



The Police Surgeon **SUPPLEMENT**

VOL 7 AUTUMN 1979

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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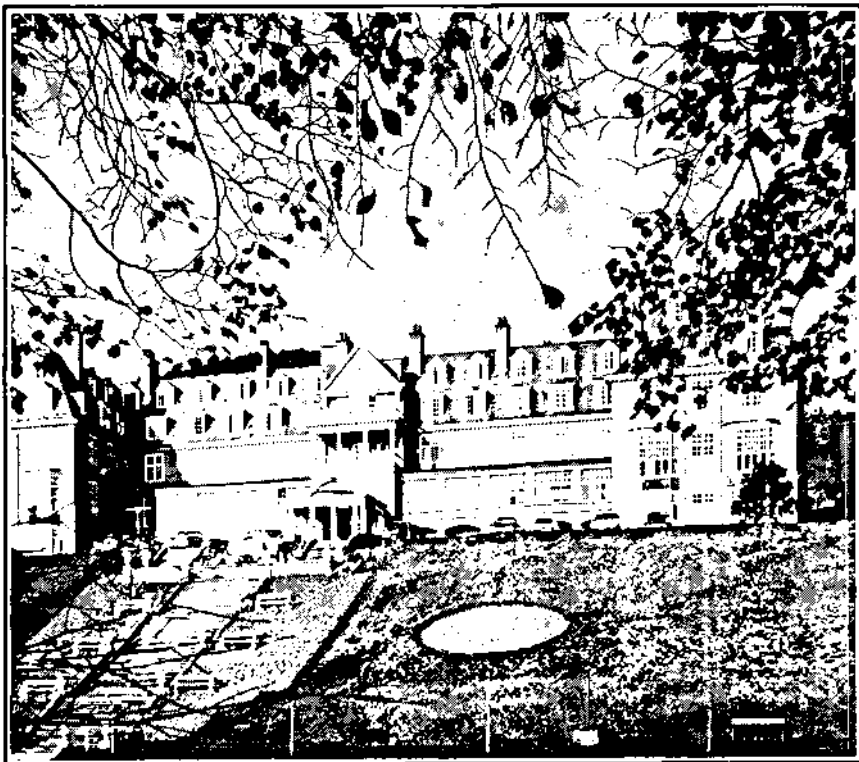


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Looking Forward To Seeing You In 1980.

PRESIDENT'S LETTER

GRIEF

Fuad Gabbani died in May. A remarkable man who achieved so much, often in the face of great adversity. He was a sincere believer in the institution of the family and, to him, the Association was but an extension of his family. All who knew him respected him and to many of us that respect was coupled with affection. We were fortunate to have him as our President and it was fitting that he should be in office at the time of our Silver Jubilee. It was no surprise to learn that a great number of C Division, South Yorks. Police, paid their last respects in person at this funeral.

To Jean, as the widow of a revered member; to Jean in your own right; we owe you a debt and hope that your presence will continue to distinguish our functions.

Many of us knew Phillip Allen as a brilliant, practical scientist. For many years he was also a devoted advocate of the advantages of the closest co-operation between those working on the scientific aspects of criminal investigations. This



self-imposed task he undertook with charm, generosity, and to good effect.

At Harrogate many more members were introduced to him and were grateful for the experience.

He too left us suddenly in May, leaving a gap in the world of forensic science which will be difficult to fill.

Phillip Allen



At Northampton, fate delivered yet another blow. John Furness, the distinguished forensic odontologist died. He left us with a suddenness which numbed all those attending the symposium. It seemed impossible to believe that the infectious enthusiasm he spread at so many of our functions was stilled.

We may be familiar enough with the passing of life but we are never unaffected.

A REBUTTAL

It is not that advocates generally are not useful to the public; they are even necessary; but extraordinary ability in an advocate is an advantage only to himself and his friends; to the public, the more desirable thing is, that pleaders should be as equally matched as possible.

R. Whately,
Archbishop of Dublin, 1787-1863

I feel sure that those of us in the Provinces who elected not to overcome the combined deterrents of; inclement weather, a long journey, finding a locum and no mean expense, to attend a meeting of that august body, the Medico-Legal Society, on 11th January 1979; made the right decision.

It would appear from a verbatim report of the proceedings that our understanding of the emotive subject of sexual offences would not have been much assisted by the principal speaker* who chose as her subject 'Sexual Violence — Fact and Fantasy'.

During the course of the oration, an unfavourable reference was made to *The New Police Surgeon*. Such is the distinction of the speaker and so scandalously out of context was the reference that I feel some sort of rebuttal is called for.

She implied that, in claiming the existence of 'amoral accusers giving perjured evidence', *The New Police Surgeon* was influential in denying justice to 9,000 rape complainants per annum! Though somewhat taken aback, I was comforted to find that I was in good company for Bernard Knight and Dame Josephine

Barnes were similarly implicated. They too were denounced for alleging the possibility that some females cry rape with evil intent.

The speaker made the somewhat naive plea that she knew of no evidence to support our testimony.

Are you reading this Dr. Shepherd? It might be a useful research project. But a word of warning. If the evidence is too convincing, like giving names, dates and places, be careful that some enterprising lawyer does not beat you with the cudgel of defamation. (For a fee, of course, but all in the name of justice!)

Another thing, Fred, when considering the protocol, it might also be worth including an inquiry into the numbers of rape victims who, after withstanding the alleged inhumanity of Police Surgeons and detectives, withdraw charges at the prospect of cross examination by a defence lawyer. A subject omitted by the speaker, but so, of course, were the multitude of instructions to be found on the same page, let alone the chapter, of *The New Police Surgeon*, which would substantiate a legitimate claim that our textbook should increase the number of successful prosecutions!

Dear sister-in-law, I have the greatest respect for your medical and legal accomplishments and have, on occasions, been privileged to work with you. How disappointing to find that, when addressing the Medico-Legal Society, you spoke with the exhortations of an advocate rather than the deliberations of a judge. What your medical colleagues might term a *lingua bifida*.

SELF-CONGRATULATION

Now that the more important reviews of the *New Police Surgeon* have been published, perhaps we may be forgiven for indulging in a degree of self-congratulation.

If such distinguished men as Professor Keith Simpson, Bernard Knight, Professor Ken Mason and Alistair Brownlee have found themselves able to give their approval, then we can surely rate it an academic success. We have already

* Mrs. Margaret Puxon, M.D., F.R.C.O.G.,
Barrister.

achieved commercial survival and we await with cautious optimism a significant profit.

Much has been learned during the long process of production and from much constructive criticism since publication. All this will be used to great effect when (not if!) the Second Edition is embarked upon.

Stand by you long suffering contributors!

SOLICITED ADVICE

I commend to you the current edition of *Medicine Science and the Law* where David Paul has re-stated most convincingly views held by the Association of the usefulness — nay necessity — of the clinical forensic physician.

In his letter as Chairman of the British Academy of Forensic Sciences there was mention of regional meetings as a possible means of revitalising the Academy. A suggestion well worth exploring David!

Any institution expecting and enjoying national support must have a dynamic approach to the opinions and the geographical location of its members. We are fortunate indeed that these principles were realised by our founders and have been upheld since.

Our Association does not exist in one place but everywhere in the U.K. Over the past two years alone, Liverpool, Torquay, Ipswich, London, Harrogate and Northants have made equal and legitimate claim to be the home of the Association. Over the next two years, Peebles, Bristol and Brighton will claim a similar right.

Those invited to address us have shown even greater diversity and to those in doubt I would refer you to any one conference or symposium programme.

This is an important source of our strength and will remain so unless and until we become mentally and physically tethered.

UNSOLICITED ADVICE

I am saddened that the assistance of the Association has not been sought in the reported discussions between the

A.C.P.O. and the B.M.A. on the subject of medical ethics and criminal investigations. We number over 600 persons and each one of us is actively engaged in clinical forensic medicine working in close liaison with police officers. Of the total number of those holding a post-graduate qualification in medical jurisprudence in the U.K., the vast majority are members. For these reasons alone, and I could specify many other valid arguments, it seems strange that both the A.C.P.O. and the B.M.A. chose not to recruit our expertise into discussions which are said to have taken place.

We readily agree that many problems require particular and specific answers but generalisations are possible. It is convenient to view the relationship between the agents of law and order and the medical profession from three different aspects.

The first — those matters where statutes make it mandatory to act in a proscribed manner, e.g. the implementation of the 1967 Abortion Act, the 1973 Misuse of Drugs (Notification of and Supply of Addicts) Regulations, and the 1967 Criminal Law Act (N.I.).

The second — those matters when either society or an individual is at *serious* risk and the utmost discretion is exercised by both sides in the conditional exchange of confidential information, e.g. the investigation and management of N.A.I. in children, and the issue or withdrawal of driving or gun licences.

The third — those matters when confidentiality is deemed sacrosanct by the medical profession and breached only under protest by an order of a Court.

The first aspect sometimes comes as a surprise to doctors but is well known to police officers. The second aspect demonstrates a working relationship between doctors and police officers acting in concert and with mutual respect for each others' interests for the benefit of society. It usually takes place at a personal level and individuals are often well known to each other. The third aspect is the major cause of disharmony. Doctors are wary of the motives of those seeking information, however well intentioned, without the

consent of the patient. Medical practitioners are also well aware that there are very few patients who cannot expect as right that what is divulged during a professional consultation will remain a professional secret. Police officers on the other hand are surprised and affronted by what they would consider unreasonable non-co-operation. After all, secondhand car dealers, scrap metal merchants, jewellers, and even some social workers, have no such scruples, why then should priests or doctors?

The experienced Police Surgeon finds himself explaining to puzzled police officers why he is unable to unconditionally divulge information about a 'patient' — even though he is in custody, and why he is unable to take biological specimens from a non-consenting accused person. Not infrequently, and of no little concern to us, is to find ourselves having to explain to hospital doctors the importance of receiving from them adequate information about our professional charges and the difference between working *with* and not *for* the police.

We are forever championing impartiality and the importance of human rights. Perhaps the most significant recommendation is the sum of the views of our critics. Police officers accuse us of being inflexible and our professional colleagues accuse us of being poorly disguised police officers.

A CHALLENGE

'It must be considered that there is nothing more difficult to carry out, nor more doubtful of success; nor more dangerous to handle, than to initiate a new order of things. For the reformer has enemies in all those who profit by the old order; and only lukewarm defenders in all those who would profit by the new'.

Machiavelli, 1496-1527

There seems little doubt that in the foreseeable future the most radical recommendation of the Blenherhassett Committee will be implemented. The intoxicated driver will be examined and

judged at the roadside by a man operated machine.

The full significance of this charge will not be lost on those concerned with the future of the clinical forensic physician.

We may argue that machine testing may result in serious consequences to those recognised as being both drunk and ill, that the opportunity to recognise drug intoxication will be lost, that persons may be wrongly convicted, that forensic scientists will have less incentive to develop drug detecting techniques, that medical practitioners will not be encouraged to enter the field of clinical forensic medicine, and that there will be a sudden and substantial loss of income to a large number of appointed Police Surgeons. It is unlikely that these arguments will affect the deliberations of the politicians in a well intentioned effort to reduce the maiming and slaughter on the roads.

We must expect that the number and work load of Police Surgeons will be dramatically and suddenly reduced.

As a matter of urgency, steps must be taken to ensure that the clinical forensic physician is not allowed to become extinct, and the Association a historical society.

Your Council is well aware of the implications and will apply itself to the problem with expedition. Though representing many shades of opinion and all regions of the U.K., your Council would be the better informed if *you*, the members, shall participate in the evolution of *your* future. Communicate with each other and with the Hon. Secretary as freely as possible and as soon as possible. Of one thing we can be sure. Offences against the person will not cease. Is there already greater scope for the agents of law and order to use our skills to better advantage? Should we become more involved in the casualty and other hospital departments? Are the prosecuting solicitors — especially the C.P.S. — taking full advantage of our expertise? Have we hitherto unexplored usefulness as advisers to the Courts?

I submit with honesty and conviction that we do not seek to preserve an ana-

chronism. In the words of David Paul — 'Surely, in the field of legal medicine, the living are as entitled to highly qualified and expert opinion as are the dead?'

We have a responsibility to society as well as ourselves. I should not have to remind you that society in its turn will demand value for money. Those who remain unskilled, unqualified and inexperienced, whether members or not, cannot expect condonation from their paymasters or the Association.

I do not view our future with pessimism but rather as a challenge. We have a unique opportunity to establish a respected and indispensable national clinical forensic medicine service. If judicious pruning now encourages later healthy and vigorous growth, so be it. Whatever our future holds, we must prepare for it now.

PRAISE

'Just praise is only a debt'.

G. Berkely, 1684-1753

Harrogate, May 1979

To Myles and Ann for stage-managing another highly successful conference.

To Jay Chitnis, Hubert Cramer, David Filer, Michael Glanvill, Peter Jago, David Jenkins, Fred Shepherd and Saul Veeder for giving further proof, if proof were needed, of the wealth of talent within our ranks.

To all Council members who sat through the six-hour Council meeting and not only remained awake but insisted upon being heard.

To our mobile Executive, Hugh Davies and Ron Taylor who continue to form the bedrock of the Association.

To the Chairman of Sessions — Ivor Doney and Bill Lees.

To after dinner speaker — Dr. R.J. Givans.

Lewes, May 1979

To Hilary Jarvis for his initiative and drive in gathering together many Sussex Police Surgeons. A very worthwhile exercise in the cause of clinical forensic medicine.



Dr. R.J. Givans

Liverpool, June 1979, B.M.A., A.R.M.

To Hugh Davies for wearing the whole, and Malcolm Hall and Tom Marshall, for wearing part of the Association uniform with such distinction.

To George Crawford and Myles Clarke for their unforgettable hospitality, (official and unofficial respectively).

Northampton, September 1979

To all those who made the Autumn Symposium a much fancied contender for the 'best yet' accolade. Inevitably Hugh Davies was exposed as the mastermind behind the organisation but his task was much assisted by the goodwill he obviously commands in the city and shire.

To Bud and all other residents of Creaton House (including the livestock). To Joe and Grace Ciappara, to Ron and Mrs. Taylor, your names will be hallowed in the Association archives.

On the academic side, our thanks to Professor Alan Usher, James Hilton and Ivor Doney, who figured prominently as representatives of the Association.

Stan Burger.

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FUAD GABBANI

The death of Dr. Fuad Gabbani, at the age of 67 in May, shortly after the 1979 Annual Conference, has left a void not only in the Association of Police Surgeons but in the medical profession generally. No superlatives would do justice to describe his personality, his generosity, his friendliness and his devotion to his profession.

Fuad was born in the Sudan and came to Britain over 40 years ago. He studied medicine at Edinburgh University, qualifying in 1941. He married Jean 37 years ago and they were blessed with two sons, Edmond and Gordon, and a daughter, Freda.

After qualifying, Fuad moved to Maltby, where he practised until his retirement in 1978. In addition to his General Practice, he was on call for emergencies in the local collieries and, until his retirement, was prepared to descend the mine

to go to the coal face to assist injured miners.

His activities and interests were catholic. He was Corps Surgeon of the Maltby Division of the St. John Ambulance Brigade from 1943 to 1978. Shortly before his retirement he received the Brigade's Long Service Medal. Earlier this year he was awarded the highest honour the St. John Ambulance Brigade can bestow — the Brotherhood of the Order.

Fuad took an active part in the civic life of Maltby. He was a founder member of the Maltby Grammar School Parents Association, being its first President and was eventually made a Life Member.

He promoted the Maltby Riding Club and his sporting activities included the Presidency of the Maltby Tennis Club for many years. He was an enthusiastic supporter of Rotherham United Football Club.

He took an active interest in local medical affairs. He was Divisional Chairman of the British Medical Association at Rotherham from 1961 to 1962.

His interest in the Association of Police Surgeons was almost obsessional. He was a founder member of the Association in 1951 and actively supported the Association's Conferences and Symposia. One of Fuad's proudest moments was his election to President of the Association of Police Surgeons, which Office he occupied from 1976-1978. It was characteristic of Jean and Fuad, during Fuad's Presidency, that they personally welcomed all newcomers to the Association meetings and encouraged the warm, relaxed and friendly atmosphere which now characterises our Association's Conferences and Symposia.

Shortly before his death, Fuad was able to visit his native country and on this occasion he achieved a life-long ambition when he visited Mecca, the holy city of the Mohammedan world, and the Kaaba, the sacred shrine in the Great Mosque. I heard the whole story on his return and he ended by saying that his life was now complete.

S.J. LUNDIE

JOHN FURNESS



John Furness died at Nene College, Northampton, on 8th September, 1979, during the Autumn Symposium of the Association of Police Surgeons. Aged 52, he leaves a widow and three sons, the eldest of whom is a Dental Surgeon.

John qualified at Durham University and for a period was an assistant in St. Helens. He then moved to Wavertree, Liverpool, where he set up a single-handed general dental practice.

He became involved in dental forensic work almost by chance. A body was found on a ship in Liverpool Docks, with marks on the cheek which were eventually recognised as teeth marks. The then senior Police Surgeon, the late Dr. Liston Selkirk, brought John into the case and the subsequent dental evidence contributed significantly to the conviction for murder which was obtained.

His interest in dental forensic work subsequently steadily increased. His first case which brought him national prominence was in 1967, when a girl called Linda Peacock, aged 15, was found dead in a churchyard in Lanarkshire, Scotland. She had been murdered and a single bite mark was found on her breast. John was asked to examine 50 models of sets of teeth from suspects and was able to eliminate 49 from the enquiry. The 50th led to a conviction for murder.

John increasingly became involved in the investigation of murders throughout the north-west of England, north Wales and on one occasion Northern Ireland. In addition, his advice was increasingly sought in cases of sexual assault. Examination of food stuffs, including apples and cheese bitten by intruders into

premises are also examples of cases where John's evidence led to conviction.

John's most recent case, which brought him international recognition, involved a 14-year old girl who was attacked and killed in Platt County, Missouri, U.S.A. She had been bitten and the local Police had a suspect but insufficient evidence to convince a jury. A member of the local Police Force flew to England at Christmas 1977, with photographs and other evidence, to see John. Following the discussions, John went to Missouri in May 1978 and gave evidence in Court, where he was subjected to extensive cross-examination. A conviction was subsequently obtained.

John was an enthusiastic disciple of Forensic Odontology and missed no opportunity to spread the good word. There is no doubt that he contributed to the growing acceptance by Courts of forensic dental evidence. He lectured at Liverpool University and at several Home Office Police Training Colleges, including Bramshill Police College in Hampshire. He contributed widely to scientific literature, including 'The Police Surgeon' when he made a significant contribution with his article on bite marks on battered babies, published in October 1974.

He was the principal founder member of the Liverpool Dental Forensic Study Group, from which the Merseyside Medico-Legal Society developed in 1974. He was a keen member of the Association of Police Surgeons, attending meetings whenever he had the opportunity.

John will be sadly missed by his family, by the Courts and by his friends in the Association.

A Review of Bite Mark Evidence

— JOHN FURNESS

Teeth marks play a decisive role in the detection of the criminal. They may be inflicted by the murderer or the rapist; by the sadist or by the mentally disturbed. They may be left on the assailant by his victim in a desperate attempt at self-defence. Each bite tells its own story to the forensic odontologist.

The bite is almost invariably inflicted by the front teeth. The quality of the substance into which the bite was made greatly influences the appearance of the mark left. A good snap at a piece of steel would be useless in investigation but a bite into a piece of cheese, slab of chocolate or soft toffee will leave extremely useful tell-tale signs for the forensic odontologist to follow up.

Although it is too much to expect a criminal to deliberately leave his bite mark at the scene of a crime, he often does so unwittingly when taking a bite at food, e.g. an apple or a meat and potato pie, as he goes about his business.

I was called in to a case of arson in April 1976. A fire was started in an office block in Southport, England, and the resulting damage was estimated at £28,000. In one of the unburnt offices police found a half-eaten apple and it was brought to my home.

A study of the apple provided 46 points of similarity with the teeth of a man police had picked up as the possible arsonist. The man was subsequently convicted and an appeal against the conviction quashed. The sole piece of evidence to link the arsonist with the crime had been the bite-marks left in the half-eaten apple.

In summing up the case, Mr. Justice Mars Jones said that forensic odontology was now an established science on a par with finger print and fibre evidence. In the original trial, the judge had stressed that bite-mark evidence was as admissible as finger prints.

Bites in human flesh are far more difficult to deal with, and vary considerably in type. The sadist leaves the best mark for our purposes since he usually bites slowly and intentionally. The lunatic, on the other hand, bites quickly and carelessly with a ripping action, as does the panic-stricken victim who bites his or her attacker in self-defence.

The bite on human flesh may leave a mark without penetrating or breaking the continuity of the skin, but may cause a small subdermal haemorrhage. Whilst death freezes a bite mark, such a subdermal haemorrhage normally disappears from the living person within 20 minutes. One can appreciate the importance of having photographs of such marks taken as soon as possible after they have been inflicted. In experiments I conducted upon myself, such a mark was photographed every five minutes. In each experiment the trace disappeared after twenty minutes. This was confirmed in similar experiments conducted in Tokyo by the Japanese forensic odontologist, Sebata.

The importance of realising and evaluating even minute dental detail is paramount, and it is absolutely essential for a person trained in dental procedure to take charge of this side of such an investigation immediately. If possible, a dentist with forensic experience should undertake the initial investigation, take impressions, make models, and then compare all relevant details as the investigation proceeds.

His first task is to establish whether the marks were definitely made by the teeth of a human being, and not some instrument, jewellery or even an animal's bite. This latter is not usually difficult to the trained dentist because of the difference in size between human and animal jaws.

A possibility which should not be

overlooked when investigating bite marks in a case of murder is that the victim may have bitten himself. A girl found stabbed to death in Liverpool, England, was found to have teeth marks on the back of her hand. It was later found that her killer had forced her hand into her mouth to stop her screaming.

The commonest marks are those of the assailant biting the victim. They are usually found on the female breast, neck, upper arm, etc. and the degree of violence can vary tremendously from the nipples being bitten off to a mild 'love nip'.

It was such a 'love nip' which led to the arrest and conviction of a young detention centre inmate, found guilty of the murder of 15-year old Linda Peacock in Lanarkshire, Scotland, in 1967. After a lengthy investigation, the youth was asked to give an impression of his teeth. This was then cast and compared with a single bite mark found on the murdered girl's breast. The teeth fitted the mark exactly.

Summing up the case, Lord Grant said of forensic odontology: "This is a relatively new science, but there must, of course, be a first time. Scientific knowledge and medical knowledge advance as the years go on, and it is only comparatively recently that finger prints have come to be accepted..."

"The law", he said, "must keep pace with science".

An example of this beneficial trend was evident in a rape case committed in North Wales. A man picked up a young girl in his car near Wrexham, despite the fact that the girl had refused a lift from him twice.

He finally persuaded her to have a lift — then raped her. However, the terrified girl did not give in and sank her teeth into his nose. Then she took his registration number. Those two pieces of courage and perspicacity, combined with good detective work and forensic odontology, sent the rapist to prison for four years.

My part in this particularly nasty crime was supervising the photography and examining the bites on the nose of

the assailant, then taking a cast of the teeth of the girl who had been raped. They fitted perfectly. Once this forensic evidence was given, the man changed his plea from 'Not Guilty' to 'Guilty'.

BITE-MARKS IN CASES OF CHILD ABUSE

Dental evidence has become increasingly important in detecting offenders in 'the Battered Baby Syndrome'.

In 1970 J.J. Hodson read a paper to the British Association of Forensic Medicine, in which he revealed that of 13 forensic dental cases in which his department had been concerned in the previous two years, two of them involved teeth marks in battered babies and in both cases the babies had died. In one case the father of the child and in the other the step-father confessed when asked to submit themselves for dental examination and impressions of the teeth. (Hodson 1970).

I was first faced with this syndrome some 17 years ago. The following five cases illustrate my work in investigating bite-marks to young children.

Case 1 involved a nine year old gipsy girl, the eldest of six children living with their parents in a caravan. She was admitted, with all the indications of having been beaten up, to the Royal Liverpool Children's Hospital, where she was examined at the request of the Merseyside Police. Along with a series of painful and serious injuries were a number of teeth-marks on the upper part of the arm, on the shoulder, and similar marks lower down the same arm, where the bite terminated by a tearing of part of the skin. Further marks were evident on the fist surface of the left hand, where there was a gaping wound measuring some 28 millimetres by 8 millimetres.

Photographs of the teeth marks were taken by the police. The mother was interviewed at the caravan site in the early hours of the following morning, after consultations had taken place between police officers, doctors and myself. Her explanation of these brutal injuries was that the little girl had been beaten up by



Fig. 1. The wound caused by teeth to the inside of the lip of a dead girl by the Suspect.

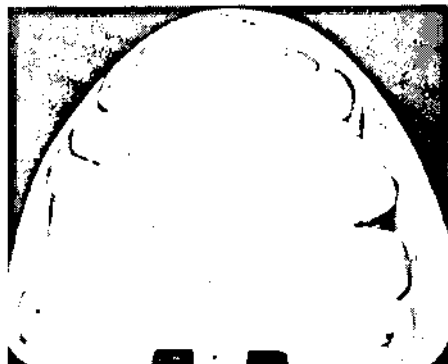


Fig. 2. Dental Cast of the Upper Teeth of the Suspect (Normal view).

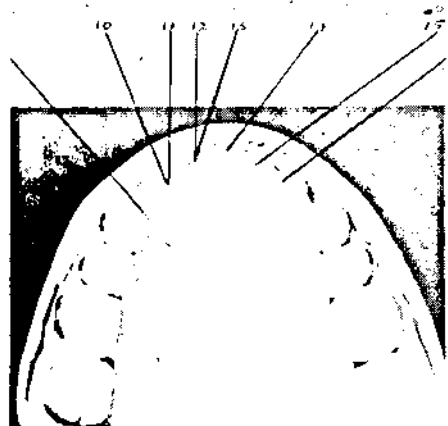


Fig. 3. Comparison between wound on inside of lip to upper dental cast of Suspect. (Cast photograph laterally reversed).

Fig. 4. The wound to the lower lip and the points of comparison with the lower dental cast (laterally reversed) of the Suspect.

a group of 'skinheads'. This was confirmed by her caravan neighbours, by the child herself and her brothers and sisters. The explanation seemed satisfactory enough, until an anonymous telephone call to the police suggested that the mother was responsible for the girl's injuries.

After a detailed examination of the bite marks it seemed that a positive identification of the biter was possible. The child's mother was re-interviewed, told of the bite-marks and of the anonymous telephone call and warned that she was suspected of causing the injuries to her daughter.

She became indignant but agreed to have a dental examination and impressions taken of her teeth. An appointment was made but she failed to attend. She was interviewed again by the police and finally admitted that she was the assailant who had bitten her own daughter during an attack.

Case 2 involved the battering of the two-year old son of a Naval rating and his wife, who lived in married quarters at a Royal Naval establishment where the husband had a shore job. In this case both parents were charged with grievous bodily harm to the child and impressions of the husband's teeth were taken by a Naval Surgeon Commander, since the husband was in the custody of the Royal Navy. The impressions of the wife's teeth were taken in Holloway Prison. Casts of the teeth of both parents were sent to me and I was able to identify positively that the biter was the mother. She was at the time expecting a second child and received a suspended prison sentence.

The third case was an 11-months old baby who was both spastic and blind, who died from a subdural haemorrhage. There was no apparent bruising to the baby's body. The pathologist observed a severe bite-mark to the left knee. Impressions were taken later of the three people who had ready access to the baby and these were later cast into artificial stone to produce duplicates of the teeth in the form of dental casts. A positive identification of the biter was possible,

who was the one-year-eleven-month old half-brother of the dead baby.

Case 4, a rare and, for a while, baffling case, involved bite-marks to the buttocks of a well-nourished and well-cared for three-year old boy. A close study of a photograph taken of the injuries showed:—

- a) the bruising to the buttocks had been caused by human teeth in the form of a bite;
- b) it was quite severe and would have caused the child a great deal of pain;
- c) it had been inflicted onto the skin, this being evident because of the presence of petechial haemorrhages in the centre of the bite due to a sucking action and possible tongue thrust;
- d) the bite had not been inflicted through clothing;
- e) the child must have been held still for such a mark to be inflicted.

The parents of the child were divorced and the mother had been given custody of the baby boy. The father had re-married and was permitted to take the child to stay with him and his new wife every other weekend. Whilst bathing his son on the Sunday evening he noticed these peculiar marks and immediately took the boy to Basildon Police Station. A Police Surgeon was called in to make an examination and the marks were photographed in colour by a police photographer.

The photographs were then forwarded to me. I bit myself on both arms to prove that the bites had been made direct on the skin and not through clothing, since the defence had claimed that the common-law husband of the child's mother had inflicted the bite-marks while playing "doggies" and pretending to bite the boy, fully dressed whilst on hands and knees.

Evidence that the bites had been inflicted on the child's bare buttocks was accepted. The defendant was found guilty of causing actual bodily harm and sentenced to three months' imprisonment.

The fifth case is unique. A five-months old male child was taken into Blackburn

Infirmity with extensive bites on his buttocks, legs and chest. The parents, his brothers and four grandparents all denied an involvement in the injuries. Impressions of the whole family, including the two dogs, were taken from which dental casts were produced in artificial stone. One of the dental casts fitted the bite-marks exactly — the three months old Whippet.

The acceptance of forensic odontology as a telling factor in the detection of crime is an important development. The chances of two people having identical teeth are two-and-a-half billion to one gives a true valuation of such evidence.

D.M.J. SUCSESSES

The following members have recently been successful in the final examination for the Diploma in Medical Jurisprudence and we extend our heartiest congratulations to them:—

Dr. J.A. Dunbar, Dundee.
Dr. A.J. Irvine, Cleveland.
Dr. S.P.S. Oswald, Solihull.
Dr. R.E.I. Roberts, Manchester.
R. R.J. Rew, Eastbourne.

Postgraduate Workshop in Forensic Medicine

There is now another well-established annual event in the 'Forensic Medicine' calander — 'The Postgraduate Workshop in Forensic Medicine' — held at the Postgraduate Medical Centre at Charing Cross Hospital, London. The Workshop is a one day meeting organised by our Association and David Bowen's Department of Forensic Medicine at the Charing Cross Hospital Medical School and takes place in April.

This year, the first speaker was our President, Stanley Burges, who gave a most erudite paper on the Law and the Police Surgeon. He was followed by Eddie Josse — a past Council member — who discussed alcohol, drugs and driving. David Bowen, in his position as Professor of Forensic Medicine, alerted the audience of Police Surgeons and Forensic Pathologists to 'Anachronisms and Artefacts in Forensic Medicine'.

The first paper in the afternoon session — Forensic Aspects of Motorway Accidents — was delivered by Hugh Davies drawing on his vast experience of

accidents on the M1 in the Northampton region. Prof. W.St.C. Symmers — Professor of Histopathology at the Medical School, presented a pot-pourri of unusual cases entitled 'Curiosa in Medicine and Pathology'. The final paper on 'Ballistics and Firearms — "A New Approach"' was given by Major R. Menzies R.A.M.C., who has considerable experience in both the U.K. and the U.S.A. in the field of wounds caused by high velocity weapons.

The meeting was a huge success since the speakers had prepared their papers well, kept to the time allocated and were audible. Excellent catering arrangements and David Bowen's amiable chairmanship made it a meeting to be remembered and to be recommended for future years.

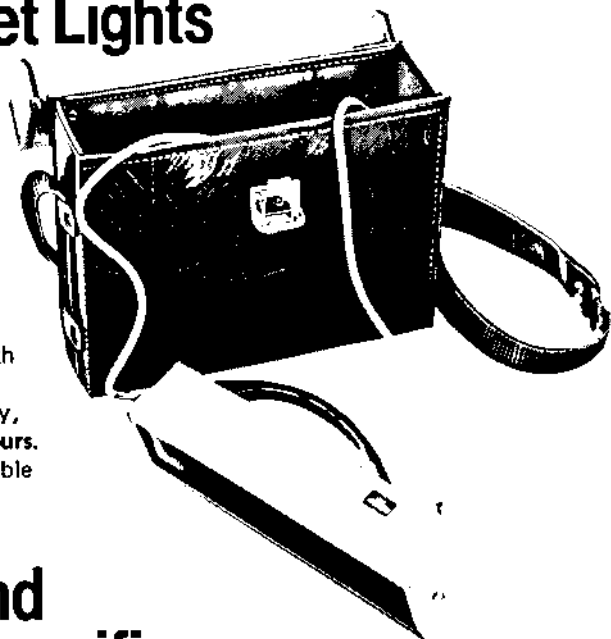
DAVID FILER

The next 'Postgraduate Workshop in Forensic Medicine' will be held at the Charing Cross Hospital on April 17th, 1980. Further information will be given in the Spring issue of the Supplement.

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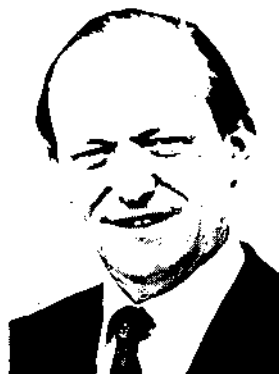
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HONORARY SECRETARY'S REPORT FOR 1978/79



Once again the work of the Association during the year has been well documented in volumes 5 and 6 of the 'Supplement' to 'The Police Surgeon'. In summary the main activities of the Association have been concerned with publicity, public relations and educational activities consequent on our submission of evidence to the Royal Commission on Criminal Procedure. As a result of the wide press publicity received at this time we learnt the lesson that, in dealing with the media, inquiries are best referred to an Officer of the Association who can speak the 'party-line', and Council decided at the January meeting that I should act as Press Officer to the Association, in which function I have a close liaison with other members of Council and the B.M.A. Press Office.

Regarding our educational activities the successful Metropolitan Symposium on Sexual Offences in January was followed by a Workshop in Forensic Medicine organised jointly with the Department of Forensic Medicine at Charing Cross Hospital. The latter attracted visitors from all over the country and we accept with alacrity Professor David Bowen's suggestion that this should be an annual event — we thank him and his staff for organising a most successful function. As the Metropolitan Symposium is also to be an annual event, this means that we now have four regular functions a year, so that those who are unable to attend the annual Conference will have a chance of meeting their colleagues and keeping up-to-date.

ROAD SAFETY

In our public relations activities I attended the 'Roads to Safety' Conference organised by the Ministry of Transport in June last year and it is to be hoped that this Government will find time to bring in legislation which was pressed for by all delegates at this Conference.

The British Association of Immediate Care Schemes (B.A.S.I.C.S.) held its first Annual General Meeting and Scientific Conference in October. I attended as a member of one of the G.P. Road Accident Schemes and also as an observer from this Association — the functions of Police Surgeons and Road Accident doctors often overlap. I think this organisation fulfills a need and has got off to a good start. At the same time we must guard that in their initial enthusiasm they do not encroach on the role of the Police Surgeons. In any local or national negotiations concerning doctors and the Police, the B.M.A., which represents the views of all doctors, invariably consults with this Association on police matters and provides the proper channels for discussion.

MAGISTRATES AND THE B.M.A.

I was very pleased to receive the prompt assistance of the B.M.A. in a situation where a member had rightfully submitted his account for services to the Police. The account was the subject of unfavourable comment in a local paper following similar comment by a Magisterial Bench, and as a result the Editor of the Magistrates Association published an

excellent editorial in the February issue of their Journal.* I ask any members who receive similar treatment from a Bench of Magistrates, who comment on or even stipulate the doctor's fee, with possible local press publicity, to write and let me know. This is an old chestnut that has been with us for many years and I thank the B.M.A. and the Magistrates' Association for their prompt attention to this matter.

After being in suspended animation for several years the B.M.A. Forensic Medicine sub-committee has been reconstituted as a sub-committee of the Private Practice Committee to which myself, Dr. Summers and Dr. Mendoza have been co-opted to serve.

Regarding fee negotiations, the Private Practice Committee is at this moment attempting to restructure the fees that G.P.s earn for private work. This, of course, includes Police Surgeon's fees. Although Government Departments and Local Authority fees were due to be increased from April 1st, the Committee is presently awaiting for the Review Body report to be published. While the negotiations regarding restructuring are proceeding it is hoped to obtain an interim increase based on the percentage increase recommended for G.P. remuneration by the Review Body.

I would be pleased to hear of any areas where there is a shortage of Police Surgeons and also areas which may face a shortage when older men decide that nightwork is 'not for them' and retire.

PUBLICATIONS

The Journal and Supplement appear twice a year and both Bill Thomas and Myles Clarke, supported by their editorial committees, have asked me to appeal for contributions which do not necessarily have to be erudite or scientific, even little snippets of news can (with editorial licence!!) be turned into 'good copy'. Generally speaking the Journal is for the academic and scientific articles and the Supplement is really more in the nature of a 'house magazine' but both publi-

cations are eagerly awaited by the readership and the best way of saying 'thank you' to our Editors is to continue to send in material, no matter how trivial it may seem.

We thank Geigy Ltd. for their support in the production of the Diary which is edited by Dr. David McLay who again will welcome suggestions as to what information would be useful to include in the preface.

COUNCIL

Members of Council have met at official Council meetings in Ipswich and London during the Symposia thereby cutting down on travelling expenses, and plan to have an all day Council Meeting during the annual Conference. During the year all members have at some time or other been of great assistance to me in the day to day running of Association business. Bill Lees, Molly Cosgrave and Douglas Wright retire at the end of this session, and Stan Lundie who has given up police work has also retired from Area No. 4. I would like to thank them on your behalf, for their loyalty and support during their time on the Council.

Members of Council have contributed articles to various medico-legal Journals during the year, foremost a series of articles in the Practitioner and also a series of articles by James Hilton in 'Medical News' while several members of Council have spoken at various medico-legal meetings and Symposia over the whole of the British Isles.

METROPOLITAN POLICE LABORATORY

In a previous issue of the Supplement I described the setting up of a two-day course at the Metropolitan Police Laboratory. We have during the year held four 2-day courses and a one 1-day course, and these have been a great success in providing a forum where Police Surgeons, police, scientists and lawyers can meet to discuss mutual problems; this fruitful liaison has resulted in increased standards all round.

It is hoped that other areas will follow

* Reprinted on page 30.

suit and the Association will provide assistance in any Home Office laboratory area where there is a local demand. The Metropolitan course is open not only to Metropolitan Police Surgeons but also to those in the Home Counties who are served by the Metropolitan Laboratory. A limited number of places are available for doctors outside this region, and application for places on the course should be made to this office.

THE PRESIDENT

Our President has spent a great deal of time touring the Country and among his audiences was the B.M.A. Scientific meeting at Ipswich and the annual meeting of the Fingerprint Society in Blackpool. He is also contributing to the Forensic Medicine session at the A.R.M. in Liverpool on Wednesday afternoon the 27th June. An invitation is extended to members to come and support Stanley and also meet colleagues working in other branches of Forensic Medicine. Under his leadership and largely due to his stimulation there has been a large increase in the work at the office and the bulk of this has fallen on Ron Taylor, who has been a tower of strength during the year.

The Association has gained 75 new members during the year, with 26 resignations by members who have all given up police work. There have also been 8 deaths.

H. DE LA HAYE DAVIES
Hon. Secretary — May 1979

Metropolitan Police 150th Anniversary

The Association of Police Surgeons of Great Britain played a part in the celebration to mark the 150th Anniversary of the formation of the Metropolitan Police. Details of the Association's contribution will appear in the Spring 1980 issue of the Supplement.

The Association will be presenting to the Metropolitan Police the plaque illustrated on the back cover of this issue. The plaque has been engraved as follows:—

Presented by the Association of Police Surgeons of Great Britain to mark the 150th Anniversary of the formation of the Metropolitan Police, 1829-1979.

The plaque measures 21" x 18". It was designed and executed by Miles J. Robinson, L.S.I.A., L.S.D.-C. of Ipswich. It is a bronze and brass casting of the Association Insignia mounted on a stained mahogany base. The presentation will take place at New Scotland Yard on the 16th November, 1979.

Dr. Ralph Summers, O.B.E., who has himself completed 50 years as an active Police Surgeon, took part in the 100th Anniversary celebrations of the Metropolitan Police in 1929.



Speakers at the Liverpool A.R.M. (L to R): Dr. Malcolm Hill, Dr. Charles St. Hill (Chairman), Dr. Stanley Burges and Professor Thomas Marshall.

Honorary Treasurer's Report for the year ending 31st March 1979



I regret to have to report that the figures as produced this year show a Bank Overdraft at 31st March, 1979 of £946, and the income this year was increased by a non-recurring sum of £550, so that the true excess of expenditure over income would be £1317. This compares with an excess of income for the previous year of £1386. In fact, a transfer has been made from the Anglia, Hastings and Thanet Building Society which, at present, will have £1000 upon deposit, and the total overdraft includes certain unrepresented cheques that have been issued.

There can be no doubt there has been a reversal of good fortune, but one must remember that the subscription rate has remained static for four years, and, as might be predicted, the creeping evil of inflation has overtaken us as well as other Societies. There has been a substantial increase in the publishing costs and some loss made on the Symposia at Ipswich and London. Day to day running costs have increased as well as the expenses of your Honorary Secretary, but with regard to the letter, as no doubt he will show in his report in this last year, he has put in a prodigious amount of work in travelling to represent our Association at important meetings.

Although there is an increase in Mr. Taylor's drawings, the actual salary being £2168, the additional expenses are due to National Insurance contributions. Thanks

to his assiduous work in obtaining subscriptions from existing and new members, we may look forward to an additional income of £1000 per annum at the present rate. Further, we have adopted the policy whereby the subscriptions become due on the same day, i.e. 1st July of each year, and although these accounts are presented to the end of March, 1979, the state of affairs will be greatly improved in July, 1979. It is my personal belief that the membership would not wish a cut-back in services already provided, bearing in mind that every executive member of the Association, especially myself, has economy ever in mind in order that we may maintain a fluid financial position.

In taking advice from our Accountants, I propose to give notice that the annual membership fee for an ordinary member be increased by £10, per annum from 1st July, 1980. This report has been prepared prior to a Council meeting and on receipt of the balance sheet.

I would like to give my thanks to our Accountants Messrs. Orton Desborough, the Auditors and Officers of the Society, and especially to Mr. Ron Taylor, the Clerk, for their unstinting help in the year covered by this report.

A.H. MENDOZA
Honorary Treasurer

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

INCOME AND EXPENDITURE ACCOUNT for the year ended 31st March, 1979

1978	EXPENDITURE	£	£	1978	INCOME	£
233	Stock of Goods - April 1978		419	11342	Subscriptions	12945
604	Goods purchased		341		Bank Interest	308
	Diaries	786		1190	Conference Receipts - Torquay	1482
	Less: Grant from Ciba Geigy Ltd.	<u>550</u>		1316	Symposium Receipts - Ipswich	2494
196			236		Symposium Receipts - Metropolitan	742
106	Printing and Stationery etc.		571	332	Sale of Goods etc.	516
291	Telephone		728	303	Sale of Book Journals etc.	548
500	Postage		728	121	Advertising	338
1169	Conference Expenses - Torquay		1246	10	Sundry Receipts	36
1028	Symposium Expenses - Ipswich		2840		Grant from Ciba Geigy towards diaries	
-	Symposium Expenses - Metropolitan		1021		for previous years	550
506	Council Meetings		469	419	Stock of Goods - March 1979	447
347	Northern Ireland Expenses		250	-	Excess of Expenditure over Income	767
-	Conference Facilities Preview		146			
-	BASICS Meeting Expenses		61			
64	Sundry Publications		186			
3118	Police Surgeon Journal		3979			
1066	Police Surgeon Supplement		1448			
-	Donations		161			
327	Donation - W.G. Johnstone Fund		280			
239	Accountancy		313			
177	Miscellaneous Expenses		126			
-	Flags		85			
27	Bank Charges		30			
103	(Presentations and Tributes)		-			
84	Depreciation - Equipment		143			
65	Travelling Expenses etc. (Hon. Treasurer)		45			
300	Presidents Expenses		149			
423	Expenses - Honorary Secretary					
147	Travel and Subsistence	432				
	Locums and Attendance	<u>1077</u>				
-	Typing		1509			
	Office Expenses:		257			
2376	Assistant's Salary and N.In. etc.	3023				
465	Rent and Rates	566				
-	Heat and Light	<u>95</u>				
1386	(Excess of Income over Expenditure)		3684			
<u>15306</u>			<u>21171</u>	<u>15306</u>		<u>21171</u>

BALANCE SHEET AS AT 31st MARCH, 1979

1978	GENERAL FUND	£	£	1978	FIXED ASSETS	£	£
	Balance at April 1978	7618			Office Equipment		
	Less: Excess of Expenditure over Income	<u>767</u>			At cost less sales	921	
7619			6851	450	Less: Depreciation to date	<u>474</u>	447
	CURRENT LIABILITIES				Photographic Equipment		
240	Sundry Creditor	315			At cost	425	
107	Bank Overdraft	<u>846</u>		178	Less Depreciation to date	280	145
			1261	58	Medallions - At cost		42
					CURRENT ASSETS		
				419	Stocks	807	
				500	(Sundry Debtor)	-	
				500	Loan - W.G. Johnstone Trust	500	
				39	Cash in Hand	39	
				5824	Cash in Building Society	6132	
							7478
<u>7966</u>		<u>8112</u>	<u>7966</u>				<u>8112</u>

ACCOUNTANTS REPORT

We have prepared the above Balance Sheet and annexed Income and Expenditure Account, without undertaking an audit, from the books and information supplied to us and we certify that they are in accordance therewith.

40 York Road, Northampton,
25th April, 1979

ORTON DESBOROUGH & CO.
Accountants



Before the Harrogate Conference began, one of the delegates was talking to me.

'Wither', he said, suddenly. 'Wither is the operative word'.

When I asked him if he meant the 'whither goest thou' sort of whither or 'shrivel', his reply was enigmatic. 'Both', he said. Then he explained.

'I think the time is rapidly approaching when the Police Surgeon as we know him today will become obsolete. His place will have to be taken by the forensic medical expert and, as there will be fewer and fewer working in this line, they will have to be all the more experienced ... and where do we go in the meantime?'

It was very clear where we were all

Mr. J. Woodcock Q.P.M.



North Yorks Police

going immediately as the delegates took their seats to hear the opening address given by Chief Constable J. Woodcock of the North Yorkshire Police in which he took a long statistical look at the problems of young people in today's society.

Although he had no easy solution to these, he paid special attention to the class structure which has conceived latch-key kids and also the damage done to youngsters, not by the dramatised violence shown on our television screens, but by the real-life brutality presented in news bulletins.

Mr. Woodcock is a holder of the Queen's Police Medal and served with the Special Intelligence Branch of the Army in both Japan and Korea.

The next speaker, Ms. Veronica Brook, has experienced violence herself in the course of her work with the National Woman's Aid Federation. Although she appeared to dislike men in general and G.P.s and the police in particular, she defined her job at a refuge for battered women as needing time, patience and understanding of both men and women — and suggested that cases of physically and mentally assaulted women who need the protection of the N.W.A.F. were not always taken seriously by the public or the police. She also defined difficulties in communicating with the police who, she said, are unable to deal with domestic disturbances adequately.



*Mr. R.A.
Outtridge.*

Active and passive information gathered at the scene of the crime was one of the subjects touched upon by Mr. R.A. Outtridge, Director of the Nottingham Forensic Science Laboratory, in his paper on integrated professional support to the investigating officer. The delegates were advised on the various methods of collection and preservation of evidential material from both suspect and scene. Too many people tramp all over the evidence — a case of 'the more the merrier but not the more efficient'.

The rate of contribution from the forensic laboratories is being extended all the time by more discriminatory examination and the use of modern techniques in the form of new equipment for the collection of samples — and the introduction of even more paperwork.

Precautions against contamination were discussed and illustrated. Mr. Outtridge suggested that two examination rooms in each police station would be an ideal way to counteract the possibility of 'drifting' evidence. The expression on our President's face at this remark was a study in delighted amazement! Unwittingly, Mr. Outtridge had given more power to the Association's arm in its endeavour to get better examination facilities.

On the morning of the second day of the conference, the one hundred delegates were all present to hear the joint paper given by Professor D. Gee of the University of Leeds and Mr. G.A. Oldfield, Assistant Chief Constable of the West Yorkshire Police, on the Yorkshire Ripper Murders.

Between them, with the use of slides and graphs, they presented compelling

evidence which linked nine murders and two attempted murders. Three other cases which bore similar characteristics were also believed to be connected.

Because of the complete confidentiality of this paper, representatives of the press were excluded from the conference room. It was evident that, should the details of the killings be made public, the same *modus operandi* might be imitated by others and the blame laid at the door of the 'Ripper', although the police admit to knowing everything about the murderer except his name and the colour of his eyes.



Professor Gee and Mr. Oldfield

Many questions were asked of both Professor Gee and Mr. Oldfield and conjectures were made as to the nature of the murder instrument and the possible sexual aberration of the killer implied by the type of wounds he inflicted on his victims — all women; all but one known or convicted prostitutes.

Because of the length of time spent on this gripping paper, Dr. David Jenkins, Member of the Association Council, agreed to postpone his lecture on 'The Whitechapel Ripper Murders'.

After lunch, Chief Inspector P. Westwood of the West Yorkshire Police presented his paper on Accident Reconstruction. Mr. Westwood qualified as an engineer before entering the police force and has spent twelve years in accident reconstruction work. His engineering experience was evident as he showed us how painstaking enquiries, coupled with technical accident investigation techniques, were used in connection with forensic science laboratories.



Insp. Westwood



Dr. H. Cremers

He also stressed that, in this type of case, close co-operation between the police, the medical profession and the forensic expert was essential.

Following this, Dr. Hubert Cremers spoke on Breath Tests and Accurate Blood Alcohol Measurements. Dr. Cremers, Chief Medical Officer to the Rotterdam Police and the authority for the whole of Holland on Forensic police matters, started his paper with the unlikely statement that one-third of his income came from drinking alcohol — a disclosure not to be taken too literally. In three years' experience, and with over seven thousand intoxilyser cases to draw on, he said that, in his opinion, laboratory results are not always totally accurate and therefore can have no real value. Time factors are seldom taken into consideration: the approximation of reality is not supported by blood analysis. In other words, blood sampling may be helping the judiciary but was doing nothing

towards the promotion of traffic safety — police were needed out on the roads, not in the doctor's office. The present enactment of the law on alcohol and traffic is a gamble — and the drinking driver is a gambler.

Living up to his name of The Flying Dutchman, Dr. Cremers delivered his paper at high speed and it was a disappointment to the delegates when Dr. David Filer had to report that the field trials on the British intoximeter had not yet been consolidated.

After tea, five short papers were presented by Association members — a continuation of the precedent set at last year's conference.



Dr. M.E. Glanvill

Dr. M.E. Glanvill, well known for his persistent drive to obtain payment for doctors' wives, talked about F.B. Smith, Clinical Pathologist, who, we were told, held high standards to the point of fanaticism, would not suffer fools gladly and would probably be turning in his grave at the state of forensic medicine in this country today.

The next speaker, Dr. P. Jago, Council Member, said he held a biased view of the



Three sections of the splendid display mounted by the North Yorkshire Police and the N.E. Forensic Science Laboratory, Harrogate.

pros and cons of the full-time Police Surgeon and told the tale of how he became one and how the surveillance of a police area of nearly a thousand square miles had changed his working life.

Some findings which may be found in buggery was Dr. David Jenkins subject in which he stressed how imperative it was for the Police Surgeon to take his own history and not to rely on statements from the C.I.D.

Dr. Saul Veeder in his 'slides of interest' showed transparencies illustrating many and varied subjects ranging through the gamut of murder by stabbing, baby battering, maltreatment and a floating body.

Finally, Dr. J.G. Chitnis told the story of patient detective work in a particular case of rape.

On Friday morning, Dr. F.S. Shepherd started the proceedings with his paper 'Research — how, where and when?' For him, a combination of business and pleasure in this field eased the frustration and boredom of a normal working day and he told how he divided routine research into four elements: descriptive, manipulative, retrospective and prospective. Research is often considered

mundane and unexciting, but the unpredictable and unlikely are always lurking around the corner.

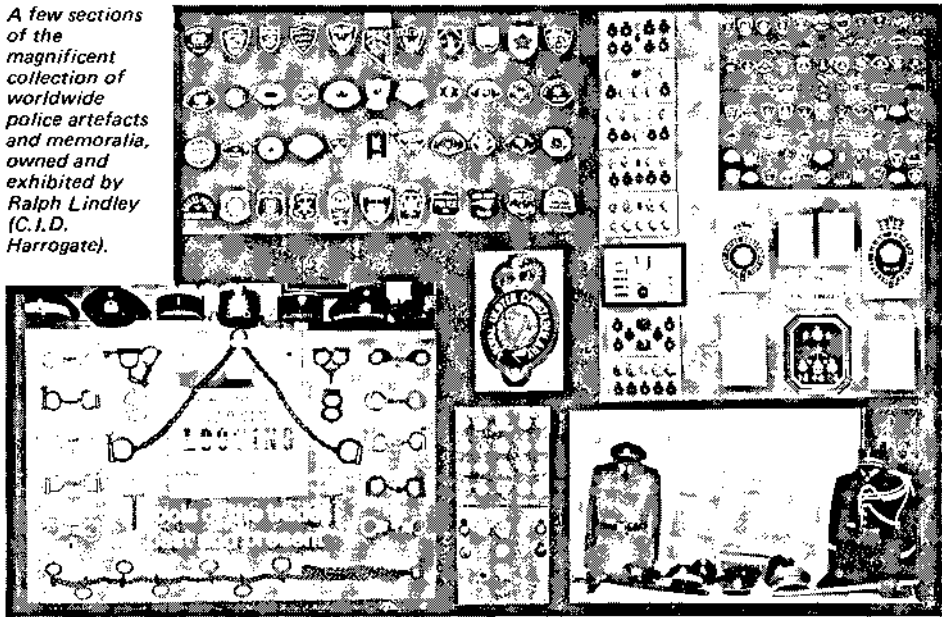
During the discussion which followed Dr. Shepherd's paper, it transpired that members thought a compilation of papers and slides should be made to form an Association library or reference archive. This would be valuable and should contain everything from regional variations in types of suicide, bruising in rape cases, how histories should be taken for research through to descriptions of injuries caused by different types of instruments.

Mr. Philip Allan then presented his subject Ultra Violet Light and other aids to clinical forensic medicine, a fascinating paper in which it was explained that a new and esoteric application for U.V.L. was discovered nearly every week.

Its application is diverse and can be found in such irrelative uses as the spotlighting of go-go dancers or the examination of tools used by the medical profession. Ultra violet photographs will also show seminal stains on outer clothing and can show bruises or hidden lesions up to four months after the injuries have been sustained.

Photos: North Yorkshire Police

A few sections of the magnificent collection of worldwide police artefacts and memorabilia, owned and exhibited by Ralph Lindley (C.I.D. Harrogate).



The use of video-tape in forensic teaching was the title of the paper read by Professor Alan Usher from the University of Sheffield, who explained that he was a recent convert to video especially for use on the sites of industrial and traffic accidents. He discussed the advantages and the advantages of its use and, although his machines refused to function for his demonstration, we were able to get a good idea of their value in his world of work.

To conclude the official proceedings at Harrogate, Dr. H.B. Milne, Consultant Psychiatrist, read his paper, 'Murder — Normal or Abnormal'. Murder produces more emotional response from the public than any other offence and psychological explanations for the behaviour of men and women accused of this crime were discussed with statistical significance.



Dr. H.B. Milne

Dr. Milne touched on ritual murder and that which is committed under the influence of alcohol (a large percentage), personality disorders and subnormality. He illustrated his paper with several murder cases. Also brought to the delegates' notice was the fact that aggression in women was on the increase due, he thought probable, to the new laws on emancipation. Methods of murder and the manipulation of aggression concluded the paper and, as the President said, finished the conference on a high note.

But what about those initial 'withering' remarks? At the moment, the Association of Police Surgeons seems to be alive and well and flourishing in Great Britain . . . but it is certainly a point to ponder.

JUDITH SMALLSHAW

* This paper will be given during the 1980 Annual Conference at Peebles. —Ed.



One sunny Tuesday in May a number of us took a well-arranged day trip to various places of historical interest in the Yorkshire Dales.

Our first call was to the interesting and delightful home of the Inglebys at Ripley Castle, where we were welcomed by Lady Ingleby.

There were many distinguished and exciting features in this Castle, e.g. furniture, china, glassware, paintings, ceilings. I would like to give a special mention about the beautiful chandeliers, the superb, fine and delicate embroidery on the two settees and eight chairs as done by Sir William and Lady Ingleby for the Round Drawing Room, the splendid armour in the Knight's Room and also the magnificent stained glass window on the front staircase, where all the family marriages from 1350-1780 are recorded.

As we left the Castle, we were invited most persuasively by the amusing and charming Irish tongue of the local Rector to enter his historical church at Ripley. This inducement proved to be most interesting and informative as we were also introduced to the local Historian. These two kind gentlemen really inspired us to listen to them. The features that I shall remember about this old and quaint Church are:—

1. The Weeping or Kneeling Cross in the Churchyard.
2. The Hagioscope.

Our next stop was at Skelldale to see Fountains Hall and Abbey. Unfortunately our time was limited, hence, a very hurried visit. In the Minstrel's Gallery of the Hall there is a lovely collection of pewter-ware.

After lunch at the Ripon Spa Hotel, which was followed by a siesta on the lawn by some members of the party, we proceeded to Newby Hall, the home of the Compton Family. Newby Hall presents Robert Adam's genius at its best and is a superb setting for the fine collection of 18th century furniture, statuary and the world famous Gobelin Tapestries.

Again, I must mention some outstanding features.

Firstly, I shall always remember the Chamber Room. I heartily agree with the late Queen Mary – 'Truly a most unique collection'. I admit I found this room fascinating as I have never in my life seen so many different shaped Chamber Pots – even double handled ones and lidded ones! Some of the verses written on some of the pots made one quite 'goggle-eyed'!

Another room which caught my attention was the Tromp D'Oeil Room. Truly an optical illusion! Deception was so effective and it was not apparent until pointed out by the Guide – the panelling was painted.

The Male Bathroom must not be forgotten! I am convinced that the men used to loll in the bath suds as there are so many unusual sexy and 'naughty' pictures to gaze at in this bathroom.

A mention too about the Motto Room with its French Connection and its Moral Texts.

I found the collection of 18th century glass walking sticks in the Hall very interesting, the long ones being shepherd's crooks. The multi-coloured glass ones were full of 'hundreds and thousands'.

To round off the warm and sunny afternoon the majority of us took the various walks through the delightful and charming garden down to the River Ure.

SHEILA LLOYD

Bramham Park

The house and gardens at Bramham, visited on Wednesday afternoon, afforded a rare opportunity to enjoy a fine Queen Anne house surrounded by pleasant grounds planned and planted as a cohesive whole. It has been fortunate in being owned by the same family from its inception to the present time. It is essentially a home containing some rare china, silver and furniture – at the same time they admit to some reproductions.

There are no resident staff. The whole shows great credit to the three generations of the family who live there. It was a joy to share their obvious love for their home.

For a change – Queen Anne slept there. She presented a fine portrait of herself by Sir Godfrey Kneller.

MARY ROSENBERG

CONFERENCE SPORT

ULSTER CUP

A band of fanatics battled their way around Oakdale Golf Course at the conclusion of the Conference academic proceedings. On this occasion, Bertie Irwin from Belfast was successful and the Ulster Cup has returned – temporarily – whence it came. The runner up was Duggie Wright from Birmingham.

A battling Fraser Newman from Batley has at last found a field in which he excels and collected the wooden spoon for the second year running.

Squash

An innovation in this year's Conference was the Squash Tournament organised by Jay Chitnis. The winner was Hubert Cremers from Holland. There was a tie for second place between Tom Staunton and Jo Ciappara.

Both golf and squash facilities are available at Peebles and the Competitions will be open to any member not completely exhausted by the lectures.

COSTS

According to a report in the *Willesden & Brent Chronicle* (20th October 1978) a doctor was called to Harlesden police station and during a 90 minutes' session he examined three persons. He submitted a bill to the police for £59.20. In subsequent proceedings before the Willesden magistrates a man pleaded guilty to assaulting his wife and, according to the report, the doctor's bill was 'presented to an amazed Willesden court'. The magistrates are reported to have commented, 'We are amazed at the high cost of the doctor's fees but it appears there is nothing we can do about it'.

The British Medical Association has asked us to remind magistrates that forensic work is outside a general practitioner's terms and conditions of service in the N.H.S. and that the capitation fee paid to a doctor for those patients on his list does not cover the expenses he necessarily incurs when providing medical services which are outside N.H.S. treatment. In any case, Police Surgeons' fees are agreed nationally by the Joint Negotiating Committee for the Fees for Doctors Assisting Local Authorities. The rates of remuneration payable to doctors who attend in response to a call by the police were increased as from 1st July 1978 and are set out in P.S.S.C. Circular No. 10 of 28th July 1978.

This case illustrates a popular misconception by magistrates when considering applications by prosecutors for an award of costs in their favour, to be paid by the accused. It is the practice, no doubt in the main for the benefit and information of the accused, for the prosecutor, when making his application for costs, to specify amounts under various headings, e.g. £2 for an advocate's fee, £x for a doctor's attendance and reports, £y for witnesses' travelling etc. expenses, £z for plans, etc. etc. and then to mention a total figure. There is a tendency for

magistrates to fall into the trap of believing that they are being invited to approve the items and to order the accused to pay, in addition to a penalty, those itemised amounts or some or part of them. This is not so. What magistrates may do is *'make such order as to costs to be paid by the accused to the prosecutor as it thinks just and reasonable'*. In preparing and presenting a case to a court, the prosecutor inevitably incurs expense, all of which is payable from police funds. What the prosecutor may seek to do is to obtain reimbursement of police funds, in whole or in part, by an order of the court that the accused pay to him *such sum* (not individual amounts) as the court considers *just and reasonable*. If the prosecutor incurs vast expenditure in preparing and presenting his case, that is no concern of the magistrates. It will be a matter for those answerable for expending the money, i.e. in the case of police prosecutions, the Chief Constable. What magistrates should ask themselves is whether, in their judicial opinion, it is *'just and reasonable'* to order the accused to make a payment in respect of or on account of the sum which the prosecutor says represents the total cost of the prosecution. The court should then order payment of a sum, *not individual amounts*.

In the case in question therefore, the appropriateness of the bill submitted by the doctor is a matter for the Chief Constable, not the magistrates. How much, if anything, the accused should be ordered to pay to the police in respect of their total prosecution costs *is* a matter for the court to determine.

Magistrates should never announce as their decision that 'in addition to the fine, the accused will pay £w for this, £x for that, £y for something else, etc'. The bench's announcement should be, e.g., 'a fine of £a and costs of £b', the sum '£b' being the total of the costs applied for or a contribution towards them, as judicially determined by the court.

This article appeared in February 1979 in 'The Magistrate' — the journal of the Magistrates Association, and is reproduced by permission of the Editor.

LONDON WINTER SYMPOSIUM

BUFFET RECEPTION — Friday, 11th January, 1980

The Metropolitan and City Group of the Association of Police Surgeons are holding a Buffet Reception at the Worshipful Company of Innholders Hall, College Street, London E.C.4 at 8 p.m. to which all members of the Association and their guests (not restricted to spouses) are cordially invited — cost including wines £9.50 per person.

Guest of Honour: Professor Keith Simpson, who will give a short discourse entitled 'Police Surgeons'. Previous functions at this venue have been excellent. Applications on form below.

CLINICAL SYMPOSIUM — Saturday, 12th January, 1980

A full day clinical meeting will be held at the Blizard Club, London Hospital Medical School, starting at 10.00 a.m.

PROGRAMME:

Professor Bantvala	'Hepatitis as a Hazard'.
Dr. Henson	'Coma — A differential diagnosis for Police Surgeons'.
Dr. MacKeith	'Psychiatry and Shop-lifting'.
Dept. Supt. Adams New Scotland Yard	'Photography and Crime'
Mr. Cresswell Principle Scenes of Crime Officer, Metropolitan Police Laboratory	'Five Pair of Hands'

Conference Fee — £10.00. The cost per delegate for coffee, lunch and tea will be £8.00.

Accommodation in the Blizard Club is limited to 40, and places will be allocated on a first come first served basis. Approved for 2½ sessions under Section 63. (All expenses properly incurred by delegates are tax deductible).

Applications for the Buffet Reception and the Symposium are to be made on the form below by all wishing to attend (including Metropolitan members). Full details of the Symposium and the Buffet Reception will be sent to each applicant in due course.

To: Dr. Arnold Mendoza, H.M. Coroner's Office, Civic Centre, St. Albans.

I wish to attend the Buffet Reception at Innholders Hall on Friday
11th January, 1980. I will be accompanied by _____ guests (cost £9.50
per person).

£.....

I wish to attend the Full Day Symposium at the London Hospital
Medical School on Saturday, 12th January, 1980. (Conference Fee
£10.00, Refreshments £8.00).

£18.00

Please make cheque payable to APSGB

TOTAL

IMPORTANT: COMPLETE IN BLOCK CAPITALS

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.....
.....

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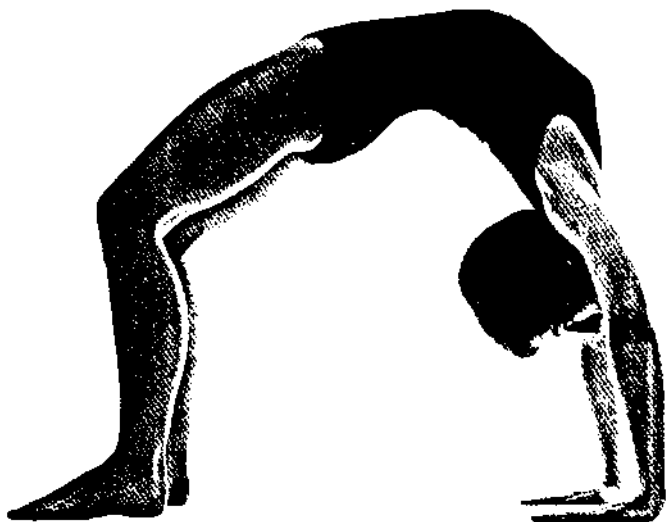
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Home Office Forensic Science Service

Sexual Offences Examination Kit

The Home Office Forensic Science Service will shortly be introducing a medical examination kit for use in sexual offences. A small number of these kits will be distributed to Police Forces in England and Wales as a pilot scheme.

The Home Office Forensic Science Service is grateful for the initiative taken by the Metropolitan Police Laboratory in producing similar kits for Police Surgeons in the Metropolitan Police Laboratory area. The provision of these kits has been welcomed by Police Surgeons and police forces alike, and in some parts of the country police forces have produced their own version. The introduction of the Home Office kit will enable a standardised kit to be made available eventually to all police forces.

A simple questionnaire is provided which will give Police Surgeons the opportunity to assess the suitability of the kit. Your views are welcomed and will be carefully considered in designing the final version of the kit. The kit is intended for use in the examination of complainant or suspect.

The contents will be as follows:—

Questionnaire for assessment of suitability of this kit.

List of contents and notes for guidance.

3 copies of the Sexual Offences Examination Form. (Copies for Laboratory, Police Surgeon and Police File).

Large sheet of paper in polythene bag (for undressing)

2 medical cleaning towelettes, 2 Mono-vette syringes, 2 needles, Elastoplast.

1 tube for saliva sample.

12 plain sterile cotton wool swabs.

2 polythene bags for fingernail samples and 2 cocktail sticks.

3 combs prepared with cotton wool in polythene bags for hair combings.

27 polythene bags (self seal and CJA label printed thereon).

roll of Sellotape (for additional sealing of packages, also collection of extraneous hairs and fibres).

slides for tapings of extraneous fibres etc. (not for vaginal smears).

pair of disposable polythene gloves.

Biohazard label — to use where infections are suspected.

Filmed Without Consent

A woman was admitted to hospital for cosmetic surgery to the face. When she complained about photographers in the theatre the surgeon advised her to ignore them. He later received a letter from the woman's husband alleging that his behaviour had been unethical and that his wife had undergone a traumatic experience. Her permission should have been obtained before the filming took place. The husband asked for all the negatives and prints to

be sent to him and also queried the member's fees. With the Union's legal assistance the complaint was dropped and the fees were paid in full.

Members are advised to obtain a patient's consent to being photographed. (The Medical Defence Union Annual Report 1979.)

Association members are reminded of the Code of Practice published in the Supplement, Vol. 3, Autumn 1977.

Notes from Council

112th meeting held at Harrogate, May 1979

A letter was read from Dr. Hilton in respect of cases of child abuse particularly those of a sexual nature. The Hon. Secretary informed Council that he would be inviting Dr. Hilton to chair a session on the subject at the Autumn Symposium.

The Hon. Treasurer in presenting the annual Balance Sheet prior to the A.G.M. drew the attention of Council to the increase in expenditure over income during the past year. After discussion Council would support Hon. Treasurer to recommend to the 1980 A.G.M. that the subscription for an ordinary member be increased to £35 per annum from the 1st July, 1980.

Publications

Dr. Myles Clarke was congratulated on the production of the Spring Supplement No. 6. Dr. W.M. Thomas produced the final page proofs for the April issue of the 'Police Surgeon'. Publication had been delayed because of the extra work involved by the Printers in printing General Election literature. President reinforced the appeal of both Editors for members of Council, not only to submit copy material themselves, but also stimulate other members in their areas to do likewise. It was agreed that higher standards of publication would be achieved and the work of the editors eased if authors submitted copy complying more closely with the generally accepted standards required by most academic journals.

The formal business of the meeting then concluded and far reaching informal discussion took place on a wide range of subjects. It was reaffirmed that the Hon. Secretary should act as National Press Secretary with the President as deputy in his absence. Although Councillors might have to give information on local issues

they should communicate with the National Press Officer in those cases where official Association policy is concerned. Hon. Sec. reported that, in dealing with any matters affecting the Press, he invariably consulted not only the President but several other Council members where indicated, and had a very good liaison with the B.M.A. Press Office.

Police Surgeon as Witness

On the subject of a Police Surgeon as a Witness, Council was of unanimous opinion that a Police Surgeon although contractually employed by a Police Authority remains an independent expert in clinical forensic medicine and should be free to assist and appear, for either Prosecution or Defence, should the need arise. Council was reminded that Police Authorities had obligations as employers under the Health and Safety at Work Act, and that as a result members could expect to be asked advice on occupational matters.

Dr. Shepherd, the director of the research sub-committee, gave an account of progress achieved so far. He emphasised the need for close attention to the details of procedure before embarking on a definite project.

Election of President

The Hon. Secretary expressed concern on the method of choosing a Council nominee for the Office of President Elect and discussion took place on the advantages and disadvantages of the President being expected to serve one year or two years. The major advantage in a President serving two years meant that during the second year he was better equipped, by virtue of experience gained. There was the disadvantage that a Presidential term

of two years meant that not all those eligible to serve in this capacity had the opportunity. It was decided that the President and Hon. Secretary would devise a ballot system for electing the Council nominee for the office of President Elect.

Council approved a motion that the 1980 A.G.M. considers the proposition that the Association confers on members of distinction the honour of Fellowship of the Association. Details for qualifications as candidates would be embraced in the proposition.

It was agreed that the Association should mark the 150th Anniversary of the formation of the Metropolitan Police by presenting a suitable artefact to the Force later in the year.

After lengthy discussion a proposition by Dr. Ralph Summers, O.B.E. that the Association should obtain a Coat of Arms was defeated by two votes.

ASSOCIATION MEETINGS

11th January, 1980.

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

12th January, 1980

10.00 a.m. Winter Symposium
London Hospital Medical School,
Turner Street, London.

19th-24th May, 1980

Annual Conference 1980
Peebles Hotel Hydro,
Peebles, Scotland.

19th-21st September, 1980

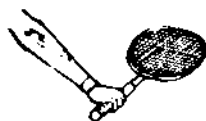
Autumn Symposium, 1980
Bristol.

15th-20th June, 1981

Annual Conference 1981
Grand Hotel, Brighton

September 1981

Autumn Symposium 1981
Derbyshire.



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COUNCIL MEMBERS



DR. J.G. CHITNIS

Jay Chitnis was educated at Stonyhurst College and the University of Birmingham, qualifying in 1955. He spent his National Service in the Royal Air Force and was Medical Officer at the R.A.F. Hospital at Aden. He entered General Practice in 1958.

Jay is much given to flaunting a tie with a strange device. Initial impression suggests an intoxicated tricycle, but closer observation reveals this to be a representation of the inner ear – an indication of his deep interest in otorhinolaryngology.

An active Police Surgeon, he has for many years acted as Liaison Officer between the Police Surgeons and what was formerly the City of Birmingham Police Force, and is now the West Midlands Force. He is particularly interested in equipment and working conditions for Police Surgeons. He has taken an active part in the last two Conferences. At Torquay he was one of a quartet of unforgettable after-dinner speakers, at Harrogate he delivered a paper on 'A Case of Rape'.

He was elected onto Council at the Annual Conference at Harrogate, as area representative. He may be contacted at:—

2 Hawthorn Road,
Castle Bromwich,
Birmingham B36 0BH.
(Tel: 021-747 2422).



DAVID JENKINS

David Jenkins joined Ralph Summers in general practice in 1954. He was appointed a Police Surgeon for 'H' and 'G' Divisions of the Metropolitan Police, when the fees were 7/6d. per day, 10/6d. per night. A drunk-in-charge resulted in a fee of £2.2s.0d.

David has been a member of Council, representing the Metropolitan and City areas, and he is now a Trustee of the W.G. Johnston Memorial Trust Fund.

In 1972 he was elected to the Committee (Medical Section) of the British Academy of Forensic Sciences. In 1973 he was appointed Clinical Assistant to the Forensic Department of the London Hospital Medical College under Professor 'Taffy' Cameron. In the same year he was invited by the Court of the Assistants of the Society of Apothecaries of London to become an examiner for the D.M.J.

David contributed to the revision to the syllabus for the Diploma in Medical Jurisprudence, so that the emphasis became more clinical and less pathological.

In 1974, in order to obtain experience of the medical services for prisoners following sentencing, he was appointed part-time Medical Officer to Wormwood Scrubs Prison, 'A' Wing, and included among his patients three of the Great Train Robbers.

David is also interested in Occupational Medicine. In 1957 he was the Appointed



DR. PETER JAGO
HON. ASST. SECRETARY (SCOTLAND)

Peter trained in London but fled over the border to work at the Glasgow Eye Infirmary when he qualified. He has worked in Scotland ever since. He went into general practice in Alloa in 1956 and started working as a part time Police Surgeon in 1959. He was appointed as full time Chief Police Surgeon to the Stirling & Clackmannan Police in 1974. In 1975, with regionalisation, he was appointed to the same post with the new Central Scotland Police. He obtained his

D.M.J. in 1972, the same year as he became the Assistant Secretary (Scotland).

He was a member of the working party appointed by the Secretary of State for Scotland on Forensic Pathology services in Scotland.

Apart from working with his own Force, Peter lectures at the Scottish Police College, Tulliallan.

Immediately care at the scene of road accidents provides a diversion from purely police duties but still means working with 'the boys' as the Central Scotland Police have an accident unit equipped to rescue trapped victims. Peter is the president of the Clackmannan County branch of the St. Andrew's Ambulance Association.

Bett, his wife, and Sandy the labrador, both take an active interest in his work. Bett provides picnics when bodies turn up in scenically suitable places, and Sandy barks if Juliet 4 does not answer his wireless.

His main hobby is photography.

Peter may be contacted at home: 1 Craigview, Sauchie, Alloa, Clackmannanshire FK10 3HE. Telephone Alloa 213145 (STD 0259) or through Central Scotland Police, Police Headquarters, Randolphfield, Stirling FK8 2HD. Telephone Stirling 3161 (STD 0786).

David Jenkins

Factory Doctor under the Ministry of Labour and National Insurance for Poplar. He remained in this post until the service was disbanded and became the EMAS. He is also Director of the Medical Services at Queen Mary College and Medical Officer to Trumans Brewery. He is an Associate of the Faculty of Occupational Medicine.

David may be contacted either at:—
35 Bow Road, London E.3.
Tel: 01-930 3130.

or:

51 Manor Way, Blackheath,
London SE3 9AW.
Tel: 01-852 7448.

FORENSIC MEDICINE SOCIETY

Friday, 11th January, 1980.

'Asphyxia'.

Professor Keith Simpson, C.B.E.

The inaugural lecture of the Forensic Medicine Society will be given by Professor Simpson at 4.30 p.m. in the McSwiney Lecture Theatre, St. Thomas' Hospital Medical School, Lambeth Palace Road, London S.E.1.

Further information from:

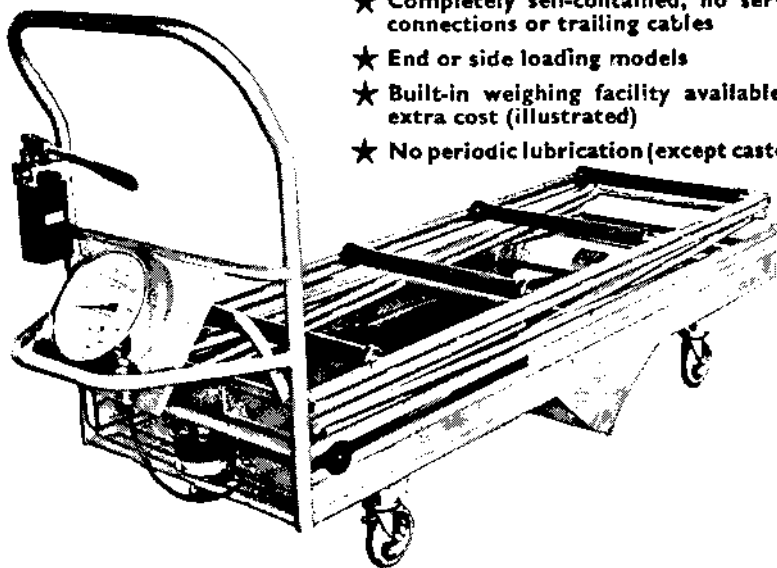
Dr. Peter Vanezis,
Department of Forensic Medicine,
London Hospital Medical College,
Turner Street,
London E1 2AD.

The proof reading of this issue has been undertaken by Mrs. Judith Smallshaw, to whom the Editor extends his grateful thanks.

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The New Police Surgeon

A Practical Guide to Clinical
Forensic Medicine

Edited by S.H. Burges

...the editor...
...the ground 'The New...'
...his new writing more than...
...standard textbook for the younger Police...
...n.).

If only all Police Surgeons set themselves the standard...
...ndertake the responsibilities of Police Service is aimed high — and prior...
...ine new English textbook which will certainly raise the standard of English...
...Surgeons' 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'

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 Justices 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 conjunction with the Association of Police Surgeons des-
cribes 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 identity 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

...actual information about the work of a Police Surgeon in this
...in one place before... it is clearly going to be the
...some.

Alan Usher
...day, University of Sheffield

This book is a very sensible and practical work.

A.C. Hunt
Journal of Clinical Pathology

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-a-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

The Preface implies that the publishers' main intention is to provide a textbook of clinical forensic medicine — a real necessity when the great majority of extant works incorporating 'Forensic Medicine' in the title are written by and, in the main for, pathologists. Only one of the 22 contributors to 'The New Police Surgeon' is a full-time pathologist and the book is, therefore, almost entirely concerned on medico-legal problems in the living. Most of the authors are active in the field and their contributions have an attractive air of immediacy and practicality — Chapter 4, for example, relates the consulting room furniture to protection from truculent patients.

There are, in addition, a number of descriptive Chapters which are of considerable value — those on police organisations and on judicial systems stand out.

A textbook should not only be readable but should also be a source of reference. Personal trial has shown that, on this score, 'The New Police Surgeon' comes out very well — there is a wealth of fact and information.

J.M. Mason
Journal of the Forensic Science Society

An essential addition to the Medico-legalist's and police library.

J.M. Cameron
Medicine Science and the Law

The contents of the book reflects the activities of the members of the Association of Police Surgeons and is set out in scrupulous detail. It is the oldest cliché in the business for reviewers to say 'that every doctor concerned with whatsitology should have this on his bookshelf', but here it really is a fact that no police surgeon, unless very long in the tooth indeed, could function properly without a copy of Burges — if not on his bookshelf, at least stuffed in the glove compartment of his Rolls-Royce.

Bernard Knight
British Medical Journal

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

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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.

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METLAB NEWS

HEPATITIS B SURFACE ANTIGEN (HBs AG)

The incidence of HBs AG in blood samples taken by Police Surgeons was raised during the discussion on Research at the Annual Conference in Harrogate this May.

In this Laboratory, six samples are tested each week. They are taken at random from about seventy samples received per week in crime cases (as distinct from R.T.A. cases). Six samples are selected because this is the maximum number that the Public Health Laboratory at Dulwich are able to test for us. The samples are tested for HBs Ag and for antibodies.

The trials started about a year ago. So far approximately 1.5% of the blood samples have been positive for the presence of HBs Ag. Detailed figures will be published in due course.

When positive results are obtained, this information is passed to the investigating officer, so that he can inform known contacts. However by then it is often too late to take any useful precautions. This only emphasises the importance of taking reasonable care at all times.

Precautions to be observed in the Laboratory, with regard to the examination of infected material and information for scientific staff and Scenes of Crime Officers, are handled by Adrian Emes, the Biology Division Safety Adviser, who maintains a close liaison with Professor Banatvala at St. Thomas' Hospital.

The Police Surgeon will be concerned with the handling of potentially infectious material on Division, and at present A2 Branch, New Scotland Yard is drafting a Police Order concerning this. Metropolitan Police Officers, likely to have come in contact with HBs Ag, are advised to

consult the Medical Branch at Tintagel. They will make the necessary arrangements for them with St. Thomas' Hospital.

At present, if samples are taken by Police Surgeons from persons known or likely to be suffering from infectious diseases, we rely on obtaining this information from the investigating officer. Unfortunately this sometimes arrives after the samples have been examined. However, following the suggestion of Dr. Burges, we are considering the introduction of special plastic bags for high risk samples. Not only do they afford protection against spillage, they also have a brilliant red label and a side pocket to insert relevant details for all persons likely to be handling the package.

The use of brightly coloured 'Bio Hazard' warning tape, for all packages containing body fluids, bloodstained clothing etc. has also been suggested. This would alert those handling the items that they should be handled with care.

Another potential hazard concerns the packing and transport of used syringes from suspected drug addicts. Special clear containers have now been designed for this. These will be introduced shortly by the Metropolitan Police.

TRAINING

At the meetings held at this Laboratory in the Summer and Autumn of 1977, it was suggested that there should be an initial training course for newly appointed Police Surgeons, with refresher courses at appropriate intervals.

A two day programme of lectures was planned for the initial course. The first two courses, for Police Surgeons serving the Metropolitan Police, were held in September and October, 1978. A further

two courses were held in April and May, 1979. For the 1979 courses the programme was expanded to include a lecture by Det. Ch. Supt. Small, from the murder squad at New Scotland Yard, followed by a lecture on the role of the pathologist in major crime investigations, given by Dr. Ian West from St. Thomas' Hospital. The inclusion of these talks was of great benefit to the course. Also a visit to the Scanning Electron Microscope Unit has been introduced into the Firearms session.

A one day course for Constabulary Police Surgeons was held in December 1978. This only dealt with scientific and medical topics, as it was anticipated that individual police forces would wish to provide instruction on police procedures and legal matters themselves. It was decided not to repeat this course, for although certain procedures do vary from force to force it was thought more beneficial for all new Police Surgeons to attend one of the two-day courses.

So far 26 Police Surgeons serving the Metropolitan Police and 1 from Essex and 1 from Kent have attended one of the 2-day courses. 10 Police Surgeons attended the 1-day course last December.

Although primarily intended for newly appointed Police Surgeons, a few with longer service were invited to each of the courses; their assistance and interest was much appreciated.

A series of refresher courses is planned for this Autumn.

LEWES MAY 12th

At the suggestion of Dr. Jarvis (Brighton) a meeting for Sussex Police Surgeons and Pathologists was held at the new Lewes Police Headquarters on Saturday May 12th. Over 40 attended and guest speakers included Dr. Stanley Burges President of the Association of Police Surgeons of Great Britain, and Dr. Ian West from St. Thomas' Hospital. It was an instructive and enjoyable day. The meeting concluded with the idea of organising Divisional gatherings to promote closer liaison between the different departments of the police force and the Police Surgeon at local level.

SWAB INDEX

The need for information on semen survival on case work swabs was raised by Dr. Bush (Australia), during the discussion on research at Harrogate. He referred to published work from this Laboratory (Davies, A. and Wilson, E., 1974, *Forens. Sci.* 7, 45) on semen survival on vaginal swabs taken by donors. He commented on the likely disparity between their results and those from similar case work material.

In this laboratory results obtained from the various tests performed on vaginal, anal/rectal and oral swabs, from both dead and living persons are stored in a computer. For swabs from living persons the background information, given in Part I of the Sexual Offences Examination Form, is also stored. The donor's name is not recorded.

In general, as would be expected, the figures for case work and donor material do differ. For example, Davies and Wilson detected spermatozoa on vaginal swabs taken up to 6 days after intercourse, whereas from the case work results so far on the index, spermatozoa have not been found on vaginal swabs taken more than 5 days after an alleged offence. Also a greater proportion of swabs with no semen is found at the shorter time intervals.

Up to date results, from over 4,000 swabs now on the index, should be published shortly by Geoffrey Willott who now runs the swab index. A previous survey, relating to more than 1,000 vaginal, and an oral case work swab on the index, was published in 1977 (Davies, Anne, 1977, *J. Forens. Sci.* 17, 129).

St. Albans Crown Court, March 1979

A case recently heard at St. Albans Crown Court illustrates the usefulness of the index.

One Monday afternoon a young lady reported to the Police that she had visited an address the previous lunchtime with a view to renting the accommodation. She alleged that she had been offered an alcoholic drink which she tasted and

refused to drink. She was then given some coffee. She drank half of it. Shortly afterwards she passed out. She recovered in the early hours of Monday morning on the bed with her knickers and jeans round her ankles. She said she felt as if intercourse had taken place. The suspect took her home where she fell asleep and woke up later in the morning. She then went to the Police.

When she was medically examined the complainant told the Police Surgeon that she had previously had sexual intercourse with her boyfriend on the Friday.

Semen was found on the internal vaginal swab. Grouping gave inconclusive results. The activity of the seminal acid phosphatase was measured in units of N.P.P. (nitro phenyl phosphate) activity. The result obtained was compared with those from swabs already on index. The comparison indicated that the activity observed was such as would be expected from sexual intercourse at the time of the alleged offence and not from previous intercourse with her boyfriend on the Friday. At the trial Defence Counsel questioned the boyfriend regarding possible sexual intercourse with the complainant on the Saturday night. The young man was unable to give a definite answer.

In view of this possibly altered time, Dr. Elizabeth Wilson, the scientist from this Laboratory, made a fresh comparison of the N.P.P. figures. This re-appraisal indicated that the semen on the vaginal swab was highly unlikely to have come from intercourse on the Saturday night.

The defendant was found guilty.

Laboratory Specimens for Alcohol and/or Drugs Analyses

It is certainly worth bearing in mind that the presence of alcohol, or perhaps some other drug, may be a relevant factor in the evidence that this Laboratory can provide an investigating officer. As in many other walks of life time is a very important constraint upon these samples since an extended interval between the offence and the taking of specimens can mean that alcohol or drugs may have been

eliminated from the body, and any analytical work by this Laboratory will be wasted.

Generally speaking, the half-lives and blood levels of drugs are such that the ones we can detect in blood can be detected up to 5-7 hours after a single dose. In the case of urine specimens the time limit is much longer, of the order of 24 hours.

With alcohol, the length of time after which we cannot detect any in blood or urine depends very much upon the 'dose' which is inherently much more variable than in the case of drugs. For example, a single measure will have disappeared completely within 1½-2 hours, whilst a very high blood level, say 250-300 milligrammes per cent, could take the better part of a day to be removed.

These constraints should be borne in mind during your examinations. For example, if a young lady alleges that she was plied with drink and then raped, but took 48 hours to report it to the police, toxicological examination of blood and urine would be pointless.

We are becoming increasingly concerned about the danger of microbial action on unpreserved biological specimens, with consequent production or destruction of alcohol. This can be prevented in large measure by the use of containers with preservative.

METROPOLITAN POLICE SOCO ORGANISATION

From time to time Divisional Surgeons have asked as to the respective roles of the civilian Scenes of Crime Officer (SOCO) and the Laboratory Liaison Sergeant.

In an effort to maximise the evidence yielded from a scene of crime, four Detective Sergeants were trained and appointed in 1961. Each had an area of the Metropolitan Police District (roughly a quarter of London) in which to provide a supporting role to investigating officers. They brought to the inquiry their forensic training plus their police experience. As with most innovations, there was some resistance from those they were meant to

assist, but if only because they had the materials to package and wheels to deliver, they became accepted. It will be obvious that they could only cover a limited number of scenes and these had to be the most serious. Their number grew with the crime rate and now there are twelve. They still cover the most serious cases such as murder. They operate on an area basis from Lee Road (PE), Leyton (JL), Edgware (QE) and Chiswick (TC) police stations. They each have a radio paging phone and are available through their base stations. One per area is on call throughout the night so that the service is a 24 hour one.

Just over ten years ago it was realised that the service being provided by the Liaison Sergeants was a restricted one and that more personnel were needed. At that time there was a chronic shortage of manpower in the Police Force so it was decided to introduce civilian Scenes of Crime Officers (SOCOs) into the field. Whilst the use of civilians by the police was not new, their use in this manner, assisting in the actual investigation of crime, was revolutionary and met with considerable opposition. However since that time the scheme has grown and long since proved its value. There are now over 100 SOCOs working operationally from divisional stations. Each now examines approximately 1,000 scenes a year (from the most serious to the mundane) and bringing to their examinations the expertise of both fingerprint and forensic evidence. The SOCO should be closely linked with the Divisional Surgeon since unlike a Laboratory Liaison Sergeant he works at a local level. In broad terms there is a SOCO at every Divisional Station, in addition a Grade I supervising SOCO at every District Station, a Senior SOCO to cover each of the four Areas, into which the Metropolitan Police is divided, with a Principal and his deputy, another Senior SOCO based at the Laboratory. Each officer works between 8 a.m. and 6 p.m. but they are on call in the event of an emergency. They have a fully equipped van and are in contact with their stations by means of a personal radio.



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**The Right Honourable William Whitelaw,
M.P.,
House of Commons,
Westminster,
London.**

17th May, 1979

With the respect due to your high office, all members of the Association of Police Surgeons of Great Britain attending the 28th Annual General Meeting congratulate and send good wishes to you on your appointment as Her Majesty's Secretary of State at the Home Office.

You may be assured that it is the earnest wish of the Association to assist justice with impartiality and expedition whenever and wherever our members form part of a criminal investigation team.

**Home Office,
Queen Anne's Gate
London SW1H 9AT**

Dear Dr. de la Haye Davies,

The Home Secretary has asked me to thank the Association of Police Surgeons, while attending their annual conference in Harrogate, for their message of congratulations and good wishes and their expression of support. I hope you will extend his appreciation and thanks to your colleagues.

Private Secretary



17th May, 1979

offer congratulations and send good wishes on your appointment as her Majesty's Secretary of State for Northern Ireland

Perhaps we, through our colleagues in the province, are more aware than most of the extreme difficulties confronting you in discharging your responsibilities.

We earnestly hope that our determination to assist justice, without fear or favour and within the limits of our expertise, may contribute in some small way to lessening your very heavy burden.

**Northern Ireland Office,
Great George Street,
London SW1P 3AJ**

Dear Dr. Burges,

I am very grateful indeed to the members of the Association of Police Surgeons of Great Britain for their kind and generous telegram on my new appointment.

This is certainly a very challenging job, and the difficulties, as you well know, are many. Thus your good wishes are genuinely of enormous help, and I greatly value your particular support.

Humphrey Atkins
Secretary of State for Northern Ireland

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COMBINED ACCOUNTS 5th April 1978 -- 5th April 1979

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CRIME AND CONFIDENTIALITY

S.H. BURGESS

The current volume of *Criminal Statistics* (H.M.S.O.) discloses that about two and a half million indictable offences were recorded by the police in 1977. We also learn that, in the same year, about one and a half million cases were still unsolved and that nearly seven million offences were still on the books from the previous ten years.

The perpetrator of almost every one of these crimes has a doctor, usually an N.H.S. practitioner who is often well acquainted with the miscreant, his family, his home and, often, his anti-social habits. How much then can doctors assist in reducing these astronomical crime figures? I am sure the Director of Public Prosecutions will understand when we answer: 'very little!'

In most cases, to use knowledge gained by unfair means to the detriment of those with whom we have a professional relationship would not only immediately give us the odious title of Dr Supergrass, but would leave us in breach of our ethical code and liable to the strictures of civil law. As Hippocrates wrote in 450 B.C.: 'Whatsoever in connection with my professional practice or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all should be kept secret'. Even those doctors who may be termed 'legitimate medical sleuths', such as Police Surgeons and forensic pathologists, are well aware that they work *with* the police and not *for* them. Criminals, however heinous their crimes, know full well that corroborative medical evidence cannot be obtained from their person without valid consent. This fact can cause much frustration to a hardworking C.I.D. team who

know that the last vital link in the chain for a successful prosecution may depend upon biological evidence forbidden to them by the lawful rights of the accused. In their evidence to the Royal Commission on Criminal Procedure, the Association of Chief Police Officers, understandably questions such rights, but no doctor is willing to storm the barricades of consent by force.

The doctor's duty to report a suspected crime

What then are our responsibilities and obligations when we know of an intended or executed unlawful act?

We can be certain that somebody's surgery somewhere is not just a collection of coughs and colds but contains the hairless victim of thallium poisoning, the battered wife, the assaulted child, the incestuous pregnancy, or the terrorist with a gunshot wound. Can the doctor treat and forget?

To those doctors who claim that freedom of the individual is paramount and who wish to remain blinkered and deaf to the ugly reality of social responsibility, I bring sombre tidings. By law, certain situations demand certain specific actions. Such situations are, however, surprisingly few.

The Births and Deaths Registration Act 1953 deems the completion of a death certificate a statutory duty of the doctor. Incredibly, in the legal sense, this act may be judged the end of the matter. The body need not be seen and, even if death was the result of violence, unnatural occurrence or some sudden unknown cause, neither the coroner in England and Wales nor the procurator-fiscal in Scotland need (in strict law) be informed by the

doctor: the Registrar of Births and Deaths has this duty, although, in practice the police or the doctor see to it.

In some respects, however, the enforcement of reporting details has improved. Those of us who remember the days when a significant number of beds in the gynaecological wards contained unregistered criminal abortion cases welcome the statutory monitoring heralded by the advent of the 1967 Abortion Act.

Another 'lost freedom' is the abuse of narcotics. The Misuse of Drugs (Notification of and Supply to Addicts) Regulations 1973 now require that all medical practitioners provide details in writing of any actual or suspected drug addict to the Home Office.

The provision of unprejudiced medical treatment

At the other end of the scale, where a home visit or a surgery consultation makes it obvious that a petty crime has been committed, the patient may reasonably expect that the doctor will not give him away. I have never found that the somewhat ominous title of 'Police Surgeon' has prejudiced my own doctor-patient relationship — even with patients on the 'criminal fringe' of society.

Provided that the statutory obligations referred to above are satisfied, the medical practitioner has no duty to report a crime. However serious the crime, no offence is committed (except in Northern Ireland, where the terms of the 1967 Criminal Law Act and the Special Powers Act prevail) unless (i) a bribe or favour is accepted to conceal information or (ii) the doctor assists the offender in avoiding arrest or prosecution.

Not infrequently, the doctor's assistance is sought by a solicitor who is defending a patient charged with shop lifting. If you honestly believe that medical reasons previously unsuspected by the patient account for his behaviour — say so. But be prepared for cross examination. Usually, we find ourselves writing the following sort of reply:

This article was first published in Mims Magazine in May 1979 and is reproduced by kind permission of the Editor.

Dear Sir,

I have known Mrs. Fotheringay in a professional capacity for 15 years. Over the past six months or so, she has shown symptoms of a minor mental infirmity which causes her to become depressed and anxious. I have treated her with simple psychotherapy and have prescribed a mild sedative.

I would not have expected either the illness or the medicine to have caused her to commit an unlawful act. I am unaware of any other current mental or physical infirmity.

On the other hand, the solicitor of a frankly 'normal' minded shoplifter with pockets bulging with stolen goods could not expect more than:

Dear Sir,

I am unable to assist your client in this case.

As a general rule, however unsympathetic he may be to the plight of criminally oriented patients, the doctor's primary duty is to treat them and to provide an environment in which they can seek unprejudiced treatment. He need not identify with such patients, and he need not shop them!

The doctor faced with unlawful or anti-social acts

But what of situations in which, by acts of commission or omission, the doctor's handling of the case may put at risk the life of the patient, some other persons or, perhaps, many persons?

Are there cases in which a plain public duty overrides any ethical code?

As far as generalisations are possible, the options available to the doctor faced with a patient known to have committed grave, unlawful or anti-social acts are:

- for the most serious cases, notice of an intention to inform
- for the less serious cases, notice of an intention to inform if the practice is not ceased forthwith.

An example of the former is a known intention to deliberately maim or kill. Of the latter, an example is the driver whom the doctor knows to have impaired ability to control a motor vehicle.

Few people would dispute the wisdom of informing the coroner (or procurator-fiscal) of any suspicious unnatural or sudden unexpected death. Even more convincing arguments prompt us to follow the guidelines recommended by the various Area Review Committees when dealing with suspected non-accidental injury to children. This type of case illustrates many basic principles of the investigation of offences against the person.

First and foremost the *realisation* that such acts actually happen. The evidence clearly shows that G.P.s took many years to acknowledge even this basic fact. Second, doctors expect a patient to give a history which is both logical and plausible: characteristically, a story from those guilty of baby battering has neither of these qualities. Consent to examine the victim may be withheld, and recourse may have to be made for legal guardianship. Privilege and professional secrecy may have to be thrown to the winds, but society — and the Courts — will favour any reasonable conduct of the doctor who protects the interests of a child.

The publicity surrounding acts of deliberate assault upon children has given impetus to a more searching investigation of other forms of assault. The physical violence in marital disputes is far less frequently suffered in silence. Agencies that provide sanctuaries for the injured now exist, and, inevitably, the medical practitioner is required to examine, treat, and give evidence at any civil or criminal litigation which may follow. Doctors cannot shirk these duties. Our moral and professional consciences can only be clear if, when required, a full factual account and an impartial opinion can be made available.

The necessity for a medical interpretation

The opportunities for G.P.s to assist in judicial procedures without prejudicing their professional obligations are perhaps

greater than most of us realise. The following are examples.

Preventable tragedy. In caravans, boats and tents, heating and lighting is often provided by the burning of methane, propane or similar gases. People are often unaware that the incomplete combustion of these gases produces the same lethal gas as the exhaust of a motor vehicle — carbon monoxide. The combination of imperfect burning plus poor ventilation can be fatal.

In one case, a whole family died in a caravan, quickly and without warning. Do-it-yourself repairs to the heater and a stuffed-up ventilator were both at fault. Warnings from medical practitioners to inhabitants of similar residences could save lives. Most lay persons are not aware that severe headache is a common early symptom of carbon monoxide intoxication.

'Trivial' grievous bodily harm. An old gentleman had an accident, and was proud to display a leg which had all the



Fig. 1.: Apparent severe injury caused by minor trauma to a leg of an elderly man with varicose veins.

appearances of having been the subject of very severe trauma (see Figure 1). 'All I did was fall against a milk crate', he explained. And so it proved: a minor injury in this elderly hypertensive gentleman with varicose veins had produced a disproportionate effect.

But what if the victim had alleged an assault? Justice could only have been served if the Court was aware of the minor degree of force required to produce such a lesion.

Illogical implausible story. 'My poor baby fell against the radiator and got burned', was the story given to explain the burns in Figure 2.



Fig. 2: Burns on baby girl caused by branding.

Examination showed that such an explanation was untenable. The lesions showed no creases of unburned skin. Her legs must, therefore, have been flexed at the hip. The height of the extremely hot grill (see Figure 3), was well above the height of the child, even more so with the legs flexed. She must have been raised from the floor. The child had clearly been

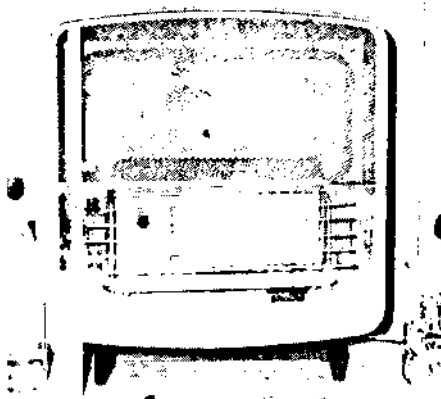


Fig. 3: Radiator against which the baby was branded.

held and branded. At the subsequent trial, the jury was equally convinced that this was not an accidental injury.

Perhaps forensic medicine should be given a higher priority in the syllabus of medical students after all?

J.C.G. HAMMOND

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The Association's Autumn Symposium has come to many to represent the real end of Summer and the beginning of what one hopes will be a prolonged and mild autumn. This year the meeting was held at the end of two weeks fine weather in the pleasant campus of Nene College, an establishment of further education to the north of Northampton.

In spite of the tragedy which occurred during the first night, this meeting must be rated as one of our most successful Autumn Symposia. A major contributory factor was that, in addition to the substantial number of Police Surgeons present, there were delegates from many disciplines, including representatives from several Forensic Science Laboratories, the London Rape Crisis Centre, the N.S.P.C.C. several Police Forces, numerous Magistrates and a gaggle of staff from Northampton General Hospital.

FRIDAY EVENING

The President, Dr. S.H. Burges, formally opened the meeting and requested that delegates should stand in memory of the late Dr. Fuad Gabbani and Mr. Philip Allen, both of whom had died shortly after the Harrogate Conference, and in memory of the murdered Lord Louis Mountbatten and the others who died in Ireland.

Mr. L.B. Scarth, Q.P.M. Deputy Chief Constable of Northamptonshire Police, deputised for his indisposed Chief Constable. He welcomed all the delegates and

made specific reference to the representatives of other organisations. Mr. Scarth then proceeded to chair the evening offerings.

Mr. L.J. Lucock of the Shoe and Allied Trades Research Association kicked off with 'Identification by Footwear'. He described the methods whereby he compares shoes left at the scene of a crime with the shoes known to belong to an accused. The older and more worn the shoes the more information Mr. Lucock can glean from them. It was unfortunate he did not illustrate his talk with examples of cases in which he had been clearly involved.

We then came to an item which is rapidly gaining great popularity at Association meetings — the multi-disciplinary presentation of a case. We first had this at Torquay and it was repeated with startling success with the dissertation on 'The Ripper Murders' at Harrogate. The

Mr. L.B. Scarth

Mr. L.J. Lucock





Murder Team: Det. Insp. Edmunds, Det. Chief Supt. Crawley, Dr. Andrews, Dr. de la Haye Davies.

Northampton 'Case Commentary' was on a savage and brutal murder of a 10-year old girl in Northampton, which was otherwise not particularly outstanding. What was outstanding was the picture presented by the four speakers, Dr. Peter Andrews, Home Office Pathologist, Detective Chief Superintendent Arthur Crawley, Detective Inspector Norman Edmunds and Dr. Hugh de la Haye Davies. The case demonstrated once more that the Police Surgeon is an integral part of the murder investigatory team. The murderer was finally found on the roof of a house, from which site he hurled slates and abuse at the surrounding Police Officers. He finally jumped from the roof, apparently impelled by thought transference from some of the observers.

WOMEN AND CHILDREN

At the beginning of the Saturday morning session, the President broke the news to the horrified delegates of the sudden death of Mr. John Furness, the forensic odontologist. (An obituary notice appears elsewhere in this magazine).

The morning session was devoted to 'Women and Children' under the Chairmanship of Dr. James Hilton. An excellent video-tape film on 'Non-Accidental Injury in Children', produced by the Northamptonshire Area Health Authority, was shown. It discussed the diagnosis and management of these emotive cases. The procedure for Case Conferences was also mentioned.

Following the film, there was a panel Discussion with representatives of the Police, the N.S.P.C.C., the Hospital and the Association. One point raised was the initial apparent opposition by General Practitioners in various parts of Northamptonshire to Case Conferences and the improvement in the relationship which has developed over the years. The role of the Police Surgeon in bridging the gap between medical workers and the Police was also discussed.

During the last year or two Police Surgeons have been subject to considerable criticism from representatives of Rape Crisis Centres. A paper - 'Rape - The work of the London Crisis Centre' - was presented jointly by Miss Gerrilyn Smith and Miss Carol Galley, two earnest and sincere young ladies who clearly felt very concerned about many aspects of police procedure and the medical investigation in cases of sexual assault. Errors and omissions by Police Surgeons were documented, doctors' unwillingness to believe

Dates for 1981

- 11th-12th January**
London Winter Symposium
- 19th-24th May**
Peebles Annual Conference.
- 19th-21st September**
Bristol Autumn Symposium.

the woman's story, offhand manners and failure to advise, were soundly criticised. However, the speakers' credibility diminished when it became apparent that they did not regard false allegations as significant or relevant and that the Centre's definition of rape was vastly different to the legal definition of rape and appeared to include any forced sexual contact. Many delegates did not accept the speakers' views in toto; it is perhaps significant that the Rape Crisis Centre team does not include a Forensic Medical Practitioner. However, there was no doubt that some valid criticisms were made and the Association should be prepared to listen again to representatives of Rape Crisis Centres.

ASSOCIATION FIRST

For the first time in the history of the Association, delegates were addressed by a President of a Royal College — Mr. E.A.J. Alment, President of the Royal College of Obstetricians and Gynaecologists, Consultant at Northampton General Hospital. He delivered an erudite paper 'Foetus and Family', a philosophical and ethical discussion on the work of the Obstetricians and Gynaecologists. Mr. Alment is clearly a man who cares deeply about his patients and the quality of his paper shows why he is now President of his College.

Mr. E.A.J. Alment



MORE VIDEO

The Saturday afternoon session was chaired by Dr. Ivor Doney, who will be the organiser of the 1980 Autumn Symposium at Bristol.

The first speaker was Professor Alan Usher, who was able to show the video-tape films he had been prevented from demonstrating at the Harrogate Conference because of concerted action by gremlins. In the short time that the Sheffield Medico-Legal Centre has been open, Professor Usher has been able to assess the use of video-tape in forensic teaching and its other applications and is clearly a convert to its use. He divided the use of video-tape into four sections, and showed an illustrative example of each section:—

1. As a means of presenting evidence, e.g. for inquest work or for demonstrating the claims by drivers following road traffic accidents.
2. Works accidents — to demonstrate to the Jury a visual presentation of the circumstances of an accident. The Jury can more readily understand how the use of a piece of machinery led to a particular incident.
3. The recording of scenes of crime.
4. The demonstration of specific techniques, e.g. dissection of the neck.

There are drawbacks to video-tape. Equipment is expensive to buy and it can be expensive to maintain — cassettes cost £15.00 each. It is expensive in time — it can double the time at a scene of crime and this can be irritating for others who want to get on with their own investigations. However, the quality and value of the video film on non-accidental injury and Professor Usher's films indicate that in time to come the video-tape equipment and monitors will be as much a standard part of the lecture theatre's equipment as the slide projector is nowadays.

AUDIENCE PARTICIPATION

The final session of the afternoon was an audience participation exercise. Delegates were divided into multi-disciplinary

groups to discuss problems set by the afternoon's Chairman, Dr. Doney. Following the discussion, we reassembled in the lecture theatre and a spokesman from each section presented the conclusions of the group and then submitted to cross-examination by other delegates. This was a highly successful exercise made more so by the presence of representatives of other disciplines.

Members of the Association who could have attended the 1979 Autumn Symposium but did not, deprived themselves of a fruitful and thought-provoking meeting. Hugh Davies and his band of assistants deserved the accolade which the President bestowed upon them during the excellent dinner which concluded the proceedings. There was no formal ladies' programme on this occasion but the ladies were entertained right royally by Mrs. Grace Ciappara.

Dr. Ivor Doney promised us further innovations when we meet at Bristol in a year's time. The standard set at this and past Autumn meetings must make the Bristol meeting a MUST in every Police Surgeon's calendar.

The Autumn Symposium was generously supported by the following pharmaceutical companies:—

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Warrick Pharmaceuticals Ltd.

The Association is also most grateful to AVON COSMETICS LTD., who since 1975 have undertaken, without charge, all printing and photocopying for the Association Office.

Film for Loan

The film on 'Non-Accidental Injury in Children' shown at the Northampton Autumn Symposium is available for use by members of the Association. Copies on video-tape can be made free of charge if members send the Hon. Secretary a suitable tape (Sony-'U'-matic VHS or Philips 1500 tape). Alternatively, the Hon. Secretary's tape is available on loan for showing to meetings.



The exhausting demands of Conferences and Symposia takes its toll amongst the hardiest of Reps.

**PLEASE MENTION THE
POLICE SURGEON SUPPLEMENT
WHEN REPLYING TO
ADVERTISEMENTS**

DONEY'S DELIGHT

The following are the problems set by Dr. Ivor Doney for the audience participation exercise at the Symposium. Many are based on fact and all gave food for thought.

How would *you* have solved them?

Problem 1

An unruly subnormal child

A juvenile of 13, low I.Q., known to the police, has been in and out of remand homes, her parents cannot control her and will have nothing to do with her. She has been brought to the police station under Section 136 (a place of safety) because she is very disturbed, a genuine suicide risk and she will almost certainly need to be detained under Section 25. A second doctor and the mental welfare officer agree with you.

You need parents' consent to examine her but parents will have nothing more to do with her and refuse to come when the police request them.

The local children's hospital say they are not staffed or equipped to take someone on section 25.

The local reception centre say they won't take her as she discharged herself once before and if she is on section she must go to a psychiatric hospital. The local psychiatric hospital say their admission ward has very disturbed adult patients and they do not want to take a child on such a ward. What would the Press say?

The local sub-normality hospital say they only deal with sub-normality and this is primarily a case of psychiatric disturbance.

The police say she has not committed an offence so she cannot stay in the police cells.

Problem 2

A positive Alcotest at the Police Station

The accused wants his solicitor there to advise him. What is 'a reasonable time' to wait? He then wants his own doctor. What is 'a reasonable time' to wait? He then wants proof that you are a doctor. He refuses to accept your identity card and insists on seeing your medical qualification certificate. He then says he was never given a breathalyser and the police agree that he was too violent and would not co-operate. Are you still entitled to take blood just because the police ask you?

In Court

Hip flask defence. He says he felt ill after the accident and drank 3 whiskies from a hip flask before he was taken to the police station. Discuss rate of destruction of alcohol in the body; whether weight of the man is important.

If he says he drank 3 whiskies and you are going to make deductions from the reported blood alcohol level, when does the whisky start being destroyed i.e. at what rate is it absorbed and when can you say it starts being destroyed? Doctor's fees — who should pay? What are the fees? Can you claim expert witness fees? If you are giving statement of fact and you are in Court 20 minutes and say 1 hour away from your practice and you are still getting your full pay, are you entitled to claim anything at all?

Sentence

Fines are based on income. Is the accused bound to disclose his private means and his personal details (ante-cedents) to the police?

Problem 3

An Allegation of Rape

Two young men pick up two girls at a disco: later, one of the girls suggests they all go back to her flat. They are all four in one room. Lights are put out. The girl in question willingly has sexual intercourse with one man and presumably the other two are similarly engaged. The other girl says she wants to go home and the first girl sees her and her own man off the premises thinking the other man will follow.

When she comes back to her room the other man attacks her against her will and tries to rape her. There is a struggle, he manages to penetrate (thereby committing rape legally) but she fights him off before he has got further than that. She escapes and contacts the police.

She says she struggled vigorously, they each pulled each other's hair, she bit his hand, he bit her neck. No other injuries.

The two men are brought in but the other girl is never found.

The accused man says the girl is telling lies and he did not touch her. He says the first man must have given her a love bite. There is a small abrasion on his hand which does not look the familiar shape of a bite and he has other scratches which he says he received working on his car. How can the Police Surgeon assist?

1. What specimens and what examination? How can the forensic scientist help?
2. What does the police officer require as evidence?
3. What does the lawyer advise his client? Can his client refuse to give forensic samples?

Problem 4

A Medico Legal Problem

You are employed by a firm as a part-time industrial medical officer and paid by them to assist them in medical problems. An employee whom you have been treating regularly and properly and carefully for injuries caused during his work on a machine decides to sue the firm for neglect. Your firm's solicitors say that there is an impeccable case and no question of neglect. They would like to have your medical records to prove it.

You say 'no', you must have the patient's permission to disclose your notes. The firm say you are an employee and everything in the building belongs to the firm including your notes. They contend the solicitor should be given them. If the patient gives permission he will ask that his solicitor sees them as well. What do you do? Points to be considered:

1. Defence Union involvement.
2. Should you only send your records to another doctor?
3. Can you be called by the other side as a witness for *them*?

This case can be extended by discussing 'disclaimers' in general. Suppose a man injures himself in the work place, say on the forecourt, where he has parked his car and he trips over uneven ground. A notice says 'this car area is provided for convenience only — the firm cannot hold themselves responsible . . . etc.' Are such disclaimers legal?

Problem 5

Who inherits?

A widower with 2 children marries a widow with 2 step-children, not her own. She is a wealthy woman and her parents disapprove of the marriage. The husband is 1 year younger than his wife. They go on holiday *not having made a will* and both are killed at the same time in an air crash. In law (commorientes) the older one is assumed to have died first. Thus the wealthy wife's money should go to the husband and his money goes to his children. Have the wife's step children any legal claim? Have the wife's parents (from whom she got her money in the first place) any claim?

Problem 6

Drunk, drugs or ill?

A man well known to the police is frequently brought to the police station and charged with being drunk and disorderly or drunk and incapable. He always carries in his pocket a bottle of Epanutin tablets and phenobarbitone tablets and pleads in Court that he is epileptic, he had had a fit and was found

in post epileptic stuporous state and was not really drunk. Frequently the magistrates dismiss the case.

The police Superintendent feels frustrated and issues instructions that next time he is brought to the Police Station he is to be examined by the Police Surgeon to try to establish whether he is drunk or in a post epileptic state.

How would you try to differentiate? (He has no local doctor and says he comes from the London area and his doctor prescribes tablets for him but he can't remember his name).

In Court you are cross examined by the Legal Aid lawyer. What questions do you think you might be asked? The Magistrates retire but then return to ask you whether the small amount of drink the man alleges he took, plus phenobarbitone would make him appear drunk when in fact he was not. How would you answer?

Should the Police Surgeon take blood in the cells? Does the accused have to give permission? If he is only semi-conscious is his permission valid? If your blood test shows no phenobarb or only a little then it would mean he was more liable to a fit. Would that be against a charge of drunkenness or would it enhance it?

Problem 7

Babe in the boot

Passers-by hear a child crying in a car but can't see it and call the police. The police can't see the baby either and send for the Police Surgeon to stand by in case they have to break open the car. Just as you arrive, the parents turn up saying they have been to the pictures. They open the boot of the car and there is a 14-month baby lying in a cot with a hole made through the inside of the car so that there is plenty of air. They are surprised at all the fuss and say they always put the child there if they go out or go shopping. Is there something wrong in that? You examine the child and it seems alright. Well, is there? They are all taken to the police station and then in the better light you examine the child again and find numerous bruises.

The police make enquiries from neighbours and they say they often hear the child screaming and some say they often see bruises on the child. You suspect battered baby and arrange skeletal X-ray. One old fracture of femur is noted.

Have you now got sufficient evidence? You decide to advise the police to charge the parents with whatever charges are necessary for baby battering. What are the charges?

The parents are convicted. Some months later the child is found to have Von-Willebrand's disease and the parents decide to sue you and the police. What things might you be asked in court?

Problem 8

A question of age

The door bell rings in a house on the outskirts of town and when the owner opens the door, there stands a young lady naked. She is mentally deficient and can't give her name or address, seems happy and friendly. The police are called and she is taken to the police station. What should the police do next? The Police Surgeon is called. The police want to issue a description and don't know what to put as the 'age'. They ask you. Who else can help you assess age? (Paediatrician, gynaecologist, anthropologist, psychiatrists, dentist. Would any of these be as good as the Police Surgeon?) What examination would you make? What social services should be involved?

It is later found that she lived in a town 50 miles away and got on a train fully clothed and looking normal. Got off the train in your town and wandered around until nightfall, then pulled off her clothes thinking she ought to go to bed. Wandered off and knocked on the first door she came to.

When the parents are found they say the 'young lady' was only 14 and you were negligent in assessing her age. You examined her without permission. Who in fact gave you permission to examine her in the first place? They decide to ask a solicitor to sue you the police and everybody else for incompetence and assault.

What lines might the solicitor pursue?

BREATH TESTS



Police Surgeons who attended the Newcastle and Harrogate Annual Conferences will be familiar with the roadside screening device known as the Alcolmeter, manufactured by Lion Laboratories of Cardiff. One of the problems with the present breath-test screening device — the Alcotest tube and bag — is its relative inaccuracy. The Alcolmeter provides a more sophisticated and accurate screening test, which should go far to reduce the numbers of 'false positives' drivers who

are unnecessarily taken to the Police Station for blood tests.

The Alcolmeter will soon be in use with the West Yorkshire and Sussex Constabularies.

Trials have recently been carried out in various parts of the country of breath analysis equipment, which would render unnecessary the blood test used in most cases at present. These machines are now in standard use in several countries but it would require further legislation before they could be introduced into Great Britain.

The machines are not without their drawbacks. They are expensive to provide, whilst the Police Surgeon's fee is usually recovered from the drinking driver on conviction. They will be expensive to maintain and manpower will have to be diverted touring Police Stations to ensure regular maintenance. It will not be possible to test the breath samples for drugs. It would appear unlikely that the defendant would be provided with a sample for independent analysis, as at present.

There is a risk that drivers suffering from the effects of injury or illness, in addition to alcohol, may be overlooked if the drinking driver is no longer required to be seen by a Police Surgeon as a routine.

One significant advantage to the breath analysis machine is of course that the results of the analysis are available almost immediately both to the Police and to the defendant. We will have to wait and see if Parliament decides whether this advantage outweighs the advantages and economics of the present system.

MAKE IT A DATE!

June 15th-20th 1981

Brighton, England. Association of Police Surgeons of Great Britain — Annual Conference.

June 22nd-26th, 1981

Bergen, Norway. International Association of Forensic Sciences Congress.

NORTHERN IRELAND

Drs. John Stewart and Bertie Irwin retired from their onerous duties as Chairman and Secretary, respectively, of the Northern Ireland Branch of the Association, in October.

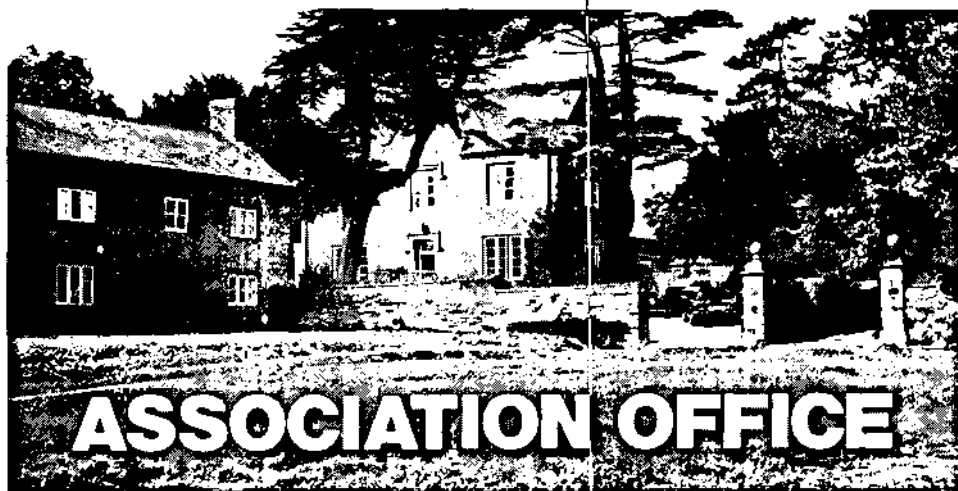
New Officers have been appointed as follows:—

Chairman — Dr. Ian Johnston.

V/Chairman — Mr. H. Glancy.

Hon. Sec. — Mr. W.E. St. Clair Crosbie.

Asst. Hon. Sec. — Dr. R. Guy.



General views of the Association Office.



Hugh Davies is either off on a breathalyser or practising for the Met. Horse Show. We are not sure what Ron Taylor is practicing!



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
Postage charge on Aide-Memoires 66p (one packet), 99p (two packets).
2. **Key Fob** with the crest in chrome and blue enamelled metal £1.00
3. **Terylene Ties** — silver motif on blue. Ties now available with either single or multiple motifs. Please state which preferred £3.25
4. **Metal Car Badges**, chrome and blue enamel (for hire only) £5.00
5. **Car Stickers** for the windscreen (plastic) each 50p

Office Address:

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

Office hours:

2.00 — 6.00 p.m. Monday—Friday
Telephone: (Creton) 060-124 722



Style A



Style B

WALL SHIELD

A plaque or wall shield bearing the insignia of the Association of Police Surgeons is now available, and may be purchased direct from the suppliers. Two styles are available, **Style A** (standard) costs £7.00 including postage, **Style B** (with scrolls) costs £7.50 including postage.

Time between receipt of order and delivery will be approximately twelve weeks.

Order with remittance direct from:

Montague Jeffrey, St. Giles Street, Northampton, NN1 1JB.



St. Andrew's was built in 1902 and was probably the first purpose built Convalescent Home in the country. It is a spacious friendly house built in stone standing in its own grounds of some 8 acres in one of the most beautiful inland resorts in Europe; an ideal setting for rest and recuperation.

The Home was built and is maintained by contributions from serving Police Officers, no financial assistance is received from Central or Local Government nor from the Health Service.

The catchment area for St. Andrew's covers the Northern Counties of England and Wales, Scotland and Northern Ireland. The Southern Counties are catered for at the Convalescent Police Seaside Home at Hove Sussex.

Although St. Andrew's is not a nursing home, all guests are under medical supervision. Three General Practitioners form the medical team (one of whom is Dr. R.J. (John) Givans, the Police Surgeon for the area), and there is a fully qualified resident nursing staff. Surgeries are held on Monday, Wednesday and Friday in a two room, well equipped consulting and treatment suite.

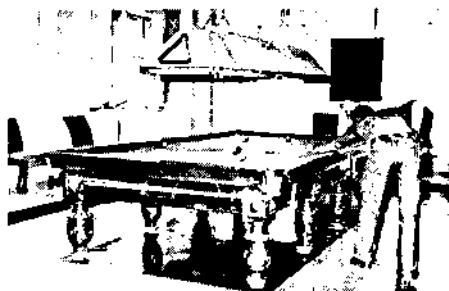
There are a total of 36 beds in single or 2 bedded rooms, the bedrooms are well furnished, fitted with wash hand basins, alarm or emergency bell, electric shaving points etc. There are ample bathrooms and showers, a sauna unit and laundry service.

Everything is provided for the comfort, relaxation and care of guests; the Home is fitted with comfortable furnishing and decorated to promote a non-clinical atmosphere. There are spacious lounges, a well appointed library, two television lounges with 25" colour sets and two games rooms equipped for Billiards, Snooker, Bagatelle, Table Tennis and Darts.

Outside facilities include a Bowling Green, Putting Green and Croquet Lawn, plenty of flower beds, an orchard and a large sun parlour.

Early morning tea is served in the bedrooms, mid-morning coffee, after lunch coffee and mid-afternoon tea is served in the lounge. There is a cheerful airy dining room with tables for four. The food is plentiful and of high quality prepared in well equipped kitchens by a first class





Chef, two cooks and assistants. All diets are catered for. During the late evening trolleys of cheese and biscuits with hot drinks are available in the lounge.

There are no restrictions on visiting and the family or friends of guests may take Sunday tea at the Home.

At present the serving officers in the Police Forces of the catchment area of St. Andrew's make a weekly contribution of 3p or £1.56 per year, this contribution plus donations and income from investments is the sole income of the Home. Subscribing members are admitted free of all charge and on leaving the Police service on pension they cease contributions but are still admitted as vacancies permit.

An average of 520 officers are admitted annually and the average length of stay is 18 days for serving officers and 14 days for pensioners.

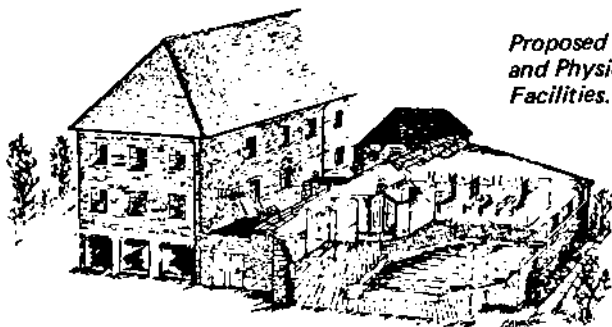
Of the total admission each year almost one half are in need of physiotherapy and/or hydrotherapy and the average number of treatment sessions involved is in excess of 2,500 per year. This treatment has been available in the



past firstly at the Royal Baths in Harrogate and since 1971 at a private centre which is now to close. At the time of going to press a treatment centre and hydrotherapy pool is in the course of construction in the grounds of the Home and is due to be completed in January 1980.

The aim of St. Andrew's is to provide recuperative rest in a homely atmosphere of relaxation and enjoyment and as the publications say, 'It is not a condition to have been seriously ill or injured or to have undergone an operation to gain admission. If you feel that a period at St. Andrew's may be the means of speeding your return to good health and fitness, see your Divisional Officer or Welfare Officer who will provide you with the necessary form for completion by your doctor, once the form is returned your visit will be quickly arranged'.

Remember if you are a subscribing member in a Force in the Northern Counties of England and Wales, Scotland or Northern Ireland a welcome awaits you at one of the finest Convalescent Homes in the Country — St. Andrew's.



Proposed Hydrotherapy and Physiotherapy Facilities.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Thursday, 15th November, 1979

'Moment of Death'

Mr. Justice Lawton and Mr. Robert Sells.

Wednesday, 13th February, 1980

Mr. G.W. Walker, Director N.W. Forensic Science Laboratory.

Subject to be announced.

Wednesday, 12th March, 1980

Dr. A. Rosalie David, Department of Egyptology, Manchester University Museum.

Subject to be announced.

Thursday, 1st May, 1980

Annual Dinner

Meetings are held in the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool, 3. Further details from:

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

NORTHERN IRELAND MEDIO-LEGAL SOCIETY

Friday, 9th November, 1979

Dinner

Tuesday, 13th November, 1979

'War Crimes Involving Doctors in the 1939-1945 War'

Professor Keith Mant, Department of Forensic Medicine, Guy's Hospital.

Tuesday, 26th February, 1980

'Ideology and its Contribution (or lack of it) to the explanation of Criminality'.

The Reverend J.E.G. Bach, Criminologist and Theologist, Chaplain and Lecturer in Social Administration, the New University of Coleraine.

Tuesday, 25th March, 1980

'The Forensic Significance of Wounds'.

Professor G.A. Gresham, Professor of Morbid Anatomy, Addenbrooke's Hospital, Cambridge.

Tuesday, 22nd April, 1980

8.00 p.m. Annual General Meeting.

8.30 p.m. The Presidential Address — Lord Lowry, Lord Chief Justice.

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.

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

Tuesday, 13th November, 1979

'Medico-Legal Mythology'.

Dr. Bernard Knight, M.D., F.R.C.Path., D.M.J., Barrister-at-Law, Reader in Forensic Pathology, Welsh National School of Medicine.

Tuesday, 11th December, 1979

'The Crime Wave'

His Honour Judge J. Pickles.

Tuesday, 8th January, 1980

'Control of the Medical Profession'

John Potter, D.M. F.R.C.S., Director of Postgraduate Medical Education and Training, University of Oxford; Hon. Consultant Neuro-Surgeon, The Radcliffe Infirmary, Oxford.

Tuesday, 12th February, 1980

'Law and Disorder'

Brian Walsh, Q.C.

March (Date to be arranged).

'Drug Characteristics and their Consequences'.

Dr. E. Lesser, Senior Lecturer in Pharmacology, Chelsea College, University of London.

April (Date to be arranged).

Medico-Legal Cases of Interest from within our own Membership.

May: ANNUAL DINNER, Cutlers' Hall, Sheffield.

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

Further details from:—

Mr. Mike Napier,
Legal Secretary,
Irwin Mitchell & Co.
Belgrave House,
Bank Street,
Sheffield S1 1WE.

THE BRITISH ACADEMY OF FORENSIC SCIENCES

Monday, 26th November, 1979

Friends' Dinner to be held at the Law Society, Chancery Lane, London W.C.2.

Early 1980

Scientific meeting — 'Evidence for the Defence'.

For further information please write to:—

The Secretariat,
The British Academy of Forensic Sciences,
Department of Forensic Medicine,
The London Hospital Medical College,
Turner Street,
London E1 2AD.
(Telephone: 01-377 9201).

THE MEDICO-LEGAL SOCIETY

Thursday, 8th November 1979

'Homicide and the Dentist'
B.G. Sims, Esq., B.D.S. (Lond.), L.D.S.,
R.C.S. (Eng), Senior Lecturer in Forensic
Odontology.

Thursday, 10th January, 1980

'Finding out the Truth in Court'.
Sir David Napley, Past President of the Law
Society.

Thursday, 14th February, 1980

'Medical Malpractice: The American Disease
— is it infectious?'
Dr. J.W. Brooke Barnett, M.D., B.S., The
Secretary, Medical Defence Union.

Thursday, 13th March, 1980

'George Markov — Death in a Petal'.
Gavin Thurston Esq., C.B.E., F.R.C.P., H.M.
Coroner, Inner West London.

Thursday, 10th April, 1980

'The Crime of Incest'
The Honourable Mr. Justice Ackner.

April/May

Annual Dinner/Buffer Supper
(Date to be announced).

Thursday, 8th May, 1980

Transsexualism and the sex-change operation:
a contemporary Medico-Legal and Social
Problem'.
Sir Martin Roth, Professor of Psychiatry in
the University of Cambridge.

Thursday, 12th June, 1980

'Science against Crime — The Work of the
Home Office Central Research Establish-
ment'.
Stuart Kind Esq., Director of the Home
Office Central Research Establishment.

Attendance at meetings is limited to
Members of the Society and their guests.
Membership is open to anyone interested in
Medico-Legal matters.

Enquiries about membership could be
directed to the Honorary Secretary, 71 Great
Russell Street, London WC1B 3BZ. There is
currently an annual subscription of £8 which
includes the right to receive the Journal which
is published quarterly.

All meetings are held at The Royal Society
of Medicine, Wimpole Street, London W.1 at
8.15 p.m. unless otherwise stated.

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 MANCHESTER AND DISTRICT MEDICO-LEGAL SOCIETY

Thursday, 22nd November, 1979

'Medico-Legal Aspects of Hypnosis'
Dr. G.J.F. Briggs, Consultant Psychiatrist,
Warrington.

Thursday, 20th December, 1979

'The Paris Air Disaster'
Mr. Bernard Engler, Solicitor, Manchester.

Thursday, 24th January, 1980

Mr. C.J. Anderton, Chief Constable, Greater
Manchester Police.

Thursday, 21st February, 1980

'Forensic Mythology'.
Dr. B. Knight, Home Office Pathologist,
Cardiff.

All these meetings are held at the Law
Courts, Crown Square, Manchester at 7.30 p.m.
For further information please write to:—

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

BRISTOL MEDICO-LEGAL SOCIETY

Thursday, 6th December, 1979

'Crime and Personality'.
Professor H.J. Eynsenc, Institute of
Psychiatry, University of London.

Thursday, 17th January, 1980

'Recent Progress in the Scientific Detection
of Crime'.
Doctor S.S. Kind, Director of the Central
Research Establishment, Aldermaston.

Friday, 29th February, 1980

Annual Dinner —
To be held at The Royal West of England
Galleries.
Guest Speaker: The Right Hon. Sir Frederick
Lawton, Lord Justice of Appeal.

Thursday, 15th May, 1980

Members' Papers

Unless otherwise stated the meetings will be
held in the School of Nursing at the Bristol
Royal Infirmary. A buffet supper will be avail-
able from 6.30 p.m.

Further details from:—

Dr. Hugh Roberts,
Hon. Medical Secretary,
Bristol Medico-Legal Society,
Martindale,
Bridgwater Road,
Winscombe,
Avon BS25 1NN.

THE DIARY OF A POLICE SURGEON

GRAHAM GRANT

When I began to practise medicine in the East End of London, a matter of over thirty years ago, the neighbourhood was very different from what it is now.*

The bulk of the residents were made up of the seafaring fraternity, persons employed in the city, and the local trades-folk.

In the square opposite my house resided a Member of Parliament (who was also a well-known barrister), numerous sea captains, a few of the local clergy, and many members of the community who affect inexpensive boarding-houses.

Divisional Appointment

There were two police stations fairly near my house: one a couple of minutes' walk, and the other a matter of seven minutes' walk. There was a divisional surgeon to each, and to the father station (Shadwell) was added Wapping, on the river bank, the headquarters of the river police.

One day, in September 1897, I learned that the appointment to the two last-named stations was vacant, and I sent in an application. To this there came no reply, and I dismissed the matter from my mind. But on the morning of the 1st of January 1898, while I was dressing, I was told that a policeman wanted to see me.

I take it that there are few persons who remain absolutely unmoved when

they are told that a policeman wants to see them. Visions of all sorts of unintended delinquencies spring to the mind, as they did to mine. However, I went down to the consulting room and discovered, sitting on the sofa, a constable, who rose to great heights on my entrance — in fact, to six feet four.

He told me that his name was Beard (a very long beard, I thought). He was provided with a boil on his neck and a large book in a leather case, being further armed with the information that he had been instructed to come to me.

Having duly attended to his wants I sat down to await developments, which were not long in coming — calls from the stations to persons injured or denying drunkenness; calls to street accidents; calls to fire, or to bodies taken from the river, and so on. Apparently I had been appointed to the vacancy without being notified.

I had only started about a week when I was called to see several constables with injuries about the face, and I was informed that there had been a fight in one of the dormitories. Here was a nice state of affairs! I was to attend to wounds inflicted on the police by each other!

It appeared that tickets for a trip to Hastings had been accidentally distributed to the wrong men, and the rightful owners 'waited for' the usurpers on their return.

I was to wait for fifteen years before I saw another police fight, and then it was a very mild affair.

One night I was called to Shadwell station to see a man charged with being drunk and disorderly, who had a number of wounds on the top of his head. I dressed the wounds and bandaged the dressings

* 'The Diary of a Police Surgeon' by Graham Grant, V.D., Lt.-Col. R.A.M.C.T., L.R.C.P. S. Edin, Barrister-at-Law. Published in 1920 by C. Arthur Pearson Ltd. Dr. Grant must have commenced practise in London in the 1890s. He joined the Metropolitan Police Surgeon's Association in 1898, and was a divisional Surgeon for what was then H division. In 1911, his address has given as 523, Commercial Road East, London E.

on to our mutual satisfaction, and when I had finished he whispered: 'Doctor, you might come with me to the cell door'.

I saw no reason to refuse his request, and went with him. We were just passing the door of an empty cell, when a police constable with a mop slipped out and struck the man a blow over the head, which made short work of all my beautiful bandaging.

Boiling over with indignation I hurried to the inspector's office, told him what had occurred, and added that if he did not deal with the delinquent at once and sufficiently, I would report the whole disgusting business to headquarters.

So the inspector sent for the offender, and of what was said and done perhaps the less I say the better. In the event I was perfectly satisfied, and nothing of the kind ever occurred again. I suppose that there was something between that prisoner and the constable which you and I may never know, the moving power of which it is therefore impossible for us to estimate.

About this time I was a wiry man of five feet ten in height, and weighing close on eleven stone. Alas! I am heavier and less wiry now, and although I am still capable of a violent effort, I am unable to sustain it as I once could.

A Pugilistic Publican

After dinner one evening I received a message to go and see a publican patient of mine who lived near Epping Forest. His name was, let us say, Smith, and he was his own best customer — an enthusiastic, if unremunerative, one.

The executive of the public house consisted of himself, his mother, his daughter, and a potman. The old lady was paralysed from the hip downwards; she had to be lifted from her bed to a wheeled chair, and sat by the fire knitting all day long. The daughter was a hysterical creature, who disappeared at the very first sign of trouble. But the potman, fortunately, was a man of resource, who, finding that his mater was temporarily *non compos mentis*, had closed the house for the night.

Walking calmly into the patient's sitting-room, I was astonished to see him

seize a poker from the fireplace and rush at me (an alcoholic is more often suicidal than homicidal). By good fortune I had retained my umbrella, and with it I parried the first blow. He was a big, heavy man of about forty-five years of age, and had been strong; but his muscles were, of course, considerably degenerated by his drinking propensities.

With a jump I planked my right foot on his left, thus fixing him, threw my weight on to his chest, and down he went, I on the top of him.

What happened then I never knew, except that his mother kept shouting at, and for, everybody. It seemed hardly a minute later that the potman returned with the relieving officer, who was provided with wristlets and anklets. These useful articles are made — at least the anklets are — like ordinary handcuffs, but the steel is padded over and covered with soft leather. A broad leather belt goes round the waist, with a padded strap at each side of the body to secure the hands.

The three of us quickly reduced him to impotency and put him to bed. I then gave him a sleeping draught, after which I left him for the night.

I got home. I slept peacefully. But alas! the awakening! My back was stiff, my arms were sore, and my knuckles were abraded.

I saw my morning patients, and went out on my round. Fortunately I had the carriage to convey me, because I was much too stiff to walk. In due time I reached the scene of my overnight adventure.

Poor Smith! He was a sight to see! His eyes were black, his nose was swollen, and his chest, especially, showed numerous imprints of my knuckles. I was never more astonished in my life, because if I had been asked whether or not I had struck him, there would have been no hesitation on my part in denying that I had done so.

It would seem, therefore, that I was as mad as he was for the time being. In any case, the encounter did him an immense amount of good, and he left off his whisky for many years, although he died of it eventually.

POLICE SURGEONS DOWN UNDER

In August 1978 a meeting of Police Surgeons, Police Medical Officers and other interested doctors was held in Melbourne, Australia. As a result of this meeting, the Association of Australasian and Pacific Area Police Medical Officers has been formed. This Association appears to be open to Pathologists and Medical Practitioners caring for the health of Police Officers, as well as to Police Surgeons as we know them in the United Kingdom.

Dr. Stanley Burges, A.P.S.G.B. President, has been invited to address the First Biennial Conference of the Association of Australasian and Pacific Area Police Medical Officers at Canberra in March

1980. It is likely that he will also be addressing branches of the Australian Medical Association and the Forensic Science Society at other venues, Melbourne, Adelaide, Sydney and Perth having been suggested.

Dr. Peter Bush, convenor of the interim committee of the A.A.P.A.P.M.O. has already agreed to speak at the 1980 Peebles Conference on 'The Work of the Australian Police Surgeon'.

Your Conference Secretary has been ruminating on the possibilities of a joint Conference between the two Associations somewhere in the Pacific area, tax deductible of course.

FOUNDED 1959

THE FORENSIC SCIENCE SOCIETY

The 1980 Forensic Science Society Spring Symposium
will be held at the

UNIVERSITY OF NOTTINGHAM

from

THURSDAY 17th APRIL 1980 to SATURDAY 19th APRIL 1980

Friday: 'TOXICOLOGY'

Saturday: 'EVIDENCE FROM MARKS'

The Symposium's general sessions will be devoted to papers of normal length (30-40 minutes) on wide ranging subjects within the forensic sciences illustrating the Symposium's main theme.

One special session of the Symposium will be devoted to papers of short length (10 minutes) on any forensic science subject.

Contributions for both types of session are now invited from intending speakers who should send as soon as possible in writing to the Secretary the title and synopsis of their paper for consideration.

Further details may be obtained from H.H. Bland, Meetings Secretary, Forensic Science Society, P.O. Box, 41, Harrogate.

TALENT REGISTER

A partial register of Association members, whose abilities had not been recognised or fully utilised by the Association, was made a few years ago. This proved most useful and considerable use has been made of the information so provided.

However, the forms were only circulated to a limited number of members and since then the Association has gained a large number of new members.

It would be of considerable assistance if ALL members completed and returned the form below. This is not an occasion for reticence. Completed forms to be returned to Dr. M. Clarke, Hon. Assist. Sec., APSGB, Vine House, Huyton Church Road, Huyton, Merseyside L36 5SJ. (Tel: 051-489 5256).

NAME QUALIFICATIONS
ADDRESS POLICE FORCE
..... TELEPHONE: Surgery
..... Home

1. Do you have any experience of giving talks, lectures, etc. YES/NO
If YES state — Nature of Audience
Subjects
Do you illustrate your talks? NO
YES — Slides
Film
Other (specify)
2. Have you talked to Association Members, e.g. at Conferences, Symposia or on other occasions?
YES/NO
If YES — dates and subjects please
.....
.....
3. Do you have a topic for a short paper which you think would be of interest for the Annual Conferences at Peebles in 1980, or Brighton in 1981?
Details please
4. Do you have a topic for a long paper (45-60 minutes)?
Details please
5. Do you use a camera during any aspect of your forensic work? YES/NO
If YES, please state if camera is POLAROID / 35mm / CINE / VIDEO / OTHER
Do you have prints which could be used for displays during Conferences, etc.
YES/NO
6. Do you have any other material which might be of use for displays at Conferences, etc? YES/NO.
If YES, please specify
7. If you do not already have the D.M.J., are you at present studying for the examination? YES/NO.
8. Do you have any suggestions for future Conferences/Symposia/Meetings, regarding venues, topics, exhibits or speakers?
Details please
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22nd June, 1979

Dear Myles,

As a former Conference Secretary may I congratulate you and your wife on the organisation and administration of the recent Annual Conference at Harrogate, which I enjoyed very much indeed.

It is over 10 years since I last attended a full Conference and, although the general format of the Conference has not altered greatly, there have been changes in detail — mostly for the better!

In years past we 'taped' all the lectures and after dinner speeches, which we then 'interpreted', edited and published and this was a major operation in itself. Your publications such as 'The Police Surgeon' and its Supplement have kept me in touch with the Association and are a great improvement, though I personally have missed the 'after dinner speeches'.

The improvements were legion. The notice board and folder bearing the Association Crest gave an impression of 'wealth' and efficiency. The presentation of papers by Association members was, I thought, a great advance and made possible the increased expertise of members and I was particularly impressed by the discussion on Research by the Association, which seems to me to have great possibilities.

Other innovations were the presence of the Drug Firms representatives and their stands and the amount and variety of equipment and instruments used by the Police Authorities — indeed the interest shown by the latter would seem to have increased and the presentation of the Yorkshire Ripper Murders (which I thought was so well done) before the case



was closed would seem to show an increased reliance on the integrity of Association members which is very welcome.

Perhaps the most impressive thing of all was the lack of change in those attending, most of whom were old friends, and what a pleasure it was for Jo and I to meet them all again at the Annual Dinner. We are grateful to Pat and Molly Cosgrave for inviting us and stimulating us to attend on future occasions. We were a little confused by the profusion of Dr. & Mrs. Ian Johnstones present but delighted to meet our namesakes.

In conclusion I would like to thank you for the use of your columns not only to say how much we enjoyed meeting all our old friends but also to send our greetings to those who were unable to attend, particularly Dr. & Mrs. Gabbani.

Finally our congratulations to Dr. Stan Burges on his Presidency — we were relieved to find that he was not dressed in the home-made underwater suit which we remember him wearing at Newquay years ago!

Jo joins me in sending our best wishes to the Association and thanking everyone for their welcome.

Yours sincerely

IAN JOHNSTON

Ian was Assistant Hon. Secretary 1957-1965, and Hon. Secretary 1965-1967.

MEMBERSHIP LIST

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

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

F = Founder Member

Council Members

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R.B. Irwin (Northern Ireland)	Belfast		

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2

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3

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H.O. Jones	Hengoed	Glenna Thomas	Cardiff
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		R.J. Yorke	Ebbw Vale

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J. Cowen	London S.W.8	F. Patuck	Barnet
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J. Curley	London	A.E. Pruss	Ilford
M.L.A. Curtin	London 21	A.S. Rayan	Wanstead
P.M. Dewland	Banstead	C. Roden	London
P.C. Drennan	Ashford	D.I. Rubenstein	Woodford Green
N.M. Ferguson	Iltham	J. Shanahan	London W.9
G.M. Ferraris	Woolwich	F.S. Shepherd	Weybridge
D.S. Filer	London W.6	B.G. Simms, B.D.S.	London E.1
D.V. Foster, D.M.J.	East Molesey	J. Smallshaw	Banstead
D. Goldman	Bromley	I.A.P. Smyth-Wood	London S.W.11
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G.J. Grainer	Streatham	H.H. Striesow (F)	London E.7
G.I.T. Griffiths	London S.E. 22	C.P. Taylor	London S.W.11
K. Gupta	London E.8	H.J.W. Thomas (F)	Barnet
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J. Henry	London E.8	C.D. Walker	London S.E.9
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D. Keys	Bow	I.E. West, D.M.J.	London
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Area 9 (Scotland)

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G. Boyd	Glasgow	J.S. Finnie	Aberdeen
R.H. Brown	Bothwell	G. Frazer	Glasgow
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J.S. Cameron	Patna, Ayr	R.L. Grant	Falkirk
J.G. Carruthers	Kilmarnock	J.N. Gray, D.M.J.	Dalkeith
W.C. Davidson	Fort William	J.A. Grogan	Rothwell
J.P. Deans	Thurso	N. Hamilton	Paisley
J.W. Donnelly	Glasgow	R.R. Hamilton	Hawick
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Area 9 (Scotland) — Continued

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J.C. McBride	Glasgow	S.S. Parker	Larkhall
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G.K. Macdonald-Hall	Kircaldy	N.M. Piercy	Montrose
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I. Macleod	Irvine	G.B. Rhind	Aberdeen
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