Burnley
M.A.H.M. Gouda	Skelmersdale	Z.A. Qureshi	Nelson
H.D. Hall	Liverpool	E.O. Roberts	Northwich
R.F.E. Harrington	Lytham	D. Rothwell	Golbourne
R. Hewitt	Salford	A.S. Russell	Manchester
A.G. Hick	Stockport	M.J.R. Ryan	Lancashire
M.J. Hoey	Wallasey	J.M. Scott	Preston
R.P. Hoskinson	Liverpool	E. Tierney	Gt. Manchester
T.R. Hunter	Bolton	D.L. Whitton	Lancaster

## Area 1. (Northern Ireland)

Council Member Dr. R.B. Irwin, Belfast

C. Burns	Ballymoney	T.C.T. Killen	Larne
T.B. Brolly	Newtownabbey	J. McClure	Belfast
W.E. St. C. Crosbie	Bangor	D. Maguire	Lurgan
A. Durrah	Ballyclare	W.A. McCartney	Ballymoney
Charles Dick	Ballymena	P.H. McKee	Belfast
W.R. Dick	Ballymena	J. Mitchell	Londonderry
E.M.H. Foster	Enniskillen	P.K. McAviney	Belfast
J.S. Garvin	Armagh	E.R. McClatchay	Belfast
H.N. Glancy	Bellaghy	M. McVerry	Rostrevor
G.H.G. Gould	Newtownabbey	H. Montgomery	Coleraine
R.L. Guy	Dunmurry	P.G. Murphy	Downpatrick
J.G. Hall	Belfast	H.R. Ormonde	Lisburn
K.J.H. Henry	Dungannon	B.A. Shells	Londonderry
M.J. Hill	Ballyclare	T.A. Spence	Armagh
W.M. Holley	Coleraine	C.H. Stewart	Randalstown
J. Houston	Bangor	J.H.H. Stewart	Randalstown
I.H. Johnston	Dungannon	P.J. Ward	Newry
J.D. Keatley	Magherafelt	D.H. Warden	Lisburn
T.G. Kennedy	Larne		

## Area 2 (North East)

Council Member Dr. M.F. St. John U. Cosgrave, D.M.J., Gateshead

J. Abels	Durham	W. Jack	Durham
J.K. Adamson	Northumberland	K. Jepson	Sheffield
J.K. Barnetson	Sunderland	F.B. Kotwall	Durham
D.J. Belbin	Easrick, Yorkshire	J. Lees	Acomb
W.H. Bexon	Durham	C.M. Leon	Gateshead
C.M. Bell	Gateshead	J.D. Lucy	Bridlington
D.H. Bottomley	Durham	M. McKendrick	Northumberland
J.G.E. Bruce	Selby	J. McKennell	Halifax
G. Burns	Huddersfield	S.W.S. Menzies	Tynemouth
D.W.A. Byers (F)	Belford	J.H. Mitchell	Berwick-on-Tweed
C. Carr	Blyth	A.E. Meek	Beverley
G.A. Cockcroft	Huddersfield	G. Morpeth	Middlesborough
N.L. Cummins	Hartlepool	J.F.M. Newman	Batley
J.W. Daggett	Easrick	T.S. Ostrowski	Barnsley
D.R. Deacon	Hull	A. Paes	Rotherham
J.W.A. Devlin	Leeds	W. Phillips	Whitley Bay
H.J.H. Dunn	Hull	C.H. Robinson	Skipton
G.R. Freedman	Gosforth	I. Rose	Leeds
W.A. Freedman	Gosforth	J.G. Shores	Hull
J.O. Fitzgerald	Wallsend	K.A. Simpson	York
W.J. Glass	Newcastle-on-Tyne	G.R. Staley (F)	Hull
C.W. Glassey, D.M.J.	Beverley	K.W. Thompson	Middlesborough
R.J. Givans	Harrogate	R.W. Thomson	Wallsend
L. Hicks	Middlesborough	A.S. Veeder, D.M.J.	Gosforth
A.J. Irvine	Cleveland	D.W. Verity	Tadcaster

## Area 3 (Midlands)

Council Member Dr. D. Wright, D.M.J.

R.D. Antani	Walsall	J. Keeling Roberts	Wem
L.E. Arundell	Birmingham	D.W. Kett	Birmingham
C. Bate	Birmingham	A.J. Laidlaw	Worcester
J.G. Chitnis	Birmingham	C.J. Morris	Leamington Spa
D.R. Dudley, D.M.J.	Wednesfield	L.T.H. Mills	West Bromwich
K.L.H. Flynn	Nuneaton	S.P.S. Oswald	Solihull
K.T. Farn	Atherstone	A.M. Ozimek	Birmingham
S.E.A. Grant	Warley	J.D. Paw	Walsall
P.A. Hamilton	Birmingham	J.A. Phillips	Birmingham
J.W. Harcup	Malvern	K.S. Rajah	Birmingham
G.T. Haysey	Market Drayton	G.A. Readett	Birmingham
K.K.A. Hofheinz	Smethwick	D.W. Sandilands, D.M.J.	Birmingham
A.J. Hirst	Stourbridge	K.C.D. Steen	Ledbury
F. Horsley	Wolverhampton	T.B. Stirling	Aldridge, Nr. Walsall
G. Hoyle	Tamworth	W.N. Stirling	Stoke-on-Trent
J.A. Humphreys	Birmingham	R.K. Tandon	Stoke-on-Trent
P.R.S. Johnson	Worcester	R.W.P. Terry	Solihull

## Area 4. (Eastern)

Council Member S.J. Lundie, Nottingham

R.P. Anderson	Workshop	M.A. Knight	Ipswich
M.H. Bletcher	Derby	R.A. Lawrence, D.M.J.	Alfreton
T.R. Chandran	Sutton-in-Ashfield	L. Lewis	Leicester
J. Ciappera	Northampton	F.E. Lodge	Wisbech
E.M. Cochrane	Grantham	J.L. McDougal	Wellingborough
D.P. Collins	Nottingham	W. Millburn, M.B.E.	Derby
D. Connan, D.M.J.	Huntingdon	D.B. Miller	Wellingborough
D.D. Cracknell	Huntingdon	N.C. Modi	Wellingborough
T.F.C. Dibble	Kettering	J.K. Murphy, D.M.J.	Peterborough
H.J.H. Dunn	Blackwell	J.S. Nelson, D.M.J.	Nottingham
P.A. Eckstein	Cambridge	R.J. Paget	Workshop
P.J. Enock	Ilkeston	A.N. Redfern	Louth
A.A. Fairclough	Norwich	D.L. Scawn	Corby
R.H. Foxton, D.M.J.	Flixborough	R.E. Scott	Bury St. Edmunds
J.R. Freeman	Derby	A. Sherlock	Ilkeston
J.L. Hine	Isle of Ely	J.L. Skinner, D.M.J.	Ilkeston
P.J. Keavney	Nottingham	R.V. Smith	Kings Lynn
J.C. Keenan	Burton-on-Trent	J.H. Wallis	Boston
P.P. Keith	Leicester	N. Whelan	Leicester
P.R. Keith	Leicester	O.G. Young (F)	Peterborough
F.E.B. Kelly	Leicester		

## Area 5. (South East)

Council Member H. Rosenberg, O.B.E. (F)

J. Arnott	Sevenoaks	J.W. Latham	St. Albans
A. Bell	Patworth	D.A. Lawrence	Dartford
B. Bandkowski	Southend-on-Sea	J.H. Lewis	Lancing
G.F. Birch	Lincoln	C.D. Lund, D.M.J.	Welwyn Garden City
J.J. Bourke	Woking	Z. Ludwig	St. Leonards on Sea
M.G. Bridger	Southend-on-Sea	K.A. Makos	Weybridge
D. Chastell	Broadstairs	M.P. Madigan	Dunstable
J.D. Clark	Dunstable	A.B. Matik	Gillingham
G.F. Cocking	Newport Pagnell	V. Mansueto	Chatham
D. Constad	Portsmouth	H.J. Missen	Chelmsford
N.M. Cole	Heilsham	P.C.J. Nicoll	Lewes
A.G. Cope	High Wycombe	C. Nicolson	Gosport
I.D. Craig	Maldon	M.G. O'Flynn	Havant
A.D. Dean	Orsett	D.F. Parkin	Guildford
M.H. Draisay	Newhaven	D. Paton	Maidenhead
G.S. Duncan	Ryde	K.F.M. Pole	Gillingham
P.K. Durkin	Clacton-on-Sea	S.P. Rajah	Gravesend
A.M. Eastern	Dorking	R.J. Rew	Eastbourne
L.C. de R. Epps	Chichester	R.H. Reynolds	Crawley
E. Gancz	Bexley	T.E. Roberts, D.M.J.	Basingstoke
K. George	Maldon	P.C. Smart	Farnborough
G. Gover	Horsham	A.M. Smeaton	Basingstoke
H. Grylls	Epping	P. Snell	Colchester
J.K. Guly, D.M.J.	Southampton	J.G. Stewart	Maidstone
I.V. Hankins	Gosport	J.M. Stewart	Oxford
C. Harris	Maidstone	L. Stone	Hove
E.R. Hensman	Ashford	R.A. Stroud	Pangbourne
C.A. Hood	Princes Risborough	J. Weston	Essex
H.C.M. Jarvis, M.B.E., D.M.J.	Brighton	D.C. Yetman	Southampton
D.A. Lamont	Colchester		

## Area 6. (South-West)

Council Member Dr. I.E. Doney, D.M.J., Bristol

N.I. Bartholomew	Warminster	K.R. Mason-Walshaw	Taunton
B. Batten	Amesbury	G.C. Mathers	Gloucester
D.D. Bodley-Scott	Lymington	J.C. Merry	Exeter
R. Bunting	Bristol	W.H. McBay	Honiton
A.P. Curtin	Cheltenham	G.V. Mulholland	Dorset
M.E. Glanvill, D.M.J.	Chard	J. Wickam New	Devizes
I.M. Hadley, D.M.J.	Plymouth	W.R. Phillips	Bristol
P.A. Henderson	Corsham	H.I. Rein	Poole
R.N. Hodges	Cheltenham	G.H. Smerdon	Liskeard
P. Holland	Salisbury	A.M. Smeeton	Bristol
L.J. Jacobs	Torquay	T. Timberlake	Wimbourne
A.J. Jordan	Minehead	A.S. Wallace, D.M.J.	Salisbury
E.P. Jowett	Okhampton	D.C. Watts	Yeovil
P.J. King	Chippenham	M. Watson, D.M.J.	Weymouth
G.A. Langsdale	Bournemouth		

## Area 7. (Wales)

Council Member Dr. W.J.B. White, D.M.J.

L.S. Addicott, D.M.J.	Glamorgan	J.B. Lloyd	Aberystwyth
E.J.J. Davies	Corwen	J. McCarthy	Ebbw Vale
M.D. Fine	Cardiff	R.N. Midha	Swansea
E.T. Griffiths	Risca	J. Noble	Blackwood Gwent
M. Hopkin-Thomas	Carmarthen	J.F. O'Connell	Aberdare
D.W. Humphreys, D.M.J.	Colwyn Bay	G.H. Peoppinghaus	Anglesey
E.S.B. James	Pontypridd	F.I. Powell, D.M.J.	Carmarthen
E.W. James	Llandudno	H. Shepard	Newport
J.B. James	Pontypridd	Glenna Thomas	Cardiff
H.W. James, D.M.J.	Wrexham	W.C.T. Thomas	Llanelli
D.R. Jones	Pontypridd	H.T. Thompson	Risca
H.O. Jones	Hengoed	M.W. Watson	Cardiff
C.C. Lewis	Pontypridd	B. Lloyd-Williams	Pontypridd
A.M. Lindsay	Carmarthen	R.J. Yorke	Ebbw Vale

## Area 8. (Metropolitan & City)

Council Member S.E. Josse, D.M.J.

D.J. Avery	London, E.16	P.M. Fleury, D.M.J.	London, N.W.10
A.H.W. Bain	Beckenham	D.V. Foster, D.M.J.	East Molesey
A.J. Barrett	New Maldon	L.S. Gerlis	Pinner
D.L. Bennett	Ilford	D. Goldman	Bromley
D.A.L. Bowen, D.M.J.	Charing Cross Hospt.	E.M. Gorman	Woolwich
J.F. Bray	South Croydon	G.J. Gralinger	Streatham
C.W. Brownsdon	London, S.E.21	G.I.T. Griffiths	London, S.E.22
J.S. Carne	London, W.12	K. Gupta	London, E.8
J.W. Comper	Orpington	A. Haidar	London, N.11
D.G. Craig, D.M.J.	Blackheath	J. Henry	London, E.8
J. Curley	London	M. Horgen	London, W.3
M.L.A. Curtin	London, 21	D. Jenkins, D.M.J.	Bow
N. Davis	London, N.11	J.P. Kanodia	London, N.1
P.M. Dewland	Banstead	D. Keys	Bow
P.C. Drennan	Ashford	B.D. Lascelles	Hadley Wood
N.M. Fergusson	Eltham	S. Lazarus	Ilford
G.M. Ferraris	Woolwich	S. Lewis	London, S.W.18
D.S. Filer	London, W.6	J. Mangion, D.M.J.	London, W.3

## Area 8. (Metropolitan & City) continued

J.R. Mansfield	Banstead	J. Smallshaw	Banstead
W.D. Martin	Harrow	T.H. Staughton	London, E.18
C.D. May	London, S.E.9	H.H. Streisow	London, E.7
R.J.R. Moffat	South Croydon	H.J.W. Thomas (F)	Barnet
M.A. Muhairez	Hillingdon	J.B. Trahearne	London, S.W.2
C.M. Noonan	London, N.W.2	P. Turvill	London, N.W.3
F. Patuck	Barnet	C.D. Walker	London, S.E.9
G.M. Preston	London, S.E.5	J.F.L. Watson	Wanstead
A.E. Pruss	Ilford	D.M. Wilks	Chiswick
D.I. Rubenstein	Woodford Green	M. Woodliff	Ealing
J. Shanahan	London, W.9	L.J.F. Youtlen	London, S.E.1
F.S. Shepherd	Weybridge		

## Area 9. (Scotland)

Council Member P. Jago, D.M.J.

D.P. Anderson	Kinross	B.D. Keighley	Balfron
J.D. Bankier	Glasgow	R. Lynch	Kilwinning
G. Boyd	Glasgow	D. McBain, D.M.J.	Aberdeen
R.H. Brown	Rothwell	J.C. McBride	Glasgow
J.G. Buchanan	Balloch	N.J. Macdonald	Aviemore
J.S. Cameron	Patna, Ayr	J.D. McFadyen	Stirling
J.G. Carruthers	Kilmarnock	C.S.S. MacKelvia	Glasgow
W.C. Davidson	Fort William	W.D.S. McLay	Glasgow
J.P. Deans	Thurso	N.M. Maclean, D.M.J.	Glasgow
J.W. Donnelly	Glasgow	D.C. Marshall, D.M.J.	Dundee
R.C. Dowell	Alloway, Ayr	I. Macleod	Irvine
P.R.S. Duffus	Aberdeen	J.G. Mather	Glasgow
C. Edwards, D.M.J.	Glasgow	G.R. McOwen	Barrhead
J.S. Finnie	Aberdeen	E. Milne	Glasgow
G. Frazer	Glasgow	J.G. Murty	Glasgow
S.M. Garrett	Old Kilpatrick	D. Paul	Wick
R.L. Grant	Falkirk	S.S. Parker	Larkhall
J.N. Gray, D.M.J.	Dalkeith	J.L. Penny	Crieff
J.A. Grogan	Rothwell	N.M. Piercy	Montrose
M. Hamilton	Paisley	H.A. Rankin	Larkhall
R.R. Hamilton	Hawick	A. Roy, M.B.E.	Balfron
T. Hannah	Edinburgh	R.G. Sinclair	Falkirk
A.S. Harper	Alexandria	A.M. Tait	Hamilton
G.B. Hutchinson	Dumfries	E.R. Tennant	Ullapool

Are ALL the Police Surgeons in your area members of the Association? Perhaps they are unaware of the advantages of being a member. Notify the Hon. Secretary of their names and addresses. Persuade them to join.

## Associate Members

C. Arthur	Stone	L. Hurn	Norwich
J. Attenborough	Camberley	D.A.T. Jackson, D.M.J.	London, W.2
W.W. Ballardie	Wetherby	Derek Jackson	Newcastle-on-Tyne
R.M. Barron	Dudley	G.M. Jones	Merthyr Tydfil
W.H.A. Beverley	Liversedge	J. Fraser-Kay	Hamilton
B.B. Beeson	Lancaster	J.M. Kirkwood	Doncaster
K. Blatchley (F)	Chesham	K.P. Lees	Dartmouth
P. Brantingham	Newcastle	E.L. Mommen	Inverness-shire
R. Latham Brown (F)	Derby	J.H. Morgan	Brixham
C. Clark	Eltham	R.P. Parkinson	Waltham Abbey
J.C. Corbett	Wellingborough	T.D. Parsons	Aylesbury
R.G. Congdon	Sussex	S.E. Pateman	Blackwood
D.R. Cook, D.M.J.	Harpenden	D.M. Paul, D.M.J.	London
F. Cramer, D.M.J.	Bromley	J. Prentice	Keighley
A.F. Crick	Northfleet	A.G. Reid, D.S.C.	Hitchin
P.G. Dalgleish	Northampton	P. Science	Hull
B.T. Davis	Birmingham	J.D. Scott	London, N.12
H.R. Dickman	Lincoln	J.R. Sinton	Leeds
S. Fine	Manchester	H.H. Smith	Rotherham
J.A. Gavin	London, S.E.11	W.H. Spencer	Ashton-in-Makerfield
J. Gould	Liverpool	J. Stein	London, W.6
E.G. Gregory (F)	Wolverhampton	J.M. Stuart	Birmingham
G.J. Griffiths	Buxton	J. Tarlow	London, N.2
J.J. Groome	Kent	A. Taylor	Nr. Barnsley
K. Hardinge	Manchester	J.M. Torry	Chislehurst
M.F. Hendron	Preston	P.E. Turnbull	Dundee
E.A.K. Hoppins	Wallasey	P. Wardlaw	Methven, Perth
J.C. Hill	Ashton-under-Lyne	W.H. Wolstenholme, O.B.E.	Manchester

## Life Associate Members

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T.S. Blaiklock	Morpeth	W.E. Leatham	Congleton
A.C. Blair, O.B.E.	Glasgow	D.R. Martin	Doncaster
D.P. Brown, D.M.J.	Eccleshall	A.R. Macgregor	Glasgow
J.W. Brown	Sutton-Coldfield	A.S. Mitchell	St. Austell
J.D. Busfield	Hull	A.A. Morgan	Ilford
G. Clarke	Hedon	J.R. Partridge	Dorking
M.B. Clyne	Southall	D. Paul, D.M.J.	London
L.M. Craig	Argyll	C. Rotman	Watford
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W.A. Eakins	Belfast	M.J. Saunders	Bournemouth
G.A. Fowler	Otley	P.M. Scott	North Humberside
H.J. Gilbert	Gosforth	K. Silberstein (F)	Cambridge
H.R. Gray	Gravesend	W.B.G. Simmonds, D.M.J.	London
J.F.A. Harbison, D.M.J.	Dublin	J.F.C. Crombie-Smith	Lauder
C.W. Hall	Ambleside	S.W. Taylor	Bristol
P. Hopkins (F)	London, N.W.3	S.E. Johnston-Smith	Blackburn
D.A. Ireland (F)	Shrewsbury	W.J. Turney	Penzance
I.M. Johnstone	Penrith	R.M. Whittington, D.M.J.	Sutton-Coldfield
P.N. Jarvis	Bletchley	G.A. Fowler	Otley
J.E. Keen, D.M.J.	Birmingham	A.S. Mitchell	St. Austell
R.H. Kipping	Beaconsfield		

