



The Police Surgeon **SUPPLEMENT**



VOL. 6, SPRING 1979

CONFERENCE BOOKING FORM Page 41

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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The Police Surgeon

SUPPLEMENT

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EDITORIAL

During the past few months, Police Surgeons have come in for considerable criticism, particularly in relation to rape cases. Much of the criticism came from the Rape Counselling and Research Project in evidence to the Royal Commission on Criminal Procedure, alleging that Police Surgeons were often unsympathetic, untrained and failing to collect vital forensic evidence. Further criticism came from Sir Frederick Lawton during the BBC2 programme "Rape" broadcast in the "Man Alive" series. Sir Frederick said that rape victims may be examined under conditions which are far from satisfactory, and that in general Police Surgeons do not re-examine the victims when further bruising may be evident.

It is a matter of fact that much of the criticism is well-founded.

Doctors untrained in Clinical Forensic Medicine are practising as Police Surgeons, and some of them are members of the Association. Facilities for examination of victims of sexual assaults across the country vary from the primitive or almost

non-existent to the show place examination suites such as are found at the Sheffield Medico-Legal Centre. (i).

The Association in its evidence to the Royal Commission (ii) estimated that there are no more than 150 medical practitioners of acceptable merit in the field of Clinical Forensic Medicine in England and Wales at the present time. For all practical purposes, no agency employing the services of a Clinical Forensic Physician shows any real desire to either recognise or demonstrate recognition of competence, due to two main factors. Firstly, Lawyers and Courts appear to be easily satisfied with whatever medical opinions are offered and, secondly, the number of competent specialists is so small that police authorities are usually obliged to enlist the aid of any practitioner offering his services, whether competent or not.

In a recent lecture, Dr. Burges divided Police Surgeons into three main groups. (iii).

"Untrained Police Surgeons"

Police Review.

"Police Surgeons are botching the evidence in rape cases"

Medical News

"The consequences of incompetent handling are so serious that only experienced practitioners should examine the victims of alleged sexual assaults: medical errors can and do

lead to miscarriage of justice"

British Medical Journal

"Rape report slates G.P. Police Surgeons"

Doctor

"Rape cases are being dealt with by people who are not up to the mark. I would not have my cat examined by most Police Surgeons"

*Dr. Donald Rushton
Dundee University*

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"The first group comprises the mammon worshippers. In the main their sole contribution to Clinical Forensic Medicine is to take blood samples and complete claim forms. Their personal libraries have little in the way of literature on the subject of Forensic Medicine but you can be sure there is pride of place for the latest P.S.S.C. Circular, Witness Regulations, Mileage Allowance and the like.

"If they are educable, we will do our best to make them better Police Surgeons; if they are not, then they must expect criticism from within and without the Association.

"The second group contains the otherwise competent general practitioner who naively believes that being a Police Surgeon is but a simple extension of general practice. He may have been solicited by the local police authority, he may have read articles in the medical press about how his income may be increased substantially and without pain by applying to the local police authority for a Police Surgeon's appointment.

"This group perhaps forms the bulk of our membership and these are the people who are taken aback by the content of: our Journal, the Supplement, our textbook and our Conferences. Most soon appreciate that it is not a simple extension of general practice.

"The timid drop out with fright, the arrogant carry on and hope for the best, and the rest, by accident or design, listen and learn.

The third and most important group comprises those who, by inclination, have found interest and professional satisfaction in Clinical Forensic Medicine. These are the people who have been, and will be, the backbone of our Association.

"The older ones are self-taught and their knowledge and experience is worth relating and heeding.

"The younger ones have sought out a means of instruction, have presented themselves for examination, and are now rapidly gaining experience. They constitute our real strength and upon them the future of Clinical Forensic Medicine in the U.K. rests".

What can police authorities do to ensure that the Police Surgeons they employ are of a satisfactory standard?

First, they must assume that the newly appointed Police Surgeon knows nothing of Clinical Forensic Medicine. The tyro Surgeon must accept, as a condition of his appointment, the need to embark on a period of post-graduate study sufficient to equip himself for the demands of his speciality. The standard to be aimed at is that sufficient to obtain the Diploma in Medical Jurisprudence. This will perforce mean attending Courses and Conferences away from the Police Surgeon's home town. In addition, the new Surgeon should receive instruction on aspects of police procedure and crime investigation from his force sufficient, in his early days as a Surgeon, to give him insight into some of the problems he will be meeting.

Secondly, the New Police Surgeon should be firmly encouraged to join the Association. The Association is the only national organisation devoted entirely to the demands of Clinical Forensic Medicine and since 1951 has struggled unceasingly to raise the standards of the speciality. Through the Association publications members are kept informed of the advances being made in all aspects of Clinical Forensic Medicine. Through its meetings Police Surgeons develop a greater knowledge and understanding of their art.

Thirdly, no police authority can expect its Police Surgeons, however expert, to produce satisfactory results in accommodation which fails to meet even the barest minimum requirements set by the Association. Inadequate facilities lead to inadequate examinations. Inadequate examinations lead to lost prosecutions and miscarriages of justice.

(i) Police Surgeon Supplement, Vol. 3, Autumn, 1977.

(ii) Police Surgeon Supplement, Vol. 5, Autumn, 1978.

(iii) 12th January, 1979, London Hospital.

PRESIDENT'S LETTER



Studio 550, Ipswich

Regrettably we are almost a year older since our last Annual Conference. If our personal fortunes have matched those of the Association, any sadness due to the inevitable passage of time has been well compensated by achievement.

The title "Police Surgeon" is fast becoming a recognition of special skill and knowledge. Police Authorities now look for something more than just a general practitioner with time to spare. Those applying for vacancies are more likely to have a vocational interest and an expectation of further training.

Publicity in the National and Medical press has given impetus to continued self appraisal and improvement. Nowhere is this more apparent than at the place of our birth; the Metropolis of London.

In January, the Metropolitan Group organised a meeting which attracted not only a large number of Police Surgeons but the Chief Surgeon of the Metropolitan Police, C.I.D. Officers and Forensic Scientists. It was most encouraging to see such a good attendance with so many new faces. Another very healthy sign was the free discussion which took place between representatives of medicine, science and the law.

All those present were particularly grateful to Francis Lewington, Professor Cameron, Fred Shepherd and Arnold Mendoza.

The Symposium at Ipswich proved yet again what a valuable contribution the annual Autumn mini-conference makes to the academic and social strength of the Association. The only valid criticism of the 1978 event might come from those having to follow the precedent set by the Mike Knight: Suffolk Constabulary partnership.

Probably no other medical speciality requires so much collaboration with so many different agencies. Let us not forget that collaboration demands tolerance and understanding of those with whom we work. A properly trained Police Surgeon shall be able to adapt readily to the particular circumstances of an incident or its sequelae; whatever its nature, wherever it occurs and who ever else is involved.

Of course, difficulties may arise but if the end result is hostile confrontation, it is, in the vast majority of cases, the result of inexperience or arrogance.

A few years working in a Metropolitan police station or a Provisional Divisional H.Q. soon teaches us that: examinations conducted in a substandard premises have to be endured by both the examiner and the examinee; subjects do not always co-operate and may even be violent; requests from over enthusiastic police officers, however well intentioned, may violate

ethical considerations; junior hospital doctors may not have a complete awareness of their responsibilities to society; psychiatric hospitals are not always willing to become dumping grounds for the mentally deranged; social workers may sometimes appear to have a contemptuous disregard for the law; solicitors may frustrate; barristers may provoke; judges may deflate; newspapers may misrepresent. Any one of these may present as a formidable problem when encountered for the first time but of one thing we can be sure — they are never solved by impatience or conceit.

No textbook or lecture can give a complete answer to these and a thousand other problems but personal contact with other Police Surgeons often can.

To those who will be attending the next Annual Conference for the first time, let me introduce you to some of our members who will be well worth searching out.

The keystone of the Association structure is our Hon. Secretary, Hugh de la Haye Davies. He, with the assistance of Ron Taylor, discharges his responsibilities with aplomb, conviction and dexterity. Time has shown that he deserves our full support and gratitude. Arnold Mendoza, our Treasurer, has given us financial stability and successfully pursues a seemingly impossible policy of avaricious generosity. Fuad Gabbani, our immediate Past President, handed over a ship well on course. He, more than anybody, has imbued Association meetings with a family atmosphere without devaluing the academic content. David Jenkins, a W.G. Johnston Trustee, is a worthy Association representative in the Metropolis. He practises what we preach and expects D.M.J. candidates to demonstrate similar dedication. Ralph Summers, the father of the Association, founder member and past President, is a figure still very much in touch with contemporary thought. He still contributes much to Association policies. James Hilton, a W.G. Johnston Trustee and member of Council, is probably one of our most experienced clinical forensic physicians and his patch measures over 2,000 square

miles! As a former Conference Secretary, Fred Shepherd gave much time to the Association. It is fortunate indeed that he has again allowed himself to be solicited into assisting us as supervisor of the research projects.

If Betty, Bertie, John, Charles, McClatchey, Irwin, Stewart sounds a little Irish, it is because they are the combined names of but four of our Ulster colleagues. All are devoted to the Association and they work with fairness and efficiency in very difficult circumstances.

Viewing the rest of the U.K. we are able to see a wide distribution of members who bring us nothing but credit. Certainly the following names are frequently "mentioned in despatches", Peter Jago, David McLay, Molly Cosgrave, Ralph Lawrence, David Sandilands, Ian Craig, Mike Knight, Hilary Jarvis, Henry Rosenberg, Kary Pole, Michael Glanville, Alan Wallace, Ivor Doney, John White, David Filer and Eddie Josse.

Bill Thomas is another Association stalwart. Past President and founding editor of the Police Surgeon, he continues to sacrifice time and energy on our behalf.

Many of us are getting older and we look with relief at those who are well equipped to follow. Surely no brighter star shines in the firmament than Myles Clarke; busy general practitioner, a respected Police Surgeon in an area not renowned for placid compliance with law and order, editor of the Supplement since and including Volume 1, and of course, Conference Secretary. At Harrogate he will prove yet again that he is a master organiser.

He will have arranged a good programme and he will ensure that the personal guests of the delegates will not feel neglected.

I look forward to meeting you all.

Stan Burgess.

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OBITUARY

PROFESSOR ROBERT DONALD TEARE MD, LLD, FRCP, DMJ

On 17th January, 1979 at the age of 67 Professor Donald Teare died and the Association lost a distinguished member, friend and patron.

His career in Forensic Medicine began officially in 1946 when he was appointed lecturer in Forensic Medicine at both St. George's and St. Bartholomew's. But his interest in the subject had been stimulated some years earlier by the man he succeeded, John Taylor.

Though a Manxman by birth, his favourite estate was Greater London and his manor house, George's. I was privileged to listen to his lectures at "The Corner" soon after his appointment and on many occasions he would illustrate his subject with the most effective visual aid yet devised — a specimen from a murder enquiry so fresh that we would have to wait for the early editions of the evening newspapers to "read all about it!"

His integrity and impartiality were never questioned. His academic ability and thoroughness were acknowledged by all. His practical skill was sheer artistry.

For over two decades, the Metropolis was well served by three great forensic pathologists; Camps in the East, Simpson in the South, and Teare in the West. Of

the three, the true worth of Donald will never be properly realised, largely because of his avoidance of publicity and his unwillingness to record the contents of what must have been an Aladdin's cave of personal forensic pathology experience.

His modesty, his courtesy and his sincerity endeared him to all: not least to Association members. Earlier than most, he accepted the reality of the Forensic Physician performing a vital and complementary role to the Forensic Pathologist in criminal examinations. As a University teacher, a President of the Medico-Legal Society, a President of the Medical Defence Union, and a Master of the Society of Apothecaries, he was a most influential champion.

In 1977, he enjoyed a particularly proud moment when Sheffield University conferred upon him the Honorary Degree of Doctor of Laws. It was significant that at the same ceremony, Professor Frederick Thomas, the illustrious continental Forensic Pathologist received a similar honour.

We mourn his passing and offer our condolences to his wife and family who were so obviously a very important part of his life.

S.H.B.

QUESTION AND ANSWER

It has been suggested that a Question and Answer Column would find a useful place in the pages of the Supplement. Questions sent in by members would be submitted to the appropriate specialist for answer in these columns.

All questions will be answered whether or not they are printed in this column.

Q. Where can I get an Ultra-violet Light?

A. Ultra-violet light is useful in locating stains due to semen or of certain petroleum lubricants. Ultra-violet light can also be used to locate old bruises.

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Mr. P.W. Allen will be speaking at the Harrogate Conference on "Ultra-violet Light and Other Aids to Clinical Forensic Medicine".

ASSOCIATION OFFICE

AMENDMENTS TO MEMBERSHIP LIST

We regret to report the following deaths:

S. Fine	Manchester
J.J. Groome	London
E.A.K. Hoppins	Wallasey
J. McCarthy	Cardiff
Professor R.D. Teare	London

NEW MEMBERS

Area 1	D. Brooks	Manchester
	P.E. Burke	Blackburn
	R.D. Choudry, D.M.J.	Bolton
	J.H. Clark	Wirral
	R.K.S. Mackay	Wilmslow
Area 1 (NI)	J. Wilson	Carrickfergus
Area 2	J.G. Ashton	Sheffield
	J.H. Marr	Middlesborough
	A.J. Wightman	Northallerton
Area 3	S.C. Hora	Stoke-on-Trent
Area 4	A.D. Lower	Stowmarket
	M.C. Webster	Nottingham
Area 5	D.C. Egerton	Liss
	R. Gray	Brighton
	R. Sarvesvaran, D.M.J.	Surrey
Area 6	D.M. Garratt	Warminster
	M.B. Holmes	Jersey
	K.W. Miller	Bristol
	P.A.G. Payne	Bristol
	T.R. Savage	Plympton
	S.J.O. Watkins	Bodmin
Area 7	J.V. Davies	Pembroke
	S.D. Morgan	Barry
Area 8	J.D. Hendley	Middlesex
	B.G. Simms, B.D.S.	London, E1
Area 9	M. Zaki	Glasgow
Life Associate Members	T.G. Kennedy	Larne
	D.E. Robertson	Cheshire
	D.W. Sandilands, D.M.J.	Birmingham
Associate Members	B.L. Alexander	Manchester
	S.J. Lundie	Nottingham

RESIGNATIONS (See also Associates)

Area 1	B.L. Alexander	Manchester
Area 1 (NI)	J.G. Hall	Belfast
	J.D. Keatley	Magerfelt
	T.G. Kennedy	Larne
Area 3	J.H. Wood	Stoke
Area 4	S.J. Lundie	Nottingham
Area 6	I. Hadley	Plymouth
	D. Sandilands, D.M.J.	Birmingham

ERRORS AND OMISSIONS

Overseas	J. McClure	Australia
Area 2	C.W. Classey, D.M.J.	Beverley
Area 4	A.N. Redfern, D.M.J.	Louth
Area 5	S.M. Hempling, D.M.J.	Woking
Area 6	D.M. Garratt	Wiltshire
Area 8	P. Vanassis, D.M.J.	London, E.1
	I.E. West, D.M.J.	London
Associate Members	J.M. Torry, D.M.J.	Chislehurst
	R.G. Congdon, D.M.J.	Worthing
Life Associate Members	J.G. Benstead (F)	Southport
	P.N. Jarvis	Bletchley

NOTES FROM THE HON. SECRETARY

A successful Autumn Symposium at Ipswich (for which the thanks of the Association are due to Stan Burges and Michael Knight for the high standard of content and quality of the programme) has been followed by hectic activity on the public relations front.

PUBLICITY

Wide publicity in the national and medical Press followed the report of the Rape Counselling Research Project and our own evidence to the Royal Commission on Criminal Procedure. I broadcast in an interview on "World at One" (Radio 4 15th November, 1978) in which I was allowed to explain further the duties of a Police Surgeon and the training facilities offered by our Association. Following the publicity nearly every post brings an enquiry from a doctor who has been doing police work and has not bothered to join us — better late than never! We

respond by sending out a recruiting package (at a cost of nearly a pound). This includes the BMA News Review feature of November 1977 by Lawrence Dopson, details of the aims and objects of the Association, past copies of a Journal and a Supplement and an order form for the new book. A banker's order form is also sent for completion, which, if completed and returned, is then followed by a well-coming letter, an up to date Journal, a DMJ syllabus with exhortations to study for the Diploma and usually a tie, badges and aide memoires requested by the new member.

COMPLIMENTARY COPIES

Complimentary copies of the latest Journal, Supplement and a diary were sent to every Chief Constable and this has resulted in 27 Forces ordering the Journal for their training library. Prominent among the absentees are those Forces where I know the "Force Surgeon" has been giving a free complimentary copy for many years! I hope that in due course all Forces will subscribe to the Journal.

YEAR OF THE CHILD

The Association has become affiliated to the International Year of the Child organisation. The Government has financed a small secretariat and provided an office in Whitehall with the object of stimulating various projects. As one of these involves violence in relation to children, I felt that we should be represented and have attended one meeting.

MEETINGS

Our President presented a paper to the BMA Annual Scientific meeting on "Sexual Deviation and the Law" which was widely reported in the medical press. I addressed a symposium on Major Incident Intervention held by the Cambridgeshire Police in December — and regrettably no Police Surgeons were present. The Police Surgeon is given a definite role in the disaster plans of very few Forces and I feel strongly our police colleagues should be made aware of our availability and usefulness in this field.

Both the Northern Ireland and Metropolitan groups have held group AGM's during the past quarter and, as the Secretaries will be submitting their own reports to the AGM, I will not "steal their thunder", except to thank both Bertie Irwin and Arnold Mendoza for their help.

COURSES

In the Metropolitan area two further courses have been run in the Laboratory and a further course is planned for 3rd and 4th April. Dr. Lewington reports a high standard of work has been noticed, especially among "former pupils", and there has been a marked improvement in relationships overall between the Laboratory and the Metropolitan surgeons.

A day "Workshop in Forensic Medicine" will be held at the Charing Cross Hospital on Wednesday 25th April, organised jointly by this Association and the Department of Forensic Medicine. The Association will be represented by three speakers — Stan Burges talking on "Law and the Police Surgeon", Eddie Josse on "Alcohol, Drugs and Driving",

and I will talk on "Forensic Aspects of Road Traffic Accidents".

MEDICAL ROOMS IN THE MET

Improving the accommodation in Stations has been the subject of further meetings. It is planned to fit-out Kennington Station as a "show house" with invitations being sent to Metropolitan members to visit and comment. This will then be followed up by a standardised medical room and equipment list being drawn up for the "Met", which hopefully other areas may copy.

RESEARCH

A member of the Research Subcommittee reported to Council on 13th January. Members have already been asked to help in a project on child abuse, organised by the International Society for the Prevention of Child Abuse and Neglect.

Donations of £50 each were made at Christmas to the Police Dependents Trust and Royal Ulster Constabulary Benevolent Fund — these were gratefully acknowledged by both bodies.

I had a meeting with the President at Newmarket in November and this was followed on by an editorial Conference at Penwortham, where I was able to thank Bill and Myles on our behalf for their efforts in yet another successful production of both Journal and Supplement. Once again David McLay has produced a Diary for which we are most grateful, both to David for doing the work and Geigy Pharmaceuticals for a donation of £550 towards the cost.

HUGH DAVIES

CONFERENCE
BOOKING FORM
PAGE 41

ASSOCIATION EMBLEMS

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

1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents packs of 50 £2.00
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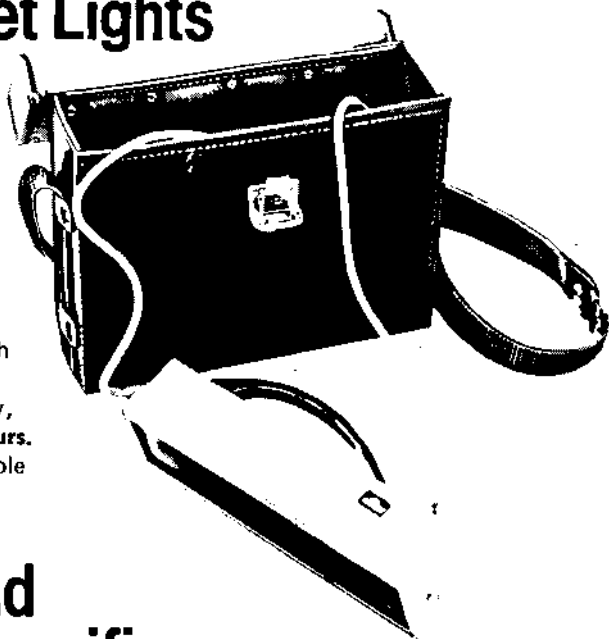
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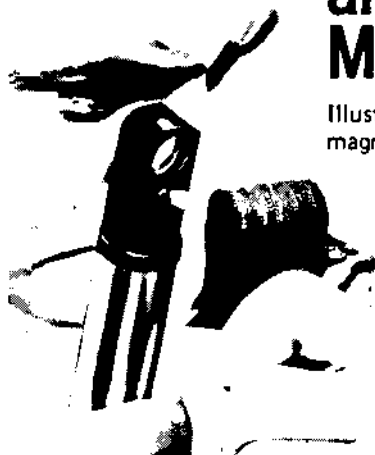


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BROADCASTS

BY ASSOCIATION MEMBERS

HUGH DAVIES SPEAKS TO THE NATION

Interview between the B.B.C. and the Hon. Secretary on the News programme "The World at One" on 15th November, 1978.

BBC *Hugh de la Haye Davies is the Association's Honorary Secretary and I asked him what particular worries he had about the training and qualifications of Police Surgeons.*

H.D. Apart from our Association there is very little training which can be given to a doctor who wants to do police work but out of 1,500 police doctors in the country there are only 600 who are members of this Association.

BBC *What do you give them, for example, which makes them better qualified for police work?*

H.D. We have courses to prepare them for the Diploma in Medical Jurisprudence, which is the only post-graduate qualification in clinical forensic medicine available.

BBC *Anything else?*

H.D. We have regular conferences. We liaise with our friends, the forensic pathologists, and we also join up with the Forensic Science Laboratories and the Association of Chief Police Officers, in order that we can produce material for our members to learn from.

BBC *Tell me exactly, what does a Police Surgeon do?*

H.D. Basically he applies his medical knowledge to the administration of the law. He sees cases of woundings, assaults, child-abuse cases. 90% of the work is with living people and this is why basically you need a family doctor to do the work. He must have an understanding of the law, because in a lot of cases a proper appreciation of what the law requires is half the battle.

BBC *Do they deal with murder cases? Do they deal with rape? Do they deal with people who are dead and are they asked to give their opinions on the cause of death?*

H.D. Oh yes, the Police Surgeon is usually the first scientific witness on the scene. He has to decide whether it is accident, suicide, murder or just death through natural causes.

BBC *It seems that there is a wide gap of knowledge and experience among many doctors who work for the police in Britain. How can this be solved? Is it solved by joining your Association or is it solved in some other way?*

H.D. Certainly joining our Association is, I think, an essential for any doctor who works with the Police, because Police Surgeons tend to have to work in isolation and its only by discussing their problems with colleagues, who have to deal with similar problems, that you can learn.

The other thing, of course, is that in the last 12 years there has been a decline in the teaching of Forensic Medicine in the Medical Schools, so the ordinary doctor who qualifies today doesn't have to do an examination in Forensic Medicine, as we used to do when we were students.

BBC Dr. Hugh de la Haye Davies.

"DRIVE" AND JOHN CLARKE

On 28th December, 1978, Dr. John Clarke, former Secretary of the Association was interviewed both on radio (BBC Today, The Jimmy Young programme) and on television (Midlands Today).

The interviews arose from interest in the article in the AA Magazine "Drive", which appears elsewhere in this edition of the supplement.

Dr. Clarke drew attention to the hazards of tranquillisers and other sedatives, particularly those with long half-lives and their effect on the driver.



Dr. M. Kirwan

Dr. Maurice Kirwan, a Merseyside Divisional Police Surgeon, was interviewed on commercial radio on 18th December, 1978 by Roger Blythe of Radio City. Also interviewed was Mr. Lionel Piper, the Merseyside County Road Safety Officer.

The general effects of alcohol were discussed, stressing the impairment of driving ability by even small quantities of alcohol.

The interviewer consumed a quantity of alcohol during the programme and was given several breath tests. Towards the end of the programme Mr. Blythe made some technical errors and pointed out that similar errors made by motorists could have tragic consequences.



"It's a Dr. Rushton - can we recommend a Police Surgeon to examine his cat?"

PASS THE CARDIAC CATHETER, CONSTABLE

A man had a breath test at 1.23 a.m. near Balbriggan, Co. Dublin, which proved positive.

When he was asked to submit a blood test at the police station, he demanded that the blood should be taken from "the left aortic ventricle".

The charge was dismissed, and the State may appeal. Meanwhile the left aortic ventricle has joined the big toe as a safe spot from which to offer a blood sample.

General opinion in Dublin is that anyone who can say "aortic ventricle" in the small hours must be sober.

Sunday Telegraph, 11th February, 1979

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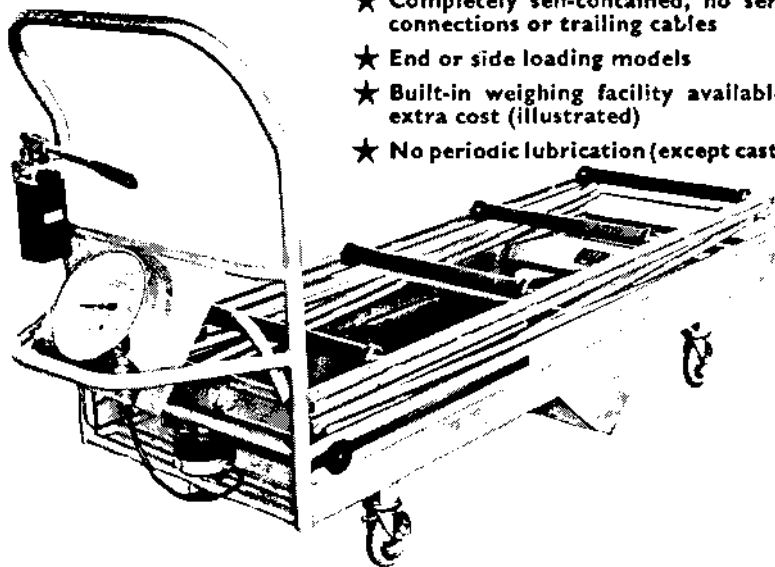
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MINUTES OF ANNUAL GENERAL MEETING, TORQUAY 1978

1. The Hon. Secretary read the notice convening the meeting and the meeting observed two minutes silence as a tribute to the memory of Dr. Robert Hunt-Cooke (Met), Dr. H. Shepherd (Newport) and Dr. D.H. Warden (Lusburn) who had died during the year.
2. Apologies were received from 22 members of the Association.
3. The Minutes of the 26th Annual General meeting were approved and signed by the President (proposed Dr. M. Cosgrave, seconded Dr. Myles Clarke). Accepted Nem Comm.
4. It was proposed by Dr. Ralph Summers and seconded by Dr. K. Pole that the Balance Sheet and Hon. Treasurer's Report be accepted — Accepted Nem Comm.
5. The Hon. Secretary's report was accepted after a proposal by Dr. Myles Clarke — seconded by Dr. J. McFadyen.
6. The report of the W.G. Johnston Fund was presented by Dr. R. Summers and the meeting confirmed Council's nomination that Dr. D. Jenkins fill the vacancy for a Trustee which had arisen following the death of Dr. Robert Hunt-Cooke.
7. Hon. Secretary reported 53 new members had been approved by Council during the year which were then confirmed by the meeting after a proposal by Hon. Secretary, seconded by Hon. Treasurer (a net gain by 35 new members).

8. Hon. Secretary reported 15 resignations and three deaths during the year.

9. Election of Officers: Dr. Fuad Gabbani invested Dr. S.H. Burges with the Presidential badge and chain.

Dr. Burges then presented a past President's badge to Dr. Gabbani.

Dr. James Hilton proposed and Dr. White seconded that the other Officers and representatives be elected 'en bloc' as per the circulated list. The meeting approved Nem Comm. The President proposed on behalf of Council that Dr. H. Rosenberg OBE be elected President Elect — there being no other nominations Dr. Rosenberg was elected.

The President on behalf of Council proposed that the meeting invite Dr. W.M. Thomas to accept Honorary Membership in recognition "of the magnificent contribution which he has made to the Police Surgeon service generally and to the Association in particular over many years". Dr. Thomas accepted amidst great applause and thanked the meeting for the honour he had just received.

10. The motion from No. 8 group in respect of HO/RT 5 was withdrawn after a proposal by Dr. F. Shepherd (Chairman: Metropolitan & City Group) supported by Dr. Arnold Mendoza (Secretary: Metropolitan & City Group) after the meeting had heard the contents of Dr. Shepherd proposed and Dr. Mendoza seconded "That this AGM endorsed the view that HO/RT 5 should be a simple certificate and not a statement under the Criminal Justice Act". The motion was carried Nem Comm.

11. There was no urgent business since the preparation of the Agenda.

12. The next meeting would be at the Hotel Majestic, Harrogate on Wednesday, 16th May, 1979 at 5.00 p.m.

METROPOLITAN SEXUAL OFFENCES SYMPOSIUM

Reporter JUDITH SMALLSHAW

In spite of a biting wind, a glitter of frost on the tarmac and the suspicion of snow in the air, the door of the Innholders Hall stood open all evening.

This comforting — if cold — tradition welcomed delegates and their wives to the Soirree held by the Metropolitan and City Group of the Association of Police Surgeons on the 12th January.

Open fires, a huge silver punch bowl and attentive waiters helped to make the evening swing with a certain amount of panache as old friends were greeted and first-timers introduced.

There were a lot of new faces at the Blizzard Club of the London Hospital when sex reared its ugly head at precisely 11.30 the next morning. This influx may have been the direct result of recent adverse publicity given to Police Surgeons in the media.

As one delegate put it: "It was the public censure that vital evidence in some rape cases had been applied or missed and that little sympathy was shown to the victim which alarmed me: the taunt that we 'couldn't be trusted to treat a dog or a cat, let alone a woman' which brought me here today".

The first speaker, Mr. Bernard Sims, took the bit firmly between his teeth with his lecture on bite marks in sexual cases.

As a full time Forensic Odontologist, Mr. Sims is called upon to deal with hetero- and homo-sexual cases.

He prefers to use evidence of patterns and points of similarity to absolute measurements, and this view was illustrated with slides.

The usual bite mark on flesh leaves a canine-to-canine impression, but where



Mr. Bernard Sims



Dr. David Paul

a savage attack has been made, evidence of the molars is included, too. It was interesting to note that a long, narrow arch will be found in a tall, thin person, and vice versa, which is helpful initial data for the police when identifying a suspect.

The odds against a dental history and its significant irregularities being identical are extremely long — about 2½ billion to one — and so a comparison and elimination technique is used where bite marks are to be given in evidence.

Marks traced from the flesh give good results and so do photographs taken with a ruler or tape-measure laid beside the bites to indicate size. An outline of the teeth of the suspect, drawn onto a transparency, can be fitted over the photograph or tracing — and it is easy to see if a "good fit" is obtainable.

This evidence is acceptable to the police, whereas moulds of the indentations taken with plaster of paris or dental wax are said to tamper with the exhibit and, possibly, to destroy evidence.

Another way that bite marks can be

recorded is to excise and freeze the bitten area.

Following this jaw-clenching exercise, Dr. David Paul, Coroner of the City of London and Lecturer in Forensic Medicine, certainly did not mince matters either.

In his lecture on sexual examination in heterosexual cases, he quickly pointed out that rape is not a medical diagnosis but a medical interpretation. The fifty-one delegates were advised to look for physical evidence which would establish a chain of contact between the scene of the crime, the suspect and the victim. The importance of taking a full and detailed history was stressed, even if much of it would not be used in Court. Dr. Paul advocated a top-to-toe medical examination; Police Surgeons who make a bee-line for the perineum are quite likely to miss evidence of drink or drugs, or bruising indicating the use of force.

In the general examination, evidence of stupefying drugs, alcohol and force must be sought. Fear, unfortunately for the Police Surgeon, leaves no visible mark.

Another point to remember is that, in the witness box, the scrubbed face of a girl in school uniform will bear little resemblance to the smudged make-up of the fashionable young madam seen at the police station at 2.00 a.m. The notes made of this sort of evidence, trivial though it may seem at the time, are of particular importance in a case of USI.

Dr. Paul emphasised the fact that it is the Police Surgeon who makes the examination, not the officer in charge, and that he must insist on conducting this in his own way and not at the direction of the police.

Just before lunch was, perhaps, not the best of times for Dr. David Jenkins' lecture, sexual assault in males and buggery!

It was stressed that the written consent of a parent or guardian would be obtained before any examination is made of an under-age buggery victim. Also a plain-clothes chaperone, unconnected with the case, should be present and parents should



Dr. David Jenkins Professor Cameron

be given the opportunity to be there, too.

To gain the confidence of a child, Dr. Jenkins always uses distraction techniques before attempting to make an examination and, when taking a history, uses simple language. "The insertion of the male organ into the anal orifice" is meaningless to a child who would probably say "E shoved 'is prick up me arse": common ground in the words used is most important.

In buggery, proof of penetration is all the evidence that is necessary.

The infamous "Johnny come home" story was given as an example of a detailed history: the sexual attack on a young woman by her estranged husband was used to illustrate how examination must not necessarily be confined to buggery — and the case of an 11-year-old boy buggered by a child care officer in charge of a home (complete with slides which were enough to make Freud blush and which left nothing to the imagination) was used to show how a vicious sexual circle was discovered and broken.

In thanking the speakers for their comprehensive presentation of their subjects, Dr. Stan Burges congratulated Dr. Jenkins on a first class pornographic show.

The previous evening, Dr. Frances Lewington had admitted to more than a modicum of stage-fright, but when, after lunch, she took the floor to speak on forensic sampling, there was no sign of "nerves".

In 1978, the rape cases dealt with by her department soared by an alarming 39% — the rape-kits replaced each week in the Metropolitan area alone averaged 29-30. (It was suggested that this sustained increase was due to the abnormally mild autumn weather!)

Team work is very important in forensic sampling for every contact leaves a trace, and forensic scientists look to the Police Surgeon to find these minute pieces of evidence.

In cases of rape, the victim's clothing should not be removed by a WPC before the doctor arrives, and it should be bagged immediately, along with the paper on which the victim has been asked to stand. Wet stains can establish a relevant time factor and these should be recorded. Drug and alcohol analysis is often forgotten in these cases — and it cannot be obtained later.

The delegates were warned not to guess at anything — conjecture has no place in a court of law and its use would lose them their credence as Police Surgeons.

High, low and external vaginal swabs should be taken from rape victims, irrespective of the presence of a menstrual flow. A penis will retain vaginal material, especially in the coronal sulcus, so swabs should also be taken from the assailant.

In conclusion, Dr. Lewington showed and explained slides illustrating chemical analysis of stains and samples of fibre and tissue.

At the start of his lecture on an appraisal of the forensic examinations, Dr. Stan Burges, President of the Association, stated that he was a forensic examiner "in a nebulous sort of way", but there was nothing nebulous in the way he attacked his subject.

Dr. Burges put Police Surgeons into three categories: the mamon worshippers, who merely take blood samples and fill in expense claim forms (and who ask for — and must expect — adverse criticism): the family doctors who believe police work to be an extension of general practice (these constitute the bulk of the membership and they are usually taken aback by the competence of the Association conferences and literature) and, thirdly, those who take an interest

in — and obtain satisfaction from — clinical forensic medicine.

The future of Britain's Police Surgeons rests with the men and women of this calibre, but the term "Police Surgeon" covers all three groups.

The Police Surgeon is concerned with justice, human relations, criminal law and professional ethics. He must also cultivate tact, understanding, knowledge and experience: falling somewhere between the over-sympathetic family doctor figure and the cold clinical approach of the pure technician.

Examination consent is implied in general practice where the doctor deals with the well-being of the patient and his restoration to health. His records are confidential.

The Police Surgeon has to gain consent actively — or court disaster. His evidence is minutely examined by police, lawyers and the public — and it is the first examination that is the important one.

To a jury, the possible may well become probable unless proper forensic medicine has been carried out and explained.

"Multi-purpose, ill-equipped cupboards" were the words Dr. Burges used to describe the dreary rooms furnished with substandard equipment which are still supplied by a lot of police stations, and it is in these cubby-holes that vital evidence has to be collected from violated and often unco-operative victims.

The situation of the mediocre Surgeon's room is improving, slowly, but it is by no means resolved.

Dr. Fred Shepherd echoed the feelings of all the delegates when he thanked Dr. Burges for his thoughtful and thought-provoking lecture.

A discussion between delegates and lecturers ended the symposium during which questions were answered and theories exchanged.

At the end of the day, maybe those first-timers, having taken the plunge and found the water not nearly as cold as they had anticipated, will help to swell the ranks of the old friends at future conferences.

DAY TRIPPERS— ONE WAY DRIVERS, YEAH

The doctor had taken a carefully prescribed dose of antihistamine for his hay fever. Later, he found himself driving straight for a traffic island, oblivious of the danger and laughing his head off...

Dr. Andrew Raffle, Chairman of the Medical Commission on Accident Prevention transport committee, told the story when he addressed a Pharmaceutical Society symposium on drugs and driving in 1977. And it illustrates neatly the road danger lurking in the growing mountain of medicine being prescribed in our drug-orientated society. A danger largely unacknowledged simply because few motorists know about the side-effects of the pills they take by the million.

Dr. John Clarke, until recently Secretary of the Police Surgeons Association, tells *Drive*: "Surveys have shown that about 15% of drivers on the road are under the influence of drugs at any given time. That means every sixth car. Night-time sedation and tranquillisers are turning drivers into potential killers".

The figure comes as no surprise. A decade ago, *Drive* magazine carried out the first-ever survey to discover just how many British motorists might be driving with drugs in their system. Out of 945 drivers interviewed 130 (14%) admitted they had taken medicine in the previous 24 hours.

The results of *Drive's* survey have for 10 years been quoted at international conferences. But what action has been taken? The dispiriting answer, according to *Drive's* latest enquiries, is: Not much.

Nonetheless, there are encouraging signs of greater awareness of the dangers, and three moves are afoot.

1. An extensive study of the relationship between drugs and driving is being mounted by the government's Trans-

port and Road Research Laboratory at Crowthorne, Berkshire, involving interviews with 2000 drivers, half of whom have experienced accidents.

2. In tandem with this, the Department of Clinical Pharmacology at Oxford University is investigating which drugs are associated with greater or lesser risks.

3. And the Department of Health and Social Security has called together a working party representing the British Medical Association, the British Dental Association, the Pharmaceutical Society, the nursing profession, community health councils and the pharmaceutical industry to discuss the level of information about medical prescriptions given to the public.

But it will be some while before the full benefits of these studies reach drivers. In the meantime, many will be ploughing their way through that medicine mountain: in 1975 (the latest year for which figures are available), more than 50 million National Health Service prescriptions for sleeping-pills, tranquillisers, anti-depressants, antihistamines and stimulants were issued in England alone.

Ironically, in that same year, the *British Medical Journal* carried a solemn warning from Dr. William Reilly, a GP in Telford, Shropshire, about drugs and driving. Since the introduction of the breath-test, he wrote, police seem to have forgotten the existence of drugged drivers, particularly when the drugs are prescribed. He added: "Drugs to them, in all likelihood, mean heroin, cannabis or the amphetamines, and a well-dressed woman driving a family car would hardly fit their picture of a drug addict..."

Case-histories illustrated his point. One woman, discharged from a mental hospital, having been prescribed five different drugs affecting the central nervous system, drove to his surgery and arrived in an obviously

drugged state. Despite his warning, she insisted on driving home.

A middle-aged man under sedation ran his car off the road and hit a telegraph pole. In hospital, his dazed condition was thought to have been caused by concussion. In fact, it was due to sedation.

A woman under sedation, stopped twice by police because of her erratic driving, was breath-tested with negative results. But Dr. Reilly saw her getting out of her car, barely able to articulate and standing erect only with difficulty. He wrote: "I doubt if it occurred to the policeman who stopped her that she might be drugged".

He concluded: "As one who has been both a driver and a prescriber for many years, it is my belief that a great many road accidents happen as the result of impaired judgement due to drugs. How many, it would be difficult to estimate; but much more, I am sure, than the police or the general public realise.

"How this hazard can be eliminated, I do not know. But I am equally sure that it is a growing hazard and that the problem is one that must be tackled sooner or later".

Nothing has happened in the three years since Dr. Reilly wrote that article to make him change his mind. He says, today: "I've no reason to believe that the situation has improved. In fact, it probably has deteriorated as more people are driving cars and more are taking drugs".

Why has there been delay in offering the public protection from the side-effects of so much medication? If international sporting bodies can identify drugs so swiftly, and act even more swiftly, why have we not moved, long before now, first to quantify the problem that appears to exist on the road, and then to combat it?

Professor Arnold Beckett, who has made extensive studies of drugs and driving and who is also a member of the International Olympic Committee's medical commission, tells *Drive*: "In sport, there are forbidden drugs. We are concerned solely with testing for their presence, not with whether or not they affect performance or judgement. Any legislation under the Road Traffic Act

would have to take those elements into consideration, but it will be difficult for any nation, at least in the foreseeable future, to have a system of testing blood levels that could be enforced in law and at the same time be fair . . ."

It is all a question of *positive proof*. To date, most studies of the effects of drugs on driving ability have relied on laboratory investigation, driving simulators and 'gymkhana' tests — vehicle-handling in controlled, vehicle-free conditions. They do not allow for tiredness, bad road surfaces, weather or traffic conditions, and most of those taking part have used drugs for the purposes of the tests, not for therapy. In reality, of course, a sick person might drive even worse without medicine; a highly tense person might drive more efficiently with tranquillisers.

Dr. Raffle says: "The problem is one of sheer size. There is the number of people involved and their widely differing types of driving: the large number of drugs that might affect driving performance; and a virtual lack of data about the relationship between drugs and accidents. Added to that are patients' varying needs for medication, and the diversity of personal idiosyncrasy, illustrated by my colleague who drove at that traffic island after taking antihistamines.

"A few decades ago, we were pretty sure that alcohol impaired the capacity to drive, but we had no hard evidence to prove it. We are now in much the same situation with drugs. We believe that they can affect drivers adversely, but we have no scientific proof gained from experience on the road. Gathering that proof will take time, but at least we know the techniques from our experience with alcohol".

Today's maximum blood/alcohol level was agreed after assessments of driving performance in experimental conditions had been complemented by studies in which the accident-involvement of drivers with various blood/alcohol counts was compared with control samples. The largest of these was conducted in the US by the department of police administration at Indiana University, which compared a group of 5985 drivers who had been in accidents in Grand Rapids, Michigan,

with a group of 7590 drivers selected from the city's traffic in 1962-1963.

The TRRL study of 2000 British motorists drawn from the electoral register will be, in effect, a similar operation to provide hard information about drugs and driving. *But why, again, has it taken so long to mount, when the potential danger is so clear?*

The answer is that, until recently, it has not been a practical proposition because methods of analysing drugs in the blood simply were not good enough. But, in the last two years — and, with some drugs, in the last 12 months — substantial progress has been made.

Dr. Anthony Moffatt, head of the drugs and toxicology division at the Home Office Central Research Establishment, Aldermaston, Berkshire, says: "We can now test for most drugs that might impair driving, using the blood sample taken in accordance with the Road Traffic Act.

"We can do so without knowing what drug is suspected, though that should rarely be the case. A Police Surgeon should ask a suspect driver whether he has been taking any medication, and there should be other leads, such as his behaviour — or a tablet bottle in his pocket.

"Having identified the drug, it is a simple extension of the exercise to determine its level in the blood. But that does not mean we can state the extent — if any — to which it impairs driving. To establish a danger level will involve epidemiological studies on the Grand Rapids scale . . .

"The problem is much more complex than that of alcohol because the relationship between drug level and driving performance is likely to differ widely from drug to drug. Someone obviously intoxicated by barbiturates, for example, may register a low level in his blood. Cannabis, on the other hand, remains in the urine for some while after its effect has worn off. Analysis would reveal it, but a driver's efficiency may be impaired no longer.

Cannabis raises special problems, not merely because it is illegal but because its strength varies considerably. A recent study at Surrey University, in collaboration with the Home Office's Aldermaston

team, has revealed that 10 out of 54 drivers and 12 motorcyclists killed in accidents over an 18-month period had cannabis in their blood. But Professor Vincent Marks, whose Surrey team has produced the first sophisticated method of analysing cannabis in the blood warns that the figures must be treated with considerable caution.

He says: "The only real conclusion we can draw from them is that the victims had cannabis in their blood. Whether it impaired their driving is a matter for conjecture. But it is a cause for concern because cannabis is now so widely used".

It is a view that surely reinforces the need for further investigation of the relationship between drugs and driving.

Among aspects to be covered by the TRRL in its survey of 2000 drivers are environmental conditions at the time of the accident; the drivers' experience and accident records; drug and alcohol consumption prior to the accident; physical disabilities, including eyesight, hearing, illness, fatigue; and smoking.

Barbara Sabey, head of the TRRL's accident investigation division, tells *Drive*: "I doubt whether our current studies could lead to legislation governing unacceptable levels for particular drugs; the nature of the problem is very different to that of alcohol. But we hope that they will provide the medical profession with valuable information about the dangers of driving with the drugs that the studies identify".

It should also provide badly-needed armour for the motorist, who is a bewildered gladiator in this medico-legal field.

Broadly speaking, the law concerning drugs and driving is that which existed for alcohol before the 1967 introduction of the breath-test: driving 'under the influence of a drug' is an offence under Section 5 of the Road Traffic Act 1972, normally earning disqualification for 12 months.

If a driver gives a negative alcohol test, a police officer may consider whether he or she is ill or impaired by drugs. A Police Surgeon can ask for a blood sample, and a refusal to give it, while not an offence, may be used in evidence by the prosecution. Analysis of the sample may establish

the presence of a drug believed liable to impair driving ability, but any such evidence would need to be supported by police and medical evidence.

Such cases are rare. The 1975 Blennerhassett Report on drinking and driving stated: "Although drugs account for perhaps 100 cases detected each year, as compared with more than 50,000 of driving with excess blood-alcohol, impairment by them is unlikely to be as rare as this disparity would imply. The reason is that proof of this offence is even harder than proving unfitness through alcohol was before 1967".

The report added that standard routine tests were not yet available to identify many of the drugs. But, since then, the situation has changed considerably, and the Metropolitan Police Forensic Science Laboratory now offers a facility for drug analysis with a sample of blood that has shown a very low or zero alcohol level.

Already that facility has encouraged an increase in the number of samples being sent for drug analysis. The laboratory that covers London, Kent, Sussex, Surrey, Hertfordshire and Essex now handles 200 blood samples a year, compared with 100 two years ago, and the number will increase further as the police become more aware that drugs, as well as drink, are likely to impair driving.

The laboratory staff is doing what it can to spread that awareness. It lectures police on the need to watch for drugged drivers where drink does not appear to be the problem, and tells them the signs that should arouse suspicion. And, when a sample shows a "legal" or borderline alcohol level, it is now routine to send a circular with the report suggesting that drugs may have been mixed with drink.

If, subsequently, police want an analysis for drugs, they are asked to state whether drugs were found in the driver's possession and, if so, what they were; what was his condition (drowsy, asleep, agitated); whether he was prescribed drugs by his GP and, if so, which; when was his last dose; and how long had he been taking them?

Illustrating the motorist's dilemma, Dr. Raffle says: "It is a driver's responsibility not to drive while his ability to do

so properly is impaired by illness or the treatment for it. But that responsibility cannot be exercised effectively unless he is given the necessary guidance by his doctor or pharmacist — preferably both.

"And that guidance cannot be given effectively unless the data sheets about drugs that, by law, all doctors and pharmacists must receive state that they *may impair driving*. They seldom give such a warning because it is difficult to back it up with evidence which, in turn, needs further research. It's Catch 22".

Certainly many motorists seem to be totally unaware of the dangers they may face from their medicines, particularly medicines mixed with alcohol. Dr. David Filer, a Police Surgeon for nearly 15 years, serving Hammersmith and Fulham stations, says: "Only a few of the drivers that have been warned by their doctors not to drive if they mix alcohol with drugs, affecting the central nervous system. The majority tell me they have not been warned, and, while some may be covering up, some obviously are telling the truth.

"One of the most common drugs of this nature is Valium. Its data sheets states clearly that patients should be instructed to avoid alcohol while using it, since an individual response cannot be foreseen. It adds that, like all medicaments of this type, Valium may modify patients' reactions, driving ability and ability to operate machinery".

Dr. Filer believes that any doctor who prescribes Valium without warning a patient about possible side-effects is guilty of negligence. And negligence in this area can have serious consequences, as the following case-histories from his experience as a Police Surgeon show.

Case one: A businessman had been manning his firm's stand all day at a trade exhibition. To relieve tension, he had taken some tranquillisers, and finally a couple of small gins. As he drove home, a police patrol car crew saw him switching from lane to lane with unusual abandon and at excessive speed. A breath-test produced a negative result, but a blood sample confirmed the small level of alcohol and tranquillisers in his blood.

Case two: A patrol car crew spotted a girl scraping her car against two parked

vehicles and driving on erratically. She was chased and stopped. When she got out of the car she staggered and her speech was slurred. The breath-test was borderline — she'd had two half pints of beer — but she admitted that she had been taking Mogadon — a sleeping pill — and analysis revealed that it was still in her blood.

Case three: A housewife nearly knocked down a pedestrian on a zebra crossing. Police stopped her and she said that she had had a couple of sherries with friends. But asked whether she had been taking any prescribed drugs, she replied: "Only antihistamine for my hay fever".

All three drivers said that they had not been warned by their doctors about the danger of taking their drugs with even a small amount of alcohol. And the probability that tens of thousands could say the same thing was suggested in a report on sleep in this July's issue of *Which?* Of 430 Consumers Association members reporting, three quarters had seen their doctors about sleep problems. Nine out of 10 had been given sleeping pills or tranquillisers, and the magazine stated: "Very few doctors gave warnings about the side-effects of the pills they prescribed".

More may be encouraged to do so by *Medical Aspects of Fitness to Drive*, a Medical Commission on Accident Prevention booklet that the BMA has now persuaded the Department of Transport to send to all doctors. It contains a chapter on drugs and driving by Dr. John Havard, principal deputy secretary of the BMA and author of a United Nations report on alcohol, drugs and driving.

It carries advice for doctors, and describes how a wide variety of drugs may affect drivers: "The very large numbers of prescriptions for sedatives and tranquillisers, running into tens of millions each year in this country, together with the fact that 19 million people have driving licences, suggests that a substantial proportion of the population must drive at some time or other under the influence of central nervous system-active drugs".

Dr. Havard points out that, after most general anaesthetics, it is safer for a doctor to advise against driving for 48 hours. Most pain-killers — aspirin, paracetamol,

phenacetin, for instance — are unlikely to impair driving, but some may be less safe than others. Distalgesic, for example (for which there were 3,680,000 prescriptions in 1973), is a combination of paracetamol and dextropropoxyphene; the data sheet for Distalgesic contains no warning about driving, but that for Doloxene — a proprietary dextropropoxyphene preparation — contains a specific warning.

"The public", warns the Police Surgeon's Dr. Clarke, "is mostly unaware of the fact that, when the maximum 'benefit' of a drug has worn off, the residual effect still present may impair driving ability even though a person may feel perfectly fit . . ."

In an age when it seems as if every other person is on daytime tranquillisers or night-time sedatives, or both — never mind more-exotic drugs — it's about time we woke up to this fact among many others. Before the next day-trip becomes the final one . . .

ALAN BESTIC

This article first appeared in the January-February 1979 issue of *Drive*, and is reproduced by kind permission of the Editor.

PLEASE MENTION
THE POLICE SURGEON
SUPPLEMENT WHEN
REPLYING TO
ADVERTISEMENTS

THE SECOND INTERNATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT

London 12th—15th September, 1978

Reporter JAMES HILTON



A large and almost unwieldy conference with over 1100 delegates and more than 300 papers, it was both a bewildering and highly enlightening gathering. It was impossible to do more than select a subject and follow it through by attending the ever changing and often distant classrooms.

The presentation of the papers varied enormously, some being presented with clarity and skill, and others simply read at high speed. One was unintelligible due to the speaker's inability to master the language.

As is common at all good conferences the major value lay in meeting the delegates and discussing matters informally. It was comforting to find that many of our problems are shared almost worldwide, and the solutions were as varied as the nationalities of the delegates. I was able to put forward the view that the Police Surgeon should be closely involved in cases of child abuse, and considerable interest was shown by many delegates in the work done by those of The Association who have made a special contribution in this field. It was disappointing to hear a few social workers describe the difficulties they had encountered in obtaining skilled medical assistance in the interpretation of injuries even when the Police Surgeons had been approached. I found on occasion that I had to defend the actions of my colleagues, both Police Surgeons and general practitioners, in what, on the face of it, appeared to be unreasonable and high-handed behaviour.

SEXUAL ABUSE OF CHILDREN

After careful study of the programmes I concentrated my attendances on the subject of Sexual Abuse of Children.

It seems to me that it is quite obvious which section of the medical profession knows most about sexual abuse of children. It must be the Police Surgeon, because, as a general rule, he alone examines these cases.

There has been a considerable amount of discussion recently on the work of the Police Surgeon in cases of rape. Apart from the humanity and skills required in dealing with them, we have come to learn that the rape victim needs support for the psychological trauma of the incident, and advice beyond the requirements of the police investigation, e.g. risk of pregnancy, V.D. These cases are dealt with almost exclusively by the Police Surgeon.

The sexually abused child is in exactly the same category, and we must all become aware of the far reaching effects that such abuse can have on a child's health and development. We must take all necessary steps to see that the damage is minimised.

INCREASED RECOGNITION

There was agreement amongst all contributors that there has been an increase in the recognition and reporting of sexual abuse of children, not only in The United States, but also in many other countries. It was stated that 'Recognition does not come easily. The denial and avoidance by

professionals of all disciplines are similar to attitudes about physical abuse ten years ago'.⁽¹⁾

Concerned for the rights of children, most countries have enacted a variety of laws which are designed to protect children, but little is done to protect them after the illicit act has been committed. In our haste to get the offender behind bars we tend to trample the children underfoot ignoring their emotional needs and even their rights.

Often the illicit sexual act takes place within the context of a loving relationship between the child and the adult, and the child may be a willing partner. The rupture of the relationship, the sense by the child that he has betrayed a loving adult, are both facts of which we need to take cognisance when dealing with cases of assault.

If an illegal act is suspected the child is often cross-examined by his parents and police, and this is a frightening experience for the child who thinks that the hostility shown in the cross-examination is directed as much at himself as at the criminal even when the child has been an unwilling victim. Children are afraid of hostile adults and either the truth will be extracted from them unwillingly, or they become confused and contradict themselves. The cross-examination by parents and police is only a prelude to an even worse examination by a definitely hostile barrister.

EXAMINATION

The medical examination is of the most intimate kind, the most private recesses of the child's body being probed and swabbed. The child often feels degraded and becomes confused by the fact that the doctor has changed from being the sort of person to whom you go when you have something wrong with you to a man who probes you to collect evidence for a hostile adult world.⁽²⁾

In another paper it was shown that in unreported cases of sexual abuse a large number of children had sexual experience with adults many of whom were family members, that children of all ages are vulnerable, and that males are more vulnerable than has been previously thought. It was found that the kind of

sexual activity and the age of the child were not so traumatic as those acts involving force or coercion.⁽³⁾

INCEST

Incest was seen by most workers as an offence against the family. 'The attraction of incest creates a chronically fearful and secretive environment. The child is fearful of and feared by the parents. Thus existing parenting attitudes view the child as parental property and subject to parental control. The child as the victim of the sexual act is both physically and psychologically helpless'.⁽⁴⁾

The discovery of incest in a family results in the immediate destruction of that family as a unit. The father is immediately taken away and punished. The mother who has often known about, and secretly condoned the situation, is bereft of material support. The child against whom the offence has been committed and who has done no wrong is suddenly deprived of her father whom she may love as well as being afraid of him. She blames her mother for letting this thing happen, and is blamed by her in return. She develops a sense of guilt and confusion which will follow her through to her adult life.

In one paper the authors compared the perception of separate groups of adult women and teenage girls, all of whom had been the victims of an incestuous relationship. 'All participants deplored the current criminal investigatory approach. A few said that they would not have reported, or would have lied when questioned, had they known what would follow. All worried about judgements about them and their families, and most were aware of their feelings of guilt. All repeatedly and strongly referred to feeling ashamed'.⁽⁵⁾

There is a growing volume of research and experiment in various ways of providing treatment for the victims of sexual abuse, and it has been found that sexual assaults on children have an enormous impact which endures well into adulthood. The abusive experience must be resolved not once but at each new developmental stage.⁽⁶⁾

PSYCHOLOGICAL DAMAGE

The Conference made it quite clear that we must pay much more attention to this form of child abuse. The message is plain to see — it happens and it happens more often than we think. Paediatricians admit that they see it very rarely, if at all, and this not surprising as the majority of the cases will not need medical attention for physical ills. The damage done to the psychological development of the child however may be immense. These children, when discovered, are deserving of considerable support and attention.

I think it important that we all recognise the damage that can be done to a child victim, and we should take steps to ensure that through investigation and follow up of the child's physical and mental health takes place. I would suggest that every case of sexual abuse of a child should be the subject of a case conference, and that appropriate support should be offered to the victim, the parents and other members of the family unit. In assessing this support it might be considered essential that a family psychiatric unit should be involved. The use of the case conference system will automatically involve all those who will be concerned with the growth and development of the child, including the family doctor, the health visitor, the school, and the social services. The known fact that the effects of sexual abuse can continue into adolescent and adult life will make it necessary for arrangements to be made for adequate and prolonged follow-up.

References.

- (1) A Cross-cultural Perspective. Mrazek.
- (2) Protecting and Sexually Abused Child. Ingram.
- (3) The Incidence of Family Sexual Abuse. Finkelhor.
- (4) A Humanistic Approach to Treating Sexual Abuse. Moulton.
- (5) Options to "Big Brother" Involvement with Incest. Topper.
- (6) The Effects of Sexual Child Abuse on the Victims. Star.

ANTIDEPRESSANTS FOR EVERYONE, DOCTOR?

Do your patients get their Triptizol
Or does it rest on how they're classified?
Do you comply with modern protocol
As to how prescriptions are applied?

First the crowd of working multitudes:
Keep them quiet and jolly them along.
For their wildly fluctuating moods
Give them Parnate, give them Oblivion!

The educated upper middle class
Display a wealth of hypochondrium —
So tranquilize their little minds en masse
And give them Marplan, give them Librium!

The super class, with ambiguity,
Are awkward patients. For their optimum
They want a preferential therapy
So give Prothiadin and Valium!

Can your patients state their preference
Or does it rest on how they're classified?
And do you find a basic difference
In how your OWN prescription is applied?

Judith Smallshaw

BOOKS

Judith Smallshaw has two books of verse in print — "By Fell, Tarn and Crag", 45p, published by Cumbria Naturalists' Trust, and "Copper Farthings", 70p, published by Outpost Publications.

KAY NEIN

We hear that Dr. J.K. Smallshaw, winner of the 1978 Ulster Cup, is now immunised against hard pad, distemper and leptospirosis (Pulse, February 10th, 1979). He's been in the dog house so often that this is a very reasonable attempt at self-preservation.

CONGRATULATIONS

To recently successful candidates for the Diploma in Medical Jurisprudence:

Dr. P.R.S. Duffus, Aberdeen
Dr. E.O. Roberts, Cheshire

CHARING CROSS HOSPITAL

POST-GRADUATE MEDICAL CENTRE

POST-GRADUATE WORKSHOP IN FORENSIC MEDICINE

Wednesday, 25th April, 1979

Organized by the Association of Police Surgeons of Great Britain and the Department of Forensic Medicine, Charing Cross Hospital Medical School, University of London.

Venue: The Post-graduate Centre
Lecture Theatre (Ground Floor South).

PROGRAMME

9.30 a.m. – 10.00 a.m.

REGISTRATION AND COFFEE

10.00 a.m. – 10.45 a.m.

"LAW AND THE POLICE SURGEON"

Dr. S.H. Burges,
M.B., B.S., M.R.C.G.P., D.M.J.
President, Association of
Police Surgeons of Great Britain.

10.45 a.m. – 11.30 a.m.

"ALCOHOL, DRUGS AND DRIVING"

Dr. S.E. Josse,
M.B., B.S., M.R.C.S., L.R.C.P.,
M.R.C.G.P., D.M.J.
Divisional Police Surgeon, London.

10.30 a.m. – 12.15 p.m.

**"ANACHRONISMS AND
ARTEFACTS IN FORENSIC
MEDICINE"**

Professor D.A.L. Bowen,
M.A., M.B., B.Chir., F.R.C.P.(Ed.),
M.R.C.P., F.R.C.Path., D.Path., D.M.J.
Professor of Forensic Medicine,
Charing Cross Hospital Medical School.

12.30 p.m. – 1.30 p.m.

LUNCH

1.30 p.m. – 2.15 p.m.

**"FORENSIC ASPECTS OF
MOTORWAY ACCIDENTS
AND DISASTERS"**

Dr. H. de la Haye Davies,
M.A., B.M., B.Ch., D.M.J.
Principal Police Surgeon,
Northamptonshire Police and
Hon. Secretary, Association of
Police Surgeons of Great Britain.

2.15 p.m. – 3.00 p.m.

**"CURIOSA IN MEDICINE AND
PATHOLOGY"**

Professor W. St. C. Symmers, M.D.,
Ph.D., F.R.C.P., F.R.C.P.A., F.R.C.P.I.
Professor of Histopathology,
Charing Cross Hospital Medical School.

3.00 p.m. – 3.45 p.m.

**"BALLISTICS AND FIREARMS –
A NEW APPROACH"**

Major R. Menzies,
R.A.M.C., M.B., Ch.B.
Cambridge Military Hospital,
Aldershot.

3.45 p.m.

TEA

*Hospitality at this meeting has been
kindly sponsored by Alfred Cox (Surgical)
Limited.*

There is no registration fee. Section 63
approval applied for.

If you wish to attend this workshop,
write to:

The Post-graduate Centre,
Charing Cross Hospital,
Fulham Palace Road,
London, W6 8RF.

or telephone the Department of Forensic
Medicine on 01-748 2040, extension
2746.

**YOUR CONFERENCE
IS BOUND TO SUCCEED AT THE**

The Hotel Majestic Harrogate

The Hotel Majestic is situated in the charming town of Harrogate, between Leeds and York, and with the Yorkshire Dales and Brontë country on the doorstep.

The Hotel Majestic offers:-

- Four-star Comfort and Service.
- 160 Bedrooms (only 10 without private bath) including 10 suites.
- Colour Television, Radio, Telephone, Tea and Coffee-making facilities in all Bedrooms.
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- Covered, heated Swimming Pool.
- Squash Court.
- Extensive Gardens.
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- Parking for 180 cars.
- Conference facilities for 5 to 500.
- Banquets for up to 500.
- Weekend "Bargain Breaks".
- Quality Cuisine and Wine Cellar.

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Hotels

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN



**28th ANNUAL
CONFERENCE**

**14th-19th
MAY, 1979**

**HOTEL
MAJESTIC,
HARROGATE**



CONFERENCE PROGRAMME:

VISITING SPEAKERS

Mr. Philip Allen, Messrs. P.W. Allen & Co.

Ms. Veronica Brook, B.A.(Hons.), Leeds Women's Aid.

Professor D.J.Gee, M.B., B.S., F.R.C.Path, D.M.J. (Path), Professor of Forensic Medicine, University of Leeds.

Dr. H.B. Milne, M.B., Ch.B., D.Psy.Ed., F.R.C.Psych., Consultant Psychiatrist, Waddiloves Hospital, Bradford.

Mr. G.A. Oldfield, Q.P.M., Assistant Chief Constable, West Yorkshire Police.

Mr. R.A. Outteridge, Director, East Midlands Forensic Science Laboratory, Nottingham.

Chief Inspector P. Westwood, Accident Investigation Branch, West Yorkshire Police.

Mr. J. Woodcock, Q.P.M., Chief Constable, North Yorkshire Police.

There will be an exhibition of Photographs and other items in the Conference Hall from Wednesday until Friday.

The North Yorkshire Constabulary and the North Eastern Forensic Science Laboratory will be the principal visiting exhibitors. Members are invited to contribute to this Exhibition.

ASSOCIATION SPEAKERS

Dr. J.G. Chitnis, Police Surgeon, West Midlands Police.

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

Dr. D.S. Filer, Police Surgeon, Metropolitan Police.

Mr. M.E. Glanville, O.St.J., D.M.J., Barrister at Law, General Practitioner, Somerset.

Dr. P. Jago, Chief Police Surgeon, Central Scotland Police. Council Member, Association of Police Surgeons of Great Britain.

Dr. D. Jenkins, D.M.J., Police Surgeon, Metropolitan Police. Council Member, Association of Police Surgeons of Great Britain.

Dr. F.S. Shepherd, Police Surgeon, Metropolitan Police.

Professor Alan Usher, M.B., B.S., F.R.C.Path., D.M.J. (Clin et Path), Professor of Forensic Pathology, University of Sheffield.

Dr. A.S. Veeder, D.M.J., Police Surgeon, Northumbria Police.

The following pharmaceutical companies will be exhibiting during Conference:

Allen & Hanburys Ltd.

Brocades Great Britain Ltd.

Geigy Pharmaceuticals

Norgine Ltd.

Smith Kline & French Laboratories Ltd.

Stuart Pharmaceuticals Ltd.

E.R. Squibb & Sons Ltd.

Syntex Pharmaceuticals Ltd.

Tillomed Laboratories

An additional exhibition will be staged by Lion Laboratories, makers of breath alcohol analysis machines.

MONDAY, 14th MAY, 1979

Arrival

- 12.45 – 2.15 p.m. Luncheon
Afternoon Tea on request in the Lounge
6.45 – 9.30 p.m. Dinner

TUESDAY, 15th MAY, 1979

- 7.45 – 9.45 a.m. Breakfast

Optional Full Day Tour (Not for Council Members – see below)

- 9.15 a.m. Leave hotel by coach for
9.30 a.m. Ripley Castle. Tour of Castle and grounds. Coffee at the Castle
Interesting church and village
11.00 a.m. Leave Ripley Castle for Fountains Abbey if dry, Rippon Cathedral
if wet
1.00 p.m. Buffet Luncheon at Ripon Spa Hotel
2.30 p.m. Leave Ripon Spa Hotel for
2.45 p.m. Newby Hall. Tour of Hall and gardens.
4.15 p.m. Leave Newby Hall to return to Hotel Majestic.

Council Members:

- 9.15 a.m. Council Meeting (Committee Room)
12.30 p.m. Coach leaves hotel for
1.00 p.m. Buffet Luncheon at Ripon Spa Hotel
2.30 p.m. Return to Hotel Majestic for
3.00 p.m. Resumed Council Meeting

For those not on the tour or attending Council meeting:

- 12.45 – 2.15 p.m. Luncheon
6.45 – 9.30 p.m. Dinner
9.00 p.m. Disco – Beeline Disco.

WEDNESDAY, 16th MAY, 1979

- 7.45 – 9.45 a.m. Breakfast
9.30 a.m. Coach leaves hotel for visit to the North Eastern Forensic Science
Laboratory. This opportunity to visit a modern laboratory is restricted to thirty members. Visit by courtesy of the Director, Mr. P.G.W. Cobb, F.R.I.C.
For those not visiting the Forensic Science Laboratory there are a considerable number of places of interest within easy reach of the hotel. Details will be made available.
12.00 noon Leave Forensic Science Laboratory
12.15 p.m. The President, Dr. Stanley H. Burges, entertains members of Council first attenders and their wives
Registration
1.00 – 2.00 p.m. Buffet Luncheon

COMMENCEMENT OF LECTURES

WEDNESDAY 16th MAY, 1979

2.00 p.m.	Mr. J. Woodcock — OPENING ADDRESS
2.45 p.m.	Ms. Veronica Brook — "THE BATTERED WOMENS' REFUGE"
3.30 p.m.	Tea
4.00 p.m.	Mr. R.A. Outteridge — "FORENSIC SCIENCE — TOWARDS INTEGRATED PROFESSIONAL SUPPORT TO THE INVESTIGATING OFFICER"
5.00 p.m.	ANNUAL GENERAL MEETING
7.00 p.m.	Sherry Reception given by Mrs. P. Burges for the Ladies (Drawing Room)
8.00 — 9.30 p.m.	Dinner
9.00 p.m.	Dancing — The Honeycombs Showband

THURSDAY, 17th MAY, 1979

7.45 — 9.45 a.m.	Breakfast
9.15 a.m.	Professor D. Gee and Mr. G.A. Oldfield, Joint Paper — "THE YORKSHIRE RIPPER MURDERS"
10.45 a.m.	Coffee
11.15 a.m.	"THE YORKSHIRE RIPPER MURDERS" Continued Dr. David Jenkins — "THE WHITECHAPEL RIPPER MURDERS"
12.45 p.m.	Buffet Luncheon
2.00 p.m.	Chief Inspector P. Westwood — "ACCIDENT RECONSTRUCTION"
3.00 p.m.	Dr. H. Th. P. Cremers — "BREATH TESTS AND ACCURATE BLOOD ALCOHOL MEASUREMENTS"
3.30 p.m.	Tea
3.50 p.m.	Short Papers by Association Members: Mr. M.E. Glanville, — "F.B. SMITH — CLINICAL PATHOLOGIST" Dr. P. Jago — "THE PRO'S AND CON'S OF THE FULL TIME POLICE SURGEON — A BIASED VIEW" Dr. David Jenkins — "THE FINDINGS IN BUGGERY" Dr. Saul Veeder — "SLIDES OF INTEREST" Dr. J.G. Chitnis — "A CASE OF RAPE"
5.50 p.m.	Coaches leave for Reception
6.00 — 7.00 p.m.	Civic Reception and Cocktail Party in the Lounge Hall, Harrogate
7.15 — 9.30 p.m.	Dinner
9.00 p.m.	Dancing — The Honeycombs Showband

FRIDAY, 18th MAY, 1979

7.45 – 9.45 a.m.	Breakfast
9.15 a.m.	Professor Alan Usher – "THE USE OF VIDEO TAPE IN FORENSIC TEACHING"
	Mr. P. Allen – "ULTRA-VIOLET LIGHT AND OTHER AIDS TO CLINICAL FORENSIC MEDICINE"
10.30 a.m.	Coffee
11.00 a.m.	Dr. F.S. Shepherd – "RESEARCH – HOW? WHERE? and WHEN?" Discussion led by Dr. D.S. Filer.
11.45 a.m.	Dr. H.B. Milne – "MURDER – NORMAL OR ABNORMAL"
12.45 p.m.	Group Photograph – for all members, wives and visitors
1.00 – 2.15 p.m.	Luncheon
P.M.	ULSTER CUP Afternoon Tea on request in the 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 – The Honeycombs Showband

SATURDAY, 19th MAY, 1979

7.45 – 9.45 a.m.	Breakfast
	Dispersal

LADIES PROGRAMME

Afternoon Tea in the Lounge on request
Disco Tuesday evening
Dancing on Wednesday, Thursday and Friday evenings

TUESDAY, 15th MAY, 1979

Full Day Tour



WEDNESDAY, 16th MAY, 1979

2.15 p.m.	Visit to Bramham Park
7.00 p.m.	Sherry Reception given by Mrs. Burges

THURSDAY, 17th MAY, 1979

7.30 p.m.	Reception by the President and his Lady, Dr. & Mrs. S.H. Burges
8.00 p.m.	Annual Banquet

VENUE — The Hotel Majestic, Springfield Avenue, Harrogate, North Yorkshire.
An elegant four-star hotel commanding a fine view over the centre of Harrogate, a few minutes walk away. Harrogate is a beautiful town with an excellent shopping centre and innumerable antique shops, and is close to the National Parks of the Yorkshire Dales and the North Yorkshire Moors. There are good parking facilities at the hotel.

Leisure facilities at the hotel and nearby:

Tennis: 2 outdoor courts — free.

Squash: 1 court — bring own plimsolls (not black soled).

Swimming: Heated swimming pool — free.

Golf: 18 hole golf course — Oakdale Golf Course — is a few minutes drive from the hotel.

Green fees: £3.50 per round, £4.50 per day (payable at the Club).

Other golf courses in the vicinity are Harrogate Golf Club and Pannal Golf Club.

Rooms available for billiards, pool and table tennis.

There are six major racecourses within a radius of 25 miles.

Amenities: All rooms have radio, telephone, colour television, razor sockets and tea and coffee-making facilities. Baby sitters can be arranged.

Fishing: Rivers — the Nidd, Wharfe, Ure and Swale, and some reservoirs.

Hairdressing: Salons closely by in Harrogate. Advance bookings for Friday are advisable.
(See booking form).

SECTION 63 — The Conference has been recognised by the Medical Post-Graduate Dean, University of Leeds as 4 full sessions for post-graduate 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, 18th May, 1979, on the Oakdale 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:

Hotel Majestic, Springfield Avenue, Harrogate, North Yorkshire.

Telephone: Harrogate (0423) 68972. Telex: 57918.

Cost: 24 hour rate per person inclusive of VAT at 8% and service charge.
Twin-bedded room with bath £23.00
Single-bedded room with bath £26.00
Twin-bedded room (single occupancy) £28.00
Guests staying overnight after Banquet, bed and breakfast £10.00
Suite £15.00

The rates include full English breakfast, morning coffee, luncheon (table d'hôte menu), afternoon tea, dinner (table d'hôte menu) and accommodation.

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

Supplement for Banquet: Residents £2.60 per person
Guests for the evening £7.50 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 £1.35) 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. Telephone: 01-600 8677

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

BOOKING FORM FOR 28th ANNUAL CONFERENCE
14th – 19th MAY, 1979

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

1. TRAVEL TICKETS

Please indicate 1st or 2nd Rail Tickets if required

From to Harrogate

2. ACCOMMODATION

PLEASE RESERVE Twin Bedded/Double Bedded Room(s)

PLEASE RESERVE Single Rooms

PLEASE RESERVE A Suite (£15.00 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 eight suites available at £15.00 a day extra. Not all rooms overlook the hotel grounds. Rooms will be allocated in order of application).

3. BANQUET: Friday 18th May, 1979

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 £7.50 per person, exclusive of VAT, payable to the Conference Secretary before the banquet.

My guest(s) will/will not require overnight accommodation (£10.00 per person)

4. GOLF

I/we do/do not intend to play in the "ULSTER CUP" competition for Friday 18th May, 1979. (Please delete).

5. SQUASH

If a squash competition was arranged during the Conference, would you be interested in taking part?

YES/NO (Please delete)

6. HAIRDRESSING (Ladies)

Please make a hairdressing appointment for:

Mrs/Miss for a.m./p.m. Friday, 18th May, 1979

for a.m./p.m. Mon/Tue/Wed/Thu/Fri/Sat

7. FIRST ATTENDERS AT THE CONFERENCE

Is this your first Association Conference?

YES/NO (Please delete)

8. EXCURSIONS:

The following are required

a) Tuesday 15th May, FULL DAY

..... seats @ £7.70 per person. £

b) Wednesday 16th May, Forensic Science Laboratory

..... seats @ £1.50 per person £

c) Wednesday 16th May, BRAMHAM PARK

..... seats @ £2.50 per person £

9. GOLF: Competition entrance fee

£1.50 per person

(Green fees payable at golf course)

£

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THE NEW POLICE SURGEON

- SUCCESS IN SIGHT

JAMES HILTON REPORTS

For the first time in 32 years of practice I have been unable to go to work — because of snow. Four to six foot drifts hundreds of yards long on either side of the entrance to the house virtually cut us off from the outside world for 48 hours. Not to be outdone, I managed to get to a surgery eventually by walking half a mile along the top of the hedgerows and borrowing a Land Rover from a friendly farmer neighbour. That walk was quite a frightening experience with blinding snow driven in a swirling cloud by a gale force wind with biting cold. One trip on the slippery banks would plunge one into deep, clinging, icy cold snow.

It reminded me of my feelings when we agreed, just one year ago, to start printing *The New Police Surgeon* after being told that costs had doubled. If we slipped off the (sales) track then we would be in it up to our necks!

I am happy to be able to say that the target is now well within reach. As a result of your magnificent efforts during December and January — and what else could have inspired you all so well as the editor's plea from the heart in the last issue of *The Supplement* — we are close to clearing the debt with the publisher. Our faith in you has been justified.

While I am on the subject of the editor's comments, it is not only the father who is a manic-depressive! The whole family is

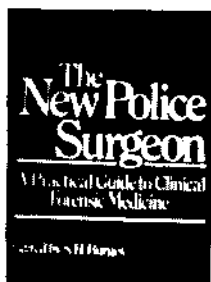


now awaiting an out-patient appointment at the Family Psychiatric Division. As the rolls of cardboard march back and forth, the kitchen is about to be re-furbished to include a built-in book packing enclosure, and the sex life of the youngest member has been drastically changed. Disliking the glare of publicity, his romance ended abruptly on the publication of the last Supplement. Don't blame me — blame the editor.

So once again, all those who have not yet acted — and even those of you who have — let us join in one great 'heave-ho' and push sales into the credit side. Get a near relative to go to your public library and ask for the book to be obtained. See your Chief Constable again — tell him some forces have ordered a book for every division in the force. Post-graduate libraries are still poorly represented in the order book — and tackle your own Solicitor, Justices' Clerk, and any stray Q.C.'s that you happen to know. Talk to all your colleagues especially non-members of The Association — they may need it most of all.

REMEMBER — SALES THROUGH ME If bought through the trade there is only a very small profit on each copy. If ordered through me, The Trust is credited with the whole £18. I will be happy to post additional order forms on request.

WHAT THE CRITICS SAY



Both Police Surgeons and the "Clinical Forensic Medicine" experts have been awaiting "The New Police Surgeon" with a warm interest. Everyone in the business knows what an enthusiast the editor Burges is, and how conscientiously he would spur his contributors to cover the ground "The New Police Surgeon", now qualified by diploma, is responsible for.

This new writing more than embraces the requirements, and must be accepted as the standard textbook for the younger Police Surgeon who submits himself for the DMJ (Clin.).

If only all Police Surgeons set themselves the standards that Burges and his 21 contributors calls for, what a world-famous service we could claim! But this call to those who undertake the responsibilities of Police Service is aimed high — and properly so. It is a fine new English textbook which will certainly raise the standard of English Police Surgeon's services. Such was undoubtedly the "raison d'être" of such a volume, and it will serve well as the first major work in the field of "Clinical Forensic Medicine".

Keith Simpson
"The Medico-Legal Journal"

I enclose my cheque for £19.00 and must congratulate you on a most excellent book. I am sure it will give me many hours of enjoyment.

J.F. Smart
Larkhall

This book is a very sensible and practical work.

A.C. Hunt
Journal of Clinical Pathology

I have read it with great interest, and believe that it contains much information that will be of great value to the practicing Police Surgeon. The practical, "common sense" approach is very helpful, and should be of great assistance to physicians who are new at this function, as well as providing some fresh ideas for more experienced Police Surgeons. The subject matter is indeed inclusive, covering everything from pre-employment physical examinations through sexual assault and mental illness examinations, and is obviously aimed primarily at the Police Surgeon who treats and examines living persons. In that regard the book should be of value to physicians who perform those functions anywhere in the English speaking world, having due regard for some of the differences in the Anglo-American judicial systems. I found the four final chapters on the judicial system in Great Britain and their procedures to be most interesting.

David K. Wiecking
Chief Medical Examiner
Department of Health
Commonwealth of Virginia, USA

There is certainly more factual information about the work of a Police Surgeon in this book than has ever been assembled in one place before . . . it is clearly going to be the definitive work in English for many years to come.

Alan Usher
Professor in Forensic Pathology
University of Sheffield

On a general level, I was particularly happy with the Index to the book. I find that this is often a poor part of new publications, but I am happy to say that the Index is an excellent one in "The New Police Surgeon". I found that all the matters which I referred to in the Index were where I would expect them to be, and the references were full and exhaustive. The book itself has an attractive layout, was pleasant to handle, had exceptionally clear type, and was printed on good quality paper. While these may seem small matters, they add infinitely to the pleasure in handling the book, and in this case "The New Police Surgeon" meets the highest standards of publication and presentation.

None of the criticisms mentioned however should be allowed to detract from the splendid overall effect of the book. I said at the outset that it seemed to me that this book filled a vital gap in existing literature, and I reiterate that now. I have no doubt that it will become a work widely referred to, and although the prosecution service in Scotland is relatively small numerically, I certainly have had no hesitation in recommending that this book be made available in the office of each Procurator Fiscal. The Procurator Fiscal may be to some extent in a unique position, in working along with both Police Surgeons and Forensic Pathologists. Just as the standard text books on Forensic Medicine, Medical Jurisprudence and Toxicology sit on the book shelves of the Procurator Fiscal in order that he may have an appreciation to enable him to work along with the Forensic Pathologist, so I envisage "The New Police Surgeon" being on his bookshelves to enable him to work as part of the team in which the Police Surgeon plays such a distinguished part.

J. Douglas Allan
Senior Assistant Procurator Fiscal
Glasgow

There has only been one previous manual devoted solely to the art of the Police Surgeon, as far as I am aware, and that was published some ten years ago.

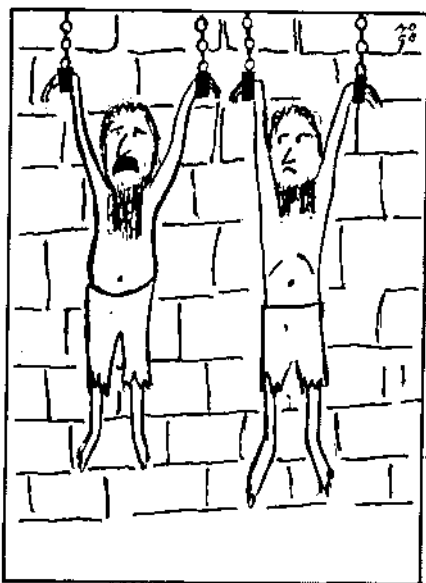
This neglected situation has been more than rectified by the publication of the present volume, which brings the role of this specialised practitioner up to date.

Out of the twenty-two contributors eighteen are, or were, Police Surgeons and every chapter is a mine of information. The text is not distorted by reams of case histories and masses of photographic illustrations, but is a factual account of every facet of the work of the Police Surgeon and the peripheral knowledge he requires. I was particularly impressed with the clever use of simple explanatory diagrams.

This is not a cheap book, but it should be read by everyone concerned with medicine and the law.

"The Justice's Clerk"
(Journal of the Justices Clerks Society)

Although the solicitor's need for information concerning Forensic Medicine is normally satisfied by consulting textbooks, there are occasions when the more practical aspects of the subject need to be studied. This excellent volume published by the W.G. Johnston Memorial Trust in



"I wouldn't be here if my solicitor had read 'The New Police Surgeon'".

conjunction with the Association of Police Surgeons describes in twenty-three chapters most of the clinical aspects of Forensic Medicine which the lawyer might wish to know about. These chapters particularly cover aspects of the subject in which the Police Surgeon comes into contact with the victim or the suspect.

The book deals discursively with such matters as examination of the scene of crime, sexual offences, non-accidental injury to children, alcohol intoxication and poisoning. These are explained in terms of the practical procedures to be carried through and the framework of law to be kept in mind. There are interesting descriptions of the present status of forensic pathology and forensic science in the United Kingdom by specialists who write with authority. The separate identity of Scots law and Scottish procedure receive notice and individual treatment.

The book is well printed and well indexed and should not readily go out of date. It is commended.

Alistair R. Brownlie

Journal of the Law Society of Scotland

The whole book is eminently readable, in particular those contributions dealing with such situations as how to deal with drunken drivers or drug addicts; the Police Surgeon's role *vis-à-vis* a sexual offender or in the case of non-accidental injury (for example, baby battering); sudden death; and how to exclude foul play.

Not only is the book a useful introduction to young Police Surgeons, but it is also an essential reference book for those who are experienced in this field. All Police Surgeons should buy a copy of it for no other reason than that it will surely appear on the desk of every defence council in court during cross-examination of a medical expert.

*Journal of the Royal College of
General Practitioners*

Every chapter of this book is written with the refreshing candour of men used to making decisions and aware of the pitfalls that beset their professional work. They write from practical experience, and with humour, and are not afraid to ride a hobby-horse or two, here and there.

The format is excellent, and I particularly liked the way that each chapter is given a list of contents. With its comprehensive index the guide makes a perfect work of reference.

It is often said that a particular book should be on every doctor's bookshelf. "The New Police Surgeon" truly deserves this claim.

The Practitioner

STOP PRESS: Readers, Stop worrying. Dr. Collacott has turned up. No wonder the Post Office could not find him in The Orkneys. He had secretly moved to Leicester!

STOP PRESS: We have now distributed half the copies printed. The editors will soon have to start planning the reprint.

STOP PRESS: Two Police Forces have bought five copies each obviously intended to be given one to each division in the Force. How about seeing your Chief Constable again?

STOP PRESS: In a recent court case the book was produced and quoted from as an authoritative work — with subsequent sales to the Judge and Barristers. Tuck it under your arm on your next court appearance and be prepared to quote from it.

STOP PRESS: Our fame has spread to Africa, and the police forces of Nigeria now possess a copy. There is no truth in the rumour that Idi Amin has sent for ten copies.



THE NEW POLICE SURGEON

A PRACTICAL GUIDE TO CLINICAL FORENSIC MEDICINE

Editor: Stanley H. Burges, M.B., B.S., M.R.C.G.P., D.M.J.

Assistant Editor: James Hilton, M.B., Ch.B., M.R.C.G.P., D.M.J.

Foreword by Sir Robert Mark, Q.P.M., late Commissioner of Police of the Metropolis

CONTENTS

The Police Surgeon: Police Organisation; Examination of Police Personnel; Examination Room and Equipment; Examination of the Living; Scene of Incident; Examination of Injured Persons; Injuries due to Firearms, Explosives and Fire; Sexual Offences and Allied Subjects; Non-Accidental Injury in Children; Sudden Death; Management of Drug Problems; Alcohol Intoxication; Examination of Mental Abnormalities; Poisoning; Forensic Pathology; Judiciary Systems in the United Kingdom; Legal Responsibility; The Police Surgeon in Court.

This textbook is essential for all practising Police Surgeons. It will prove invaluable to Pathologists, Forensic Scientists, Police Officers, General Medical Practitioners, Casualty Officers, Social Workers, Lawyers and Criminologists.

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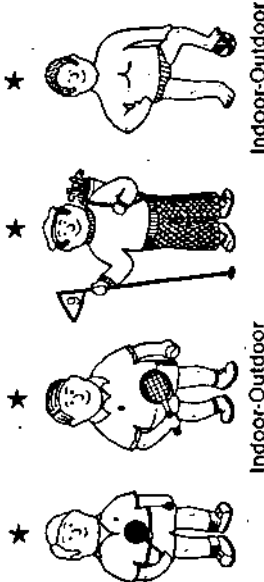
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METLAB NEWS

At both of the 2-day training courses held last Autumn it was suggested that the Laboratory inform the Police Surgeons from time to time of current developments, etc.

SEXUAL OFFENCES EXAMINATION KITS

1978 has seen the introduction of the Sexual Offences Examination Kit and new forms. These have been of great benefit to Police Surgeons and the Laboratory.

Many Police Surgeons have found it useful to write details of exhibit numbers in the space to the right of the appropriate boxes on the forms and we pass this tip on. We have also found this information helpful when sorting out problems with exhibit members.

HAIR SAMPLES

Both pulled and combed samples are requested. If a pulled sample is refused, a cut sample should be submitted. In these circumstances the hair should be cut next to the skin. Combing should be left on the comb so that the comb and combings constitute the item.



*Frances Lewington
Editor of Metlab News*

ORAL SWABS

In the Metropolitan Police Area there have been a few cases where oral swabs were not taken although the victim's story clearly indicated that they should have been.

As assaults involving oral intercourse seem to be occurring more frequently, we suggest that an oral swab should also be taken routinely in all cases where the victim is unable to indicate clearly what happen in the assault.

It is recommended that one swab be used to swab the mouth, paying particular attention to the gums and teeth.

SURVIVAL OF SPERMATOZOA IN THE MOUTH

We know from our case records that spermatozoa have been found on oral swabs taken up to 6 hours after an alleged offence. We have not examined sufficient samples at greater time intervals to assess reliably longer survival (See table).

We therefore suggest that oral swabs are taken in all relevant cases unless the medical examination is more than 24 hours after the alleged offence.

The temptation to work to a set formula of samples must be resisted. Consideration must be given to the individual circumstances of each offence so that the appropriate samples are taken at the medical examination.

CONTACT TRACES

Recently we have had two very good cases where Police Surgeons have spotted contact traces of evidential value; one was where fragments of metal, removed from a wound on a victim's face, fitted the broken tip of a knife in a suspect's possession. In the other case, a fragment of plant material found on the victim, was similar to floral material in a vase; alleged to have been used in the attack.

A PRECISE SCIENCE

For those new to forensic work, whether medical or scientific, the exactness required can sometimes cause difficulties. One of the most important principles is only to give as exact an identification as can be deduced from the facts which you have to hand, for example, a gold ring would be described as being made from yellow metal until it could be confirmed as gold from a hallmark or by analysis.

A few Police Surgeons in their examinations see white stains on clothing and make the mistake of describing them in their statements as semen, and similarly if they see black fibres of labelling them

as hairs, without further examination and confirmation of their preliminary opinions. The whole of their evidence and credence as a witness (and in consequence the case for the crown) could be discredited if a Forensic Scientist, having examined them in detail, subsequently described them, with good scientific proof, as stains of vaginal origin and black man-made textile fibres respectively.

In these circumstances, the guide line is to report findings in less precise terms and geared to the level of the examination, e.g. "I saw a white crusty stain on the outside front of the skirt", "I removed a fragment of black material from . . . (item AB/1)".

SURVIVAL OF SEMEN IN THE MOUTH

Details of oral swabs, taken from living persons in alleged Sexual Assaults, on males and females. (1976 - 1978).

Hours after alleged offence	Number of swabs examined	Number of swabs stained with semen	Number of swabs, no semen detected
1	1	0	1
2	12	2	10
3	7	4	3
4	2	0	2
5	1	0	1
6	4	2	2
7	1	0	1
8	2	0	2
9	1	0	1
10	0	0	0
11	1	0	1
12	0	0	0
13	0	0	0
14	0	0	0
15	1	0	1
16	0	0	0
17	1	0	1
18	0	0	0
19	0	0	0
20	0	0	0
21	0	0	0
22	0	0	0
23	1	0	1
24	0	0	0

R.T.A. SAMPLES

1. May we emphasise that whenever possible at least two millilitres of blood should be placed into the securitainer used for blood-alcohol analysis. As we have said, blood-alcohol analysis takes but a very small drop but further work may be needed, for example, for drugs analysis and this may require much more.

2. We prefer that the Police Officer in charge of the case enters *all* details on the identifying labels, subsequently attached to each vial, and on the "Lab. Form 2" (certificate). This can make things easier for authorised analysts and reduces chances of any discrepancy between label and certificate.¹

Finally, we would again ask for your co-operation in the safe disposal of used syringes and needles, by ensuring that the

used needles are protected before they are discarded in the special containers.²

1. *The practice regarding labelling exhibits varies from force to force. It is the Editor's personal opinion that each Police Surgeon should be completely familiar with the labelling practice of his force. He should also ensure that no exhibit, for which the Surgeon is originally responsible, leaves his care without the label being correctly completed [and signed] and secure appropriately to the exhibit.*

2. *Alternatively, use the virtually needle proof and ubiquitous plastic containers as described on page 22, Vol. 4 (Spring) 1978 issue of Police Surgeon Supplement. Ed.*

COVER COMPETITION

The initial response for our competition was very poor, but this may be due to the fact that the winter months leave Police Surgeons with little spare time. It has, therefore, been decided to extend the closing date for entries until 28th September, 1979.

Many members of the Association are skilled in the use of a camera, as exhibitions and lectures at past meetings have shown. Here is an opportunity for you to make a contribution to one of your magazines. If a member of your family is the dark room fanatic — encourage him or her to enter.

The competition is for black and white prints only, suitable for use as a cover for the Police Surgeon Supplement, and is open to members of the Association and their immediate families.

THE SUBJECT — any theme with medico-legal connections, suitable for the cover of the Supplement, whether it be the scene of a long-forgotten murder, the local Crown Court, a disused prison, or a montage of weapons removed from the visiting team's supporters!

There is no limit to the number of prints which may be submitted. Each print must be marked on the back with the competitor's name, address, title of

print, and a brief note of the medico-legal connection of the print, if not evident in the title. Prints should be well packed to prevent damage in the post.

Prints — black and white only — should measure not less than

8½ x 6" (vertical format)

8" x 10" (horizontal format)

PRIZES

The first prize will be £15.00. Further prizes of £10.00 will be awarded to any other print entered in the competition used on the cover of future editions of The Supplement.

There will be an exhibition of the prints entered during the Annual Conference at Peebles, May 1980.

Copyright of the prints will remain with the photographer but the Editor of the Supplement reserves the right to reproduce any prints entered without fee. Due acknowledgement will be made. All prints will be returned in due course.

CLOSING DATE — 28th SEPTEMBER, 1979.

Send prints to:— Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Near Liverpool, L36 5SJ.

THREE YORKSHIRE HOMES

RIPLEY CASTLE



The fate of the Ingleby family is the history of Ripley Castle. In the family are to be found judges, priests, members of parliament, soldiers, men involved with political intrigue, a nun, a martyr and a man who saved a king's life.

It is known that a Robert de Engelbi came over with William the Conqueror and settled in Lincolnshire, where the family lived for nearly 300 years until Thomas de Ingleby married a girl named Katherine (surname unknown) and thereby gained possession of Ripley. Thomas was a Member of Parliament in 1348 and a Judge of Assize in 1351. He was knighted in 1355 for saving King Edward III's life.

The story is that in 1355, Edward III, while hunting in the forest of Knaresborough, threw his spear at a wild boar, and wounded it. The enraged boar charged at his horse, which in its fright dismounted the monarch. The King was only saved from being gored by the boar's tusks by the fact that Thomas de Ingleby arrived on the scene, and killed the boar before it could do any damage.

Edward III was very grateful for this deed, and knighted him soon afterwards. He also gave him the right of free warren in the forest (that is, the right to hunt anywhere in the forest), and granted him the right to hold an annual fair in the village. The boar's head has been the family crest since then.

Sir John Ingleby (d. 1409) was respon-

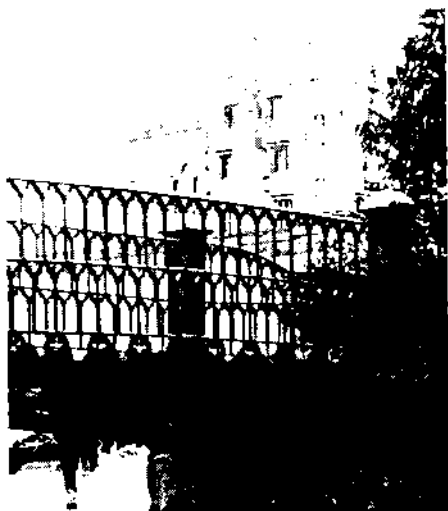
sible for the foundation of Mount Grace Priory, a Carthusian monastery near Northallerton. The original foundation charter and the lock of the priory can be seen in the library.

Sir Thomas Ingleby's (d. 1415) main achievement seems to have been the moving of the old church (known as the sinking chapel) from its old site on rapidly subsiding ground near the river to its present site in about 1400.

It is unknown whether Sir William Ingleby (1455-1501) took any part in the Wars of the Roses, or even on whose side he fought: we do know however that in 1486 he was one of the knights who rode with the Earl of Northumberland to meet Henry VII and was on good terms with the new regime.

The Ingleby's were represented at the battle of Flodden Fields by Sir William (1494-1578), whose son, another William, built the "old tower" at Ripley in 1555 and was appointed treasurer of the town of Berwick in 1558.

His son, Francis (1557-1586) forsook his career as a lawyer in order to be ordained a Jesuit priest in 1583. Unfortunately, his ordination coincided with a strong surge of anti-catholic feeling and,



when he was finally caught in 1586, he suffered a terrible death.

The sentence ran that he was to be drawn on a hurdle to the place of execution, where he was to be hanged, whereupon the halter was to be cut immediately and, while the victim was still fully alive, he was to be disembowelled, dismembered and his heart torn out before his eyes. The body was then to be quartered and, after being boiled in tar, set up in various parts of the city as a warning.

Sir William Ingleby led a party of troopers from Ripley in an unsuccessful attempt to raise the siege of York and later did the same at Marston Moor.

The story is told that after the battle, which ended in an emphatic victory for Cromwell, Sir William Ingleby had to go into hiding immediately.

Thus, when Cromwell arrived at Ripley, the only person in the castle was Sir William's wife. She at first refused to allow him to enter into the house, exclaiming that she had sufficient force to defend herself and the house against all rebels.

Eventually, however, she was talked out of taking such drastic action, and reluctantly allowed Cromwell in for the night. They spent the night in the Library, seated at opposite ends on a sofa; the redoubtable lady kept a constant watch over Cromwell with a brace of pistols in her apron strings.

At his departure in the morning, she observed, "It was well he had behaved in so peaceable a manner: for that, had it been otherwise, he would not have left the house with his life". When asked "Why two pistols?" she replied that she might have missed with the first!

Cromwell's troops were stationed in the church, where they inscribed on one tomb "No pomp nor pride, let God be honoured". They also shot some prisoners against the east wall of the church, and against the gatehouse wall. Some lead has been recovered from these walls, and the bullet marks are there for all to see.

In Sir William Ingleby's party of troopers at the battle was his sister Jane (known as "Trooper" or "Captain" Jane), who went with him and fought disguised as a man. It was she who is supposed to



have handed the keys of the castle over to Cromwell and thus saved it from destruction; she received a kiss from the usurper for good measure! One of her sisters, Elizabeth, was nun of Ghent, while another, Anne, married a Francis Swale and had thirteen sons and five daughters!

In the 1780's Sir John Ingleby rebuilt a large part of the castle and forty years later the village was rebuilt by his son, Sir William Amcotts Ingilby, who was elected Member of Parliament for the county of Lincoln in 1823. His successor, Sir Henry John Ingilby was a man in Holy Orders.

Since then the Ingilbys have been by and large a military family and have fought in the Napoleonic, Boer and both world wars with honour and distinction.

In spite of the interest of its associations and contacts, the castle still remains essentially a home, and not a museum; its history and the centuries-old home of the Ingilbys is not concluded and fossilized, but continues to be made.



NEWBY HALL

Newby Hall is one of the smaller country houses of Yorkshire but what it lacks in size is adequately compensated by its extraordinary charm and beauty. Its situation is particularly well chosen and derive the full beauty from that delightful stretch of countryside between Ripon and Boroughbridge on the north bank of the River Ure.

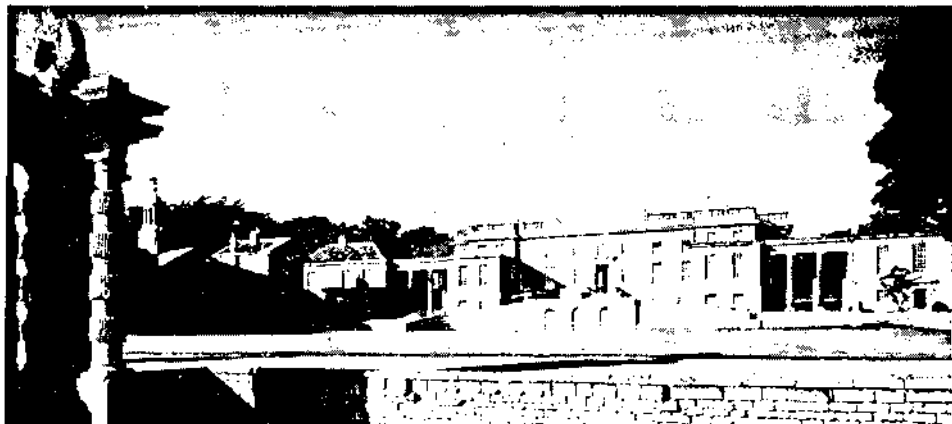
During the 13th century it is recorded as having been the property of the de Nubie family who apparently took their name from the place. In the early part of the 17th century Newby belonged to the distinguished Sir Jordan Crossland, appointed Governor of Scarborough Castle by Charles II. The last member of this family to own Newby was Sir John Crossland who died in 1695.

The more interesting history starts with the purchase of the estate by Sir Edward Blackett, who acquired it shortly after the death of Sir John Crossland. Sir Edward Blackett, who had become the Member of Parliament for Ripon in 1689, was a member of a prominent Northumberland family and it was he who built the main block of the present house.

After Sir Edward Blackett's death in 1718, the estate passed first to his son and then to his son's nephew. In 1748 this last Sir Edward sold the estate to Richard Elcock Weddell who bought it for his son William.

William Weddell, a renowned collector of art treasures, engaged the famous architect Robert Adam to redesign and extend the house. It is to Weddell that Newby owes much of its beauty and interest.

After the death of William Weddell in 1792, Newby passed to his cousin Thomas Philip Robinson, third Lord Grantham, who lived at Baldersby near Topcliffe, then known as Newby Park. Lord Grantham, who inherited in 1833 the title of Earl de Grey from his Aunt Amabel, gave Newby to his daughter Lady Mary Robinson who married Henry Vyner of Gauty in Lincolnshire. Newby then passed to their son Robert de Grey Vyner, and on his death in 1915 to his daughter Lady Alwyne Compton-Vyner. In 1923 she handed over Newby to her elder son, Major Edward Compton, who on inheriting Newby soon decided to devote his attention to the garden. His flair and imagination over the last fifty years have made the garden at Newby one of the loveliest in England.



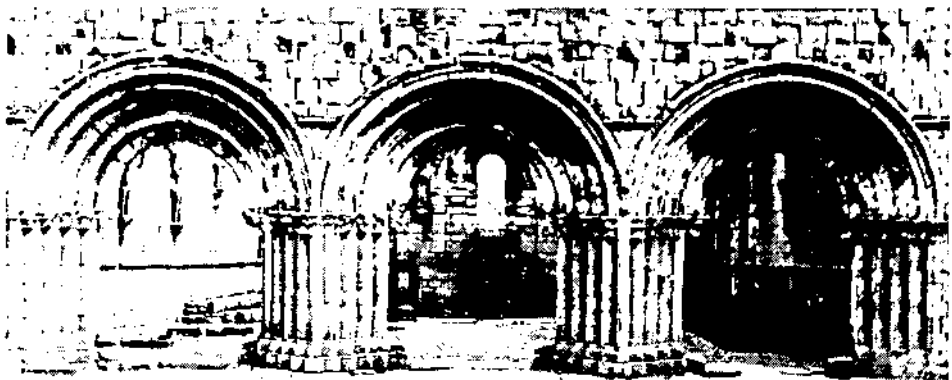
BRAMHAM PARK

Bramham Park, Yorkshire, is the home of Mr. & Mrs. George Lane Fox and their family.

The house was built between 1698 and 1710 by Robert Benson, 1st Lord Bingley, Lord Chamberlain to Queen Anne. It has always been occupied by his descendants except for the period following a fire in 1828. Restoration work was carried out by the late Lord Bingley at the beginning of this century, and kept as close as possible to the original design. Most of the rooms seen by visitors are in daily use by the family, and contain fine furniture, pictures and porcelain. A particular feature of the house is the stone Entrance Hall, which forms a perfect 30' cube.

The grounds are landscaped in the formal style popular in France during the 17th and 18th centuries. The enthusiastic amateur's successful adaptation of this Grand Vista design for use in the English countryside is said to be unique; and is explained by Benson's friendship with Le Nôtre — Louis XIV's famous designer, creator of the gardens at Versailles, Vaux le Vicomte and many others. Within the 65 acre gardens are ponds, cascades and tall beech hedges; there are fine displays of daffodils, rhododendrons and roses in their seasons; and for those who can venture further the Pleasure Gardens known as "Black Fen" contain radiating avenues of copper beech, cedar, spanish chestnut and lime — many over 200 years old.

The three houses described above and Fountains Abbey (below) will be visited during Conference.



IPSWICH

-SEPTEMBER 1978

Reporter JOHN STEWART

"To have an Association Meeting, well attended, at 'home', addressed and patronised by members of other disciplines, from both home and abroad, on subjects very relevant to our own particular calling has fulfilled many of my intended policies as your President".

So wrote our President, Stan Burges (or Burgess as Alan Usher would have it) in his message to those who gathered at Ipswich on a late September weekend when the weather would have done credit to mid-July.



Stan Burges

The occasion was the Autumn Symposium of the Association, and the selection by Council of the President's home territory proved a particularly happy one. Equally so was the actual venue — the Headquarters of the Suffolk Constabulary at Martlesham Heath, a magnificent com-

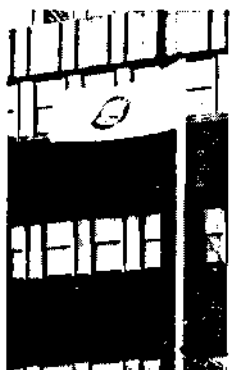


plex opened only last year. All the facilities were placed at our disposal, and the Association had good reason to be grateful indeed to Stuart Whiteley, the Chief Constable. Not only did he grant us the necessary permission but he also attended personally throughout the meeting and the warmth of his welcome and his constant concern for our welfare were major factors in its success. We were also very much indebted to Bill Hagger whose genial approach to his duties as Constabulary Liaison Officer smoothed out any possible snags or problems.

After assembling on Friday afternoon, we got straight down to business when Hugh Davies — our expert on motorways and all things pertaining — chaired an evening session on the subject of "Spillage". Two very illuminating lectures on their respective roles were presented by Mr. M.V. Willis, Suffolk County Fire Officer, and Chief Superintendent, D.W. Coleby of the Suffolk Constabulary Traffic Division. In highlighting the various problems created by the movement of huge loads of toxic and explosive chemicals by road and rail, they showed that a disaster of massive proportions

Suffolk Constabulary Headquarters, Martlesham Heath.





*Association Flag —
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flies outside
Suffolk Constabulary
Headquarters*

could occur in any of our areas and made clear the roles which would be expected of the emergency services, including the Police Surgeon. The practical demonstrations added to the already high interest content of the lectures. I thought that the increase in time for questions, not only on Friday evening but throughout the meeting, was a welcome improvement in organisation of the sessions.



Mr. M. V. Willis demonstrating emergency equipment.

*Symposium Organisers
Dr. & Mrs. Michael Knight*



Dr. R.L. Williams, Director of the Metropolitan Police Forensic Science Laboratory, concluded the session by giving us a racy and comprehensive summary of recent advances in Forensic Science Service. From discussion afterwards one had the impression that many of our members would welcome an extension of the obvious efficiency of the Met. Laboratory in their own areas.

After supper in the H.W. canteen, the evening concluded at differing times for the various participants, and this of course became more apparent the following morning when we appeared in a variety of states of health to nerve ourselves for an all-day session in "Civil Liberties in a Law-Abiding Society".

Stuart Whiteley addressed us at the unearthly hour of 9.00 a.m., but very quickly wakened everyone up by reminding us of our duties as Police Surgeons and in particular the vital necessity of preserving our independence at all costs. Our phrase stood out like a beacon — in paying a warm tribute to our President as his own Force Surgeon, he commented "No police lackey, he". In our present society, our members would do well to remember this, just as Police Forces must realise that the best protection they can have when carrying out their duties in a fair and responsible manner may often lie in the carefully considered opinion of a Police Surgeon who has established himself a reputation for his independence and for his ability to report "without fear or favour".

The morning's presentation was a composite one entitled "Cause for Concern", excellently chaired by Mr. M.F.C. Harvey, the County Prosecuting Solicitor. Mr. Malcolm Hurwitt, of the National Council for Civil Liberties, spoke mainly of the work of his organisation in defence of the rights of the mentally ill, culminating in the passage on to the statute book of the current Mental Health Act. He was followed by a most welcome visitor — Dr. Jorgen Voigt, Head of the Department of Forensic Pathology, University Institute of Forensic Medicine, Copenhagen. Representing Amnesty International, Dr. Voigt outlined the work of that organisation



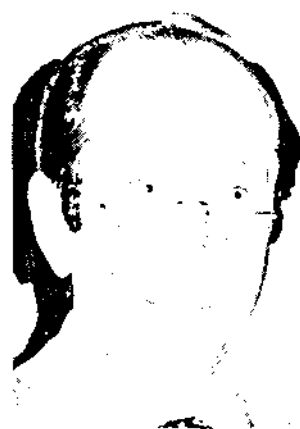
Left to right: His Honour Judge David Stinson, Sir Colin Woods, the President, His Honour Judge Bernard Richards and Mr. Stuart Whiteley.



Erin Pizzy



Mr. R. L. Williams



Mr. Malcolm Hurwitt

Mr. M. Harvey

Professor Alan Usher and Dr. Jorgan Voigt



in the worldwide struggle against torture.

Many of us already know a little of the work of Mrs. Erin Pizzey and her colleagues in the Chiswick Refuge — to listen to her and to some of her young associates and to have the opportunity of meeting them afterwards was an unforgettable experience. They brought us down to the very grassroots — violence in the home involving husbands and wives and children, the latter growing up without ever knowing the meaning of a stable environment. Mrs. Pizzey pointed out that many of these children of violence would grow into violent adults, thereby perpetuating a problem which society (in particular at official level) was trying to persuade itself existed only in the imagination.

Judge Richards had the unenviable task of rallying the troops after the lunch break for the final series of lectures on the subject of "The Eternal Conflict — The Queen's Peace v. Personal Freedom". I have always felt sympathy for the after-lunch speakers who through no fault of their own find the audience in a decidedly slothful and unreceptive mood. It says much for Sir Colin Woods, H.M. Chief Inspector of Constabulary, and His Honour Judge Stinson, in their expectations on the respective roles of the Police and the Judiciary, that they were able to command attention to the extent that we were actually unmindful of events only a few miles away at Portman Road. Bertie Irwin, Hon. Assistant Secretary (Northern Ireland) and the only member of the Association to act as a speaker during the meeting, concluded the session by giving an outline of his own vast experience in an area which had seen 10 years of civil strife in the form of urban guerrilla warfare. He stressed the importance of a Police Surgeon in such a situation, pointing out that the greatest civil liberty of all is the right to life itself and reminding his audience that the mainland of Great Britain could in no way consider itself immune from the disease which had struck Northern Ireland. Symptoms were already evident in some of the major cities, and Police Surgeons would find themselves involved perhaps sooner than they might expect.

A formal banquet (followed by dancing for those who remained young at heart if not in limb) provided a very happy conclusion to a long and serious day. It would have been more colourful had Ken Hall and David McLay brought along their tribal dress — Ken apologised on the unlikely grounds that his sporrán was not yet out of quarantine. The speeches were short, witty and to the point, and when I say that our President did himself and the Association full justice by his own contribution in the company of such eloquent operators as Alan Usher, that surely is praise indeed. It transpired that only a failure in the Burges (? Burgess) plumbing arrangements marred the Presidential performance during the weekend.



Pam Burges and Rosemary Knight did a great job in ensuring that for the ladies attending the meeting, tours of places of interest in Ipswich and of the lovely Suffolk countryside were both enjoyable and instructive.

The thanks of all of us must go to Mike Knight who as Symposium Secretary had covered every possible contingency to guarantee a happy and successful meeting. If he was semicomatose on the following Monday morning, it must at least have

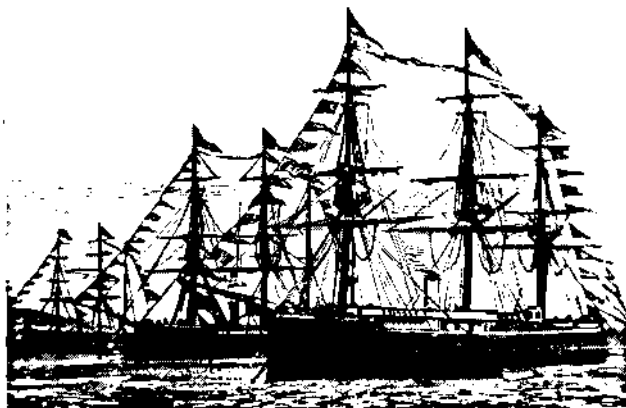


An arresting sight in Constable country



Pause for refreshment — Bertie Irwin, Bill Thomas and Alan Usher

Presidential Yacht with units of Suffolk Coastal Patrol What do you think of it so far?



been in the knowledge that his efforts had been really worthwhile and were very much appreciated by everyone who had any idea of the massive volume of work required in setting up an event of this nature. Bertie Irwin and I have the happiest of memories of the warmth of Suffolk hospitality as we experienced it in Mike and Rosemary's home.

A Presbyterian Sermon is alleged (by those of other faiths) to come in six parts — firstly, secondly, thirdly, lastly, finally, and in conclusion. Here then is the In Conclusion — What were the lessons of Ipswich? I believe they were:—

1. As the Police increasingly require and seek our assistance in situations in which they find themselves, the role of the Police Surgeon is extending far beyond the bounds envisaged by earlier

generations of our members.

2. The necessity for the independence of mind and action of the Police Surgeon is greater than ever.

3. The eternal conflict goes on — the British People call for individual liberties and at the same time demand an orderly and law-abiding society. One wonders now if these are compatible.

4. There are many causes for concern in our midst — are we as Police Surgeons mindful of these and are we taking any positive action on our own account?

5. For a meeting where so much of vital importance to us and to our Association came under discussion, was the turn-out (as a percentage of our total membership) what the organisers were entitled to expect? Perhaps there was cause for concern here too.

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DRAGNET FOR IMAGES



Reporter JUDITH SMALLSHAW

It is said that everyone has a book lurking somewhere inside them just waiting to be written. If I ever settle down to write mine, my subject will be the Police Surgeon and my plot will be his endeavours and exploits in his line of duty. And I shall demand all the copyright, film rights and any other claims to which I can lay my hands.

To the onlooker who is, for some reason, reputed to see most of the game, these men and their activities seem to hold the fascination of glamour, drama, medical connotation and violence required by today's 24 inch three-channel world. I would make my fortune!

But what on earth makes a real life Police Surgeon tick? There is nothing particularly vocational in taking a sample of blood from some idiot drunken driver in the middle of the night: nothing at all exhilarating about examining a battered baby or the victim of a gang-bang. It cannot be the money, either — although the retainer and fees paid to Police Surgeons are now more realistic than they used to be.

Perhaps it is the diversity of the job: a welcome counterpoint to colds and coughs and carbuncles. But what spice is there in this particular variety? Surely there is more than enough satisfaction in the handling of the day-to-day illnesses and problems in a general practice without a doctor having to look any further than his own waiting room.

So why do these men take on the maddening, sometimes dangerous, responsibility of police work? No Police Surgeon has ever been able to explain to me just why he does it.

At the risk of making her sound like a .22 rifle, what is the calibre of the wife of a Police Surgeon; the woman who is involved in the complexities which her husband's work brings home with it? Perhaps murder, rape, sudden death and disaster superimposed on the triple vampire of practice, patients and their problems are supplements she could well do without.

But doctor's wives always seem to club together in their evasion of this question. "I don't really mind", or "I'm used to it by now" are the only comments which can be prised from their loyalty.

But is this studied indifference representative of their real attitude to their husbands' peripheral work for the Police? Can they honestly say that they *ever* become accustomed to the shrilling of the telephone in the dark hours before dawn? However polite and friendly the desk sergeant at the other end of the line may be, surely there is always a little sinking feeling in the pit of the stomach when the 'phone rings; a small heart-lurching flutter which beties the stiff upper lip of our dyed-in-the-wool British Police Surgeon's wife?

At three o'clock in the morning, when nothing is feasible, might she not wish that all she had to worry her was the running of her own uncomplicated career or an easy, eternal preoccupation with her children?

"It's just an Alcotest", Can you come and take some blood? (Which makes the doctor sound like an old-fashioned leech or the duty-Dracula!) One might possibly imagine the erstwhile reveller to be a

cowed, apologetic man already bitterly regretting the excesses of the evening. But what if this particular 'alco' is a very stropky drunk who fancies himself as a karate expert and who has already broken four plate-glass windows in the High Street and stunned a constable?

"We have a junkie down here. Will you supervise his next shot?" Not a request to be relished at any time, and definitely not when the dawn chorus is in full swing and the morning is painting pale pictures on the clouds. But is this just another addict craving shakily for his needle, or might he be a raving lunatic this time, intent on greivous bodily harm?

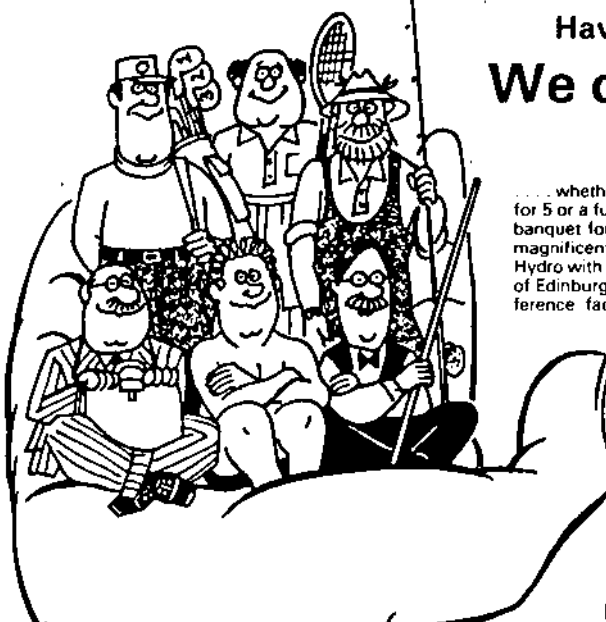
I cannot imagine how the wives of Police Surgeons working in Northern Ireland manage to stay remotely sane. A vivid imagination could not help working overtime and would certainly

not be appreciated by either the doctor or his wife under those unhappy stars.

But even in the safe hills of Surrey, my stomach will always leap with apprehension at the sound of that nocturnal summons. My skin will crawl with the goose-flesh of nervous anxiety if the police visit lasts longer than its allotted time.

In all honesty, I will never be able to say that I have become accustomed to the involvement of one particular Police Surgeon with his work. I know this for a fact: know it because my husband is one of the Police Surgeons of Great Britain — and every word on the pages of that book of mine would be true.

This article first appeared on 18th February, 1978 in *Pulse* and is reproduced by kind permission of the Editor.



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 Peebles Hotel Hydro, Peebles EH45 8LX Tel: (07211) 20602

See you in 1980!

THE NEW LOOK D.M.J.

On the 7th October, 1977, the Examination Committee of the Society of the Apothecaries of London agreed in principle that the syllabus for the D.M.J. examination be revised.

The Convenor, Professor Cameron, invited suggestions from the forensic pathologists and the forensic physicians forming the Panel of Examiners and a revision took place.

The New Syllabus, effective from 1st January, 1979, has incorporated many significant changes and has the full support of those members of the Association who form part of the Panel of Examiners.

The differences between Part I (General) and Part II (Clinical) are now more obvious. Part I emphasises the theoretical aspects and Part II is a test of the application and practicable experience gained from that knowledge.

The requirements are better defined and the difference between forensic pathology (D.M.J. Path) and clinical forensic medicine (D.M.J. Clin.) are underlined.

The Part II (Clinical) Syllabus has been completely revised and we are grateful to the Examining Committee for recognising more precisely the necessary attributes of a specialist clinical forensic physician. The practical aspect has been further emphasised by the additional requirement of at least seven written up cases and a clinical examination.

S.H.B.



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CONFERENCE EXHIBITION

Members are invited to contribute photographs and other items to the exhibition at Harrogate, even if they are unable to attend the meeting. This is *your* chance to take an active part in the Annual Conference.

Contact the Conference Secretary for further details.

THE DIPLOMA IN MEDICAL JURISPRUDENCE

The Revised Syllabuses

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 of an Insurance Company
- Physicians in Community Medicine or in Occupational Medicine
- Defence Society Medical Officer
- Coroner or Deputy Coroner
- Medically qualified person holding teaching equipment in Forensic Medicine
- Psychiatrist with special experience of delinquency and similar matters

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 (General) of the examination is taken by all. The examination consists of a multiple choice question paper, an essay and an oral. 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, poisons, and the collection of medico-legal evidence.

Candidates may take either the Clinical or Pathological section of Part II, or may take both sections. The final clinical examination includes a case book of seven to ten cases, a question paper, an essay, an examination of a living patient and an oral. Questions cover liaising with professionals of other disciplines, examination of police personnel, examination of the living, scene of crime, injuries, sexual offences, non-accidental injury, drug abuse, alcohol intoxication, mental illness, poisoning, industrial injuries and diseases, collection of specimens, criteria of death and estimation of time of death, and reports.

The final pathological examination consists of a casebook of 20 cases, a question paper, an essay and a practical. The questions cover medico-legal autopsy including examination at the scene, unnatural deaths, interpretation of injuries, poisoning, identification of human remains, major incidents, forensic odontology, and the use of modern laboratory techniques.

The fee for the Primary examination is £40.00 and for the Final Examination £20.00 for each part. There is a Diploma fee of £20.00. The re-examination fee is £25.00.

For further details, please write to:

**The Registrar, The Society of Apothecaries of London,
Apothecaries Hall, Black Friars Lane, London, EC4V 6EJ.**



COUNCIL MEMBERS

WHO REPRESENT YOU?

Dr. Neville Davies
Area 8 —
Metropolitan and City



Mr. Douglas Wright
Area 3 — Midland

Douglas Wright has been a Divisional Police Surgeon with the West Midlands Metropolitan Police for about 12 years, prior to this he was a Deputy for four years. He obtained the Diploma in Medical Jurisprudence in 1967.

Douglas is particularly interested in photography in connection with the work of the Police Surgeon. He processes all his own colour transparencies of scenes of crime, injuries, etc., and if necessary produces black and white or colour prints from these transparencies. He will be contributing a number of photographs to the exhibition to be staged during the Conference at Harrogate.

Douglas has been a General Practitioner in Moseley for some 16 years and in addition to his Police work, he has a particular interest in male infertility.

Douglas may be contacted either at his surgery or at his home.

Surgery: 7 Wake Green Road, Moseley, Birmingham, B13 9HD. Telephone: 021-449 0300.

Home: 3 St. Agnes Road, Moseley, Birmingham, B13 9PH. Telephone: 021-449 4870.

GUINNESS BOOK OF RECORDS

A blood alcohol level of 1,220 mgm was recorded recently on a Liverpool car worker — at post mortem.

Dr. Neville Davis and Dr. Eddie Josse are jointly appointed to the S.F., S.G., S.W., S.N. and the E.H. Stations of the Metropolitan Police, and are partners in their general practice.

In addition to his actual work as a Police Surgeon, Neville is concerned in the medico-legal assessments of injuries for a number of companies, including Ryder Truck Limited. His main non-forensic professional interest is Occupational Medicine and he is an Associate of the Faculty of Occupational Medicine. He is Chief Medical Officer for the Eastern Region of British Gas and is responsible for the organisation of those services throughout the region. In addition, he holds an interesting appointment as Occupational Health Adviser to the National Institute of Medical Research at Mill Hill.

His experiences in Occupational Health have led to the Metropolitan Police adopting two of his suggestions. The first was the use of bins for the use of contaminated needles, syringes and sharps, and the second was the adoption of the provision of the 3M "nuisance odour" masks to avoid the unpleasantness of decomposing bodies.

Neville Davis may be contacted either at his surgery or at home.

Surgery: Brownlow Medical Centre, 140-142 Brownlow Road, London, N11 2BD. Telephone: 01-888 7775.

Home: Redroofs, Windmill Lane, Arkley, Herts. Telephone: 01-449 4490.



*Dr. Ivor Doney
Area 6 (South-West)*

Ivor Doney is the Council representative from the South West (Area 6). A native of Cornwall, he did 7½ years in the RAMC. He started his medical career in paediatrics, but left at the registrar stage and went into general practice in Bristol. Ivor holds an appointment as Deputy Police Medical Officer, and is one of five Police Surgeons in Bristol. An avid conference goer, he is accompanied to meetings by his wife Tania whenever possible; Tania is interested in forensic odontology.

Besides forensic matters (he is a council member of the Bristol Medico-Legal Society), he is interested in industrial medicine, and is a part-time industrial medical officer to a number of Bristol firms.

Ivor's father was divisional Police Inspector with the Cornwall Constabulary. Ivor thinks that the police deserve more credit than they get, and believes that the average member of the public has no idea of the things policeman have to put up with.

When he has nothing else to do, Ivor likes "mooching around antiques" — mostly pictures, coins and silver. He plays the piano a bit, and he gardens.

He may be contacted at "Hazeldene", Hazel Avenue, Chapel Green Lane, Bristol, BS6 6UD. Telephone: Bristol 33110 or 33010.

POLDIVE '79

Following the success of Poldive '78, a Symposium held at the Teesside Polytechnic on the training, operations and equipment of Police Underwater Search Units, a similar event — Poldive '79 — is to be held at the same venue on 11th/12th April, 1979.

Organised jointly by the Cleveland Constabulary and the Polytechnic Department of Chemical Engineering, the meeting will direct attention to the selection and medical examination of Police divers, acquisition of diving skills, development and application of underwater forensic techniques, recovery practice, and the up-dating of knowledge and understanding of equipment and communication facilities. Account will also be taken of the developments in training of divers and advances in underwater technology brought about by the search for oil in the North Sea. In particular, the Symposium will continue setting a standard of professionalism for Police Officers who in the course of their duties have to work underwater.

The conference should also be of interest to other service, government, industrial and academic organisations with a common interest in specialised aspects of diving. Additionally, space will be available for manufacturers who wish to show their products at a concurrent exhibition.

Final programme, registration form and accommodation details will be available in January, 1979. The registration fee of £40 will include refreshments both days, together with lunch and dinner on 11th April.

Additional information is available from Chief Inspector P. Hyde, Cleveland Constabulary Training School, Millbank Lane, Thornaby, Stockton-on-Tees, Cleveland, TS17 0AS (Telephone Number: 0642 615341).

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

14th-19th May, 1979

Annual Conference 1979
Hotel Majestic, Harrogate.

7th-9th September, 1979

Autumn Symposium
Nene College, Northampton.

11th January, 1980

8.00 p.m. January Reception
Innholders Hall,
College Street, London, E.C.4.

19th-24th May, 1980

Annual Conference 1980
Peebles Hotel Hydro,
Peebles, Scotland.

19th-21st September, 1980

Autumn Symposium 1980
Bristol.

THE BRITISH ACADEMY OF FORENSIC SCIENCES

Wednesday 6th June, 1979

5.30 p.m. Annual General Meeting
followed by the Presidential Address
by Professor J.M. Cameron, MD,
Ph D(Glas), FRC Path, DMJ

This meeting will be held at the Zoological
Society of London, Regent's Park, London
and will be followed by the Annual Dinner
in the Fellows' Restaurant.

For further information please write
to:—

The Secretary-General,
The British Academy of Forensic
Science,
Department of Forensic Medicine,
The London Hospital Medical College,
Turner Street,
London, E1 2AD.

Please note that the meetings of the
various Medico-Legal Societies are usually
private and restricted to Society members
and their guests. Association members,
who are not Society members, should
contact the appropriate Society Secretary
before attending meetings.

THE MEDICO-LEGAL SOCIETY

Thursday 5th April, 1979

"The Hadgkiss Case — Wife in the Bath"
Professor A. Keith Mant,
Professor of Forensic Medicine at
Guy's Hospital in the University of
of London.

April/May

Annual Dinner/Bufferet Supper
(Date to be announced)

Thursday 10th May, 1979

"The Problems of Identification in
Criminal Trials"
His Honour Judge C. Lewis Hawser, QC

Thursday 14th June, 1979

8.00 p.m. Annual General Meeting
8.15 p.m. "Keeping the Peace"
John C. Alderson, QPM,
FBIM, Barrister.

All meetings are held at The Royal Society
Wimpole Street, London, W1 at 8.15 p.m.
unless otherwise stated, and attendance is
limited to members and their guests.

Enquiries about membership should be
directed to:

The Honorary Secretary,
The Medico-Legal Society,
71 Great Russell Street,
London, SC1B 3BZ.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Wednesday 28th March, 1979

"The Hanratty Case"
Mr. B. Berkson, LL.M, Solicitor.

Wednesday 2nd May, 1979

Annual Dinner

Meetings are held in the Liverpool Medi-
cal Institution, 114 Mount Pleasant,
Liverpool, 3.

Further details from:

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

THE FORENSIC SCIENCE SOCIETY

6th/7th April, 1979

Spring Symposium: "Fire and Arson"

Venue: Fire Service Technical College,
Moreton-in-March, Gloucestershire.

Limited overnight accommodation will be available.

For further information please write to:

The Hon. Secretary,
The Forensic Science Society,
P.O. Box 41,
Harrogate,
North Yorkshire,
England, HG1 1QL.

MANCHESTER AND DISTRICT MEDICO-LEGAL SOCIETY

Five monthly meetings in the Courts of Justice, Crown Square, Manchester, with an annual dinner in March.

For further information please write to:

Dr. G. Garrett,
Hon. Secretary,
Manchester and District
Medico-Legal Society,
Department of Pathology,
Oldham and District General Hospital,
Rochdale Road,
Oldham, OL1 2JH.

THE NORTH OF ENGLAND MEDICO-LEGAL SOCIETY

Monday 2nd April, 1979

"Social Security Law and Medicine"

Professor Harry Calvert.

All meetings commence at 8.15 p.m. in the New Lecture Theatre, Royal Victoria Infirmary, Newcastle upon Tyne.

Further details from:

The Hon. Secretary (Medical),
The North of England Medico-Legal Society,
Northumberland Road,
Newcastle upon Tyne, NE1 8TA.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

Tuesday 20th March, 1979

"Medical Negligence –
A Doctor's View"

Speaker: D.J. Leahy Taylor, MB, BS,
DMJ, MRCP, Secretary, The
Medical Protection Society.

Tuesday 24th April, 1979

Annual General Meeting at 8.00 p.m.
Followed at 8.30 p.m. by a Symposium
on the Road Traffic Act.
Taking part – Dr. R.B. Irwin,
Dr. H. Morgan (N.I. Forensic
Science Laboratory) and a senior
member of the R.U.C. –
Traffic Division

LONDON HOSPITAL MEDICAL SCHOOL DEPARTMENT OF FORENSIC MEDICINE

Saturday 12th January, 1980

"Recent Trends in Forensic Medicine"

One day symposium.

Further details from:

Professor J.M. Cameron,
Department of Forensic Medicine,
London Hospital Medical College,
Turner Street,
London, E1 2AD.

It is hoped to stage a demonstration of the breathalysers on volunteer guinea pigs.
All meetings will be held at the Ulster Medical Society Rooms, Medical Biology Centre, City Hospital, Belfast, at 8.00 p.m. unless otherwise stated.

For further information please write to:

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

CORRESPONDENCE

The Editor,
The British Medical Journal,
British Medical Association,
Tavistock Square,
London, WC1H 9JR.

27th November, 1978.

Dear Editor,

As President of the Association of Police Surgeons of Great Britain, I have read with great interest the recent commentaries on the subject of rape appearing in the Medical and National Press.

In reporting on such an emotive subject, it is inevitable that untruths, half truths, exaggerations, instant remedies, and resort to uninformed "authorities" spice what is published.

To those who practice and claim expertise in the field of clinical forensic medicine, it is re-assuring to know that someone somewhere is aware of the deficiencies existing in the United Kingdom in this field.

It was for this very reason that 27 years ago, the Association of Police Surgeons of Great Britain was formed. Unlike the Rape Counselling and Research Projects, whose pronouncements have attracted so much attention, the Association is concerned with all forms of Offences Against the Person, of which rape is but a small part and, which itself is only one of the full spectrum of clinical forensic medicine. Unlike the Rape Counselling and Research Project, the Association is also concerned with justice which necessarily requires impartial examination of the accused as well as the complainant.

It may be of further interest for your readers to know that the Association does more than criticise the abilities of Police Surgeons (who incidentally are neither policemen nor surgeons) whether members or not. For over a quarter of a century, and particularly over the last ten years, the Association has performed a vital and somewhat lonely role in educating those practitioners who wish to become the

better informed. To illustrate the earnestness of this self-imposed responsibility, during 1978 the Association has either initiated or enthusiastically supported such instructional activities as; a three-day Conference in May, a two-day Symposium in September, the publication of a 600 page authoritative and unique working manual, the publication of two editions of our widely read and respected Journal, The Police Surgeon, the publication of two editions of our informative Supplement (the equivalent of the B.M.A. News Review), a six-part series of articles for The Practitioner, two issues of audio-visual recordings for the Graves Medical Audio-visual Library, representation at various meetings and symposia on medico-legal matters and recommendations to the Royal Commission on Criminal Procedure. All this and much else too has been achieved with — one person on our pay-roll!

It is opportune to mention that though practitioners of clinical forensic medicine of acceptable merit may be thin on the ground, it is true to say that our forensic pathology colleagues are in even worse straights. The bodies of Sir Sidney Smith, Sir Bernard Spilsbury, Fred Smith, Alfred Taylor, John Glaister, William Willcox, A.J. Pepper, Francis Camps, to name but a few, must not only be turning in their graves but rivalling the contortions of a Russian gymnast, to see the decline of the traditions of forensic medicine in Great Britain.

In conclusion, may I say that the Association is not only ready to listen to any criticism, constructive or destructive, from any source, but is most willing to offer assistance to any serious enquirer.

Yours sincerely,

S.H. BURGESS

Similar letters were sent to the Editors of "Medical News", "Doctor", "General Practitioner" and "Pulse".

In 1978 Mr. G.W.R. Terry, CBE, QPM, the Chief Constable of the Sussex Police, visited the Rotterdam Police Force, a reciprocal visit to study advances in technology and approach in police work. Knowing that I have been testing a variety of breath analysis devices and using the Intoxilyzer for about three years, Mr. Terry dropped in to our Medical Department. We have considerable experience in these cases — 3,365 seen in the Medical Department of the Rotterdam Police Force in 1978 — and I aired some of my ideas to Mr. Terry. This resulted in an invitation to pass on my ideas to a working party of the Blennerhassett group for a general exchange of views.

I visited the Police Training School at Lewes in Sussex in January 1979 and after giving a talk on "Accurate Blood Alcohol Concentration Estimations and their Relation to Breath Testing", the advantages and disadvantages of various devices were discussed and demonstrated. Instruments discussed or demonstrated included the gas-chromatograph, the breathalyzer, the Intoxilyzer, the Alcosensor, the Alcocontroller, the Alcometer and a Japanese alcohol-sniffer. All of them have advantages and disadvantages. The gas-chromatograph runs a risk of explosion if the gas within leaks. The automatic breathalyzer takes up to ten minutes for a full cycle. The Intoxilyzer may pick up acetone as alcohol but on the other hand it is a very fast and accurate instrument and one rarely sees a drinking diabetic who does not know about his disease. The Japanese sniffer is a funny device. It has a long stick which you can hold into the interior of a car or before the suspect's nose and a big red light comes on if it sniffs any alcohol.

The new Police Training School and Hostel at Lewes are next to the Police Headquarters and are very up to date. The accommodation was excellent and I was well looked after. My visit was very worthwhile, both from the forensic experiences and as a guest of Sussex Police Force.

*Hubert Cremers
Rotterdam*

AS OTHERS SEE US

I find all conferences have hidden bonuses and for me this was a chance to meet several old friends and make a new one, Dr. S.H. Burges, an Ipswich GP who has made a life-long study of GP Police work.

Clearly he is a chronic insomniophilic — most of his association with the men who wear size 12 boots takes place in the small hours.

As his lined, yet genial face gives evidence of inadequate Slumberland time.

Dr. Burges is at pains to refer to himself as a Type II expert in Forensic Medicine — one who deals with dead and live people rather than the Type 1 expert who in Simpson/Spilsbury style is entirely involved with forensic specimens.

He comes over well as a sane and sensible "In Practice" type with a deal of expertise in his subject, as well as being the editing author of a most valuable book on the subject.

Sometimes I've got the impression from the newspapers that sexual crimes of every sort have reached epidemic proportions in Britain. Not so, says Dr Burges.

In fact, exhibitionism — the most frequent sexual offence brought before the magistrates — accounts for less than one thousandth part of their work. So it looks as though it's just another case of sex selling papers.

Dr. Burges got a very sympathetic reaction from his audience at the Ipswich meeting when he confessed that he felt rather uncomfortable at the rostrum. His wife had laid out a shirt for him that morning that obviously belonged to his son, and due to neck size differences, he was suffering from a certain degree of asphyxia as he lectured us.

Happily, there were no signs of this, in the psychosexual sense, from where I was sitting anyway.

*Dr. Eric Trimmer
Medical News, November, 1978*

OF IMPOSTERS

From Elements of Medical
Jurisprudence

by Samuel Farr.
Published 1788

There are various causes which induce men to feign disorders to which the human body is subject and with such fictions to impose often upon a court of judicature, or at least a civil magistrate. To this they are induced from fear, from bashfulness or from lucre. Should they be submitted to a physician upon such occasion, he can only judge from the symptoms of the disease, and determine by their presence and absence. But there are many cases where artful people, by a specious tale, and by feigning disorders where much is to be known from their own confession, may cause a good deal of difficulty to discover the truth. Let them attend to the following circumstances.

1st. All the phenomena which evidently appear in the subject at the time of examination, together with such as may be related by the sick person, or the standers by, are to be carefully and maturely weighed.

2nd. An account is to be taken of the urine, age, pulse, hereditary disposition, way of living, conditions of the person, and the disorders to which he has been subject.

3rd. The questions which are to be put to the sick person, or the bystanders, are to be so framed as to confound them.

4th. The pretended sick person is to be visited frequently, and when he least expects it.

5th. Enquiry is to be made whether such causes as generally produce the feigned disease have previously presented themselves.

There are many diseases which may be feigned, particularly by a person who has before suffered from them, and especially if they be devoid of fever, and depend upon his own relation; yet there are but

a few which are generally objects of imposition. These are epilepsy, melancholy, foolishness, possession by evil spirits, and fascinations.

1. A feigned epilepsy may be known from a real one,

1st. When the sick person does not fall to the ground very suddenly.

2nd. When the face is not livid, nor the lips pale, nor is there any change made in the colour and rest form of the face.

3rd. When the patient is soon roused by sternutatories, or burning coals applied to the hands.

4th. When the nails do not appear livid.

5th. When the pulse is not altered.

6th. When at the end of the paroxysm the patient does not fall into a profound sleep.

7th. When he does not complain of a dullness of sensation, forgetfulness, a swimming of the head, great weakness and thirst.

II. A melancholy that is feigned may be known by the absence of those symptoms mentioned in the last chapter.

III. We may conclude that foolishness is fictitious, when the person at any time appears rational: for persons afflicted in this manner are not furious as madmen, nor thoughtful as the melancholy; but speak confusedly, neglect themselves, and sing and talk like children.

IV. Possessions by evil spirits, as they constitute no real disorder, can never be feigned; the pretences therefore of such persons, will not be detected by physicians.

V. The same may be said of incantations, fascinations, etc.

OVINE TRIUMPH



Dr. and Mrs. Roger Hunt of Brownscombe, Gammaton, near Bideford in North Devon, have completed a remarkable hat-trick at the 1978 Smithfield Show by winning the mountain breed sheep carcase championship for the third time in eight years. They were previously winners in 1971 and 1972.

Dr. and Mrs. Hunt, who have been keeping sheep for 14 years, have a flock of pedigree Exmoor Horns.

In his spare time, Roger is also senior partner at Northam Health Centre and a divisional Police Surgeon.

MISUNDERSTANDING

A "substantial failure of communication" between police and a motorist with a limited understanding of English was a reasonable excuse for the motorist's failure to give a blood or urine sample after failing a breath test, two judges ruled in the High Court in January, 1979.

Mr. Justice Caulfield was dismissing a police appeal against the dismissal by Carlisle Magistrates on July 4th, 1978, of a summons alleging that Mr. Fadel Abdul Magedg Sager, a Libyan student air pilot stationed at Carlisle, failed, without reasonable excuse, to give a sample of blood or urine.

In Mr. Sager's case, the magistrates found that the police honestly believed he understood everything. But they

accepted Mr. Sager's claim that his grasp of English did not allow him to understand the nature of the police requests or the meanings of "urine", "fine" or "disqualified".

Lord Justice Bridge, presiding, said the drink-drive law laid down an elaborate procedure which gave drivers a clear option as to whether or not to provide a sample. But police were required to bring home to the suspect that failure to provide a sample might have severe penal consequences.

Where there had been a substantial failure of communication which resulted in the driver not understanding what was required of him the driver was "mentally unable" to provide the sample, said the judge.

Daily Post

MY OBJECT ALL SUBLIME...

Public stonings to death, whippings and the chopping off of hands and feet became law in Pakistan last night on the orders of the country's military ruler, General Zia ul-Haq.

The new penalties relate to drinking alcohol, adultery, theft and libel. The laws enforcing prohibition are reinforced with a ban on the local manufacture of alcohol.

DRINKING of alcohol by foreigners will be permitted only within their homes and embassies.

Any Pakistani Moslem who drinks or possess alcohol is liable to 80 lashes. Non-Moslem foreigners who drink in public are liable to a similar penalty.

ADULTERY: Men and women who have sex when they are not married are liable to be lashed. If one or other partner is married, the offence of adultery is punished by stoning to death in a public place. Rape is punishable by death.

THEFT can be punished by the chopping off of the right hand from the joint of the wrist. A second offence is punishable by chopping off the left foot up to the ankle. A third offence means imprisonment for life.

LIBEL, when proven will be punishable by 80 lashes.

Sunday Telegraph, 11th February, 1979

ACCORDING TO JAMES...

We note that a series of articles on Forensic Medicine is now appearing in "Medical News". The series is written by Dr. James Hilton, Force Surgeon to the Norwich Constabulary. Each article is devoted to one case. Recent cases included non-accidental injuries to a baby, a death where substantial damage to the body had occurred from fire and a burglar who suffered a coronary whilst proceeding about his professional duties.

The articles are written in James's characteristic breezy style and make most entertaining reading for the experienced Police Surgeon. They should not be missed by the tyro Police Surgeon, as they are a fund of expert information. James has sufficient case-book experience to continue this series until the turn of the century.

J.C.G. HAMMOND

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APOLOGY

The article "Some Thoughts on Sexual Assault" which appeared in the Autumn 1978 issue of the Police Surgeon Supplement, was incorrectly ascribed to Nesta H. Williams. It was in fact written by Dr. Nesta H. Wells, who in 1927 was appointed the first Woman Police Surgeon to the City of Manchester.

The Editor humbly apologises for any embarrassment so caused.

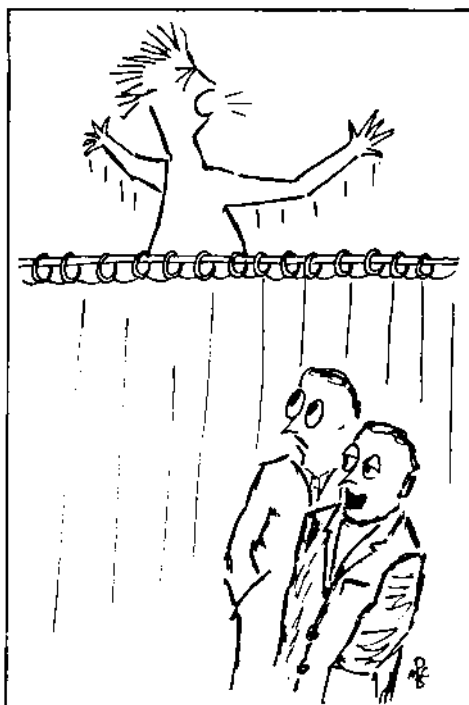
LOCUMS FOR COURT ATTENDANCE

There is a provision for Doctors attending Court as Professional Witnesses to obtain extra fees if the services of a colleague are required during their absence at Court. Experience has shown that this is not generally accepted by Clerks of Courts or Accounts Offices. The advice of the Medical Protection Society is that the clause containing this provision appears in Paragraph 6 of Statutory Instrument 1975, Number 1026. Costs in Criminal Cases (Allowances) Regulations 1975.

Although it is understood that there may be an element of discretion in regard to additional payment and that there may be difficulty in persuading the Court to pay, the words exist and there is no reason why a claim should not be made if it is appropriate.



An unexpected interest in natural history was shown by the President, Dr. S.H. Burges during a recent visit to North Yorkshire.



"It's the Association research programme - painless extraction of pubic hair"

THE WAGES OF SIN ARE INFLATION:

A Sheik offered a prostitute £1,000 a day for her services, it was alleged at Coventry Crown Court in January. A number of letters were found at her house. One was from a secretary to a Saudi Arabian Sheik. It read:

"His Highness is shortly arriving in the United Kingdom and would like your services for which he will reimburse you at the rate of £1,000 a day.

"Your services will be required four evenings a week for approximately four hours and you would be paid cash.

"I am authorised to advance you the sum of £2,400 in cash as a goodwill gesture to show our appreciation"

Daily Telegraph

IF AT FIRST YOU DON'T SUCCEED...

A 23-year old man, depressed by money worries and a break-up with his girl friend, made six attempts to kill himself in one night. He walked into the sea at Worthing up to his chest after drinking half-a-bottle of gin for courage, but he turned back. Then at the hairdressing salon he ran, he wired up a metal chair and tried to electrocute himself twice. Each time he threw the switch, a fuse blew.

Following this he broke a mirror and tried to slash his wrists with the glass, but the cuts were not effective. Next he tried to hang himself from some bannisters, but the knot he made was a failure.

Finally, he surrounded himself with cushions and furniture and set them alight, hoping the smoke would asphyxiate him. The fire took hold, but finding it too hot he got out of a first-floor window and went to the Samaritans. The Samaritans phoned his mother who called the police.

The man pleaded guilty to a charge of arson at Chichester Crown Court, was put on probation for three years and ordered to have medical treatment at a psychiatric hospital.

Daily Telegraph, January 1979

