



Police Surgeon SUPPLEMENT

Vol.4 Spring 1978

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The Police Surgeon SUPPLEMENT

Vol.4 Spring 1978

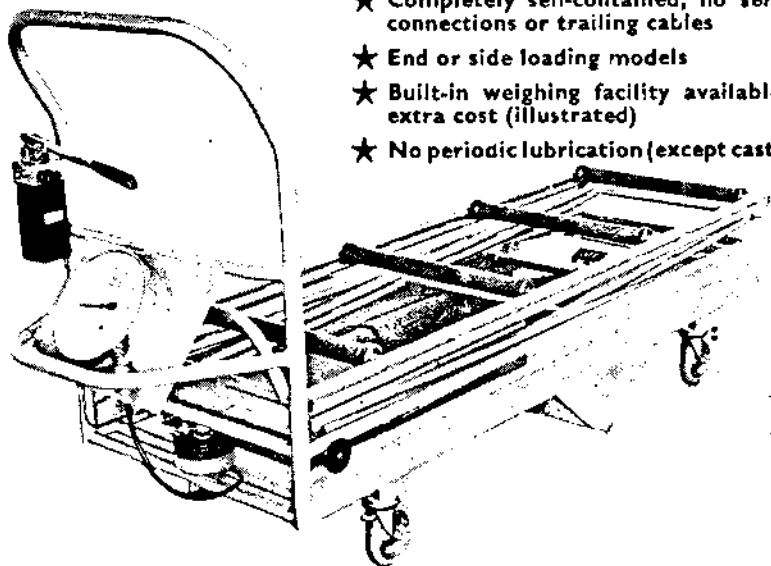
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EDITORIAL

At the January Council meeting of the Association of Police Surgeons of Great Britain, the Northern Ireland representative, Dr R.B. Irwin, announced that the Northern Ireland members of the Association have decided on a change of name. They will henceforth be known as Forensic Medical Practitioners, members of the Northern Ireland Association of Forensic Medical Practitioners.

There are many in the Association who would regret the passing of the name 'Police Surgeon'. Police Surgeons have had a long and honourable role, the first appointments being made in the early 1800's. Undoubtedly many of the doctors in those far off days also undertook surgical procedures, so the term Police Surgeon was not entirely inappropriate. Until the end of the Second World War and the beginning of the National Health Service, General Practitioners were known as Physicians and Surgeons — a term now no longer heard. We remain an anachronism — neither Police Officers nor Surgeons.

We have viewed with wry amusement the efforts of others to improve their image by changing their name — refuse collectors (dustmen), rodent operators (rat catchers), street orderlies (road sweepers). Some have abandoned warm and greatly honoured titles, such as Matron and Sister, for cold and impersonal numbers.

The reluctance of members of the Association to change their title can be well understood. They were satisfied that their image and reputation both in and out of Court appeared beyond reproach.

In recent years the Police and other institutions of authority have been under increasing attack, both in the Courts and

in the press. The merciless spotlight has been turned on those associated with the Police. In particular the activities of the Police Surgeons in Northern Ireland have come in for a great deal of scrutiny. To many, a doctor who is called a Police Surgeon, is employed by the Police Authority, is called out by the Police and is paid from the Police Funds cannot be anything but a Police lackey.

During press investigations of alleged Police brutality in Northern Ireland, considerable efforts were made by reporters to obtain a comment from the Police Surgeons. One Police Surgeon had to leave home because of incessant telephone calls and frequent visits by reporters, especially by television reporters (national as well as local), and in addition received letters, through his letterbox, from local and national pressmen, all in an attempt to obtain a comment. No comment was made to the press because the Surgeons were dealing with defendants awaiting trial, who, besides being prisoners, were also patients. Medical opinions which were both sub judice and private could not be communicated to outside persons. The press being deprived of sensational copy, gave the impression that the doctors' silence was to be construed as supporting the allegations of Police brutality. These incidents were not isolated, but were highlighted by the recent visit to Northern Ireland of Amnesty International.

'Police Surgeon' may be an old and formerly honoured title but the Forensic Medical Practitioner of today, besides being impartial and unbiased in fact, must also appear to be so to the public and its press.

Statement issued by the Northern Ireland Branch of the Association of Police Surgeons in October 1977

As a result of recent publicity given in the news media to the Police Surgeon Service, a meeting of the Northern Ireland Branch of the Association of Police Surgeons was held on 9th October 1977.

The Branch wishes it to be known that no statements have been issued previously by the Branch and that all recent references to the Police Surgeon Service appearing in the media and emanating from whatever source have been misleading.

While members of the Branch do not carry out medical examinations of persons detained at the Holding Centre at Castlereagh, they may be requested to examine persons at local police stations following transfer from the Holding Centre.

Several months ago and subsequently, the Branch indicated, through the Police Authority, the need for a meeting with the Chief Constable to discuss the operation of the Police Surgeon Service including the treatment of persons detained under the Emergency Provision Act.

An early date for such a meeting is envisaged.

The Police Surgeon Service exists to provide a medical service to all persons who come in contact with the Police. They are in the main Family General Practitioners working in their own areas and providing this service without favour and with complete impartiality. At no time have they allowed, nor will they ever allow their clinical judgement to be influenced by political motives.

Statements for Court

It is to be hoped that the experiences of the Northern Ireland Forensic Medical Practitioners will remain the experiences of a minority. Police Surgeons prepare many statements for the Courts, most of which will be read out in Court without

the doctor attending personally. A doctor can insert into the preamble of his statement information which will indicate that he is more than 'just a Police Surgeon'. In 'The New Police Surgeon' advice is given on the preparing of statements and it is suggested that the following information should be included to indicate to the Court the calibre of the witness, e.g.

Registered Medical Practitioner since date

Batchelor of Medicine,

(London University).

Member of the Royal College of General Practitioners.

Holder of the Diploma in Medical Jurisprudence (Society of Apothecaries of London).

Appointed Police Surgeon to City of Norwich.

Practitioner of Clinical Forensic Medicine for x years.

Lecturer in Clinical Forensic Medicine.

Statements made by Divisional Surgeons in Road Traffic Act Cases

At the request of the Metropolitan Police the attention of Police Surgeons is drawn to the wording of statements in cases prosecuted under Section 5 of the Road Traffic Act, 1972.

Section 5(1) Road Traffic Act, 1972 makes it an offence to drive or attempt to drive when unfit to drive through drink or drugs. Section 5(2) makes it an offence to be in charge of a motor vehicle when in a similar condition, Section 5(4) provides that for the purposes of the section a person shall be taken to be unfit to drive if his ability to drive *properly* is for the time being impaired.

The Solicitors branch recommends that as the word 'properly' appears in Section 5(4) it should also be included in doctors' statements.

This follows a case where a divisional surgeon called to examine an obviously drunken driver made a full and proper statement of the physical findings etc, but concluded with the opinion 'I concluded that his ability to drive was significantly impaired by alcohol'. The Judge

said it was becoming increasingly common for doctors to say that a person's ability to drive was impaired by alcohol. He went on to say that the correct opinion to be given by doctors should be that the persons 'ability to drive a motor vehicle *properly* was impaired through alcohol or drugs' as the case may be.

(Note — This did not in any way influence the case as the accused pleaded guilty but if the case had been contested the Judge suggested it may have had some bearing on the verdict).

Defence Experts

It has always been a complaint of Defence Lawyers, that experts who regularly and impartially give evidence for the Prosecution are frequently unwilling to give evidence for the Defence. If our

evidence is impartial then it matters not whether we are called by the Prosecution or the Defence. It is appreciated that doctors working in the same area may find their relationship strained if they appear to be on opposite sides. For this reason, the Association Secretary will advise Defence Lawyers who are seeking expert Police Surgeon's opinion and who are having difficulty finding a suitable doctor. It has been said that Chief Constables in some areas raise objections to *their* Police Surgeons giving evidence for the Defence. Such objections are not consistent with the impartiality of the Forensic Medical Practitioner. The Council of the Association of Police Surgeons would like brought to its notice any instances of objections being raised to a Police Surgeon giving evidence for the Defence.

TO BE PUBLISHED 17th APRIL 1978

THE NEW POLICE SURGEON

A PRACTICAL GUIDE

Edited by Stanley H. Burges and James Hilton

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

The ESSENTIAL handbook for all FORENSIC PHYSICIANS

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PRESIDENT'S LETTER

It is with a deep sense of sorrow that I pay tribute to the several members of the Association who have died during recent months. In particular, with the death of our friend and one of the most respected members of the Association Robert Hunt Cook, I feel a deep personal loss.

The Association has continued to be vigorously active during the last twelve months, the details being recorded elsewhere. It has given me great pleasure to see members participating in Association Meetings and in particular contributing to Association publications. Considerable interest has been shown from outside the Association in the new book, which will undoubtedly be a great success. Congratulations to the Editors and the Trustees of the W.G. Johnston Trust.

BLANNERHASSETT

In 1976 the Blennerhassett report was published and was accepted in principle by the Government. Representatives from the Association were invited by the Home Office to present the Association's views. Drs Ralph Summers, Hugh Davies, Arnold Mendoza, Eddie Josse and myself had full and frank discussions with Home Office representatives and their scientific advisors. They in turn presented their views and subsequently trials of three different types of breath-analysis equipment will be held in several localities in the United Kingdom.

Following the trials and the correlation of the results, the Home Office representatives have agreed that a further meeting with the Association representatives will be held to discuss the findings.

EXPERT WITNESS

The Courts now recognise that the Police Surgeon may be regarded as an expert witness. Possession of the Diploma in Medical Jurisprudence is a clear indication to the Court that the Surgeon has undertaken comprehensive postgraduate study in his subject. However, as in all walks of life possession of the Diploma is no indication to rest on your laurels. Hard work, honesty, dedication and experience are the way to advancement in your career and in the respect of others.

ASSOCIATION DAD



Finally, on your behalf, may I congratulate the DAD of the Association on his well deserved OBE, which he has received from Her Majesty The Queen.

See you in Torquay,

FUAD GABBANI

The President wrote this letter whilst in hospital recovering from a recent illness. He is now at home and making good progress.

THE NEW POLICE SURGEON

A Practical Guide to Clinical Forensic Medicine

Good news, bad news. First the bad. At this eleventh hour the W.G. Johnston Memorial Trustees learned, without previous warning, that production costs were much greater than the original estimates.

An emergency meeting was arranged between the Trustees and Hutchinsons on 9th February. At that meeting the publishers regretted providing misleading information and though not assuming a philanthropic role, were nevertheless honourable and compassionate. The Trustees, forced into a most uncomfortable and tight corner, were able to manoeuvre into a more tenable situation. With no little courage and a firm belief in the value of their sponsorship, they ordered full ahead!

As a co-opted observer to this meeting, I am thus able to report the good news:—

Copies will be available for all the pre-publication subscribers and any new purchasers at or about the 28th March.

The book will be formidable in size and content, 560 pages and 89 illustrations (almost double the original estimate).

All pre-publication subscribers will benefit to the extent of £6 per copy since the selling price must now be £18 plus postage and packing.

The publishers regard the finished produce as a 'book of distinction' and a 'prestige publication'.

As an Association, we must now do our utmost to recover the costs by buying and selling. In either case it is imperative that all purchases shall be made through the Association. By so doing, the Trustees will recoup the whole of the selling price. If sold through bookshops, or direct from the publishers, their commission will amount to over 50% of the selling price.

To those attending either the Forensic Science Society Symposium in April or the Association Conference in May, the book will be available for inspection. I am sure that you will not require much convincing that it will be a most valuable acquisition.

STAN BURGESS

CONFERENCE EXHIBITION

An opportunity for every member to make a contribution to the Annual Conference exists in the display of photographs and other exhibits which will be on show throughout the academic part of the Conference.

If you have any items which you think might be of interest please send them to:

*The Conference Secretary,
Vine House, Huyton Church Road,
Huyton, Nr. Liverpool L36 5SJ*

All exhibits will be returned after the Conference.

ROBERT HUNT COOKE

Robert Hunt Cooke was born in India in 1900, the son of a doctor. He was educated at the University College, Hendon, and received his medical education at St. Bartholomew's where he qualified with honours in 1922. After holding house officer posts at St. Bartholomew's, he entered general practice in conjunction with his father and brother. He obtained his MD in 1924.

Soon after becoming a general practitioner, he was appointed Medical Superintendent at Hendon District Hospital. He was also appointed Police Surgeon to the Metropolitan Police, and later medical officer to the Metropolitan Police Cadet and Training School at Hendon. He retired from general practice and moved to a charming old cottage at Newnham in Kent in 1965, where he took an active part in village life, and became church warden to Newnham Parish Church.

During his 41 years in practice he became very interested in his police work and joined the Metropolitan Police Surgeons Association. He joined the present Association on its formation and took a keen and active part, serving on the Council for three years, and becoming its fourth President 1960-1963.

He was appointed one of the first examiners on the inauguration of the Diploma in Medical Jurisprudence, and was immediately awarded the Diploma honoris causa. He was elected a trustee of



the W.G. Johnston Memorial Trust Fund, a post which he held until shortly before his death.

His hobbies were gardening and wood-carving, in both of which he took a keen and meticulous interest. His home is adorned by many wood carvings of his own design. He presented to the Association an oak wood carving of a gavel and anvil bearing the crest of the Association.

He later presented a similar carving to the Northern Ireland branch, and both are now in regular use.

Robert was a quiet, charming and well loved man. He was greatly appreciated and respected by all with whom he came into contact, always ready and willing to help a friend or colleague in time of need. He will be deeply mourned by a wide circle of friends.

He is survived by a son and daughter, and by his charming wife Joy who gave him every encouragement in all his activities, and cared for him with great tenderness in his terminal illness.

We have lost a great and loyal friend, a respected colleague, and the Association is much the poorer by his passing.



RALPH SUMMERS

**MINUTES OF THE 26TH ANNUAL
GENERAL MEETING HELD AT THE
CAMBRIDGESHIRE HOTEL,
BAR HILL, Nr. CAMBRIDGE ON:
WEDNESDAY 18th MAY, 1977.**

1. The Hon. Secretary read the notice convening the Meeting.
2. Apologies of absence were accepted from 21 members.
3. Minutes of the 25th Annual General Meeting were adopted.
4. The Hon. Treasurer's report and balance sheet was accepted after a proposal by Dr R. Summers seconded by Dr J. White coupled with a vote of thanks to the Treasurer. Hon. Treasurer stated that although expenditure had risen by £1000 in the year this was not unreasonable in the light of continuing inflation, increases in postage, telephone bills and other expenses. Nevertheless we were able to finish the year with an excess of income over expenditure of £2,600, with £5,900 being deposited in a Building Society — the interest on our deposits being £327 was donated to the W.G. Johnston Trust Fund.
5. The Hon. Secretary's report was accepted after a proposal by Dr M. Cosgrave seconded by Dr M. Watson coupled with a vote of thanks to the Hon. Secretary.
6. Dr Ralph Summers in presenting the report of the W.G. Johnston Trust Fund gave a resume of the progress of the production of "The New Police Surgeon — A Practical Guide". This was also spoken to by Dr S. Burges and after questions from several members had been answered, Dr Midha proposed and Dr Pole seconded that "the Association lend the W.G. Johnstone Trust Fund the sum of up to £2,000 if required for assistance in the cost of publication". The motion was passed unanimously.
7. Hon. Secretary reported he had been notified of the deaths of Dr I.W. Hughes (Llandudno) and Dr G.M. Dowson (Whitley Bay). 36 resignations had been received during the year. 30 new had joined during the year. The meeting confirmed new membership applications as posted on the notice board.

The total Association Membership being as follows:

Full	446
Life Associates	38
Corresponding	12
Honorary	13
TOTAL	559

8. On behalf of Council the President proposed that Honorary Membership be offered to Dr Alan Usher and Dr John A.G. Clarke. The proposal was accepted unanimously.
9. Dr McFadyen proposed and Dr M. Watson seconded that the officers be elected 'en bloc' as proposed by Council. The motion was accepted and the President thanked Drs Craig and Wallace who retired from Council. Dr S. Lundie, Dr H. Rosenberg and Dr I. Doney were welcomed by the President on their election to Council (representing Areas 4, 5 and 6 respectively).
10. Speaking on behalf of the Northern Ireland branch Dr R. Irwin proposed that "The name of the Association of Police Surgeons of Great Britain be altered to, the Association of Forensic Medical Officers". He first of all drew our attention to the fact that Northern Ireland was not a part of Great Britain (it was part of the United Kingdom) and that very few of our members were in practice as 'Surgeons' but the overwhelming reason why his members had suggested a change of name was because the title of Police Surgeon associated members directly with the Police Force especially in the minds of those responsible for criminal acts. He reiterated the points that were published in the No. 2 Supplement to the Police Surgeon journal and regretted having to suggest a change in an honoured title because not only the terrorists but certain members of the legal profession had made suggestions in Court that the evidence given by 'Police Surgeons' was suspect because of the fact that they were Police Surgeons. Two Judges had also suggested to him that the name be changed because of the difficulty in the present legal climate in Northern Ireland of accepting Police Surgeon's evidence as impartial. Also, now that members of the Police Force and their families were targets of

the terrorists it was felt that Police Surgeons or their families may also be in danger of intimidation and attack.

Dr. Charles Stewart spoke in support of Dr. Irwin and both speakers were congratulated by the President and subsequent speakers on the talk and clear manner in which they had presented their case.

A debate lasting approximately one hour followed during which several speeches of a high standard were delivered both in support of and against the proposal. All speakers without exception recognised the dangers to our colleagues and their families in Northern Ireland and if it was felt that by changing the name of our Association these dangers could be reduced even in the smallest way, then several speakers mentioned (to strong approval round the hall) that this should be done forthwith but at the same time opinions were expressed that such a change would not achieve such a result and the exemplary conduct of our members in accordance with the highest standards of medical ethics and the traditions of our profession which they had shown over the past several years was the only and probably the best protection they could hope for.

Dr Stanley Burges strongly opposed the motion and his reasons were repeated by subsequent speakers. Dr Ralph Summers mentioned the historical derivation of our title from a mention in a report of July 29th 1829 of the appointment of a Police Surgeon to the Bow Street runners (the predecessor of the Metropolitan Police). In 1887 the Metropolitan Police Surgeons Association was formed and in 1951 this gave birth to our present Association. On three previous occasions in the history of the Metropolitan Police Surgeons Association and once in history of this Association it had been previously debated that the title 'Police Surgeon' be changed but he felt that whatever title was used to replace 'Police Surgeon' if we were appointed and paid by the Police then the same arguments against our title would be used. He felt that we should be appointed and paid by the Court.

Several speakers mentioned that after twenty-five years our work as the APSGB was well known to Parliament, the Police, the Legal profession and our colleagues in the medical profession. To change our name now would perhaps cause confusion and lose some of the good-will we had established over the past 25 years. After hearing these views in opposition to the motion and thanking the meeting for their understanding of the problems of our Northern Ireland colleagues Dr Irwin withdrew the motion, but requested that members gave the matter their serious consideration in the coming year.

There being no other business the meeting was closed at 6.50 p.m. The next AGM to be arranged by the Assistant Hon. Secretary during the annual Conference at Torquay in 1978.*

* AGM 1978, 5.00 p.m., 10th May, Palace Hotel, Torquay.

The Editor wishes to express his gratitude for the invaluable assistance provided by his secretary, Mrs. Sheila Anderson, without whom this magazine would not have been possible.

Reported in the Greater Manchester Police Newsletter: An Irishman made an anonymous hoax call to the police about a bomb planted in a large store. Suspecting the call to be a hoax, the duty officer treated it somewhat coolly. The Irishman became enraged and said that he wished to complain about the policeman's attitude. The Irishman was then asked for his name so that the complaint could be passed on — and gave it.

(Daily Telegraph 27.2.78)

INSTRUCTIONS for the LIVERPOOL POLICE FORCE



The following extracts are taken from a book published in 1878, by order of the Liverpool Watch Committee. It had 360 pages, measured 4 3/8th" by 6 1/4" by 3/4", and was fastened by a clasp. Its size enabled a Police Constable to carry it with him at all times. It was divided into seven sections — Organisation; General Duties and Instructions; Miscellaneous Duties; Bridewells; Fire Brigade, (then part of the Police Force); Legal Powers, Abstracts of Acts of Parliament, and Bye-Laws, with Miscellaneous Instructions; and Abstracts of Local and Other Acts, Bye-Laws, etc.

It is interesting to note how closely some of the instructions issued a hundred years ago parallel the instructions issued today. Other sections throw curious light on the social conditions prevailing at the time.

Bridewell: from St. Bride's Well (1552) in London, near which stood a Royal Lodging given by Edward VI for a hospital, and later converted into a house of correction. (OED)

Main Bridewell — Medical Officer

The Medical Officer must reside within such a distance from the Main Bridewell as may be satisfactory to the Watch Committee, so that his services may be readily obtainable, day or night.

He must see daily, and oftener if necessary, such of the prisoners as are sick, and report to the Governor any case that may arise for varying the diet or treatment.

He must enter a register, to be kept in the Bridewell, the date and hour of each visit, an account of the state of every sick prisoner, the nature of his or her disease, a description of the medicines and diet, and any other treatment he may order for such prisoner. No medicine shall be issued, except by the immediate direction of the Medical Officer or his Assistant.

He must report to the Governor, in writing, all cases where it is necessary to separate persons having infectious complaints, or being suspected thereof; or to cleanse, disinfect, and whitewash any apartments.

Whenever he shall have reason to believe that a prisoner is likely to be injuriously affected by the discipline or treatment in the Bridewell, he must report the case, in writing, to the Governor, together with such directions as he may think proper.

In case of sickness, necessary engagement, or leave of absence, he must appoint a substitute, to be approved by the Head Constable; and the name and residence of such substitute shall be entered in his journal.

Exchange Bridewell



Appointment of Constable

All applications for admission into the Police Force must be made to the Head Constable, in the handwriting of the applicant, accompanied by testimonials as to intelligence and character. A testimonial from the last employer must be produced, or from some respectable person having a personal knowledge of the candidate.

The standard age for the Police Force is from 22 to 35 years inclusive, and the standard height 5 feet 8 inches; and every candidate must be examined and duly certified by one of the Surgeons to the Force as fit for service.

Any applicant for the office of Constable shall be deemed ineligible who has been dismissed from any public service.

Hurt Notes and Sick Pay

If hurt on duty, whether or not requiring the aid of the Surgeon on the Force, he must immediately report it to his Inspector, however trivial the hurt may at first appear; he will, if necessary, receive from the Head Constable a hurt note, in order to secure his pay.

When sick, he is to give notice, in writing, to the Superintendent; if able to do so, he must go to the Station House and report himself to that Officer; and he must attend or be attended by the Surgeon of the Police Sick Fund, or the Surgeon of the Club to which he belongs, in the latter case producing the necessary certificates. No Constable will be permitted to remain off duty under the plea of sickness unless attended by a Doctor.

One-third of the pay being allowed to Constables, etc, when absent from duty through sickness, it will be necessary for the Surgeons of the Police Sick Fund to forward to the Head Constable's Office, each Monday morning, a return of those Constables who have been on their lists during the preceeding week. Those who have been off duty sick and who do not belong to the Police Sick Fund, must, in the manner above directed, forward certificates of their having been attended by a Surgeon. No pay will be allowed in the absence of such certificates.



*Wavertree lock-up
Limited accommodation
for Police Surgeon
Now disused*

Brothels

Brothels are proceeded against under the following circumstances, viz:—

1. Where very young girls are kept.
2. Where the Police are satisfied that a robbery has taken place, whether there has been a conviction or not.
3. Where they are of notoriously bad character, such as to become a public nuisance.
4. Where they are opened in a respectable street or leading thoroughfare.
5. Where they are complained of by two or more of the inhabitants of the street, who will substantiate the complaint in Court.

When the inhabitants of a street complain to the Police of any brothel which is a nuisance, they must be instructed to address a Memorial either to His Worship the Mayor, or to the Police Magistrate, setting forth the particulars, and praying for its removal; and that two or more of the Memorialists will, if necessary, appear with the Inspector of the Section before the Justices to substantiate their statement, in order that a warrant may be obtained. In the case of a brothel where a felony has been committed, the Inspector must make a special report of the same to the Superintendent of the Detective Department, who will take such steps as may be necessary. Constables are on no account to visit brothels by themselves, except in cases of felony, or where violence is going on, or where parents or others are in search of their children or friends, or when under special orders from a Superintendent; under all other circumstances they must be accompanied by their Inspector.

Self defence and restraines of Prisoners

Except in self-defence he must not strike any person, and in no instance upon the head. Every violation of this rule will be most closely investigated by the Head Constable, and if the case be an aggravated one, it will be sent before the Magistrates for adjudication.

Constables are at all times, when in the discharge of their duty, to exercise the greatest forbearance to every one, and never under any circumstances to use more force than is absolutely necessary for the safe custody of their prisoners; for which purpose the belts may be used in strapping the legs and arms of refractory persons. It must also be clearly understood that it is the bounden duty of all Police Constables, however old or young in the Force, who may witness any ill-treatment committed by less discreet comrades upon any person, whether prisoner or otherwise, to report the same to their Superior Officer. The abstaining from violence, with a civil and quiet manner on the part of the Force, will secure for them the approbation and ready assistance of all well-disposed bystanders.

Keeping order in the streets

Disorder in the streets is generally occasioned either by women of the town, or by drunken and quarrelsome men. With disorderly women the Constable is to hold no communication of any sort. He must behave towards them with discretion and firmness, and never allow them to gather together on his walk, to create a noise, or to interrupt persons as they pass. By compelling them to keep moving quietly along much trouble will be avoided, and by keeping them as much as possible off the streets altogether after twelve o'clock at night, disorder and robberies will be prevented; for these persons not only commit robberies themselves, but take part with professional thieves. If with all his vigilance he cannot control them, he is, whenever they behave riotously or indecently, or quarrel with each other, to take them into custody, and book them for the offence.

It is here repeated that a Constable should be careful not to interfere needlessly. If a drunken person be disorderly,



FENIAN OUTRAGE AT LIVERPOOL
June 10th, 1881

Constable 884 Edward Creighton dragged an infernal machine, left on the steps of the Town Hall, into the roadway where it exploded, breaking many windows in the Town Hall and contiguous buildings. Constable 553 Peter Casey gallantly pursued and captured the two miscreants, one of whom fell in a canal.

he is to advise him to go home; if, however, he be riotous and will not go, he is to call for assistance, and convey him as quietly as possible to the Station. The drunken person is not to be ill-treated, however violent or abusive he may be. If he be stupidly drunk, so as to be unable to find his way home, he is to be conveyed to Bridewell.

It sometimes happens that persons apparently sober behave in a riotous or disorderly manner, such as knocking at gentlemen's doors, or singing in the streets; the Constable is civilly to request them to desist; if they do not, but continue to be disorderly, he is to obtain their names and addresses and summon them, but before doing this, their conduct must be such as to give annoyance to the neighbourhood, and (in order to guard against any charge of improper interference), he should, if possible, have a fellow Constable as a witness.

Children, Women and the Workhouse

Children found straying are to be passed to the residence of the Bellman, if too young to state where they live, and the Constable will report this to his Inspector, in order that information may be given at the nearest Station.

When taking a child to the Workhouse, he must be exact in informing the authorities there of the name of such child, when known. When sent from the Central Police Office, or any of the Bridewells, a written memorandum is to be forwarded with such child, stating, if possible, its name, with the names and address of the parents.

Whenever medical aid is required for poor women in labour, etc, information must be given to the Relieving Officer of the district, who will give the necessary order, without which no legal responsibility can attach to the Surgeon for non-attendance. And when his attention is called to poor people in the streets or in their dwellings, in cases of sudden or extreme illness, he is at once to call upon the nearest Medical Parochial Officer; in all other cases, when time will permit, the Relieving Officer of the District must be applied to. The Constable should have in his Memorandum Book the names and residences of the Medical and Relieving Officers, both of the Parish and Out-Townships, so that no time may be lost when emergencies arise.

When a person apprehended upon a criminal charge is taken ill, and ordered to be removed to the Workhouse, the Constable must, if possible, hand the prisoner over to the Governor, who will acquaint the Constable when the prisoner has become convalescent. Under such circumstances, the Workhouse Authorities must be distinctly apprised of such person being a prisoner; and, further, to prevent any misunderstanding, the Inspector will, as soon as possible, send intimation in writing to the Governor of the Workhouse.

Insane Persons

Persons found wandering in the streets, who are evidently insane, and not under proper control, whether paupers or not, are to be apprehended and brought before a Magistrate, under 16 and 17 Vict. c 97. Neglect in the performance of this duty renders a Constable liable to a penalty of £10. If a Constable is called upon to take into custody an insane person who is under control of friends, he is not to do so; but he will refer the

persons applying to the Parochial Authorities or to a Magistrate.

If an insane person became violent, and likely to injure himself or his friends, the Constable may assist in restraining him until the Parochial Authorities can be communicated with.

Whenever pauper or other lunatics are taken to the Lunatic Asylum, or Workhouse, he should, if possible, ascertain whether they have friends, their circumstances, where residing, and any other particulars connected with them reporting the same to the Inspector: a copy of which must be sent without delay to the Relieving Officer.

Infectious Diseases

The Public Health Act, 1875, imposes a penalty of not exceeding £5 upon persons suffering from any dangerous infectious disorder, and upon persons in charge of others so suffering not taking proper precautions against spreading such disorder, and upon persons giving, lending, selling, transmitting or exposing, without previous disinfection, any bedding, clothing, rags, or other things which have been exposed to infection from any such disorder.

Proceedings under this Act are taken by the Inspector of Nuisance.

The Inspector of Nuisances should be immediately informed of all cases in which the body of any person who had died from infectious disease is retained in a room or house in which people live or sleep, and where a dead body is in such a state as to endanger the health of the inmates of the house or room in which it is kept.



Constable worse for liquor

When any Constable is accused by a Superior Officer of being worse for liquor, or drunk, he shall, if he think himself wrongfully accused, have the privilege of going to the nearest Bridewell, to take the opinion of the Bridewell Keeper thereon, who must note the circumstances in the Memorandum Book; and if his opinion should be different from that of such superior Officer, the Constable shall then, but not otherwise, have the further privilege of showing himself to the Superintendent on duty.

Accidents and Dead Bodies

In case of accidents to persons, or collisions between vehicles, etc, in the streets, he must obtain the names and addresses of the parties, as well as some of those who have been witnesses thereto, and enter the same in his memorandum book. In cases of fracture of limbs, the stretcher is to be used in preference to a car or cart, which might be painful or injurious. Constables are not to ride back to their Beats.

Dead bodies found in the streets should be taken to the Dead House, Prince's Dock, so that the public institutions may not be troubled with such cases, unless there be a doubt as to actual death.

He must not smoke while on duty.

Killing Mad Dogs

When he has occasion to kill a dog, or other animal, believed to be in a rabid state, or which has been bitten by any dog or other animal reasonably suspected to be in a rabid state, he is to do so as speedily and privately as possible, taking care that the carcase is removed by the scavengers.

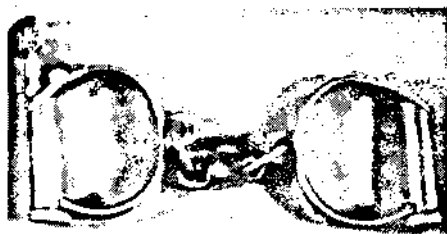
District Bridewell Keeper

When any Constable who has been charged by a superior Officer with being the worse for liquor, asks to have the opinion of the Bridewell Keeper as to his condition, he must enter in the memorandum book the circumstance of the Constable calling, together with his own opinion and send an extract of the same to the Chief Clerk.

When any of the Bridewell Keepers have been sick, or on leave, and have consequently forfeited the next turn of special leave, the floating Bridewell Keeper will be apprised by the Station Clerk, so that he may, for that day, take duty at the Main Bridewell at six o'clock a.m.

At the end of each quarter the resident Bridewell Keepers will obtain from the Doctor attached to each Bridewell his account for attendance during the past quarter, and compare the same with the Bridewell Medical Book, certifying if correct. The hour of attendance in each case to be stated. These accounts will be forwarded to the Head Constable's office.

All prisoners must be visited at least once every half-hour; in extreme cases of drunkenness, every quarter of an hour. Great discrimination must be used with respect to persons brought to Bridewell on charges of drunkenness, and who may be helpless or insensible. The Bridewell Keeper must not be misled by the smell of drink from such persons, as a small quantity of liquor may induce fits in those who are liable to them. In the event of doubt, he must not assume any responsibility, but at once send for a doctor. When a person is in a state of insensibility, whether from drunkenness or any other cause, the first thing to be done is to loosen the necktie, and when put into a cell a pillow is to be placed under the prisoner's head. Should a Surgeon be required, the Bridewell Keeper on duty must instantly send for one, by note from the medical book, entering the time such note was sent, by whom, and the time the Surgeon attended. Should the Surgeon recommend the prisoner's removal to the hospital, it must be done at once, and the medical book in which he has entered the



condition of the prisoner laid before the Magistrate next morning.

If the prisoner is charged with felony, a report must be forwarded to the Divisional Station, in order that an Officer may be placed in charge of him, if necessary. Should death ensue, the Bridewell Keeper must make a full report of the case.

Prisoners are not to be removed from a District Bridewell to the Main Bridewell when insensible.

When a woman is lodged in Bridewell drunk, having an infant apparently under twelve months old, and no friends, and when there are no sober female prisoners willing to take charge of it until the mother becomes sober, he will see that such child is conveyed by the Constable to Brownlow Hill Workhouse, with particulars as to the mother's name, etc. He will also instruct the Constable to call at the Workhouse for the child, in the morning before going to Court. It will be conveyed to the mother, at the Main Bridewell, by one of the Workhouse nurses. When such women are apprehended on Saturday night, a messenger will be sent for the child, from the Main Bridewell on Sunday. He must be careful to state in the charge when infants are sent to the Workhouse.

Dietary Table

Ordinary Prisoners

In the Main Bridewell, on *Sundays*, who are not supplied by their friends with food, and who have no money to purchase any, must be supplied with a pint of gruel and eight ounces of bread in the morning, the same in the evening, and the same on Monday morning.

Destitute Prisoners

Remanded from day to day, to be supplied with food according to the following scale, where it is necessary:— Tea and bread at breakfast and tea time, at a cost of sixpence each; and bread and meat, or bread and cheese, at dinner time, at a cost of one shilling each.

Three Days' Prisoners

Breakfast:

Males — 8 ounces of bread.

Females — 6 ounces of bread.

Dinner:

Males — 16 ounces of bread.

Females — 12 ounces of bread.

Supper:

Males — Same as breakfast.

Females — Same as breakfast.

With a fresh supply of water on each occasion.

SWEET VIOLETS

A Canadian inventor claims to have found a method of making skunk oil synthetically. He says that the oil can be used as a defence against rape. It is put into plastic vials, which are then clipped to a brassiere. If the woman is attacked she can break open the vial with one hand, thus dousing both victim and attacker, the smell apparently deterring the would-be-rapist.

A trial in Vancouver is reported. A woman used it on her attacker, who fled the scene. The Police found him 25

minutes later in a restaurant — they apparently smelt him out!

The substance is to be marketed under the name *Rapel*, a combination of 'rape' and 'repel'. It is to be sold with a strong deoderiser, which makes the woman smell more satisfactorily afterwards.

Trials have been undertaken to determine the chance of a vial breaking open accidentally. It has been discovered that if the vial is worn in the cleavage it cannot be broken by accidentally running into hard objects. What happens if the woman is less than well endowed is not stated.

We look forward to hearing the results of double blind trials.

ASSOCIATION OFFICE

AMENDMENTS TO MEMBERSHIP LIST

We apologise for the following omission from the last issue of the Supplement:

Honorary Member: The Rev Dr W. Hedgcock Norfolk

NEW MEMBERS

Area No. 1 (NI)	Dr J.D. Adams Dr R. Bryans Dr M.J.H. Kelly Dr C.K. Munro	Portadown Ballcrochan Belfast Londonderry
Area 2.	Dr K.T. Ulahannan	Halifax
Area 3.	Dr M.B. Davies Dr G. Fleet	Kidderminster Telford
Area 4.	Dr N.M. How	Daventry
Area 5.	Dr J.H.M. Buckley Dr J.C. Cummins Dr J.R. Farrow Dr R. Shanks	Southend-on-Sea Havant Clacton-on-Sea Northfleet
Area 6.	Dr R.F. Hunt Dr T.I. Manser Dr C.M. Sutherland Dr M. Sutherland JP	Northam, N. Devon Totnes, S. Devon Lifton, Devon Lifton, Devon
Area 7.	Dr K. Gammon Dr A. Khallaf Dr N.J. Lupini	Mold, N. Wales Rhondda, S. Wales Llanelli, S. Wales
Area 8.	Dr M.J. Heath Dr A.J. Lyons Dr I. Muir Dr G.D.S. Pallawels Dr P. Vanezis	Godstone, Surrey Surbiton London N21 London London

We regret to report the following deaths:

Dr Robert Hunt-Cooke	Newnham, Kent
Dr H. Shepherd	Newport, Gwent
Dr D.H. Warden	Lisburn NI

RESIGNATIONS

Area 1.	Dr J.M. Scott Dr G. Burns	Preston Huddersfield
Area 1. (NI)	Dr T.B. Brolly Dr J. Houston Dr T.A. Spencer Dr W.M. Holley	Newtonabbey Bangor Armagh Coleraine

Area 5.	Dr M.G. O'Flynn Dr I.C. Nicolson	Havant Gosport
Area 6.	Dr L. Jacobs	Torquay
Area 9.	Dr E.R. Tennant	Ullapool

CORRECTIONS:

Hon. Member	Dr I.F.B. Johnston DMJ	Knaresborough
Area 6.	Dr M. Watson	Weymouth
Area 7.	Dr M.W. Watson DMJ	Cardiff
Area 4.	Dr B.P. Collins	Nottingham
Area 9.	Dr R.H. Brown	Bothwell

Association Emblems

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

1. Aide-Memoirs — documents for recording notes made at the time of forensic medical incidents packets of 50 £2.00
2. Key Fob with the crest in chrome and blue enamelled metal £1.00
3. Terylene Ties, Silver motif on blue £3.00
4. Metal Car badges, chrome and blue enamel (for hire only) £5.00
5. Car Stickers for the windscreen (plastic) each 50p

Note postal charges on Aide-memoirs:

55p for one packet (50)

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HEPATITIS

An Occupational Risk Continued

In a previous article the incidence of carriers of the Australia antigen and the way in which Police Surgeons and laboratory workers can be infected was discussed. This article is concerned with practical measures that can be taken in the Surgeon's room at Police Stations (and in the surgery) to avoid infection.

In the earlier article it was suggested that any blood spilt onto the floor or desk should be immediately cleaned up by the Police Surgeon and not left for domestic cleaners. In addition surfaces onto which blood had been spilt should be swabbed down with a sodium hypochlorite 0.01% solution. This is MILTON diluted with water to a strength of 1 in 100. Milton can easily be bought at any chemist. Soiled dressings and disposable instruments should, if possible, be sealed in plastic bags and taken for incineration. Non-disposable instruments should be boiled for at least 10 minutes.

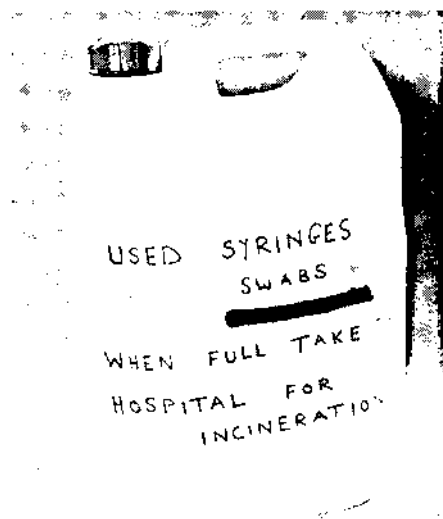
Most police authorities provide cardboard boxes in which used syringes are placed. Unfortunately accidents have occurred because the syringes have been pushed into boxes with the needle still attached. The needle has pierced the sides of the box as shown in photograph 1. I

have received an injury from such a needle when picking up containers and I know of one policewoman who was off duty for some weeks with an infected hand following such an accident. It is better in all cases to remove the needle from the syringe nozzle, reverse it and push it into the barrel of the syringe as shown in photograph 2. (I always use the

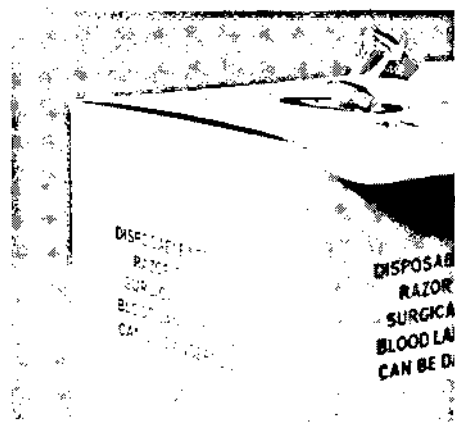


swab packet to protect my fingers from blood contamination). There is then no danger of the needle piercing the side of the cardboard box.

Another problem with the cardboard box is the leakage of blood and a better container altogether is shown in photograph 3. These plastic containers are used



universally for the distribution of fruit juices, household disinfectants, detergents etc, and when empty are usually thrown away. Empty containers are found in most households or may be obtained from hospitals. Some of them have narrow openings which will not accept the larger syringes but suitable container



can usually be found. They present no problem as far as incineration is concerned.

The disadvantages of thin wall cardboard boxes have now been realised and various containers are coming on to the market for the disposal of used syringes. These are not inexpensive and I do not see the advantages that they have over the ordinary 'throw away' plastic containers.

The measures described above not only diminish the chances of contracting hepatitis but will reduce the incidence of any infection and are for guidance. Other authorities may suggest alternative measures.

H.B. KEAN

PRESENTATION



In November 1977, a presentation was made to Dr John A.G. Clarke, formerly Secretary to the Association of Police Surgeons of Great Britain. John, who resigned his office in 1975, was responsible for much of the work which went into the present day contract with the Police Authorities.

It had been hoped that the Presentation, of six handsome goblets engraved with the Association crest, could have been made during one of the Association meetings, but unfortunately John has not been able to attend recent meetings of the Association.

John is now an Honorary Member of the Association, but no longer practices as a Police Surgeon. He sends his good wishes to all his friends in the Association, and hopes to attend Association meetings again in the not too distant future.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

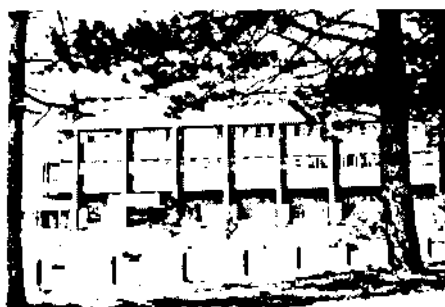
Meetings for 1978, 1979 and 1980

Annual Conference, 1978

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

Autumn Symposium, 1978

23rd-24th September, 1978
Suffolk Constabulary Headquarters
Martlesham Heath, Ipswich.



*Suffolk Constabulary Headquarters,
Martlesham Heath, Ipswich*

Annual Conference, 1979

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

Annual Conference, 1980

19th-24th May, 1980
Peebles Hotel Hydro, Peebles,
Scotland.

STANLEY HERBERT BURGES

PRESIDENT ELECT

AN ASPIRANT EXPOSED BY PANJANDRUM

"Discussing the characters and foibles of common friends is a great sweetener and cementer of friendship".

Hazlitt

BURGES: A Squatter, Backwoodsman or Burgher.

(Any primary school dictionary)



One of these is Burges

CAMOUFLAGE

The President Elect is readily identified even from a distance: moustachioed, constantly puffing and sucking a well chewed pygmy plastic pipe, wearing a floppy moppo cloth cap pulled down to the level of his Healey-thick eyebrows and onto both ears. The cap is a ploy to conceal his olive green complexion. Wearing woollen socks falling about his ankles, he becomes irritable when Pam reminds him, quite sweetly, to pull them up. With trousers at half mast and a hacking jacket to match topped by a mop of mustard and cress (or is it salt and pepper?) hair, this ensemble resembles a drooping chrysanthemum. As good luck would have it his abdomen has not gone off on a career of its own. Unvaryingly he carries a tycoon case and the distinctive baggage is crammed full of the latest articles he has written, but look

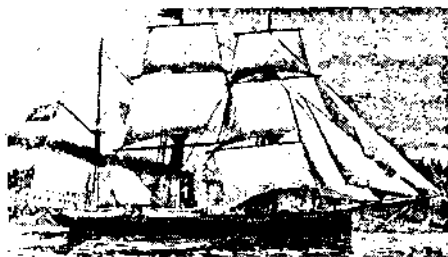
again, for beneath them is hidden a tin of dog food — enough for two.

SEA DOG

Not averse to a little leisure, he takes out his boat and Skipper Stan, the sailor-man, smokes his stumpy pipe sitting crosslegged on his haunches in the stern. Buddha poised he snaps orders to his press-ganged crew, inveigled aboard as guests. Poor Pam pulls up the sails, ties off the ropes, even hangs over the bow grabbing for the mooring buoy, only to be sworn at for missing it. With broken fingernails, wind swept hair and burning abraised arms, she goes below, exhausted, to prepare the lunch. The raging mariner bellows down the galley "Hurry up there! What about my lunch". Reproached by a decorous guest from Norwich for this dictatorial and despotic approach to sailing, he tapped his nose murmuring, "Ah, it's all in the mind" inferring that he alone made the vital decisions on directions, wind, etc.

But the bold skipper does not tolerate mutiny on board. Soon after Norwich had beaten Ipswich, using the round ball, the outspoken guest embarked on a cold windy day wrapped in oil skins but with one injured hand in plaster.

Presidential Yacht



He was ordered to remain in the stern. Several pints later he was commanded to use the "bucket and chuck it". To quote his own words, "As I stood there with only one good hand to hold on to everything, to support myself from falling overboard and to cope with wind and heavy oilskins, Stan Sade took a photograph of my helpless plight". Be on your guard — suspect an invitation aboard the Presidential Yacht.



Stolen from Stan Sade's Archives

That is the complete picture, an artist's impression and it makes plain why it is that when this Burgher, alias Burges, looks at a sausage he sees Gainsborough, thus displaying his parochial tastes. Be not too alarmed by his East Suffolk style garments, the bludgeon he regularly carried is now safe in the museum at Ipswich, since he no longer does his rounds on a Suffolk Horse. Miraculously the most blemished of human exteriors may contain the most beautiful of viscera. With this singular framework of clothes [has he, you may well ask, anything of consequence inside them?

Let us then dissect this one time lecturer in Anatomy at King's to discover and demonstrate his enigmatical interior.

THE DISSECTION

He qualified, but that need not be held against St. George's, and a series of hospital appointments followed. The ancient port of Ipswich was pillaged by the Danes in the 10th and 11th centuries and again by Burges in the 20th when he entered General Practice in that unprepared fair City. He had fixed ideas on where he wished to practise from the day he learnt that Maria Marten was hanged in Ipswich.

FIRST STEP

APPOINTED POLICE SURGEON

Inspired by Maria's reputation he directed his interest to forensic medicine and applied and obtained the appointment of Force Surgeon which is the anachronism by which a Police Surgeon is known in the County town of East Suffolk.

Realising the importance of ingratiating himself into the local community he visited the Great White Horse Inn hoping to meet the Ipswich magistrate in the Pickwick case but he was disappointed when told that Mr. Pickwick had only been a temporary resident of very much less than 15 days. Discouraged he returned home to his beautiful, charming and dutiful wife, Pam, who was more familiar with local affairs. She consoled her disheartened spouse and, with her arm on his shoulder, told him of the local butcher's boy who had made good. As they sat looking upwards even higher than St. Mary-le-Tower, Burges learned of Wolsey the Ipswich butcher's son, and his rapid climb to power at the Court of Henry VIII. For the love of Pam and especially for his own alerted ego he resolved that he too would seek and secure preferment. He began thinking that if a butcher's boy could achieve such distinction then it should not be so difficult for a Force Surgeon to do likewise. His enthusiasm and confidence was further enhanced when he learnt that Wolsey's bastard son had held thirteen ecclesiastic offices while still a schoolboy.

SECOND STEP

ELECTED MEMBER APSGB

His course was now firmly set and to further his burning ambition the designing fellow travelled North to Keswick and was accepted as a member of the Association of Police Surgeons. At that, his first attendance at an Annual Conference, the contriving neophyte intervened on no less than three occasions in the debate on The Road Traffic Act. However, it can be said that his presence in no way contributed to the strike of the Hotel Kitchen Staff just after the soup had been served at the Annual Dinner Dance.

THIRD STEP

ELECTED MEMBER OF COUNCIL

Pursuing his initial success he arranged to put in regular attendances at successive conferences, for he was greatly encouraged by his earlier triumph at Keswick. At great inconvenience to himself he travelled South to the Conference at St. Helier hoping to gain further advancement. During the AGM in Jersey those members, able to be present, considered that he had made further progress and he was elected a member of Council. There is absolutely no evidence that he had a hand in preventing the plane carrying the President and many members from arriving until after his selection. There was fog about and rumours may have spread because it was at this time that Burgess and Maclean defected to the USSR. But there should not be any confusion for that Burgess had regular hair cuts — see photograph.



*Burgess
the Spy*

FOURTH STEP

ELECTED PRESIDENT ELECT

Burgess, alias Backwoodsman, was crafty enough by this time to know that his next move would be more difficult and could only be achieved by insinuating himself into the favour of Council. So successful was he that by consensus those unsuspecting and trusting Councillors declared him the favourite for nomination as President Elect.

In an exclusive and private room at the London Hospital he was asked whether he would allow his name to be put before Council as President Elect. The request took him unawares and produced in him an acute inhibitory effect but despite his surprise and discomfort he allowed his name to be put to Council. At the AGM at Peebles he was nominated by Council as President Elect, and his nomination was unanimously accepted and approved.

Immediately following his election our own Sunny Jim (Hilton not Callaghan) called aloud "I hope that he buys a new jacket when he is made President — and that he gets his hair cut". This was greeted with such loud and prolonged acclamation that its intensity broke the recording microphone.

FIFTH STEP

ELECTED AS PRESIDENT

He has made good progress as Learner President and excepting calamities will be installed as President at Torquay. Reveling to the delight and approbation of his unsuspecting audience he will insidiously discard his usual camouflage. When he replies at the Dinner to the health of the President he will don an embroidered amethystine dress shirt adorned with frills and furbelows, garnished with a trim butterfly red velvet bow tie beneath a two piece maroon brush velvet suit generously sprayed with Brut. Although he is unable to fill a cummerbund his ensemble will match the glittering gold chain (presented by Mollie) and its background of blue ribbon which supports the medallion worn by the President.

15 good reasons why we're sure you'll be giving us a ring any second now . . .

- 25 acres of woodland grounds
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- Squash courts
- Indoor and outdoor swimming pools
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Assistant Editor: The Police Surgeon

Examiner for the DMJ

Guest Lecturer — St. George's Hospital

Tape Recordist:

Examination of Rape RCGP

Editor:

The New Police Surgeon —

A Practical Guide

When his passions were aroused by Anthony Burgess' book "Nothing Like the Sun" a story of Shakespeare's love life, he wrote a section on sexual crimes and sexual deviation for the new book, surpassing any book published on the subject — his magnum opus.

"BELIEVE NOT ALL YOU READ,
INCLUDING PARTS
OF THIS MELANGE"

is an old Chinese proverb that I have just made up myself to protect me from the Law of Libel.



Burges at Home

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**ASSOCIATION OF
POLICE SURGEONS
OF GREAT BRITAIN**

27th

ANNUAL CONFERENCE

8th - 13th MAY, 1978



CONFERENCE PROGRAMME

President 1976-1978: Dr Fuad A. Gabbani

President Elect: Dr S.H. Burges

VISITING SPEAKERS

Mr John C. Alderson, QPM, FBIM, Barrister at Law, Chief Constable, Devon and Cornwall Constabulary.

Mr T.C. Crewe, BDS, FDS,RCS, Forensic Odontologist, Plymouth

Mr A.S. Davies, BDS, HDD, RCPS, FDS,RCS, Forensic Odontologist, Plymouth

Dr A.C. Hunt, MD, FRC Path, Home Office Pathologist, Plymouth.

Mr M.J. Jardine, CB, Deputy Director, Department of the Director of Public Prosecutions.

Professor C.F. Parker, JP, MA, LLB, Faculty of Law, University of Exeter.

Det Chief Superintendent P.J. Sharpe, QPM, CPM, CID, Devon and Cornwall Constabulary.

Mr Henry Sykes-Balls, HM Coroner for Torbay District, County of Devon.

Dr P.A. Trafford, MB, BS, MRCS, DPM, Senior Medical Officer, HM Prison, Bristol.

Mr B. Wallace, Senior Prison Officer (Hospital) HM Prison, Dartmoor.

ASSOCIATION SPEAKERS

Dr H.Th.P. Cremers, Principal Police Surgeon, Rotterdam Police.

Dr H. de la Haye Davies, DMJ, Principal Police Surgeon, Northamptonshire Police, Hon Secretary, Association of Police Surgeons of Great Britain.

Dr I.E. Doney, DMJ, Police Surgeon, Bristol, Member of Council, Association of Police Surgeons of Great Britain.

Dr D.S. Filer, Police Surgeon, Metropolitan Police, Assistant Editor, "The Police Surgeon".

Dr J.E. Hilton, DMJ, Force Surgeon, Norfolk Constabulary, Assistant Editor "The New Police Surgeon". Trustee W.G. Johnston Memorial Trust Fund.

Dr S.E. Josse, DMJ, Police Surgeon, Metropolitan Police, Member of Council, Association of Police Surgeons of Great Britain.

Dr M.A. Knight, DMJ, Deputy Force Surgeon, Suffolk Constabulary.

Dr R.A.A.R. Lawrence, DMJ, Assistant Editor "The Police Surgeon".

Dr W.D.S. McLay, LLB, FRCS, Chief Medical Officer, Strathclyde Police, Assistant Editor "The Police Surgeon".

Dr R.D. Summers, OBE, Trustee, W.G. Johnston Memorial Trust Fund.

The following pharmaceutical forms will be exhibiting during Conference:—

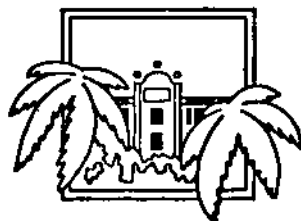
Allen & Hanburys Ltd.
Brocades Great Britain Ltd.
Geigy Pharmaceuticals.
Imperial Chemical Industries Ltd.
Reckitt & Colman .

Smith Kline & French Laboratories Ltd.
Stuart Pharmaceuticals Ltd.
E.R. Squibb & Sons Ltd.
Syntex Pharmaceuticals Ltd.
Tillomed Laboratories.

MONDAY, 8th MAY, 1978

Arrival

- 1.00-2.15 p.m. Luncheon
4.00-5.30 p.m. Tea and Biscuits
7.30-9.15 p.m. Dinner
9.45-12.00 p.m. Dancing



TUESDAY, 9th MAY, 1978

- 8.00-9.30 a.m. Breakfast

Optional full day tour

- 9.15 a.m. Leave hotel by coach to Higher Car Ferry, Dartmouth, disembarking and crossing river by ferry.
10.00 a.m. Coffee at Dart Marina Hotel.
10.30 a.m. Embark on Launch at Dart Marina Landing Stage for cruise up river to Totnes.
11.45 a.m. Arrival at Totnes — re-embark on coach to
12.00 noon The Cott Inn, Dartington. Buffet luncheon. Optional visit to the Dartington Cider Press Centre — an extensive craft centre.
2.00 p.m. Leave Dartington.
3.30 p.m. Visit to Castle Drogo, Drewsteignton, Dartmoor.
FREE admission to members of National Trust on production of membership card. Admission for non-National Trust members — 80p.
Return to Torquay.
For those not on Tour—
1.00-2.15 p.m. Luncheon
4.00-5.30 p.m. Informal tea in the main lounge.
7.00-8.45 p.m. Dinner
8.30 p.m. Council Meeting (Card Room)
9.15-12.00 p.m. Dancing



WEDNESDAY, 10th MAY, 1978

- A.M. No organised activities. There are a considerable number of places of interest within easy reach of the hotel. Details will be made available.
12.15 p.m. The President, Dr Faud Gabbani, entertains members of Council, first attenders and their wives.
Registration.
1.00-2.00 p.m. Buffet Lunch

There will be an Exhibition of Photographs and other items adjacent to the Lecture Room (Ballroom) from Wednesday until Friday.

The Devon and Cornwall Constabulary will be the principal exhibitors. Members are invited to contribute to this Exhibition.

WEDNESDAY, 10th MAY, 1978 (Continued)

COMMENCEMENT OF LECTURES

- 2.00 p.m. Mr J.C. Alderson — "LAW AND AUTHORITY".
2.45 p.m. Professor C.F. Parker — "THE EFFECT OF DRINK AND DRUGS ON OTHER OFFENCES".
3.30 p.m. Tea
4.00 p.m. Mr Henry Sykes-Balls — "THE CORONER'S JURISDICTION".
5.00 p.m. ANNUAL GENERAL MEETING
7.00 p.m. Sherry Reception given by Mrs Burges for the Ladies. (Main Lounge)
8.00-9.15 p.m. Dinner
9.45-12.00 p.m. Dancing

THURSDAY, 11th MAY, 1978

- 8.00-9.30 a.m. Breakfast
9.15 a.m. Dr David Filer — "THE INTOXIMETER COMES TO TOWN".
9.45 a.m. Det Chief Superintendent Proven Sharpe and Dr A.C. Hunt, Joint Paper — "MURDER IN RURAL COMMUNITIES".
10.45 a.m. Coffee
11.15 a.m. "MURDERS IN RURAL COMMUNITIES" continued.
11.45 a.m. Mr T.C. Crewe and Mr A.S. Davies, Joint Paper — "BITE MARKS AND KNOCKED-OUT TEETH".
12.45 p.m. Buffet Lunch.
1.30 p.m. Informal talk — An opportunity to discuss problems with senior members of the Association.
2.15 p.m. Dr R.D. Summers — "EARLY HISTORY OF THE POLICE SURGEON AND THE FORMATION OF THE ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN".
2.45 p.m. Mr B. Wallace — "THE WORK OF THE PRISON OFFICER WITHIN THE PRISON SERVICE".
3.30 p.m. Tea
4.00 p.m. Dr P.A. Trafford — "HOMICIDE IN ACUTE PORPHYRIA".
5.50 p.m. Coaches leave for Reception.
6.00-7.00 p.m. Reception by Mayor and Mayoress of Torbay at Torre Abbey Mansion.
7.30 p.m. Dinner
9.45-12.00 p.m. Dancing

FRIDAY, 12th MAY, 1978

- 8.00-9.30 a.m. Breakfast
9.15 a.m. Short Papers by Association Members:
Dr Michael Knight — "ORGANISATION OF PHOTOGRAPHIC RECORDS".
Dr S.E. Josse — "MERCY KILLING".

Dr James Hilton — "EXHUMATION OF CREMATION ASHES".
Dr Hugh de la Haye Davies — "ATTEMPTED CHILD POISONING IN HOSPITAL".

Dr Hubert Cremers — "SEXUAL EQUALITY — FOR ALL POLICE DUTIES?"

Dr David McLay — "POLITICS AND SEX".

Dr Ralph A.A.R. Lawrence — "UNLAWFUL SEXUAL INTER-COURSE".

- 10.45 a.m. Coffee
11.15 a.m. Dr Ivor Doney — "INTERSEX AND THE MEDICO-LEGAL ASPECTS"
12 noon Mr M.J. Jardine — "THE OFFICE OF THE DIRECTOR OF PUBLIC PROSECUTIONS".
12.45 p.m. Group Photograph.
1.00-2.00 p.m. Luncheon
P.M. ULSTER CUP
4.00-5.00 p.m. Informal tea in Main Lounge.
7.30 p.m. Reception by the President and his Lady, Dr & Mrs S.H. Burges.
8.00 p.m. ANNUAL BANQUET
10.00-2.00 a.m. Dancing

SATURDAY, 13th MAY, 1978

- 8.00-9.30 a.m. Breakfast
Dispersal

LADIES PROGRAMME

TUESDAY, 9th MAY, 1978 — Full day tour.

WEDNESDAY, 10th MAY, 1978

- 2.00 p.m. Visit to Saltram, Nr Plymouth.
Admission: *FREE* to card bearing members of the National Trust.
To non-National Trust members admission 80p.
7.00 p.m. Sherry Reception given by Mrs Burges.



THURSDAY, 11th MAY, 1978

- 10.30 a.m. A coach will be arranged to go to Exeter, if there is sufficient interest returning by 4.00 p.m. approximately.
6.00 p.m. Reception by Mayor and Mayoress of Torbay at Torre Abbey Mansion.

FRIDAY, 12th MAY, 1978

- 10.00 a.m. Mrs D. Turney — Flower Arrangement Demonstration.
4.00-5.30 p.m. Informal tea in Main Lounge each day.
Dancing every night.

VENUE The Palace Hotel, Babbacombe Road, Torquay, Devon.

A fine four-star hotel situated in 25 acres of magnificent grounds within a mile of the town centre. Torquay is within a few miles of the M5. There are good parking facilities at the hotel. The sea is a few minutes walk away.

Leisure facilities at the hotel:

Tennis — 2 indoor courts and 4 outdoor tennis courts — free.

Squash — 2 courts — free — bring own plimsolls (not black soled).

Swimming — Heated indoor and outdoor pools — free.

Golf — Nine hole golf course in the grounds, upon which the Short Course Professional Championship takes place — free. 18-hole golf course — Torquay Golf Club — a few minutes drive from the hotel.

Green fees: £2.50 per day, £8.50 Mon-Fri inclusive (Payable at the Club).

Rooms available for billiards, table tennis and cards.

Golf, tennis and swimming professionals available for coaching.

Facilities for children available, including a baby-listening service.

Hairdressing salons for both ladies and gentlemen. Advance bookings for Friday are advisable (see booking form).

SECTION 63 — The Conference has been recognised by the Medical Post-Graduate Dean, University of Bristol as 4 full sessions for postgraduate training allowance. Claims for subsistence allowances and travelling expenses should be made on the appropriate forms and sent to your Family Practitioner Committee.

ULSTER CUP — The "ULSTER CUP" will be played for on Friday, 12th May, 1978, on the Torquay Golf course — 18 holes — Stapleford system of scoring. The first tee has been reserved from 2.00 p.m. to 2.45 p.m. The winner will hold the Cup for one year and will receive a handsome glass tankard engraved with the Association Crest as a memento. Entrance Fee — £1.50 per person, payable before playing (see booking form).

GENERAL INFORMATION:

Palace Hotel, Torquay TQ1 3TG. Telephone: 0803 22271. Manager: Mr. P.D.G. Uphill

Cost: 24 hour rate per person, exclusive of VAT —

Twin occupancy — £18.00

Single occupancy — £19.50

Suite — £ 5.00 a day extra.

The rates include full English breakfast (continental breakfast only for room service orders), morning coffee, luncheon (table d'hôte menu), afternoon tea, dinner (table d'hôte menu) and accommodation.

The Palace Hotel does not levy service charges. However, it may be that members would wish to leave a gratuity, in which event it would be appreciated if they would distribute this to the Heads of Department concerned.

Nearly all rooms have private bathrooms — rooms will be allocated in order of application.

Supplement for Banquet: Residents £1.50 + VAT per person

Guests for the evening £6.00 + VAT per person

charges for accommodation, meals, etc, to be paid direct to the Hotel at the end of stay.

Conference fee (£15.00), Ulster Cup entrance fee (£1.50), Group photographs fee (£1.00) and excursion charges to be paid to H.G. Tyson & Co. with application forms.

All hotel bookings to be made through the Association Travel Agent:

H.G. Tyson & Co., 53 Long Lane, London EC1A 9PA Tel: 01-600 8677

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

BOOKING FORM FOR 27th ANNUAL CONFERENCE
8th to 13th May, 1978

Complete and return with cheque to:
H.G. TYSON & CO. LTD., 53 Long Lane, London EC1A 9PA.

1. TRAVEL TICKETS

Please indicate 1st or 2nd Rail Tickets if required

From to Torquay

2. ACCOMMODATION

PLEASE RESERVE Twin Bedded/Double Bedded Room(s)

PLEASE RESERVE Single Rooms

PLEASE RESERVE A Suite (£5.00 a day extra —delete if not required)

FROM: ARRIVAL TO: DEPARTURE

(Please note that the number of rooms with double beds is limited. A few rooms do not have bathrooms. There are four suites available at £5.00 a day extra. Not all rooms overlook the hotel grounds. Rooms will be allocated in order of application).

3. GOLF

I/we do/do not intend to play in the "ULSTER CUP" competition on Friday 12th May, 1978. (please delete).

4. HAIRDRESSING (Ladies)

Please make a hairdressing appointment for:

Mrs/Miss for a.m./p.m. Friday, 12th May, 1978.
for a.m./p.m. Mon/Tue/Wed/Thur/Fri/Sat

5. BANQUET: Friday 12th May, 1978

I will be/may be/will not be bringing guest(s)
to the Annual Banquet.

(Supplement charges for the banquet for resident guests will be charged on their accounts, unless specific arrangements have been made beforehand with the Conference Secretary. The charge for non-resident Guests for the evening will be £6.00 per person, exclusive of VAT, payable to the Conference Secretary before the banquet.

6. FIRST-ATTENDERS AT CONFERENCE

Is this your first Association Conference?

YES/NO (please delete)

7. EXCURSIONS:

The following are required

a) Tuesday 9th May, FULL DAY

..... seats @ £10.00 per person £

b) Wednesday, 10th May, Saltram

..... seats @ £3.00 per person £

c) Thursday, 11th May

Transport to Exeter

..... seats @ £3.00 per person £

8. GOLF: Competition entrance fee

£1.50 per person

(Green fees payable at golf course) £

9. GROUP PHOTOGRAPH:

Cost £1.00 per copy

Please order me copies £

10. CONFERENCE FEE:

£15.00 per delegate £15.00

TOTAL PAYABLE TO:

H.G. TYSON & CO. £

11. SPECIAL REQUESTS

12. IMPORTANT: COMPLETE IN BLOCK CAPITALS

SURGERY ADDRESS (if different)

YOUR NAME

ADDRESS

Tel No: Tel No:

Responsible Family Practitioner Committee/Health Board Cipher

Prescription Pad Number

DATE RECD NO.

Confirmation SENT

THE FACTS OF RAPE

A REPORT ASSESSED

During the last two or three years the legal and investigative procedures in sexual offences, particularly rape, have come in for considerable scrutiny.

In 1976 the British Academy of Forensic Science said 'The Surgeon's room in almost all the Police Stations in the country would compare adversely with the dispensary in a Victorian work-house'. This came as no surprise to the Association, which has for years been campaigning for improved facilities.

'The Facts of Rape' by Barbara Toner (published 1977 by Arrow in paperback and Hutchinson & Company (Publishers) Ltd. in hardback) strives to improve attitudes as well as facilities. On the whole the Association of Police Surgeons does not come out too badly in this book. Extracts from the Association's memorandum to the Advisory Group on the law of rape have been quoted, as well as articles by Dr David Paul in Medicine, Science and the Law. Many victims' experiences are quoted and two descriptions of medical examinations (both by women doctors) are worth repeating.

Victim 1 — 'It wasn't that the examination itself was horrid. It was the circumstances of the examination. I was taken in a police car to a really seedy area and the Doctor was a crotchety old woman. She was thoroughly unpleasant, like one of those terrible midwives you can get, only worse, because this was obviously a seedy situation. She was more like an abortionist than a midwife, a Hilda Baker without the funny bits. She took the attitude that she didn't believe me as soon as she saw me. I don't know if they have an awful lot of rapes round here that turn out to be false but she looked and acted as if she didn't believe me from the moment I walked in. She

was cross that I had washed myself, but she must face that time and time again because it was an immediate reaction. She gave me an internal examination and she asked me if the rest of me had been hurt and I said, 'No', so she left it at that. She said, 'Oh, I could take a blood sample but I don't suppose they'll catch him, so I shan't bother'. That was it.

Victim 2 — 'I was examined at the Police Station. My overriding memory is of the doctor, a large bullying woman. Her attitude was 'You weren't really pulling your weight, were you dear. If you'd had your wits about you, you would have kicked him in the crutch'. She examined me internally and said, 'Well, it's not been the first time, has it'.

The cases described in the book are not particularly startling. Most experienced Police Surgeons will have knowledge of far more emotive sexual assaults. The numbers of false allegations of rape are played down and in my opinion is put misleadingly low. In spite of this, while 'The Facts of Rape' is not obligatory reading for the DMJ, it does highlight a different viewpoint to rape investigations. The investigating doctor may well pause, reconsider his approach to the victim, and look again at the interview room and examination room, so familiar to the habitués, so strange to the innocent victim.

IF AT FIRST YOU DON'T SUCCEED —

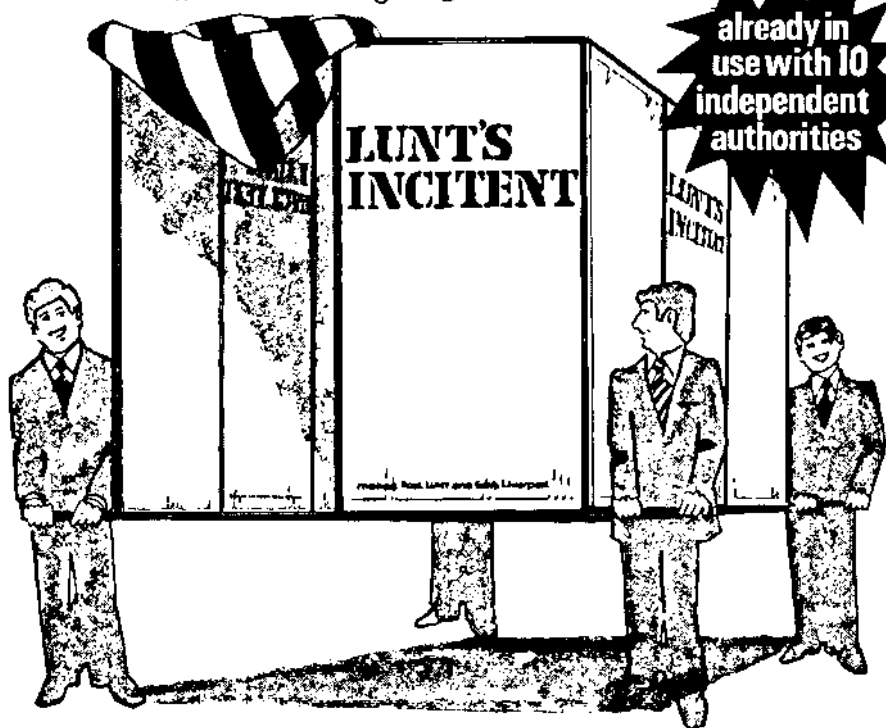
A life sentence has been passed on a 36-year-old Carol Hargis, who devised a series of bizarre schemes to murder her husband, David, before killing him by smashing his skull with a steel weight in San Diego, California. She had previously put LSD into his toast, served him with blackberry pie containing the venom sac of a tarantula spider, placed bullets in the carburettor of his lorry, tossed an electric live wire into his shower, and injected air into his veins with a hypodermic needle to induce a heart attack. She finally succeeded after dropping tranquillisers into his beer.

Sunday Times 29.1.78

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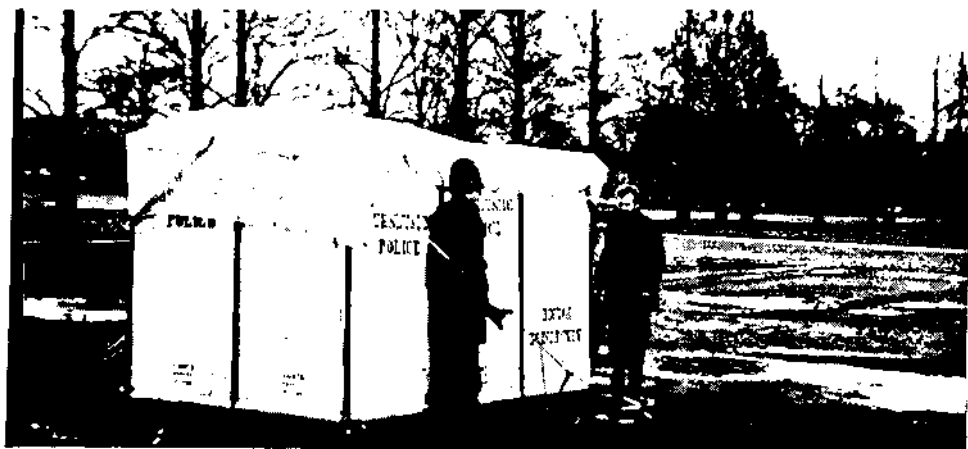
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INCIDENTLY

9.00 a.m. — Sunday — January 1978.

Place — An open park on the outskirts of Liverpool.

Weather — Blowing half a gale. It has rained all night. Temperature at ground level 4°C.

Problem — The body of a man has been found lying face down. There is blood about his mouth and nose and on the ground.

In spite of wearing three pullovers, two pairs of socks, a thick overcoat and various other gear, your intrepid Association representative is frozen within minutes of getting out of the car.

A couple of hundred yards away from the body a wooden hut provides a windbreak for the huddle of police cars, an ambulance and other vehicles. The uniform branch makes occasional sorties from the corral to deter would be on-lookers.

It is evident that if a careful examination of the body is to be undertaken, then the investigators might well be suffering from hypothermia long before they are finished.

Strange clankings and muffled curses are heard coming from behind the wooden hut. Eventually from the shelter

of the hut there appears an extraordinary sight — a large contraption resembling an overgrown box kite, held at each corner by a blue Policeman. They tack close-hauled towards the body. I expect them to take off and disappear in the direction of Manchester at any moment. It is the Lunt Incident, a contraption of metal rods and plastic panels devised and made on Merseyside.



Tacking close-hauled


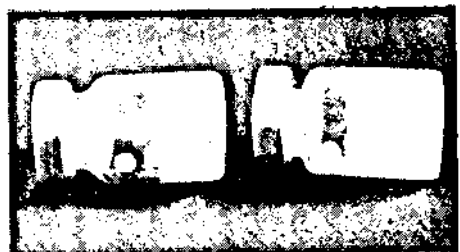
Against my wildest expectations, the Bobbies succeed in reaching the body safely and the Incident is lowered over the corpse. Officers dispose themselves on the metal feet at each corner of the tent. The investigators, who until now have been cowering behind and within their vehicles, emerge and move swiftly across the sodden ground to the tent. A flapping

BUREAUCRATIC BOTTLE

When the fiddling little mini thimbles, issued in 1957 for the collection of blood samples under the Road Safety Act procedures, were replaced by bottles, the bottles contained two glass balls and some anti-coagulant/preservative. Blood put in these bottles was clearly and readily identifiable as blood, like Heinz Tomato Ketchup, even by the most belligerent and aggressive drunken driver.

A few months ago a further change took place and the preservative in the bottles was replaced with one which causes the blood to look like Guinness which has gone off. No doubt there are good compelling reasons for the change and we must move with the times. However, for some time I have been finding jiffy-bags containing bottles, one of which contains the old type of preservative and the other the new type. Frequently I do not realise that the bottles differ until after the blood has been injected into them.

I cannot think that any of the charming and able men and women, who are our colleagues the forensic scientists, have been responsible for this mixture. I feel that it must be the dead hand of bureaucracy. Whoever is responsible clearly did not foresee the problems likely to face the Police Surgeon, when he attempts to explain to a surly and suspicious driver that the two samples, the one looking HP Sauce and the other the aforementioned Heinz Tomato Ketchup, are both from him and moreover, as far as the alcohol analysis is concerned, are identical.



scarlet panel, guaranteed to arouse any bull within miles like a matador's cape, denotes the entrance to the tent and the team, with great efficiency, disappears within.

Inside the tent it is not warm but there is now no wind. If it starts to rain the roof will keep the investigators and the scene dry. There is plenty of light within — no need for torches in spite of the gloomy overcast sky. There are five or six men within the tent, including the body, but there is room to move and observe, to note and photograph. The body is examined carefully back and front and searched.

It would seem that the blood comes from within rather than from an external injury. No suspicious marks are found. The team relaxes, words like 'coffee' and 'breakfast' can be heard.

The corpse is placed in a body sheet and carried to the shelter of the hut. The investigators scurry from the shelter of the Incident to the wooden hut, for which somebody has found the key. The uniformed men pick up the Incident, one at each corner, and march on a broad reach back to the shelter of the hut — looking considerably more cheerful. The tent is rapidly dismantled and put in the incident van. Everybody agrees that the Incident is a marvellous idea, worth its weight in handcuffs. Except perhaps the Bobbies who stood on the corners outside while the rest of us stood inside, out of the wind.

PARMESAN ONE - EGON RONAY NIL

A curious newspaper headline caught my eye the other day — "Murder — and the Weapon was a Piece of Cheese". At this I paused, considering how a piece of cheese could figure in a murder plot. Had some enormous cheese been balanced precariously on top of a door to fall on an unwary victim? Had the same enormous cheese been cast down from the roof tops? That seemed unlikely to catch the reporter's attention — so I tried again. How about the victim being held face down in a very soft Brie until satisfactorily suffocated? No — perhaps not. What about something really abstruse? How about cheese being fed to some unfortunate under treatment with monoamine oxidase inhibitors? The concoction no doubt being flavoured with Marmite, the victim succumbing to a hypertensive disaster. Well — possibly.

I moved on from the headline and came to the dateline — Paris. If this did not give me a clue as to the method of murder, it should at least give me a hint as to the motive. I imbibed with bated breath. It appeared that an attractive married woman had been stabbed to death and there were six wounds in her throat and chest. The pathologist reported that the wounds did not appear

to have been inflicted by any ordinary weapon. He found traces of cheese in each of the wounds. The cheese was identified as Parmesan, used in Italian cooking to flavour many dishes. My appetite whetted for further information, I read on. The detective and I were puzzled and the detective asked the pathologist whether it was technically possible to kill a victim with cheese. The answer was that Parmesan is a particularly hard substance and a piece with jagged and pointed ends would certainly be strong enough to inflict a severe wound. The detective questioned the murdered woman's husband, a 53 year old prosperous grocer. After a few minutes he confessed.

They had been preparing supper in the kitchen, when the grocer, angered by the fact that his wife, 20 years his junior, had repulsed his kisses, accused her of being unfaithful. During the argument, she admitted to having his best friend as her lover. Enraged, the husband seized a piece of old Parmesan that had broken off into a dagger shaped-point and stabbed his wife.

The grocer was sentenced to two years jail but, as he had been detained before the trial, he was immediately released.

Prosecuted under the Licensing Act 1872, a 31-year old company director was fined £10.00, at Southport Magistrates Court on 6th February, 1978, for being drunk while in charge of a horse and carriage.

Police Officers alleged that the man driving a landau drawn by two Shire horses went to overtake a car indicating a right turn and ended by colliding with the car and an oncoming vehicle. The Court was told that the landau's driver appeared unsteady on his feet, that his breath smelled of alcohol and that his eyes were glazed and bloodshot. Another witness said that his speech was slurred and he was very belligerent. The arresting officer

stated that he would have breathalised him but a horse and carriage did not qualify as a motor vehicle.

In defence it was admitted that the carriage driver had had some drink at a wedding reception but that the condition of his eyes was due to the fact that he had driven six miles, without goggles, on a cold and windy day. He was unsteady on his feet because of the shock of the collision.

His fine of £10.00 was the maximum under the section of the Act. As a licence is not required to drive a horse drawn carriage, the Magistrates had no power to disqualify the driver.

DRUG ADDICTS IN POLICE STATIONS

Background History

The following letter was sent to all Police Surgeons, deputy Police Surgeons and Divisional Commanders in the Northamptonshire Force following a case where the Police were the subject of a complaint by a registered addict who like many others of his ilk regularly indulged in the sport of making frivolous complaints.

The Chief Constable determined however that this complaint was substantiated in part and the investigations revealed a lack of information and guidance about the care and handling of drug dependent prisoners in Police Stations. As a result of consultations between myself and the Assistant Chief Constable (Operations) the guidelines were mutually agreed as a result of our experiences with the Northamptonshire drug scene which although having local peculiarities might also have factors in common with other provincial Forces.

It has always been a policy that drugs of abuse would not be administered to addicts in our stations and tranquillizers would be given instead. We felt this policy of 'cold turkey' would be prudent in view of the fact that one of our Divisional stations lies just a mile off the M1 midway between London and Birmingham and apart from our local addicts we would surely attract visitors from the big cities if it was known that Northampton was a 'soft touch'.

In the case that led to the formulation of these guidelines a well known addict (registered) was detained for questioning in respect of theft from chemists shops. He claimed to have lost his prescription and an assistant deputy Police Surgeon (in training) made out a prescription for

physeptone. A CID Officer who had served on the drug squad consulted with me and I instructed that the prescription should not be taken to be dispensed. After consulting with the assistant deputy Police Surgeon and having ascertained the suspect was in no real discomfort I promised to visit the suspect three or four hours later when I would decide on medication. Prior to my visit the suspect made a statement which was tantamount to a confession.

Three months later the Defence argued that the statement was obtained under duress as a Senior Police Surgeon in collusion with the CID withheld treatment and his client was suffering from withdrawal symptoms when he 'coughed'. The Judge upheld Defence submission!!

Northamptonshire Police

Dear Doctor,

Drug Addicts in Police Stations

After liaison with the Assistant Chief Constable following a case which occurred in Northampton and brought forth judicial comment at trial, I have prepared the following notes for the guidance of doctors who might at any time find themselves called to a Police Station for the purpose of examining and treating drug addicts.

1. As a general principle no addict should be given any drugs of addiction while in custody (in any case it is illegal for heroin or morphine to be given to an addict except by a doctor holding a Home Office licence — but at times it may rarely be necessary to administer methadone).

2. The decision to administer methadone is a clinical one to be left to the discretion of the doctor but station sergeants should bring this notice forward to any doctor visiting a drug addict, particularly if the doctor is not the usual Divisional surgeon.

3. The following suggestions for guidance of medical officers have been evolved as a result of close liaison with the officers of the drug squad over the past several years. I am willing to advise any doctor any time but in my absence any experienced officer of the drug squad is competent to advise or assist any doctor unfamiliar with the problem.

(a) — Many withdrawal symptoms are simulated by addicts.

(b) — Addicts are unreliable in their account of their own drug requirements.

(c) — Acute withdrawal of narcotics is rarely fatal and unless the addict is really ill from withdrawal symptoms it is not usually necessary to suppress the symptoms. If possible the history and drug dosage may be obtained from the patients General Practitioner, Hospital or Home Office drugs branch (01-213 0403)*. It is the doctor's responsibility to notify this department of the addicts name, sex, address, date of birth, drug, or drugs of addiction, within seven days of the doctor seeing the patient. This should be done even if the addict is already registered and has been seen by another doctor except a partner, assistant, or locum, of the examining doctor. During the length of time a prisoner is in custody it is not necessary usually to give a medication but if the prisoner is transferred to prison the prison medical authorities should be notified by the doctor of his medical condition.

(d) — If it becomes generally known that methadone is given at Police Stations then many addicts will deliberately fake withdrawal symptoms or even commit minor offences in order to be detained and have an 'extra fix'.

(e) — Despite the foregoing if an addict has not been charged and wishes to inject *his own* supply then

subject to paragraph 10 below he should be allowed to do so at the discretion of the station sergeant after consultation with the doctor.

(f) — Withdrawal symptoms from acute withdrawal of barbiturates can lead to epileptiform attacks which can be fatal. In such cases it is of course permissible and proper to give an injection of a short acting barbiturate.

(g) — Withdrawal symptoms from narcotics and hallucinogens often show psychotic reactions of a schizoid pattern. If the prisoner is disturbed, disorientated or aggressive, Largactil or Sparine injections often give relief.

(h) — Any unconscious patient should be moved to hospital immediately without waiting for a doctor and first aid treatment should aim at keeping a clear airway and avoiding the inhalation of vomit by putting the patient in the $\frac{3}{4}$ semi-prone position.

(i) — A toxic psychosis as a result of the drugs or withdrawal may necessitate compulsory admission to a mental hospital under the Mental Health Act.

Statements from prisoners known to be Drug Addicts

4. If there is any suggestion that a prisoner giving a statement is suffering from the effects of drugs or drug withdrawal then the Police Surgeon should not only certify that he is fit to be detained but also that he is both mentally and physically fit to give a voluntary statement and is not under duress as a result of his drug dependency. It must be for the doctor also to ensure that drugs have not been promised or threatened to be withheld depending on whether or not the prisoner gives a statement. The doctor should pay particular attention to this aspect of the case, make proper records and if necessary be prepared to present the evidence in court if the admissibility of the statement is in dispute.

Yours sincerely,

HUGH DAVIES

*MA (Oxon), BMBch, DMJ
Principal Police Surgeon*

*See also Page 50 Supplement Vol. 3, 1977 Ed.

His Daily Dose

in angina or hypertension, or both.



To facilitate effective
once-daily dosage

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DF 77/54/100

PATIENCE PAYS OFF

H. WATKIN JAMES, DMJ

This article is prompted by the Editorial in the Supplement to The Police Surgeon, Volume II, Spring 1977. I recognised the second to fifth paragraphs of that Editorial as my own handiwork;* they are extracts from an annual report sent by me to my Chief Constable, a copy being passed for information to the then Hon. Sec. of the APSGB. Both my Chief Constable and I regretted that the extracts should have been published without our permission, not for reasons of confidentiality but because the story is incomplete. In subsequent correspondence the Chief Constable has handsomely accepted an apology for the indiscretion and has assisted me in putting forward the current facts. The Annual Report to which I referred was the last of several

drawing attention to failures of accommodation written in a less bellicose style. What I did now know was that strenuous efforts were being made by the Police Authority to provide better accommodation, but for a long time the efforts were fruitless against the tightness of the County purse strings. Shortly after my Annual Report however, the construction of a new operational, divisional HQ was sanctioned.

At the planning stage the County Architect courteously asked me to join the planning conferences, not merely to state the requirements of the Police Surgeon but also to advise on the health and hygiene aspects of the plan as a whole. The plan, I am sure, would be of interest to readers but in the interests of security

* In 1971 a Police Surgeon wrote graphically of the conditions prevailing at his Police Station to his Chief Constable.

"The conditions for medical examination at the Police Station are primitive in the extreme. There is no room with adequate lighting and privacy for a medical interview. Limited examination of males is possible where privacy is not required. All examinations of sexual offenders and the subjects of sexual assault have been made at the local hospital. This is undesirable in that it causes unnecessary journeys where loss of trace evidence may be significant, and utilises hospital staff for work for which they are neither trained nor paid and uses hospital equipment for an improper purpose. Most examinations take place at night. It is undesirable for these to be done in my own surgery; again unnecessary journeys will be made, the surgery is unheated at night and the disturbance to private persons would be unwarranted. The taking of specimens for the Road Safety Act is undertaken perforce in the Police Station, but any subject or his defending lawyer would have grounds for complaint about the circumstances. There is not even adequate provision for the operator to wash his hands.

"For the use of all male personnel, policemen, civilian staff, court staff and witnesses, with the exception of magistrates, there is only one block of uncovered,

unheated, inadequately lighted urinals. The entrance to these is in full view of the public. For the female staff, there are seven W.C.'s, one of which contains inadequate heating, the remainder none at all. Some have wash-hand basins, none with continuous hot water and none at the time of a random check contained a clean towel. There is not one W.C. in the whole of the Police Station which is immediately accessible without first obtaining the key from the Station Sergeant.

"The Station Sergeant's office is located over the boiler of the central heating system. The ventilation of the boiler room is inadequate. At all times when the boiler is drawing, fumes are noticeable in the Station Sergeant's office. When the boiler is being recharged that office becomes untenable and the Station Sergeants have volunteered to me the information that the room has to be vacated when the boiler is recharged — particularly during cold windless weather.

"Excluding complainants, witnesses, etc, there are at any time during the day up to 13 women helping on the premises. Apart from toilets the only room set aside for female use is the policewomen's room, which is used for a variety of purposes including interview and office. There is no accommodation for a retiring room for women employees".

I do not think it would be proper to publish it even in a privately circulated journal.

The completed complex consists of a three storey operational block with wing access to a canteen, club facilities and a gymnasium. The basement contains considerable covered parking space with facilities for the examination of vehicles and, at the end, access to the Charge Room and cells, with an exercise yard. A corridor with private stairs leads from the cell block, via a bridge to a new adjacent Court complex. Public access to the building is from the other side to the second floor. Rising from the operational block, on a podium, is a seven storey tower block containing administrative offices, senior officers' accommodation and a department of photography. During the planning stage I asked that consideration of the Disablement Act should be given to approaches. A ramp approach has accordingly been provided at the public entrance but it proves to be somewhat steep for its length and still does not avoid two steps of standard height. Advice was also given that the tower block should be served by two lifts, one of which should be of sufficient dimensions to accommodate a standard stretcher.



Fig. 2

Although provision is made for the installation of this second lift, considerations of economy have prevented its provision so far.

As a result of our negotiations the Police Surgeon's accommodation in the new building, completed two years ago, is a showpiece. There is a suite adjacent to the Charge Room in the cell block containing the bare essentials for the examination of patients from the cells and of detained persons at the time of their arrival. The rooms are secure, constantly heated and provided with washing and toilet facilities. The second, more sumptuous suite, is situated on the second floor and consists of waiting room, toilet, consulting room and changing room. It is fully equipped for any foreseeable examination and I would like to emphasise that no item requested by me was refused by the Authority.

The accompanying photographs illustrate this second suite. Fig. 1 shows the view on entering the suite. Immediately on the left is the waiting area, separated from the consulting room by a toilet. Fig. 2 shows an alcove of the waiting area and illustrates the standard of furniture. The walls are washable painted breeze block, the floor is carpeted throughout with nylon and the chairs are of washable vinyl on chromium plated or painted steel frame.

In fig. 1 can be seen the top of the chair at the desk. Figs. 3 and 4 show the views from that position to left and right.

Fig. 1





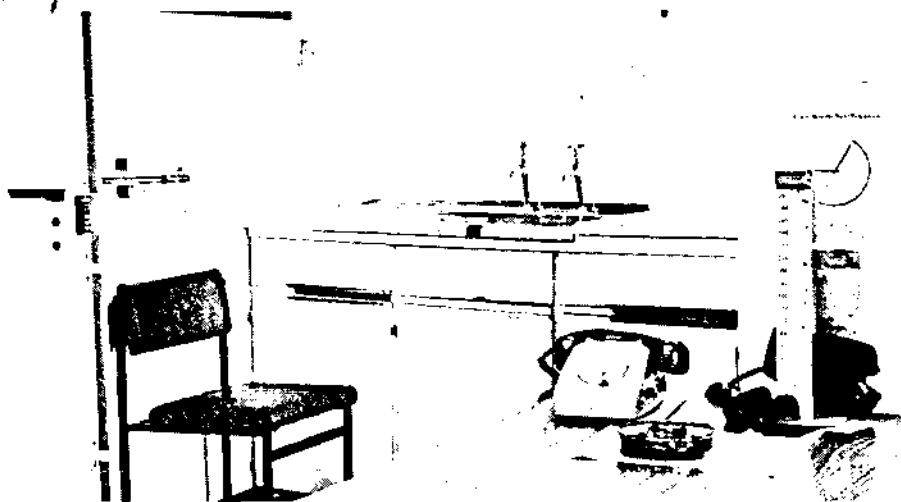
Fig. 3.

Unfortunately the view in fig 4. is partially obscured by one of the legs of the tower podium rising behind the sphygmomanometer. Behind that leg is a bookcase containing a generous library. The changing room is not shown but the door to it can be seen at the right hand margin of fig. 3. Natural lighting is provided by windows on either side of the Cutty Sark seen in fig. 1. The room faces slightly north west and the glare from summer evening sun can be controlled by vertical venetian slats. The entrance to the Accident Department of the Wrexham War

Memorial Hospital lies only 40 yards away and, because of this proximity and the available Central Sterilising Department, it was not considered necessary to cater for minor surgery and arrangements which have been made with the Clwyd Area Health Authority for a sterilisation service for such instruments as are used, such as vaginal specula, and the provision of medical equipment, work smoothly.

I cannot end without observing that much of what has been done could not have been done without the understanding, working relationship that exists between the Chief Constable of North Wales Police and myself. My remarks have been entirely my own and uninfluenced or uncensored by him. In addition he has been instrumental in providing the photographs. My appreciation must also be recorded to the County Architect of the now defunct Denbighshire County Council for his courtesy and foresight in asking for my co-operation at the planning stage, considering my recommendations seriously and acting on those which costs permitted. I also wish to recognise the co-operation of the Chief Executive, Clwyd Area Health Authority, in purchasing on behalf of the Police Authority all the equipment for which I asked and arranging for the supply of disposable articles through the nearby hospital.

Fig. 4



THE D.M.J. AGAIN

S.H. BURGESS

The David Paul-David Filer double act has doubtless proved interesting and amusing to those reading the previous Supplements. Both have voiced opinions which are valid and provocative.

Together with David Jenkins and Hugh Davies, I too am privileged to be a member of the panel of examiners and offer a few personal opinions of the examinations.

There can be no doubt that the D.M.J. (Clin.) has proved to be the most significant single factor in enhancing the prestige of Police Surgeons everywhere. It has stimulated teacher and student alike into serious post-graduate study, given recognition, both academic and financial, to hitherto unsuspected and unknown experts and acknowledged the existence of the discipline of clinical forensic medicine.

No one would suggest that it is not possible to be an expert without a diploma to prove it but a doctor subscribing to the "I am an expert but I would not think of taking the D.M.J." school must not be offended if he, without tested ability, in the words of David Paul, is classified as "Just an ordinary police doctor". Let there be no mistake, during my professional lifetime I have known the term "just an ordinary police doctor" as being tantamount to a term of contempt!

I am convinced that our strength as a new speciality struggling for true independence and universal respect relies upon an ever increasing number of candidates from within our ranks presenting themselves for, in the popular phrase, audit.

Of the examination itself I am able to endorse David Paul's observations that the form and content are under constant review. At the present time, the examining panel have unanimously agreed that the

syllabuses require urgent revision. In fact as I write these comments we are concurrently engaged upon this very task. You can be sure that those of us representing clinical forensic medicine will show shameless prejudice and outrageous partiality in furthering the aims of the Association. We must be thankful that certain distinguished forensic pathologists, formerly our foster parents, have now accepted us as partners. Though this may result in a change of emphasis in part of the examination, there is no question of the overall standards being lowered.

The euphoric praise of the successful, the doleful criticism of the disappointed and a patronising grandeur of the examiners (very occasional, I hope) may distort the perspective of the examination but, in my experience, if any unfair verdicts have been reached in passing or failing a candidate, it must have been a very rare event. The learning and experience of the vast majority of applicants do not require microscopic scrutiny, they expose themselves to a degree requiring little or no inquisitorial dexterity.

If you are inexperienced — be patient; if you lack learning — open the books and attend the Association meetings. When you think you are ready — take the plunge!

We look forward to seeing you at Blackfriars.

CONGRATULATIONS

To recently successful candidates for the Diploma in Medical Jurisprudence:

Dr Michael Knight, Ipswich.

Dr John McClure (DMJ Path), Belfast.

Dr Phyllis Turville, London.

DIPLOMA IN MEDICAL JURISPRUDENCE

The Diploma in Medical Jurisprudence is administered by the Society of Apothecaries of London. Before entering the exam, candidates must be fully registered and qualified at least three years. Before taking the second part of the examination a candidate must produce evidence that he has had practical experience for three years in at least one of the following posts:

Prison Medical Officer;
Medical Officer holding advisory appointment to a Court;
Appointed Police Surgeon;
Medical Referee to an Insurance Company;
Appointed Factory Surgeon;
Defence Society Medical Officer;
Coroner or Deputy Coroner;
Forensic Psychiatrist or academic specialising in Forensic Medicine.

Those wishing to enter for Pathology in Part II of the exam must submit evidence of having satisfactorily completed at least three years' approved training in a recognised department of pathology or forensic medicine, and personally performed autopsies, including examples of the various forms of trauma and unnatural deaths.

Part I of the examination is taken by all, and the syllabus includes the History of Medical Jurisprudence, the legal system, medical aspects of the law, methods of medico-legal investigation, sexual offences, interpretation of wounds and injuries, and the pathology of unexpected death.

Candidates may take either the Clinical or Pathological section of Part II, or may take both sections. The Clinical papers include examination and interpretation of medical and scientific findings in cases of assault, examination and interpretations of wounds, and of findings in cases of sudden death, forensic psychiatry, clinical toxicology, life assurance examinations, and various aspects of problems associated with alcohol. The Pathology syllabus includes autopsy, identification of human remains, disaster organisation, the pathology of trauma, toxicology and serology.

The fee for the Primary Examination is £25.00 and for the Final Examination is £12.50 for each part. There is no Diploma fee. The re-examination fee is £10.00

The Syllabuses for the Diploma in Medical Jurisprudence are at present under revision, and the new Syllabuses will be published in the Supplement in due course.

For further details, please write to: The Registrar, The Society of Apothecaries of London, Apothecaries' Hall, Black Friars Lane, London EC4V 6EJ.

BATTERED WIVES

why aren't they coming to the surgery?

PAUL BOWDEN

Wife battering cannot be seen as a disease which requires cure and eradication; it is associated more with social inadequacies and failures of adaptation, and its alleviation depends therefore on broad social intervention and the co-operation of many professional groups.

The battered wife is one who has suffered serious or repeated physical injury from the man with whom she lives. This definition includes women who are cohabiting, and it assumes that verbal and emotional assault can be as harmful as physical injury, and that men and grandparents are also battered. Violence in marriage also involves a whole range of attitudes; for example, of men to women and of spouses to one another. Unless partners have been taught to restrain themselves in a domestic setting, assault can occur at times of stress.

The home is a violent place for many individuals and a large percentage of murders occur within its confines. Thus, a third of all violent crime involves the family in domestic violence and 60 per cent of all murders in England and Wales between 1967 and 1971 have been categorised as "domestic". Some of those who are murdered are maltreated wives who could not leave in time.

Most women reluctantly accept threats to themselves and the children: they are isolated and unable to find alternative housing or support. A reciprocal sadomasochistic relationship is very rare since a sadistic person usually expresses deviance outside the home, and a masochist submits voluntarily and retains control of the situation.

The apparent increase in the number of women who report marital violence could be due to the fact that they are more willing to bring this problem into the open. In addition, the contemporary intolerance of masculine dominations probably affects the balance of marital relationships. Dewesbury found a prevalence of battering in 1.15 per 1,000 population in his general practice survey.

Information on presentation depends on the population from which the survey sample is drawn. Some of the results of three such surveys — the general practice survey by Dewesbury, a study of receptions to a women's aid centre by Gayford and a survey of wife battering in a South London borough by Fosenka — are summarised in Tables 1 and 2.

1. Mode of identification of the battered wife

Police intervention

GP consultation (said to be rare)

Casualty department (women unlikely to disclose real cause of injuries)

Samaritans

Admission to hospital (found unconscious)

Other:

Self poisoning Excessive drinking

Self-mutilation Crime, eg shoplifting

Source: *Dewesbury and Gayford*

Research on battering is limited because studies have been confined to the lower socio-economic groups and have usually been done without the husband's co-operation. Findings show that the wife's behaviour is an important factor and some hostile women undoubtedly precipitate violence irrespective of the husband's character. A poor environment and unemployment also appear to contribute. Marriage is typically at a young age and is forced by pregnancy after a non-existent courtship. Immigrant husbands of English wives are over-represented, as

are men who have served in the armed forces and those who are of a lower social class than their wives. The presence of a physically handicapped child in a family predisposes to marital conflict, and the abuse of alcohol triggers and accentuates aggressive and violent reactions.

2. Nature of injuries encountered

Bruising	Dislocations
Lacerations	Burns and scalds
Fractures	Retinal damage

Common methods of inflicting injuries include assault with instrument, kicking and strangulation.

Source: *Fosenka and Gayford*

Dewesbury identified two types of defective marital relationships: those in which "alienation" occurred because the partners had different cultural backgrounds, and those where the bond between partners was diluted because of the size of the family ("bond dilution"). Faulk described the personality characteristics of 23 men who had been imprisoned for violent assaults on their wives: the majority were dependent and passive, the violence being precipitated by their victim; others were dependent and suspicious, tension arising because they needed to stay with a woman with whom they were incompatible. A minority were violent, dominating and bullying, and a small group were stable and affectionate individuals whose violence was precipitated by mental disorder.

Men who have experienced aggression in childhood are more likely to be violent themselves, particularly when they are disinhibited — by alcohol, drugs, mental illness or organic brain impairment. Thus, Scott has warned that the most dangerous man is the aggressive, violent alcoholic or a person with a high predisposition for violence. Younger men are more likely to have previous convictions (some for violence) and the older are more likely to be mentally ill. Besides drink problems, the wives also report that their husbands

experienced difficulties because of gambling. Signs of morbid jealousy are frequently met in the form of accusations of flirting or infidelity, checking their partner's movements, or the men assert that they have not fathered the children. Some men had received psychiatric opinions or treatment: they were usually diagnosed as suffering from personality disorder or alcoholism.

As with the men, the women have often been exposed to family violence as children but they tend to be younger and better educated than their husbands. Many women have attended their general practitioners and received prescriptions for tranquillisers and antidepressants. Nearly one-half of Gayford's women had made suicidal attempts or gestures, and a similar proportion had been referred to a psychiatrist with symptoms of a depressive illness. Dewesbury also found a considerable amount of mental disorder in his series: a third had gross personality disorder (two had abused heroin) and others were neurotic or alcoholic.

Twenty-five per cent of fatal baby batterers also assault their women, and 12 per cent of women-killers also batter children. In Dewesbury's series of 15 families, two children had been battered, 12 had been in the care of a relative or local authority at some time and eight had serious neurotic disturbances.

A study by the Greater Manchester Police showed that most assaults were in the home, a third being ascribed to intoxication, in which cases the assault usually occurred after evening closing time. Few women fought back, and one-half of the wives who preferred charges later withdrew them.

The "Report from the Select Committee on Violence in Marriage" has made several recommendations to help alleviate the problem. Because the existing social services, accident and emergency departments and the police cannot cope effectively, the Committee proposed a 24-hour advisory service should be available in a "family crises centre". These centres should have three functions:

- to develop a 24-hour emergency service providing liaison with medical, social,

legal and police services and a link with refuges;

- to co-ordinate local arrangements between police, doctor, health visitor, lawyer, housing department, social services officer, clergyman, marriage guidance counsellor, Citizen's Advice Bureau worker, social worker and probation officer;
- to encourage a development of specialist advisory services in education and publicity, and to establish group support meetings.

If the wife continues to care for the children in the matrimonial home, she should be allowed to continue to live there and the husband should find alternative accommodation. For those who do not return to the husband there should be co-operation between local authorities so that she can start life in another area. The wife and her children are likely to need financial support from Social Security, whose officers should treat women with uniform consideration and helpfulness. Particular attention should be paid to the children, who are likely to present problems, mostly at school. However, there is no evidence to suggest that the tendency to perpetrate child abuse in successive generations is diminished by supplying extensive medical and social help to battering parents.

Husbands need legal representation and sometimes more specialised help, for example with alcoholism or for the treatment of mental illness. Any orders or injunctions which are made on him need to be explained. If a man has assaulted his wife he should be arrested and charged; he should then be kept in custody or his wife escorted to a safe place. The use of summonses, which leave the man free until a court appearance, was deprecated by the Committee.

There is not a uniform solution for such social behaviour with its complex causes, and the general practitioner is only one professional among many who will be concerned with the identification and alleviation of battering.

Homelessness and impecuniness must be dealt with in the short term; children

might need urgent attention, and the condition of the husband must not be overlooked. A campaign against excessive alcohol consumption could be linked with an educational programme. Just as domestic science was expanded to take in sex education and the essentials of human growth and development, children could investigate the roles of partners in marriage, as well as studying the relationships of adults to children and vice versa.

Only when we understand more about the causes of violence will society be in a position to do something about its prevention.

This article first appeared in the October 1977, issue of Modern Medicine, and is reproduced by kind permission of the Editor.

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MERSEYSIDE MEDICO-LEGAL SOCIETY

Wednesday, 22nd March, 1978

"The Maybrick Case"

Speaker: Dr J.F. Lowe

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.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

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 RUG (Women's Branch).

Unless stated, the meetings will be held in the Ulster Medical Rooms, Belfast and will commence at 9.00 p.m.

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

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 p.m. ANNUAL GENERAL MEETING

8.15 p.m. "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 p.m. unless otherwise stated.

Enquiries about membership should be directed to:

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

Please note that attendance at Medico-Legal Society meetings is usually restricted to members and their guests.

INTERNATIONAL ASSOCIATION OF FORENSIC SCIENCES

The eighth IAFS international meeting will be held in Wichita, Kansas between May 22nd and May 26th 1978. Details are given in the last issue of the Supplement.

For further information write to:
Secretariat, 8th IAFS,
PO Box 8282, Wichita,
Kansas, USA.

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

AUTUMN SYMPOSIUM 1977

Council's decision to hold the 1977 Autumn Symposium at Liverpool had a built-in guarantee of success in that the meeting would be taking place on Myles and Ann Clarke's home ground. It seems totally unnecessary to add that nothing had been overlooked in the way of preparations to ensure that all went smoothly from start to finish.

The venue was the Carnatic (did we ever find out what that means?) Halls of the University of Liverpool — modern buildings with excellent facilities in pleasant and peaceful surroundings. Members arrived late on the afternoon on Friday, 16th September, and after registration made their way to their appointed rooms. Several husband-and-wifecouples appeared taken aback to find that all accommodation was in single rooms — enquiries however revealed that their concern was almost entirely due to the omission of a second tube of toothpaste when packing. The numbering of floors and rooms in the Halls presented some problems, but no disasters of incorrect identification were reported.

After sherry in the split-level bar, the catering staff produced an excellent dinner. Those in the writer's company had the remarkable good fortune to benefit from the hitherto unrevealed skills of Ron Taylor in acting the part of mother as he apportioned out everything from soup to coffee from his seat at the top of the table.

The first two lecturers followed in a very comfortable auditorium. Dr. de Ville Mather spoke on "Arson", and gave a straightforward and basic exposition of his views. It was alarming to realise that extreme youth was no bar to involvement in this very serious and costly offence. One or two missed out on part of this lecture due to transient semicoma — this was a tribute to the excellence of the preceding dinner rather than in any way an indictment of Dr. Mather's presentation.

Mr. Nicholson concluded the formal part of the evening by unravelling for us many of the mysteries of the prosecuting system, explaining why decisions have sometimes to be taken to reduce a charge in the interests of a Crown witness, e.g. in a case of alleged rape. There was a lively discussion subsequently, in which many members joined.

The informal discussion groups in the bar seemed to break up quite early, but it was not clear if this was due to a decrease in stamina of members due to advancing years or to a fear of inability to find their rooms on account of the method of numbering to which I made reference earlier.

At any rate, the outrageous programmed hour of 8.00 a.m. for breakfast did not prove as impossible as might have been anticipated, and then we had four lectures of varied content and sustained interest to bring us up to lunch time. Dr. Godfrey gave a fascinating outline of the history and present incidence of Tattoos, following which Superintendent Owen showed himself a master of his subject in a penetrating account of the current drug scene on Merseyside. He made it very clear that, as elsewhere, this gave no cause for complacency. The part played by the continuing irresponsible prescribing habits of some doctors did not escape mention.

Dr. Elizabeth Rees stressed the need to ensure treatment of the persons whom we examine in her very complete description of the roll of the Police Surgeon when evidence of sexually transmitted disease is sought and found. She warned of the embarrassments which can arise for one's family when "Mother works in a Special Clinic"!

The Chief Constable of Merseyside, Mr. Kenneth Oxford, discussed the place of children in crime in the final lecture. He outlined at length the root cause of juvenile involvement, but like ourselves,

was unhappy with the present situation regarding the treatment of offenders. He did not pretend to have any easy answers to one of the most serious problems of our time.

Lunch brought an excellent meeting to its conclusion and then we went our separate ways. The standard of lectures, the facilities and the companionship all contributed to the success of the Symposium. Our warm thanks must go to the eight pharmaceutical companies who so generously supported the Association with their sponsorship and mounted informative display stands in the Lecture Room. Our appreciation is also due to their representatives for their practical response to the interest which we showed in their products.

One dark cloud cast its shadow over our gathering. Not only was Robert Hunt Cooke missing from among us, but the realisation of the serious nature of his illness saddened us all in a way that no words could express. Our thoughts went out to him and to Mrs. Hunt Cooke.

I have already mentioned that this was a first rate meeting and that Liverpool was an ideal venue and certainly not geographically inconvenient. Yet only around 50 Police Surgeons attended - I wonder why? While appreciating the many difficulties which may prohibit attendance, I believe that we all lose out when more of us do not come together on these occasions. Some branches of our profession love to talk of their "rank structure" - the only certain way in which we can advance in rank is by becoming more skilled Police Surgeons and in what better way can we do this than by getting together with our colleagues, listening to experts talking on their subjects, and then thrashing out our problems on a man-to-man basis? Think about it.

Whilst others were already on their way home, the mini-contingent from Northern Ireland - Betty McClatchey, Bertie Irwin and myself were conveyed in state - complete with our own bricks - to a real live Football League Match at Goodison Park. Surprise, surprise, it was just like "Match of the Day" after all,

except that we sampled the authentic atmosphere and the crowd were a model of good behaviour. Everton won well and this pleased almost everyone except James Hilton to whom our sympathy is extended on a defeat for Norwich City. Perhaps if he had come with us, his vocal support might have helped.

Finally a quick visit to see Ann and Myles' home and to enjoy the warmth of their generous hospitality was a fitting way to complete a very happy and worthwhile visit. The Belfast flight even left on time - probably Myles had fixed that as well!

JOHN STEWART

FORENSIC SCIENCE SOCIETY

The Spring Symposium of the Forensic Science Society will be held at the Hugh Steward Hall, Nottingham University, on Friday 7th and Saturday 8th April, 1978.

A contribution of particular interest to Police Surgeons will be by Dr Alan Usher, talking about the new Medico-Legal Centre at Sheffield, which featured in the last issue of the Supplement.

Besides a variety of short papers, there will be a symposium 'Crime and Television', lectures on widely differing aspects of this important topic. Speakers will include Mr Tom Mangold of the BBC, Dr A. Minto, Consultant Psychiatrist, and Mr Phillip W. Allen whose firm produces investigative and surveillance equipment. Police Officers will discuss Police Call and related programmes, and the use of television and other aids to Police work.

The full board package will cost £12.30, closing date 31st March, 1978. Applications to and full details from The Secretary, The Forensic Science Society, PO Box 41, Harrogate, Tel: 0423 56068.

NEW BREATH TESTS FOR DRINKING DRIVERS

Christopher Phillips

Breath tests may replace blood tests as the main means of determining blood alcohol concentration in drink/driving cases.

Three types of machines which measure alcohol concentrations in the breath are being tested by Police and Home Office scientists. Breath test drivers who have already provided specimens under present procedures are being asked to cooperate in the trials.

The assessment of the three instruments follows the Blennerhassett Committee proposals — accepted by the government last year — which recommended that blood alcohol concentrations should be determined for forensic purposes by analysis of breath, using devices at police stations.

The breath testing machines are already used in several countries. If the British trials are satisfactory Parliament will have to pass a new law to make the method legal.

Permanent record

One machine, the Breathalyzer 1000, uses the principle of chemical analysis. A sample of breath is bubbled through an ampoule containing acid dichromate, which is converted to green dichromate by alcohol in the breath. The change of colour produced is compared photoelectrically with a reference ampoule. The difference in colour between the two is directly proportional to the breath alcohol content, and the result of the test is displayed on a panel in illuminated digits. The instrument also prints the results on a multiple copy ticket, providing a permanent record of the test.

The other two machines, the Gas Chromatograph Intoxemeter and the CMI Intoxilyzer, depend on gas chromatography and infrared red absorption respectively. In the former instrument

alcohol emerging from the separating column passes through a detector. The signal from the detector is then processed to give a blood alcohol reading, which again is visually displayed and may be recorded on a card printout.

The CMI Intoxilyzer relies on the fact that ethyl alcohol absorbs light at a specific wavelength. Light from a quartz-iodide lamp enters a sample chamber and passes through the subject's breath. The light beam is filtered to remove all wavelengths, other than that characteristically absorbed by ethyl alcohol, on leaving the sample chamber. This remaining light energy is converted by a photosensor to an electrical signal directly proportional to the concentration of alcohol in the subject's breath. The result is displayed and automatically printed on an evidence card.

Blennerhassett proposal

The replacement of blood tests with breath tests was one of several proposals in the Blennerhassett Committee Report, designed to improve the law relating to drinking and driving offences in an attempt to reduce traffic accidents involving drivers who had drunk more than the legal limit.

At the time of their report in April 1976 the Committee pointed out that alcohol accounted for one in ten of all deaths and injuries on the road. They also drew attention to the 1967 Road Traffic Act. During its first year more than 1000 lives were saved, but the fall in casualties did not last. Before the act, 25 per cent of drivers who died in accidents had more than 80mg/100ml of alcohol in their blood. This fell to 15 per cent in 1968 but was back to 26 per cent by 1971, rising to 35 per cent by 1974.

As part of their recommendations the committee proposed alterations in the techniques of blood alcohol measurement.

The present system suffers from several disadvantages: the insufficiently

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reliable roadside breath test, the need for a second breath test at the station, and if this proves positive the need for a blood test or two samples of urine. Sometimes, however, by the time the relevant samples are taken the driver's blood alcohol concentration may have changed considerably from that when he was driving. In addition, the result of the laboratory analysis may not be available to the driver for up to two weeks, creating unnecessary anxiety, and the procedures require doctors and laboratory scientists.

Immediate results

A change to breath analysis at the station consequently offers considerable advantages. It is simpler, quicker and less irksome; the result being known immediately to both the Police and the driver. The second screening test would be unnecessary, and it would be possible to eliminate the option of a urine specimen. There would be no need for a doctor to take the sample, and analysis of the breath specimen would not involve laboratory facilities.

Dr S.E. Josse Comments on the Breath Alcohol Machines

Following discussions in early Nov. 1977 with representatives of the Association of Police Surgeons of Great Britain, the Home Office via its Central Research Establishment introduced three types of machines for accurately measuring breath alcohol as a means of determining contemporaneous blood alcohol.

No separate breath sample will be available to the driver for his own independent analysis.

Four actual machines of each variety have been purchased and distributed to various police stations on a rotating basis throughout the country for about a total of six months in order to assess their functioning, acceptability and reliability, especially robustness in "the field".

Voluntary

Those invited to blow into the machines will be those drivers brought to

police stations under the Road Traffic Act 1972, who subsequently have provided either a blood or urine sample for alcohol analysis under the Act. The request will be purely voluntary, and the machine result will only be used for scientific purposes and in no way for any subsequent legal process that may develop as the result of the blood or urine alcohol analysis.

Police Surgeons attending to take the blood samples under the Road Traffic Act will be, and have been, also invited to watch the volunteering driver blow into a device and to note any particular difficulties that may occur due to problems of a medical nature, i.e., presence of asthma, emphysema, poorly fitting false teeth, anxiety, hyperventilating, oral injuries and abnormalities, actual intoxication from alcohol and/or drugs etc. However, many Police Surgeons have not as yet been making any medical observations which is likely to render the whole investigation incomplete.

Anxieties

At the original meeting in November certain anxieties were expressed, and potential problems identified by the Association representatives, not least being the comparison of breath alcohol figures with those of blood alcohol which in turn were derived from urine analysis. It was recognised that the legally fixed ratio between blood and urine was unsatisfactory, and this in turn would make comparisons difficult with breath.

To date there has been an 85% voluntary acceptance by drivers to blow into one or other device. At any rate, after this period of trial, the results will be evaluated and if one machine is recommended for introduction into the United Kingdom as a means of determining blood alcohol, new legislation will be required to give effect to this proposal.

The Association Secretary requests that Police Surgeons who are in any way involved with the trials of the new breath-analysis equipment would report their experiences with the equipment and their observations to him.

TWO DEVON HOUSES

CASTLE DROGO

Julius Drewe, the builder of the Castle, was born in 1856, the son of an Evangelical clergyman and sometime Hulsean Lecturer at Cambridge, the Reverend George Smith Drewe. The Drewes had very little money and Julius left his school at Bournemouth at the age of seventeen to join the firm of Francis Peek and Winch, tea importers established in Liverpool by his mother's brother Francis Peek.

The firm sent him out to China to train as a tea buyer at a time when Britain was approaching its imperial zenith and exporting its manufactured goods to the world. It was a time too when the first multiple stores were being started, by George Sainsbury and Thomas Lipton among others. Drewe saw that if he joined their ranks and was able to buy his goods direct from the country of origin, rather than through middlemen, success was assured.

By 1878 he had opened his first shop in Liverpool and in 1883 took a partner, John Musker, and moved to London. The business developed rapidly under the name of The Home and Colonial Stores and after only six years the partners were

able to retire from active participation in the firm as rich men, Drewe aged only thirty-three. Thereafter, although he retained a substantial shareholding, he played no direct part in the concern, which continued to flourish and expanded fast.

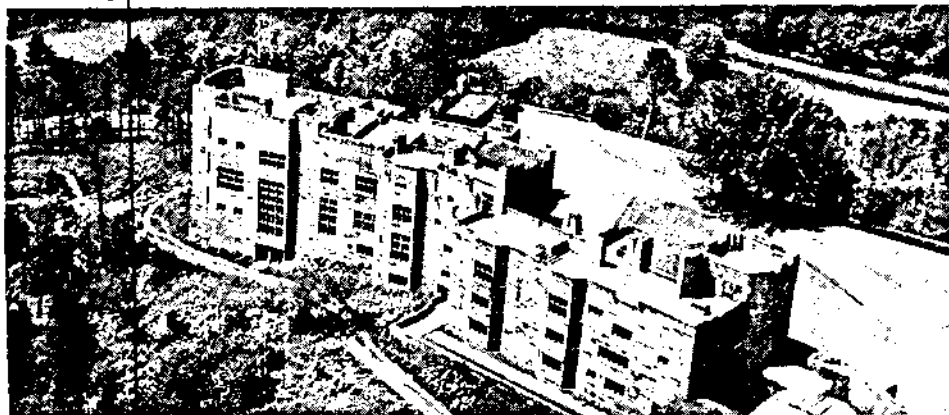
Drewe, now a man of ample means, set up as a country gentleman, and bought Culverden Castle at Tunbridge Wells in 1890 and in 1899 he bought Wadhurst Hall, an enormous house a few miles over the county border in Sussex.

While living at Culverden, Drewe's wife bore her husband three children. Adrian, born 1891, was killed in Flanders in 1917 while serving in the Royal Field Artillery. Basil, born 1894, eventually succeeded his father at Drogo and died in 1974. Cedric, born 1896, lived at Broadhembury and died in 1971. After the move to Wadhurst two daughters, Mary and Frances were born and they are still living.

Julius had two elder brothers and the second of these, William, a barrister of the Inner Temple, convinced him that they were indeed descended from the Drewes of Broadhembury near Honiton, whose property had by then passed to the

Castle Drogo

Photo: National Trust



family of Locke and was for sale. In 1901 Julius Drewe bought part of this property and enlarged a farm house to make the present Broadhembury House in which he installed his brother William.

William Drewe had devised an illustrious pedigree for the family claiming descent from Drogo, or Dru, a noble Norman who accompanied William the Conqueror to England. His descendant Drogo de Teigne (temp. Henry II) gave his name to the parish of Drewsteignton. By coincidence it was in this parish that Julius's uncle Richard Peek was then Rector. Julius came to stay with him on several occasions and it must have been on these visits that he conceived the idea of building here, on the home ground of his putative ancestor Drogo, the castle upon which he had by then determined.

A castle could not be built anywhere. It needed a position which was militarily sound and Julius Drewe found it at the extreme end of the high ridge to the west of the village. Here the granite outcrops into a bluff at the entrance to the steep gorge of the River Teign. A castle here could command both the Chagford vale and the steep defile carved by the river immediately below. The site consists of a natural platform above the gorge, protected to the south by the ground falling precipitously away, to the west and north by a sharp drop to a subsidiary valley and approachable only from the east. Here was a site on which to found a castle indeed.

With a site to hand, the next need was an architect. No documentary evidence has come to light as to why Drewe went to Edwin Lutyens. Perhaps it was because he recognised in him not only a highly competent architect but a fellow romantic who would enter fully into the spirit of the plan which must by then have formed in his mind, no less than the creation of a mediaeval fortress to match the grandeur of the site which had belonged to his ancestor Drogo.

Drewe wanted to make the most of his splendid site and Lutyens agreed that if a route for a drive could be found it would be practicable to use it. At a family picnic in the summer of 1910 Lutyens and



Drewe's eldest son Adrian went off to prospect. They returned full of excitement having pegged out a possible route running back along the top of the hill towards Drewsteignton. The beginning of the drive was in a field of marrigolds and Mrs. Drewe pulled up the first one to mark the spot.

Lutyens devised the key to the ultimate shape of the house. To make the most dramatic use of the site he joined the north-east wing to the main block at an angle of 160°. At the junction rose the main staircase serving four floors in the wing but only three in the remainder of the house. By using these changes of level and uniting them with consummate skill the continuity of what are really two buildings on different scales is preserved and the staircase unites rather than separates them.

In November 1911 the plans reached their greatest grandeur with a vast Great Hall rising through two storeys and with two fireplaces each twelve feet wide, a Drawing Room with an enormous barrel vault, a Dining Room with a hammerbeam roof, a Gallery a hundred and sixty feet long and a Chapel rising from a lower level through three storeys. Lutyen's

enthusiasm had over-reached itself and, although at that stage the idea of economy did not enter Drew's head, he and his wife simply could not foresee themselves being able to occupy such great spaces in reasonable comfort.

In October 1912 the architect proposed a reduced scheme which cut away nearly half of the main block, the foundations for which had already been built and this revised scheme was adopted.

In 1917 Drewe's eldest son Adrian was

killed. The two younger boys survived the war and in 1919 Drewe discussed with them what was to be done about the Castle, still only half built. It was eventually decided to finish off Lutyens' much modified plan but to proceed slowly with a small staff, which had been at work since 1911. Another eleven years were needed and the building was finally completed in 1930, only a year before Drewe's death.

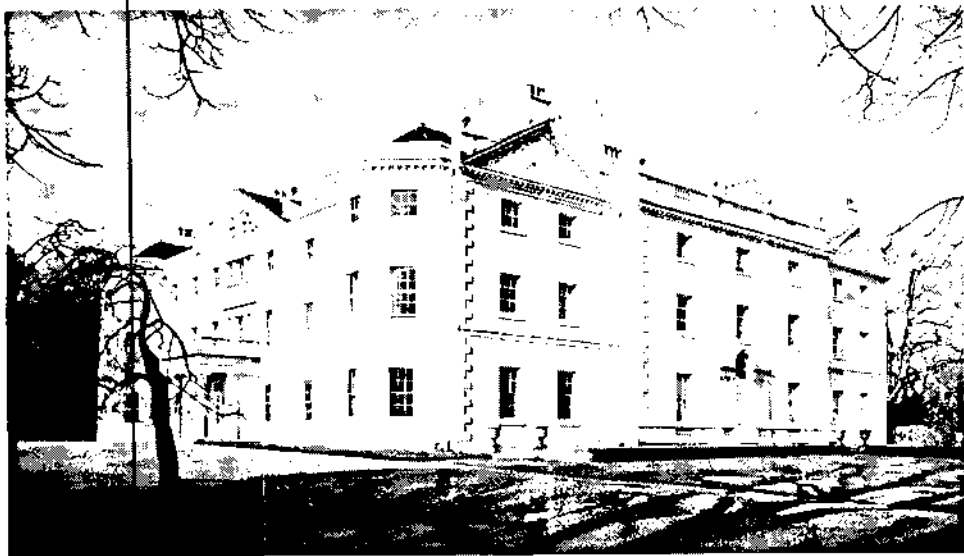


Photo: Robert Chapman

SALTRAM

Saltram is unique in at least two particulars. Firstly, it affords the only complete and unspoiled example in south-west England of Robert Adam's interior design and it is an example which shows him and his most able collaborators at their best. Secondly, Sir Joshua Reynolds, who was born near by, had a lifelong and intimate association with the place and its owners as a result of which it contains, well preserved, a splendid collection of his work.

Although in 1957 Saltram became the property of The National Trust, it remained until 1962 the home of an ancient and ennobled family, now represented by the 6th Earl of Morley, which

throughout the eighteenth and early part of the nineteenth centuries enlarged and embellished it within and without, and protected it by carefully enclosed and planted gardens and ground, now grown to full maturity.

The earliest mention of Saltram is in the Assize Rolls for 1218, where the name is spelt "Salterham". The same spelling occurs again in 1249 but after that date it begins to alternate with "Saltram", and there can be little doubt that this name derives from the production of salt, for which activity it was suitably situated on a tidal estuary. The name also suggests that there was a "ham", or homestead, on or near the site, and cer-

tainly this must have been the case for a long time before the erection, in late Tudor times, of the rubble and granite buildings which form the core of the present mansion.

The building of what is now the centre portion of the west front, enlarged and adapted from the Tudor remains, took place about 1690 and further alterations and additions to this elevation followed later. In 1743 the building of the south and east wings and the further enlargement of the best wing was commenced.

The house and its surroundings then began to assume something of the appearance that we see today. More land had, in the meantime, been acquired and some of it enclosed to form parkland. Many trees were planted and it is known, for instance, that Saltram Wood behind the garden, stretching for nearly a mile along the south bank of the River Plym, was enlarged at this time. It is also probable that both "The Amphitheatre" and the small temple, later to be called "Fanny's Bower", were built. The mansion itself seems to have been completed by about 1750.

In 1768 Robert Adam was engaged to make extensive and important alterations to the east wing which were finished by 1771. Simultaneously, the greater part of the stable block to the south-east of the house was under construction, and the next few years saw the completion of the upper portion of "The Castle" (1772), the lodges designed by Robert Adam, now at Stag Lodge but originally at the Merafield entrance (1773), the Orangery (1775) and the Chapel (1776). In 1778 a serious fire destroyed the Brewhouse and Laundry situated in the rear part of the house. They were rebuilt elsewhere, and the opportunity was taken to construct on the site a new kitchen which remains to this day. This, in turn, necessitated the removal of the Eating Room, then in the front of the house, so as to be within distance of the new kitchen, and so in 1780 the positions of the Library and Eating Room were exchanged.

In 1818 the architect John Foulston, best known for his charming terraces and villas in Stonehouse and Devonport, sub-

mitted proposals for linking the Library and Music Room, and this work, which resulted in the Library as we see it today, was completed by the end of the following year. Foulston was also responsible for the addition of the Doric porch with entablature and balustrade, the enlargement of the plain central windows above to form tripartite openings, and the addition to the pediment of the arms, in Coadestone, of Parker, Earls of Morley.

Thus, as is so often the case with the English country house, Saltram is an accretion which terminated with this work of Foulston's in 1820. Virtually no exterior changes have taken place since that date.

In 1957 Saltram passed into the ownership of the National Trust.

Conference Visits

Members will visit Castle Drago on Tuesday 9th May 1978. Members wives will visit Saltram on Wednesday 10th May. Both properties belong to the National Trust, and entrance is free to members of the National Trust on production of Trust Membership Cards.

Photo: John Bethell



CORRESPONDENCE

BREATH-ALCOHOL MACHINES

To: The Editor,
The Police Surgeon Supplement

Sir,
Readers of the Supplement will be aware that the recommendations of the Blennerhassett Committee are under consideration by the Minister of Transport for incorporation in a new Road Traffic Act. All indications presently suggest that the responsible Minister is viewing these recommendations in a favourable light and has already arranged for trials of breath testing devices on a national scale in Great Britain.

We regard these developments with considerable alarm on two unrelated counts:—

1. A Road Traffic Act based on breath tests for alcohol will be a bad Act. There is no sound scientific evidence to support the conclusion that breath is a reliable medium for alcohol estimation — indeed the very comprehensive evidence accumulated by Dr W.H.D. Morgan, Director of the Northern Ireland Forensic Science Laboratory, is to the contrary. The attraction of breath testing is convenience — that is no substitute for accuracy. The Northern Ireland Road Traffic Act — the operation of which, we understand, was studied by Frank Blennerhassett, QC, on a visit here — requires a clinical examination and provision of blood or urine samples, and has been proved to be one of the most satisfactory pieces of legislation ever enacted here. Part of its value lies in its recognition of the fact that drugs are now playing an increasingly significant part in rendering a driver incapable of having proper control of his vehicle — breath testing totally ignores this possibility.

2. It is accepted that by the very nature of things, many Deputy Police Surgeons

and particularly our newer Members in Great Britain are involved in the taking of blood samples under the Road Traffic Act as the bulk of their Police work. Only as they achieve seniority will they be undertaking the much wider range of clinical forensic practice which constitutes the complete spectrum of the Police Surgeon's province. If breath testing becomes the legal standard, blood sampling will virtually disappear and with it many of those recruits to the Police Surgeon Service to whom we would be looking as the senior Surgeons of the future. Can we afford to see so many of our members put out of business?

We therefore consider that the Association has a duty to all its Members to oppose by every available means the introduction of breath testing as the standard method of determining alcohol levels. At what may already be a late stage, the strongest possible pressure must in our view be brought to bear on the Minister by the *only* organisation with practical experience in this field — the Association of Police Surgeons. Let our voice be heard loud and clear!

Yours faithfully,

R.B. IRWIN — JOHN STEWART

UNLEARNED COUNSEL

353 Chester Road,
Castle Bromwich,
Birmingham

Dear Sir,

Twice recently I have been called to Crown Court, on both occasions at very short notice. Once the night before and the other time two hours before I was

required. The requests had been initiated by the Defending Counsel and the only question they asked me was "Surely Doctor there are other ways in which sperm can get to the top of the vagina", or in another case, "inside the rectum".

Doctors when dealing with matters concerning ill health, life and death are yet expected to have some regard for what is reasonably economical, yet it appears that this other learned profession are able to dispense public money in this way, always using the excuse that no possible stone is left unturned to defend their Client. Is it time to initiate visits from the Regional Legal Office?

Yours sincerely,

J.G. CHITNIS
MB, MRCS

MEDICO-LEGAL ETHICS

Church Farm,
Saxlingham,
Holt,
Norfolk NR25 7JY

Sir,

• As I am a priest and a doctor, I am particularly concerned with the areas where medicine and religion overlap in our knowledge. My main interest is in 'Respect for human Life' at all stages, from concept to final death on earth, which covers a great number of current ethical problems.

I am always very interested in new issues, facts and opinions and so will welcome the views of fellow members of the Association of Police Surgeons, many of whom must at times become very involved in these matters.

I promise to reply to all letters.

Yours sincerely,

WALTER HEDGCOCK

The Rev Dr Walter Hedgcock is an Honorary Member of the Association.

W.G. JOHNSTON TRUST

Dear Subscriber,

We would like to take the opportunity of thanking you for your support and patience. The long-awaited book should reach you very soon. It is the embodiment of a great deal of hard work, anxiety and frustration.

As you know, production costs will be met from the fund of the Trust which is a charity solely concerned with the furtherance of clinical forensic medicine. These costs have been very high and our concern now is that we may again become financially viable at the earliest opportunity. To this end we are asking yet another favour. If you believe, as we do, that the volume is a worthwhile achievement, would you encourage us and encourage others?

Encourage us by letting us know what you think of it. Encourage others, and this is the mainstay of any success, by allowing them to see it in the hope that they may want to purchase.

It will be obvious to you from the contents that we have endeavoured to serve the needs of all practitioners of clinical forensic medicine whether police surgeons, medical examiners or forensic physicians; candidates for the DMJ part I and DMJ Part II (Clin.); members of allied disciplines, particularly forensic general pathologists, forensic scientists, casualty officers and general medical practitioners; those using the book as an authority, particularly lawyers, police officers, magistrates and clerks of Courts; the libraries of post graduate medical centres, pathology, casualty and other hospital departments; forensic science laboratories, police authorities, and academic legal centres. (All potential customers!)

Finally, may we emphasise that sales direct from the Trust will the more rapidly restore health to our funds.

Yours very sincerely,

RALPH SUMMERS
JAMES HILTON
DAVID JENKINS

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