ANNUAL CONFERENCE
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FORENSIC MEDICINE WORKSHOP
BOOKING FORM PAGE 37

The Police Surgeon
SUPPLEMENT

VOL.8 SPRING 1980

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

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THE NEW POLICE SURGEON

A practical guide to Clinical Forensic Medicine. £18 plus £1.00 p. & p.
The Associations' widely acclaimed text book. Order form on page 26.

THE POLICE SURGEON SUPPLEMENT

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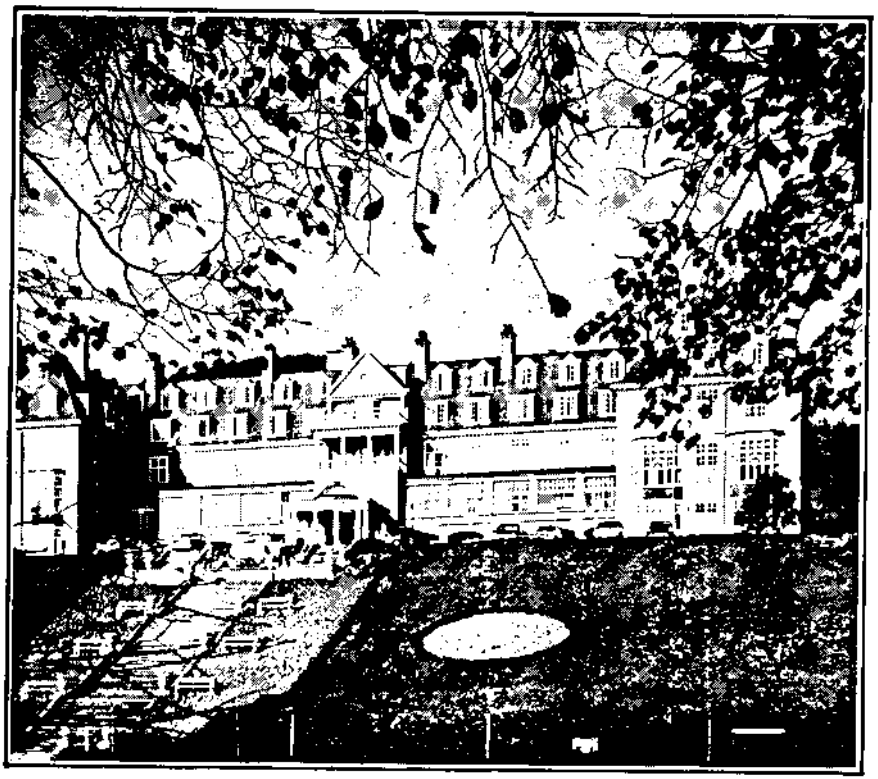

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Looking Forward to Seeing You In May!

PRESIDENT'S LETTER

Professor Alan Usher, OBE

Our congratulations to Alan on the recognition by Her Majesty of his service to forensic medicine. In a private communication he acknowledged his personal pleasure but characteristically he wrote 'best of all it is surely a fillip for the subject'.

We share your pleasure Professor. You do indeed enhance the prestige of forensic medicine. I would respectfully suggest that you also enhance the standing of other Officers of the Order.

The ways of those responsible for bestowing such honours are obscure but there are surely many forensic pathologists, and even a few clinical forensic physicians, who, over many years, have given beyond 'the call of duty' in the service of society.

With very few exceptions, they seem to remain quite anonymous and unrecognised – except of course to their professional colleagues!

Dr. Ivor Richards wrote in the 'Doctor' recently about Honours. I am sure he will forgive me for amending slightly his words: 'If one wanted to know what our rulers thought of those specialising in forensic medicine as judged by the Honours List, then the answer is – nothing at all!'

Is the idea of a Sir Keith or a Sir James so preposterous? Certainly there is one precedent for a Sir Bernard!

And what about the forensic scientists? They do not even exist!

Disappointment

It has always been a mystery to me why we enjoy so much understanding and co-operation with Chief Police Officers at a local level – indeed they are often personal friends – yet so little liaison occurs officially between our respective Associations.

I do not number amongst those who snipe and carp at Constabulary Captains but can understand why such words as autocratic, aloof and remote, are used in describing their august body.

On behalf of the Association, I am disappointed I have not been able to build a better bridge between us over the past two years.

In contra-distinction, how can I ever forget the pleasure and privilege it has been to act as host to the likes of John Alderson, Stuart Whiteley, George Oldfield, John Woodcock

Professor Alan Usher O.B.E.

MERSEYSIDE POLICE

Mr. Kenneth Oxford Q.P.M.

and Brian Scarth. All true public servants and men who, through Parliament, gave real meaning to the term 'will of the people'.

Let's Hear From You!

It was with a feeling of joy and a 'job well done' that I received my **first** and as yet **only**, response to any of my verbal outpourings headed 'President's Letter'. It happened after the last issue of the Supplement. Thank you Mr. Oxford, I am beginning to take heart!

I am sure that the respective editors of the Supplement and The Police Surgeon feel equally disheartened by the lack of feedback from the membership. Make involvement a habit. Especially those of you who are unable to attend our meetings. We claim to represent you but in so doing extra-sensory perception can only be second best to direct communication.

Think about it, overcome your modesty and lethargy and send as much copy as possible to either Myles Clarke or Bill Thomas. Items about sex, fees or ethics can be almost guaranteed publication!

Redundancy

I commend the industry of those who have persuaded the Health and Safety Executive that the interests of police Underwater Search Units can only be satisfied in the hands of doctors who have taken the time and trouble to become familiar with the principles of barometric medicine. Some may doubt that it is necessary to judge police divers by the same parameters as those working on North Sea offshore installations at depths of perhaps 1,000 feet but there have been few authoritative dissenting voices so do not be surprised if 'your men' have to travel many miles at great expense to be examined by an 'Approved Examiner'. Someone who probably knows little of the true remit of a police frogman and even less about the workings of a police force.

Who knows, it may be decided in the not too distant future that members of the traffic division will be requested to make an annual pilgrimage to Houston for medical examination!

Council

To use the current trade union jargon 'Your executive have had many meaningful discussions'.

I can assure you that we now have a good team working for us. Association policy can be accurately described as a collective responsibility.

The response by council members to submit views on many diverse issues has been most encouraging.

Increasingly the Association is involved in national and domestic issues embracing clinical, judicial and political matters. Obviously it follows that the more useful Association response, the more likely we are to become involved.

A disadvantage of national membership is that assembling Council is a very expensive and time-consuming exercise.

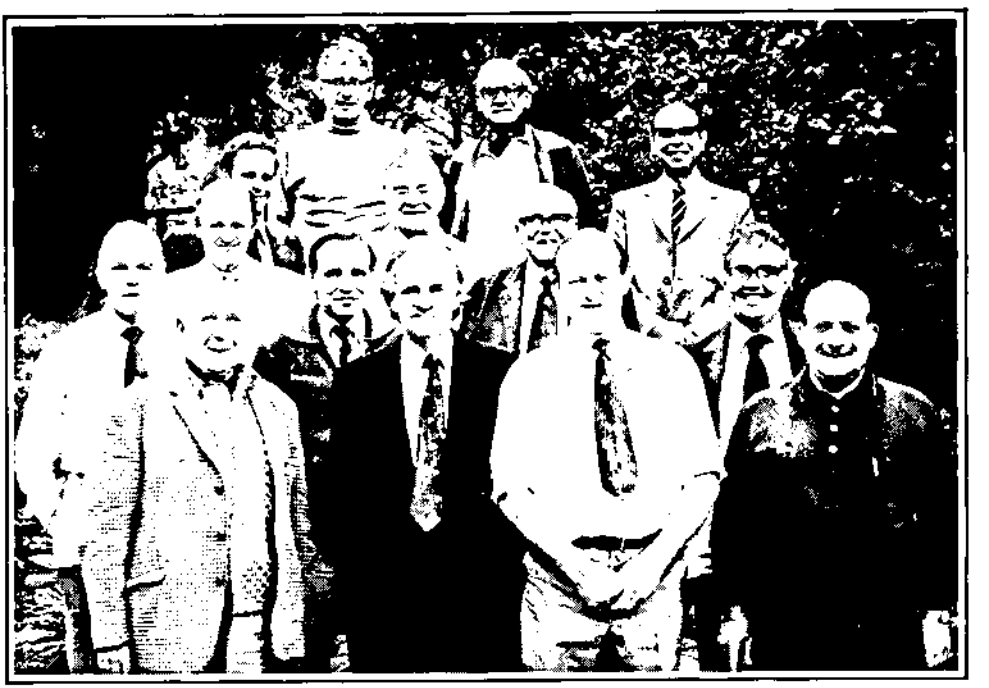
Because of this, a compromise policy is now current practice. There is more interchange of idea by telephone and letter, either as a preliminary to, or as a consolidation of, business dealt with at less frequent but well attended, and often very prolonged, full Council meetings.

Gratitude

At the time of writing I have been unable to determine exactly when I joined the Association but researches have shown an old bank statement with the entry; Feb. 2 1961 APSGB £2.2.0. SO. A further entry reads; APSGB 15/9d. (I wonder what this was for?).

This is, of course, of little consequence except as evidence of the reality of inflation. What really matters is what the years of membership have meant to me.

Members of Council at a meeting at Creaton House



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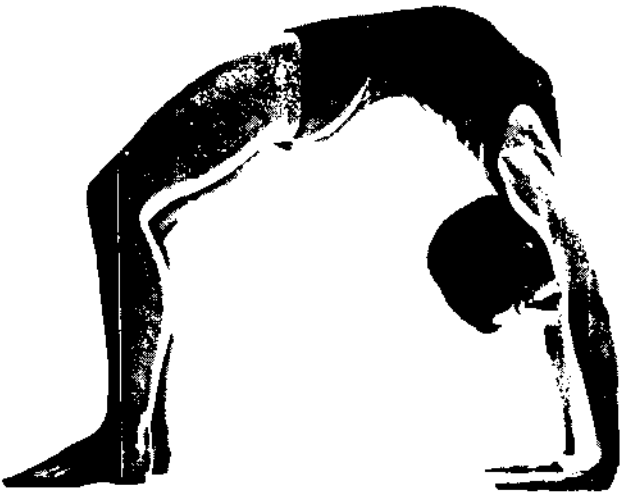

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In the early years, it was a substantial pillar to lean on when I needed help. Following my first attendance at the Annual Conference in Keswick, I found that the Association afforded a means whereby I could learn so much from so many. In those days it was the *only* means. It still provides me with a vitally important source of well blended 'up-dating' and 'recent advances'.

It was at that first Conference that I first experienced the all-pervading family atmosphere. Pam I and I had never felt alone at any Association meeting, however high the incidence of new faces.

We are truly grateful to the Association for these things but the gratitude assumed unredeemable proportions when I became your President.

Over the past two years, this high office has given us the privilege and opportunity of meeting what has seemed 'all the world and his wife'. It has also meant much more in that we have come to know so many members so much better.

It has sometimes been very demanding but never dull. On a few occasions, I have found myself treading the outer corridors of power. A fascinating business. I am still undecided as to whether iron studded boots or crepe soles should be worn. Perhaps both!

I may owe much to the Association but I owe much more to many individuals. To compile such a list would be a formidable exercise but *they* know who they are (some may not be members but they are very close relations of the Association). I thank you all.

To all new members, the Association has much to offer. To not-so-new members, how can you but not agree? To long standing members, I *know* you agree!

The Future

I will not tempt providence by quoting the well known cry 'The King, etc. . . .' (especially in view of the known mortality rate of Presidents!) but, in May, you will have a new 'King'.

You will find Henry Rosenberg a modest, sagacious and efficient President; well versed in matters constitutional and ready to listen to all. He will deserve, and inevitably command, your respect. Support him as you have me and who knows what the future holds!

Mary, the future President's lady, is known to most already. Her natural charm and friendliness will do much to further the family feeling in the Association.

To Henry and Mary, you can be assured of the support of Pam and myself.

As friends and as our successors, we offer our affection and good wishes.

Personal Thanks

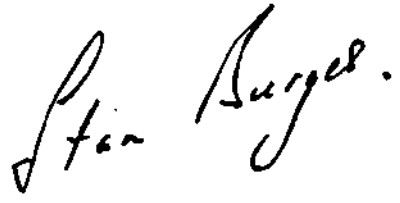
'A wife who is prepared to condone without comment her husband's indulgence which renders him unavailable for leisure activities, and which, at times, converts him into an unapproachable ogre, is indeed a blessing'. The New Police Surgeon, p.14.

Finally, I must pay tribute to our Hon. Sec.

He has seen Presidents come and go and carried on in spite of them. Over the past two years, we have come to know one another extremely well and I have nothing but praise for his forebearance and assistance.

In many ways, he is the Association and we are most fortunate that he stepped into the breach at such short notice and has continued since. He is a most loyal servant of the Association and has done much to enhance our reputation; usually at personal level.

To Hugh, I offer my sincere thanks.



RAPE SEPERATING THE FACTS FROM THE FURY

CORINNA HONAN

THE VICTIMS

Rebecca Scott, a 24-year old commercial artist, was raped at knife-point. The rapist was sentenced to six months in prison. By the time this article appears, he will be free again.

In the meantime, Rebecca is still re-living the experience in recurring nightmares. Sometimes she can't sleep at all. Her personality has changed — from a confident extrovert who got on well with men to a shy, nervous introvert.

She was raped in a dormitory on a Kent farm where she was working as a hop-picker.

'I arrived the night before I was due to start', she says, 'and the manager showed me to the dormitory. It had a men's and a women's section, a communal area and a kitchen.

'I was unpacking when a young man came back from work. The other hop-pickers weren't arriving until the next day. We introduced ourselves. Later I made a meal and offered to share it.

At 9.30 I went to bed in the women's dormitory. I was wearing a full-length, high-necked nightdress, not a turn-on by any standards. Suddenly he was sitting on my bed, leaning over me. I told him to get out.

'He pulled out a knife with a blade about five inches long and put it against my neck. I was so petrified I couldn't move.

'I tried to reason with him but he was raving like a lunatic. At one stage he said: 'Now I'm going to kill you'. I thought: 'I'm going to die'.

There was no point in screaming because there was no one about. I said I wanted to go to the toilet — but that ruse failed because he insisted on coming with me.

'Finally, he raped me. Afterwards, he said he was going to make sure I had his baby and then marry me. He said he was sorry and picked up the knife and said: 'Now kill me'. I threw it out of reach and persuaded him to go.

'By this time I was screaming and sobbing. I thought if I tried to go, he might attack me again. When I heard him leave for work early next morning, I ran out to the farm offices where they contacted the police for me. I was going to get this guy convicted — it was my duty in case he raped someone else.

'The police — two men and a woman — came straight away and took me to the station. The policewoman kept trying to calm me down — they were all terribly nice.

A male doctor examined me. He told me exactly what he was going to do and tried to put me at ease. The policewoman was there the whole time but not looking at me.

This article first appeared in the magazine 'Woman' and is reproduced by kind permission of the Editor.

'I was grateful for that. I can't speak highly enough of everyone at that police station.

'I was dreading the court case — I had visions of them digging out my past and using it against me. It wasn't until I got there that I realised they couldn't. The defence lawyer was very aggressive. He tried to intimidate and confuse me. The defence was that there was no knife and I'd consented.

'I gave evidence, then left. When I asked later, I was told the man had been found guilty and he'd got six months, I was stunned!

'I'm very bitter that he got off so easily. If someone steals money, they can get sentenced to more time. It makes me feel money is more important than women to judges.

'I find I tell most people about my experience — it's not something I can sweep under the carpet. I don't think I'll ever be able to forget. I'm so much more aware rape can happen anywhere to anyone.

'Before the rape, I'd had a normal sex life. I wasn't promiscuous, but I'd had a few relationsips. I haven't had sex since it happened — I'm just too frightened. It will probably always be a major obstacle in the way of future relationships.

'I'm lucky to have come through without falling to pieces. But it's made me nervous of men'.

****

Mrs. Anne Toms, a mother of two who looks older than her 24 years, found she was pregnant a month after being raped.

The man who raped her was a friend of her husband, Eddie. She had an abortion. He was jailed for 18 months. Today he is free. Every day when Anne goes shopping in Leighton Buzzard with her daughter aged four, and her two-year-old son she dreads meeting the man she says has ruined her life.

She was shopping the day it happened. They bumped into each other and he asked if he could pop back for a coffee before meeting his wife from work.

'I didn't think twice because we'd known him and his wife for about two years. He was just a normal, friendly guy.

'I started making the coffee when my daughter began to cry in the bedroom. So I went in and that's when he grabbed me from the back and threw me on the bed.

'I fought hard and burst into tears. The only thing he said was, 'You've got me worked up and I can't stop'. My daughter was screaming at the other end of the room. Afterwards, he kept apologising and asking if I was going to tell Eddie.

'I took my little girl in my arms and just told him to get out. Then I made her dinner. It was automatic. When Eddie came home, I didn't have the courage to tell him.

'About a fortnight later my daughter's godfather came to babysit. He sensed something was wrong. I couldn't stop talking once I'd started. He said to tell Eddie or he'd tell him himself.

When I told Eddie that night, he picked up a knife and stormed out of the house. Our friend made sure he didn't use it. When Eddie came back, he started punching the wall over and over again, saying, 'Why didn't you tell me?'

'He just couldn't understand why I'd let him in. I think he blamed me — even now I think he does.

'That night I thought about what I should do. I began to realise that man might rape someone else. I decided I just had to tell the police.

'The police came straight away and took us to the station. I was in one room with a policewoman and Eddie was in another with two detectives. There were three CID men who kept coming in and having a go at me.

'They asked me what I did to lead him on. Why had I asked him in for coffee? They took turns to question me for four or five hours. I didn't like discussing the details with the men. At one point I broke down. I could see they didn't believe me. I thought — is it really worth it?

'Later, they took me to see my GP who did some tests. He didn't offer me a pregnancy test — just a smear. The possibility of being pregnant was never mentioned. When I found out I was, Eddie was very upset.

'I knew it couldn't be Eddie's baby, so the only answer was abortion. The rape effected our sex life very badly. I just went off sex. We still don't have a normal sex life like we used to. He can't bear the thought another man has touched me.

'The trial was five months later. The defence lawyer objected to the women on the jury so there were no women on it at all when I gave my evidence. I thought: 'Oh, men — they all gang up together'.

'The lawyer kept asking if I'd led him on. The rapist had said we'd been kissing and cuddling on the settee. But I went in and determined not to let them browbeat me.

'I was there when the jury gave their verdict — guilty. It was such a relief. He got 18 months, but I wouldn't have cared if he got 100 years. He's ruined my life. Eddie says he should have been hung.

'I'd definitely go through with it all over again. He's free now, but he'll think twice before trying it again.

The experience has done a lot of damage to my marriage. Eddie went on a drinking binge for ages. He couldn't forget.

'Now we never mention the subject. If it comes up on TV, we shall talk loudly about something else so we don't have to listen'.

THE POLICE

Most rape victims don't automatically call the police. In fact, the vast majority never tell the police at all. Those who do may wait days or even weeks before making a complaint.

Partly, it's an instinctive reaction to forget what happened as quickly as possible — although few succeed. It may be because they're afraid they'll be blamed for leading the rapist on. Or they may have heard about unsympathetic treatment from the police.

They may also dread publicity — unaware that neither their sexual past nor names may be mentioned in court since the 1976 Sexual Offences (Amendment) Act came into force.

Whatever the reason, it means a criminal remains free to commit the same crime again Clearly, every rape victim should consider it her duty to report to the police as soon as possible.

But what treatment can she expect when she walks into a police station? To find out, we spoke to two detective inspectors, a man and a woman, each working in different forces.

Both agreed that victims should contact the police immediately afterwards and that no woman who claims she's been raped should be refused a medical examination. And that was the end of any common ground.

Det. Insp. Alan Firth is based at Wolverhampton with the West Midlands police. At 35, with 17 years' experience in the force, he has interviewed dozens of woman complaining of rape. He has never been to any training courses which dealt specifically with rape.

Det. Insp. Carole Scard, aged 39, with 11 years' experience in London's Metropolitan Police, has attended 'five or six' courses which teach officers how to approach rape investigations and has interviewed many victims.

Q. Do you take a sympathetic approach to a woman who says she's been raped?

D.I. Firth: 'I've got every sympathy for a genuine rape victim – but most of them aren't. I can almost always tell. She doesn't give spontaneous answers, she doesn't look genuinely distressed. You have to be firm – if you give them too much sympathy, it will encourage them to tell more lies.

'You got to look at a woman and assess in 10 minutes her character and if what she says is true. A proper rape is a terrible offence, but I've only dealt with two genuine cases. I've seen dozens of lying little bitches who've made up stories.

D.I. Scard: 'I never use aggressive questioning techniques. I'm always very thorough, but I don't think the victim should ever feel I don't believe her. The belief is she's been raped and you go on from there.

'You have to be very sympathetic because it's such a nasty crime. A person who's been raped needs all the comfort they can get. I've got a number of women friends in the force who deal with rape and our main interest is always in the victim. We're human beings and woman, too, so we understand to a degree what she's gone through'.

Q. Do you draw any conclusions from her appearance?

D.I. Firth: 'I can't think of any genuine rape victims who haven't shown very obvious signs of distress. If a woman comes to me and says "I've been raped" but her clothing isn't torn and she's not distressed, then I accuse her of making it up'.

D.I. Scard: 'Any woman who's been raped, whether her clothing is torn or not, is in a distressed condition. But I don't make any judgement from her appearance or manner. I go in with an open mind because women can react in different ways to being raped'.

Q. How many officers would be involved in interviewing a rape victim in your district?

D.I. Firth: 'Initially a victim would be seen by a uniformed policewoman who would talk to her before finding a detective constable to see her. The police-woman or detective would, if possible, get a statement from her. Then I'd talk to the victim'.

D.I. Scard: 'When she arrives at the station, she may have to wait, but we wouldn't leave her without a companion. If she hasn't got a friend with her, we'd find someone. Once I arrive, there's usually only myself and the victim – I've never called in another officer. I'm a specialist in a specialised organisation'.

Q. Do you ask the victim for details of her sexual past?

D.I. Firth: 'If she's gone as far as explaining what happened in a rape, she can say she's had intercourse in the past and with whom. I'd include her sexual history in a statement from. Her character is at issue whether she likes it or not.

'Whether or not it can be used in court, it's important to know as much as you can about her. If you don't understand your victim, what chance do you have of catching your criminal?'

D.I. Scard: 'Before the Sexual Offences (Amendment) Act we had to really delve into it. Now I just ask if the woman's ever been raped before, when she last had intercourse, and if she's been married or had children. Before, I would include all the details of her sexual history in the statement. Now, it's just for my general knowledge and I don't write it down anywhere'.

Q. Would you react any differently if a known prostitute said she'd been raped?

D.I. Firth: 'Obviously with a prostitute, the questions would be more searching. We've had a few – they usually claim they've been raped to get revenge after they've been given a bad cheque'.

D.I. Scard: 'It wouldn't affect my judgement at all. Every woman has a right not to be raped, even if she is a prostitute. One I knew once walked in at 2 a.m. and said she'd been raped. I thought: 'Oh crumbs'. But it didn't matter. In the end the man who raped her was sentenced to seven or eight years'.

FORTRAL

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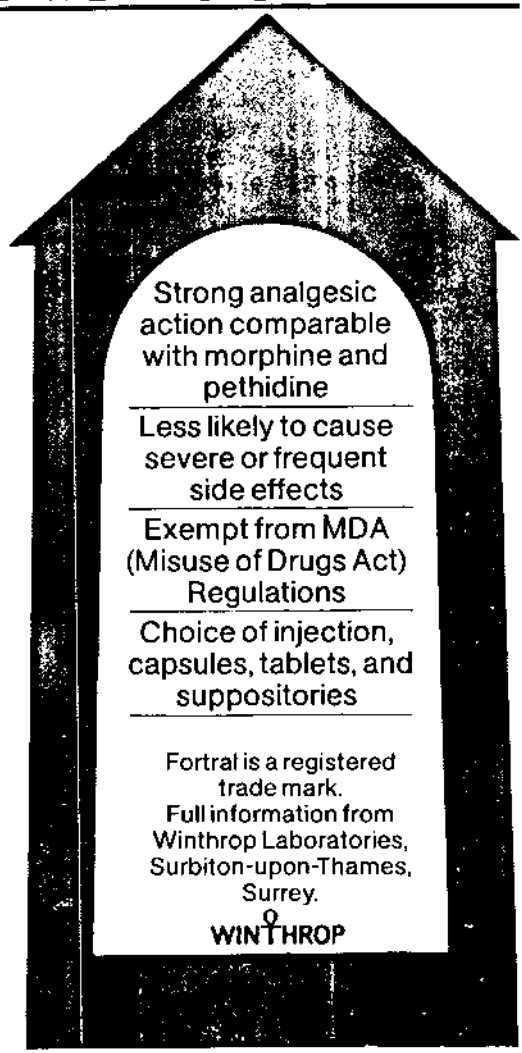

Q. Do you mention the possibility of VD and pregnancy to the victim?

D.I. Firth: 'I wouldn't unless the victim asked. Then I'd give her some advice – but I wouldn't personally refer her to a clinic. I'd never raise the subject myself because it would panic her'.

D.I. Scard: 'I always talk to victims about the possibility. It's vital you do so – it's your duty. I usually find out when the clinic is open or which hospital to go to in the district and go with her myself'.

Q. Do you tell the victim what it will be like in court and do you keep her informed about the progress of the case?

D.I. Firth: 'I don't broach the subject of court at all. All I say is she'll have to go to court and tell them what's happened. I wouldn't discuss the grilling she might expect if she asked me. I wouldn't want to worry her. In the run-up to the court case I may see her to clear up one or two points – but that's all'.

D.I. Scard: 'I feel it's part of my job to keep in touch with the victim and tell her what's happening. The whole time the trial's coming on, I'm in constant contact. I want her to feel she can have confidence in me, that I'm going to be right there with her at the trial. I explain court procedure. I tell her it isn't going to be pleasant, but if she sticks to the truth, I'll be with her and feel for her'.

The Police Federation, which represents police officers all over the country; confirmed there is no common policy on how to deal with rape victims.

'A rape victim should always be treated sympathetically and have follow-up until the court case', said Tony Judge, press officer and editor of the federation's journal, *Police.*

He said the federation is concerned that the experience and expertise of officers like D.I. Scard are being lost. Since the Sex Discrimination Act, policewomen departments – which tended to specialise in sexual offences – have nearly all been disbanded as women have moved into other areas of police work.

'Their loss has been badly felt and it's coincided with growing public concern about rape', said Mr. Judge. 'Complaints from rape victims have risen over the last few years, inevitably, the victim is less likely to receive sympathy from the police because of the disbandment of the women's departments.

'A woman officer is far more concerned about damage done to the victim psychologically as well as physically, and male officers can't establish the same kind of relationship with a victim as a woman can.

'There's also the male attitude that the victim is not entirely blameless or that she shouldn't have got herself into that kind of situation. A woman officer wouldn't take that sort of attitude.

'In general the ideal is woman to woman'.

One police force which has re-established a women's department is Avon and Somerset. Within three months of the Sex Discrimination Act, Supt. Terry Grundy expressed her concern in a report to the Chief Constable. 'We knew fewer sexual offences were being reported because victims don't fancy telling a male officer what another man had done to them', she said.

In April 1978, the force set up women police specialist units in all their divisions. All these women receive specialist training in how to deal with rape and sexual offences.

'A rape victim would now always be seen by a woman officer trained to deal with sexual offences, barring exceptional circumstances', said Supt. Grundy.

1,243 rapes were recorded by the police in 1978, a 22 per cent increase on 1977. About half of all victims are raped by someone they know.

THE JUDGE

The law is more considerate now of rape victims than it ever has been. But even so, sentences don't always reflect the severity of the crime.

The Rt. Hon. Sir Frederick Lawton, an Appeal Court judge and chairman of the present Criminal Law Revision Committee, explained: 'There aren't any rules on sentencing rapists – only that the maximum sentence is life imprisonment. The judge is given a discretion and he uses it to distinguish the bad cases from the not so bad'.

In 1978, 309 men were found guilty of rape and 86 were acquitted. Judges used their discretion to give six rapists life sentences. But one was simply fined and 11 more received suspended prison sentences.

Sir Frederick felt it would be improper for him to comment on what other judges have done. But he went on: 'The sentence should depend on the circumstances. By and large if the rapist threatens or uses violence he gets a heavy sentence.

'In a fair number of these cases there is evidence that the accused threatened the girl with serious violence if she did not consent – and I take just as grave a view of that as if he used violence, because the girl who is so threatened is sensible not to struggle. She risks serious injuries – even death – if she tries to do so'.

Another point he raised was the controversy about uncorroborated evidence.

At present, a large number of rape cases never get to court – even if the police believe the victim – because there's no evidence to back up her claim. If they do get to court the law requires a judge to direct the jury that it would be dangerous to convict – even though he may think she's telling the truth – unless there's corroboration by independent evidence.

Sir Frederick felt this was unfair. After all, he said, it's highly unlikely that the elderly mother superior of a convent would be lying if she claimed a man had raped her.

But if it came down to her word against his, then the rapist would probably be acquitted – assuming the jury had been told it was dangerous to convict on her word alone.

A Criminal Law Revision Committee report published in 1972 came to the same conclusions. The Home Office shelved its recommendations but a new report to be published this summer will raise the uncorroborated evidence issue again.

Sir Frederick also wants to see rapists more severely punished for falsely alleging the woman consented to intercourse.

'The point was very graphically put by the late Mr. Justice Brabin when he said that the rapist who falsely alleges that the girl consented when he knows she did not, rapes her a second time in public. Consent is the defence in 95 per cent of rape cases. But as the law stands, it would be wrong to increase his sentence because he ran an unsuccessful defence of consent.

'A number of judges think that if you could say to the rapist, 'You've alleged this woman consented and the jury haven't believed you so you'll get an extra 12 months' – then these false defences of consent would be far fewer'.

He concluded with a question of his own. 'One thing intrigues me: why do juries acquit the alleged rapist so often when the judge would not have?

'This is a very common experience. I don't think anyone really knows the reasons with any degree of certainty.

'There's a male myth that you can't have sex with a woman without her co-operation. Juries are prepared to accept that there has been a rape if there's evidence of a threat of violence or of a struggle – but some find it hard to accept there has been a rape if there is no such evidence'.

THE POLICE SURGEON

Unlike other crimes, rape rarely has any eye-witness. That's why the evidence of the Police Surgeon who examines the victim is so vital when a case comes to court. Indeed, police are reluctant to proceed unless there is forensic evidence to back up the victim's story.

The surgeon can often establish whether intercourse has taken place. He can detect signs of a struggle by examining finger-nail scrapings, finding marks on the victim's body or collecting minute fibres and hairs which can be traced back to the rapist.

So who are these surgeons whose expert evidence carries so much weight? Most of them are GPs on a retainer from the police. The vast majority are men. And, say Dr. Hugh Davies, honorary secretary of the Association of Police Surgeons, more than half of the 1,500 surgeons in Britain are not properly trained for the work they do.

Dr. Davies, himself a Police Surgeon in Northamptonshire, said: 'There are only about 90 police surgeons, myself included, who are clinical forensic physicians with a Diploma in Medical Jurisprudence. The association believes all surgeons should have that qualification.

'If you don't have it, it's possible you may miss some evidence. It's a sobering thought. There can be a miscarriage of justice if the doctor has no training in forensic medicine'.

Another cause for concern is the standard of examination rooms in police stations where surgeons see victims of rape. Dr. Davies feels surgeons should always ask themselves: 'Would I have my wife or daughter examined in this room?' Sadly, the honest answer to that is usually no.

'Most stations are still below standard and offer examination rooms used for examining drunks and prisoners', he said. 'I'm on the Medical Advisory Panel to the Chief Medical Officer of the Metropolitan Police — and they've got terrible problems. Their stations are nearly all overcrowded.

'I visited a particularly bad one in London not long ago. The room was very dirty and underneath the bed, it looked like a storeroom for policemen's overcoats and helmets. It was too near the cells — you could hear the prisoners shouting.

'Other examination rooms I've seen are small, unclean and have ashtrays filled with cigarettes'.

Dr. Davies believes things are improving — more surgeons are joining the Association or taking diplomas and many old police stations are being pulled down.

What is perhaps more disturbing is that Police Surgeons lack any common policy when it comes to dealing with rape victims. This was the conclusion of a recent survey on British surgeons' attitudes towards rape, conducted by American criminologists.

'It is inescapable', states the study, 'that a number of the surgeons are, or have become, a bit cynical and/or toughened.

'A rape complainant was described as going into the sexual episode with her 'eyes and legs wide open'.

'It was noted that in one case the victim's complaint was triggered off only because she had been buggered, which she had not anticipated'.

Only 28 per cent of the surgeons in the survey thought their role should include counselling.

Yet Dr. Davies said: 'I feel this is definitely part of the Police Surgeon's role. To me it's the most satisfying part. But a GP who has a busy general practice and surgery at eight the next morning isn't going to spend another hour dealing with a tearful rape victim'.

The survey, based on questionnaires answered by 128 British Police Surgeons spells out one message loud and clear: a rape victim won't have any idea of what to expect when a police officer takes her into the examination room.

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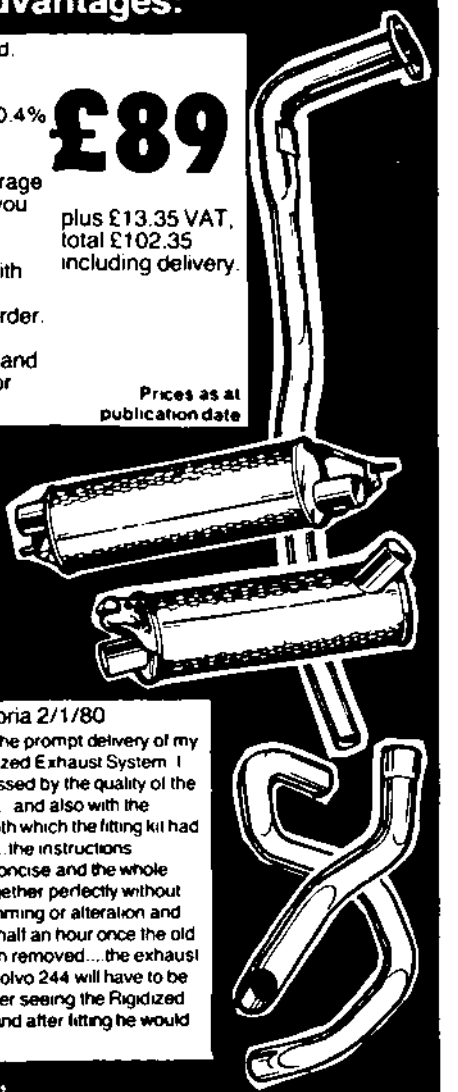

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Already, she'll have been through one of the most traumatic experiences of her life. She'll probably already have given her statement to a police officer and had to relive the ordeal by recalling every tiny detail. It's no wonder some rape victims approach the medical examination with fear and suspicion.

Just under half the surgeons said they gave victims pregnancy tests as a matter of course and only 36 per cent tested for venereal disease. Yet pregnancy and VD are often the last things on the mind of a rape victim and should be detected as soon as possible.

Most of the surgeons believed that only one in 10 rape are reported, but a quarter of the surgeons felt that as few as one in 25 victims go to the police.

The survey estimated that surgeons themselves see three to five times more women alleging rape than end up in police stations.

They concluded: 'What policy are Police Surgeons to follow? Is their obligation to the complainant as a patient or to the criminal justice system? It is (our) judgement that surgeons might well consider a policy under which they will never tell what they have learned from the complainant by personal disclosure and that they inform her at the outset of the examination that this respect for her privacy will be maintained.

'Strong distinctions are drawn between how one doctor or another dealt with the complainant, between gruffness or courtesy and kindness, between aggressive doubting of the legitimacy of the rape claim combined with moral judgements about sexual history and calm, considerate attention to the matter at hand.

'Perhaps herein lies the most basic point to be made about the proper handling of the medical examination of women presenting complaints of rape.

'The present lack of consensus among the Police Surgeons suggests to us that it might be in order for them to formalise their practices and principles with regard to rape victims'.

The Association of Police Surgeons is by no means complacent about the present situation. Dr. Davies commented: 'This survey shows a need to do further research into a subject which at the moment has high emotional overtones and a certain amount of mythology.

'One of the projects we're hoping to get off the ground is a follow-up study of rape victims. Nobody has ever done this in Britain.

'Rape victims could be the girls who become frigid or promicuous. Nobody knows. It will be a very valuable study'.

THE RAPE CRISIS CENTRE

Four years ago, a group of women joined forces to start London's Rape Crisis Centre. It's a Samaritans-type organisation which attempts to provide factual advice and emotional support for rape victims.

The 30 volunteers and three full-time workers have regular training from therapists and psychiatrists, and they also compile vitally needed statistics on rape.

Since they started, nine sister organisations have sprung up in the provinces. More and more women are contacting them – in 1977 the London RCC had 223 calls from victims and by last year the number had more than doubled.

Full-time RCC worker Jennifer Peck, 28, has dealt personally with hundreds of cries for help in her three and a half years there.

A small part of her work is talking to victims who are still undecided about reporting to the police. To them, she says: 'If you don't report, the rapist is going to get away with it and you're likely to regret your decision once you've cal ned down'.

The Crisis Centre can also advise a victim how essential it is not to bathe or change her clothes after an attack, as that could remove forensic evidence vital to the Police Surgeon.

But about three-quarters of victims who contact the centre have already decided not to report and Jennifer feels she can't pressurise them to do so.

'They think they won't be believed. Usually they say: 'I've read so many awful things about how they tear you apart'.

'What is even more traumatic is if a woman decides to go through with a case and the man is then acquitted. That publicly proves her to be a liar. Reporting a rape is such an enormously important decision that, ultimately, it has to be her own'.

Most women who turn to the RCC don't know about the promise of anonymity and that their sexual past won't be dragged up in court.

'If more women knew about the anonymity clause more would come forward. It's not just that her name won't appear in newspapers – it doesn't have to be read out in court'.

Of the victims who do contact the police, the RCC claims that 'with few exceptions' all have felt they were treated badly. A recent report written by RCC research workers and submitted to the Royal Commission on Criminal Procedure, hits out at police treatment.

It states: Women felt that the service they had received was professionally unsound or inefficient, but more often, that they had been subjected to insult and disbelief.

'The police cannot be expected to know instinctively how to deal with a crisis such as rape. We feel specialised training in methods and manner of investigation must be given'.

The other side of rape crisis work is helping women cope emotionally.

'Often, rape victims translate their anger against the rapist into anger against men in general', said Jennifer. 'If she says she hates men, we'll all talk until it narrows down to whom she hates in particular.

'It's usually the rapist, or her husband or boyfriend, because she feels he can't understand what she's going through.

She said violent rapes weren't necessarily worse to cope with than relatively non-violent ones. The psychological reactions can be just as traumatic. 'In a way it's almost easier to come to terms with rape by a stranger. At least you're more likely to be believed.

'It's particularly difficult when it's not a case of having known the bloke but also having trusted him. It's such an enormous shock.

'Many rapists go to immense trouble to convince themselves afterwards that what they did wasn't rape. For instance, they will make their victim coffee or take her home. The woman becomes very confused.

'Some women don't think they'd be affected at all after being raped. But in most of the cases we've dealt with, rape affects a woman's sexual feelings and relationships with men.

'We see women who were raped years ago still struggling to maintain or begin a normal sexual relationship. Many fear they'll never have a normal relationship again'.

What 'Woman' magazine advised its readers – The Victim's Rights

- You can ask to be interviewed by a female police officer – most forces will comply.
- Ask for a woman Police Surgeon. If there isn't one available, it's better to be examined by an experienced Surgeon rather than a woman GP.
- Take a friend or a Rape Crisis Centre counsellor with you to the police station and ask for her to be present while you give your statement.
- You don't have to answer if anyone asks how you lost your virginity – this cannot be used as evidence in court.
- If you feel you've been badly treated by the police, see a solicitor about making a formal complaint.
- Ask the police or Rape Crisis Centre how to apply for criminal injuries compensation.
- Ring the 24-hour Rape Crisis Centre line (01-340 6145) for information, support or numbers of provincial centres.

NEWS AND VIEWS

PERIPATETIC PRESIDENT

Our President, Stan Burges, is off on a flag-waving trip to Australia at the end of March. As one might expect, he is not planning three weeks of leisure and indolence but a hectic period in which he will visit several parts of Australia, during which he will deliver seven lectures. He starts in Perth, where he lectures to a medical audience at the Royal Perth Hospital, and three days later will lecture to the Western Australian Forensic Science Society. He then goes to Canberra, where he will address the Association of Australasian and Pacific Area Police Medical Officers at their second meeting. This Conference will be opened by Sir Colin Woods, Commissioner of the Australian Federal Police, who has in the past addressed the Association of Police Surgeons of Great Britain in England. Stanley will address the meeting of the AAPAPMO on the second day of the Conference and on the same day he will lecture to a medical audience at the Royal Canberra Hospital.

On 2nd April, 1980, he lectures to the Victoria Forensic Science Society in Melbourne. He then returns to Sydney, where he will lecture to the New South Wales Forensic Science Society and the following day he will address a meeting of local police and doctors.

The programme for the second meeting of the AAPAPMO has a number of topics familiar to APSGB members. These include the investigation of sexual assaults and support services to the victims, the use of hypnosis in criminal investigation (a topic to be discussed at Peebles) and physical fitness among police officers (also to be discussed at Peebles). It is interesting to note, in view of current happenings in this country that a session is to be devoted to 'Deaths in Custody'.

The moving spirit behind the Association of Australasian and Pacific Area Police Medical Officers is Peter Bush, who is planning to attend and address the APSGB meeting at Peebles.

Stanley will be reporting on his trip on his return at the meeting to be held at Charing Cross Hospital (see booking form page ....) and he has instructions from your editor to produce a major article for the next issue of the Supplement.

NO POLICE SURGEON

A breathalyser case reported in the Sunday Express of 30th December, 1979, highlights a problem faced by police forces unable to obtain the services of a Police Surgeon.

A 21-year old motor cyclist was stopped by two police officers and failed a breath test. He was taken to the police station in Penzance, Cornwall, where he was given the second breath test, which he again failed. The police were then unable to obtain the services of a Police Surgeon to attend Penzance police station, so he was taken to Camborne police station, 14 miles away. Here a doctor took a blood sample, which was later reported as containing 104 milligrams of alcohol per 100 millitres of blood.

When the driver appeared in Court, his lawyer submitted that the law required the accused to give a blood sample at the police station to which he was originally taken. He said that this aspect of the law had been highlighted in an almost identical case at South Molton, Devon, which went to appeal. A man convicted of drinking and driving had appealed against conviction on the grounds that he had been breathalysed at one police station and then taken to another to give a blood sample. The appeal had been upheld by

President Elect
Dr. Henry Rowenberg O.B.E.

Lord Parker, then Lord Chief Justice, and two other Judges.

After the defence lawyer's submission, the motor cyclist was cleared.

Penzance doctors had decided against doing routine police work because they felt it interfered with the normal care of their patients. The senior member of a big group practice said: 'A doctor's first duty is to his patients, and the work of a Police Surgeon is becoming more and more specialised and demanding. If you agree to take blood samples, you soon find yourself involved in rape and other cases – all time consuming'.

Dr. Hugh de la Haye Davies, Association Secretary, said, 'It is certainly true that young doctors are not coming forward to do police work. There is little financial incentive and they do not like being called out at night'.

Since this case arose, a Police Surgeon has been appointed to Penzance Police Station.

THE FORENSIC MEDICINE SOCIETY

The inaugural meeting of the Forensic Medicine Society was held at St. Thomas's Hospital Medical School, London, on 11th January, 1980. The speaker was Professor Keith Simpson, C.B.E., and his topic 'Asphyxia'.

Professor Simpson later addressed members of the Association assembled at Innholders Hall on the same evening.

Dr. Hugh de la Haye Davies, Association Secretary, attended the inaugural meeting and writes:–

'The inaugural meeting was a very pleasant informal gathering mainly of the "younger set" of Forensic Pathologists. For the last two years they have been holding regular informal meetings and case discussions. By forming The Forensic Medicine Society, it is hoped that Police Surgeons, Police Officers and Forensic Scientists will be encouraged to join them in discussing matters of mutual interest.

'Although some Medical-Legal Practitioners feel that there are too many Societies catering for legal medicine, each Society has its own characteristics. I am sure that this new Society will be beneficial in bringing together the different disciplines, which make up the scene of crime team. The older Pathologists and Police Officers often felt that the Police Surgeon was there to certify death and no more – a feeling quite openly expressed even today in some areas. Those of our members living within easy reach of London may help to dispel their erroneous beliefs by contributing to the discussions of the new Society. If the first meeting is an indicator of future events, Association members can be sure of a stimulating and enjoyable evening, well worth the journey up to Town'.

The Society's programme of lectures appears on page 78.

ANNUAL CONFERENCE BOOKING FORM PAGE 45

VALIUM AND TAGAMET A CASE DISMISSED

A man who pleaded guilty last October to a charge of driving under the influence of drugs was fined only a nominal amount because he was taking a combination of tagamet and valium.

The interaction between these two drugs was considered to be largely responsible for the generalised inco-ordination he exhibited on examination by a Police Surgeon, shortly after an accident involving the injury of a pedestrian.

The prosecution claimed that the level of serum valium was incompatible with his claim that he had taken a five milligram doese of valium several hours before the accident.

Counsel for the defence presented evidence (based on a letter by Klotz Anttila and Reimann in 'The Lancet', September 29th, 1979) which suggested that the metabolic pathways in the liver responsible for the elimination of valium are inhibited by tagamet.

Guildford magistrates said that it was important that the dangers of this interaction should be widely publicised both to the medical profession and the general public.

Doctor, Vol. 9, No. 41

BMA RESEARCH AWARDS 1980

The British Medical Association is offering a number of Research Awards for 1980. Of interest to Association members is the C.H. Milburn award, worth £500, for research in medical jurisprudence and/or forensic medicine.

Further particulars and entry forms may be obtained from:

R.L. Weston,
Secretary,
Board of Science and Education,
British Medical Association,
BMA House, Tavistock Square,
London WC1H 9JP.

The closing date for applications is 14th April, 1980.

GONORRHOEA – THE HIDDEN MENACE

The importance of Police Surgeons advising women, who have been the victim of sexual assaults, on venereal disease has been highlighted by a recent leaflet published by the Department of Venereology, Northampton General Hospital.

In 1977 there were more than 200 million cases of gonorrhoea world-wide. In England alone in 1977 there were 60,000 cases of gonorrhoea reported by Special Clinics. This figure would be substantially increased if it were known how many cases were treated by general practitioners, by private physicians and in the armed services.

The incidence rises steadily year by year at a rate faster than population growth. In particular, the number of cases amongst young teenagers has shown a marked increase.

Gonorrhoea in women is an extremely difficult infection to diagnose, even under ideal conditions. Over 70% of infected women are asymptomatic. The disease may not be detected on the first examination. 66% of women are detected at the first examination, but 20% require a second examination, 10% a third examination and 4% a fourth examination.

An additional problem is that up to 10% of infected men are asymptomatic, capable of infecting their sexual partners and yet displaying no external signs of symptoms.

Oro-pharyngeal infections are more common than is generally realised. There are no distinguishing features and such an infection can easily be confused with other causes of sore throat, tonsillitis, etc.

Victims of sexual assault, particularly in those cases where the assailant is unknown, should be advised of the possibility, particularly of asymptomatic infection, and told to seek examination and testing either by direct referral to the nearest Special Clinic, or via their own Medical Practitioners.

A question of consent — Police Photograpy in 1873 (The 'Graphic').

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.

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

CONTENTS

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

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

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Dr. J.E. Hilton, St. Andrews House, Witton, Norwich, NR13 5DT.

A rare and splendid occasion took place at the end of November 1979, when ten Merseyside Police Surgeons entertained the Chief Constable and a number of senior police officers to dinner. The venue was the library of Knowsley Hall, by kind permission of Lord Derby.

Knowsley Hall is the Divisional Headquarters of K Division, Merseyside Police, and there can be few, if any, police forces that can boast of such elegant surroundings for their Divisional Headquarters.

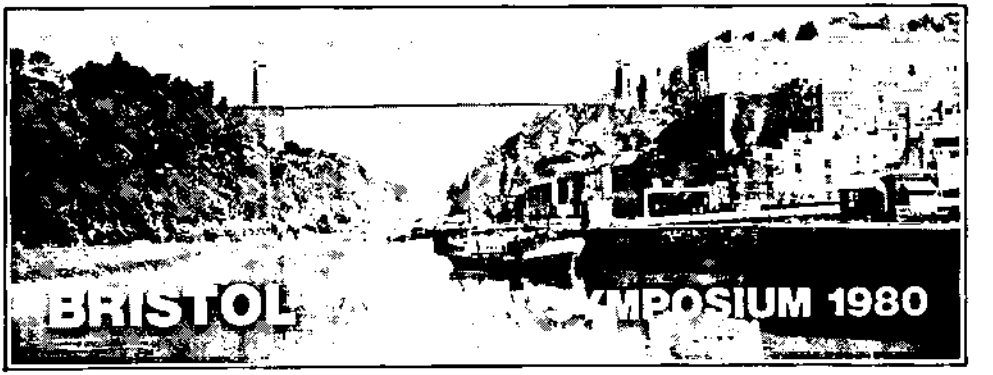
The food was superb, the wine excellent and the company beyond compare. Following formal speeches by Mr. Kenneth Oxford, QPM, the Chief Constable, and Dr. Maurice Kirwan, the floor was opened for informal contributions and these continued for some time, eloquent, witty and wholly entertaining. A splendid night out.

A further meeting took place for Police Surgeons at the end of January. This was a much more serious affair held at the Merseyside Police Training Centre and was the first full-day training course for Police Surgeons. The attendance by the Merseyside Police Surgeons was a little disappointing, only eight being present.

The first speaker, Mr. John Goodwin, the deputy Chief Prosecuting Solicitor, expressed alarm when he saw a number of experienced Police Surgeons present, as he felt that he might be 'teaching his grandmother to suck eggs'. Mr. Goodwin, who spoke on 'Evidence and Court Procedures' need have had no fears. As the day progressed, it was evident that the experienced Police Surgeons, as well as the tyros, were obtaining much in the way of useful information and opinions from the lecturers. Topics included drugs, sexual offences and the Offences against the Persons Act. Mr. Mike Firth, Biologist from the North West Forensic Science Laboratory, demonstrated a prototype sexual offences kit, a development from the Metropolitan Laboratory sexual offences kit. Several criticisms and observations were made by the attendant Police Surgeons, which Mr. Firth promised to carry back to the powers that be.

The meeting was chaired by Detective Chief Superintendent Ray Jackson, the head of Merseyside CID, who also addressed the meeting on 'The Investigation of Murder'.

The first full day for training course for Police Surgeons on Merseyside was a very successful venture. The standard of the speakers was excellent and the subjects well chosen. There was considerable discussion on all the topics throughout the meeting and it was evident that all the Police Surgeons present felt that they had benefited from it. It is to be hoped that meetings will be arranged regularly in the future.



It was inevitable that the enthusiastic and indefatigable Ivor Doney should organise an Autumn Symposium which promises to be the standard by which all future Symposia are measured. In addition to a splendidly varied academic programme, Ivor is losing no opportunity to ensure that all those attending, whether delegates or spouses, have a thoroughly enjoyable time.

The academic programme will be on the Saturday and Sunday but the meeting will commence, for those able to leave their practices by Friday, 19th September, 1980, with a visit to the Museum and Wine Cellars of the famous Wine Merchants, John Harvey & Sons, where there will be a Wine Tasting and Buffet Meal.

Whilst the delegates are busy in the Conference Hall, during the Saturday and Sunday, spouses will be kept thoroughly entertained by the functions and events organised by Ivor and his committee.

The academic programme will open with a series of short papers under the general heading 'What's new for the Police Surgeon?' and topics will include trace-evidence, medico-legal legislation, sexual offences, forensic education, odontology, forensic psychiatry and drug offences. More formal papers will be on 'Baby Stealing', 'Estimating the age of a person', 'Identifying human tissue', 'Shoplifting'. There will be a formal debate with opportunity for audience participation on a problem which frequently perplexes all Police Surgeons.

Members will recall that Ivor Doney attended the successful Wichita Conference of the International Association of Forensic Sciences held in 1978. He specifically commented on another bundle of energy, Dr. William G. Eckert, M.D., who was then President of the I.A.F.S. and who is also Editor of *'Inform'*. It is obvious that Association delegates to the Wichita Conference made a singular impression and Dr. Eckert has told Ivor that he plans to be at the Bristol Autumn Symposium. Bill Eckert has become, as they say, a legend in his own lifetime and his presence in Bristol can only add lustre to the autumn meeting.

Incidentally, Bill Eckert has just announced the publication of a new journal — *'The American Journal of Forensic Medicine and Pathology'* and it is evident from the preliminary publicity that this new journal should be found, if not in every doctor's mailing box, at least in every postgraduate centre and university. British editors of the journal include David Bowen, Malcolm Cameron, Bernard Knight, Keith Mant, Tom Marshall and J.K. Mason. All names to be reckoned with in British Forensic Medicine.

Bill Eckert has indicated that he will be very interested to receive contributions from members of the Association for his new magazine. Incidentally, the cost of the magazine will be 50 dollars per annum and it will be published quarterly.

Full details of the Autumn Symposium will be sent to you in due course through the usual channels. However, if you would like to receive the details as soon as they are available, write to:

Ivor Doney,
Conference Organiser,
'Hazeldene',
Hazel Avenue,
Chapel Green Lane,
Bristol BS6 6UD.

and he will send them to you post haste with the ink barely dry.

SOLUTIONS FOR CLEANING WORK SURFACES IN SURGEON'S ROOMS

At the Winter Symposium Professor E.J. Banatvala, Professor of Clinical Virology, at St. Thomas's Hospital, presented a paper 'Hepatitis as a hazard'.

Professor Banatvala recommends a detergent Hypochlorite solution for cleaning possibly contaminated surfaces. whilst the original formula is suited to hospital practice the essential formula as far as Police Surgeons are concerned is as follows: place 5 ml. of good quality detergent into 600 ml. original bottle of Milton (2% Hypochlorite) fluid. This solution is diluted with an equal volume of water before use. Surfaces are wiped with disposable paper towels which have been wetted with this solution.

There are hypochlorite-detergent preparations available in powder form which may be more convenient to use. Diversey Ltd., of Western Favell Centre, Northampton NN3 4PO produce a preparation called COUNTDOWN. This is available in cartons containing 24 x 24 oz. packs. The pack has a perforated shaker top and the powder is shaken on to the dampened surface. It is then wiped off preferably with a disposable towel and allowed to dry. Alternatively a solution of 2 oz/gal. may be used.

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DON'T SULK BECAUSE IT'S RAINING

or, the penalties of being a Police Surgeon's Wife

On our family holiday
It did not bother them
That I was hot and feverish
And coughing up green phelgm.
Last summer was unkind – and wet.
I'm not one for complaining
But they all scowled and said to me:
'Don't sulk because it's raining!'

But I had got pneumonia,
A raging mycoplasma –
And no-one seemed to care much
For my bronchial miasma.
I can't remember coming home.
(No hospital for me:
I had to grin and bear it –
I'm a doctor's wife, you see.)

But you should've seen my x-rays!
They looked like yoghurt curds
And, just for once, my husband
Was entirely lost for words.

J.S.

MET. LAB COURSES

Places are available on the courses held for Police Surgeons at the Metropolitan Police Forensic Science Laboratory for Police Surgeons living outside the Metropolitan Police area. The courses last two days and are approved under Section 63 for expenses. Apply to Hon. Secretary for further details.

CASE ADJOURNED

A case was recently adjourned in South Wales because the accused had himself become the victim of an assault and, according to his solicitor, he required a steel plate to be inserted in his head. The defending solicitor told the Court that his client should be ready for the case to be resumed within a month, provided 'he was not affected by the steel strike'.

Western Mail, Cardiff

POLDIVE '80

The third Symposium on the Training, Operation and Equipment of Diving Units is to be held at Teesside Polytechnic on 28th-29th May, 1980. The programme will include lectures on Legislation for Safety Underwater, Medical Examinations and Standards, Effects on Divers Working in Polluted Waters, Emergency Treatment of Diver Illnesses, Compression Chambers, Air Diving and Communications.

Further details from:
Inspector R.P. Sigsworth,
Cleveland Constabulary,
P.O. Box, 70 Dunning Road,
Middlesbrough TS1 2AR.

WANTED:

'Practical Forensic Medicine' by Graham Grant.
'Police Surgeon's Emergency Guide' by Graham Grant.
Bound copies of 'The Graphic' for 1873.
The Editor of the Supplement would be interested in borrowing or purchasing copies of the above works.

ASSOCIATION OFFICE

AMENDMENTS TO MEMBERSHIP LIST

We regret to report the following death:

	J.C. Cassaglia	Gibraltar

NEW MEMBERS

Area 1	N.H. Atkinson	Gatley, Cheshire
	A.K. Canter	Liverpool
	B.K.W. Lightowler	Stockport
	L. Reece	Salford
Area 1a	A. Macgillivray	Mellor, Nr. Stockport
Area 2	R. Rogerson	Hull
Area 3	K.S. Dick	Newcastle, Staffs.
Area 4	J. Lines	Wisbech
	A.W. Parry	Nottingham
Area 5	N.D. Arnott	Sevenoaks
	M.D. Qureshi	Gillingham
Area 6	K.A. Clark	Salisbury
	N. Kippax	Glastonbury
	D.C. Shields	Okehampton
Area 7	D.H. Clason-Thomas	Newport, Gwent
Area 8	C. Sudhakar	South Croydon, Surrey
Life Associate	G.R. Staley	Hull

RESIGNATIONS (See also Associates)

Area 1	T.R. Hunter	Bolton
	M.O.P. Iyengar	Barrow-in-Furness
Area 2	L. Hicks	Middlesbrough
	S.W.S. Menzies	Tynemouth
	G.R. Staley	Hull
Area 3	A.J. Hirst	Stourbridge
Area 5	J. Arnott	Sevenoaks
	E.R. Hensman	Ashford
Area 6	E.P. Jowett	Okehampton
Area 8	D.V. Foster	East Molesey
Associate	S.E. Pateman	Blackwood

ERRORS AND OMISSIONS

Council Member	C.S.S. Mackelvie	Glasgow
Honorary Member	The Lord John Richardson	London
Area 1	H.C. Palin	Burnley
Area 2	C.W. Glassey, D.M.J.	Beverley
Area 3	P.R. Shaeena, D.M.J.	Coventry

Area 4	G.F. Birch	Lincoln
	N.M. How	Northampton
Area 5	H. Grylls	Epping
	A.B. Malik	Gillingham
	E.M. Moult	Horsham
	C. Pickstock	Portsmouth
Area 6	B. Batten resigned in 1978	Amesbury
	A.K. Smeeton	Bristol
Area 7	N.J. Lupini	Llanelli
Area 8	C. Clark	Eltham, London
Area 9	P.R.S. Duffus, D.M.J.	Aberdeen
	D.E. Fraser	Dyce, Aberdeen
	G.K. Macdonald Hall	Kirkcaldy
Life Associate Members	A.C. Blair, O.B.E.	Glasgow
	M. St. John U. Cosgrave, D.M.J.	Gateshead
	P.N. Jarvis	Bletchley
	A.N. Redfern, D.M.J.	Louth

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 ..... packes of 50 ..... £2.00

   Postage charge on Aide-Memoires 75p (one packet), £1.25 (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:	Office hours:
CREATON HOUSE, CREATON, NORTHAMPTON, NN6 8ND.	2.00 – 6.00 p.m. Monday–Friday Telephone: (Creaton) 060-124 722

WALL SHIELD

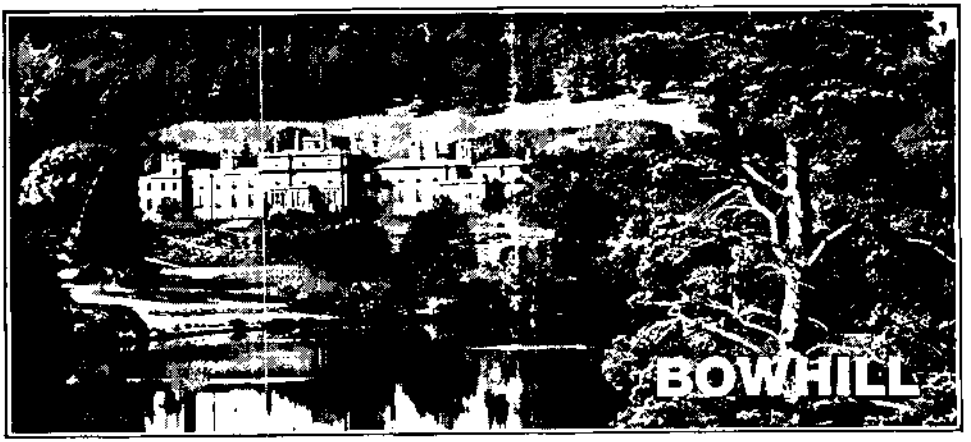
A plaque or wall shield bearing the insignia of the Association of Police Surgeons is now available, and may be purchased direct from the suppliers. Two styles are available, **Style A** (standard) costs **£8.00** including postage, **Style B** (with scrolls) costs **£8.60** including postage. *Shields illustrated in last issue of Supplement.*

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.

THREE HOUSES TO VISIT DURING THE CONFERENCE



Ancient Ettrick Forest, embracing today's Bowhill Estate, was granted by Robert the Bruce to the Douglas family in 1322 as a reward for their services. It reverted to the Crown in 1450 and for a hundred years was a favourite hunting ground for the Kings of Scotland who used Newark Castle, two miles North of Bowhill, as a hunting box. Various Scotts had been active Rangers from the 12th century and, according to legend, it was in a deep 'Cleuch' or ravine in the Rankil Burn, in the heart of the forest, that a certain young Scott seized a cornered buck by the antlers, after it had turned on the King's hounds, and threw it over his shoulder: hence the origin of the name Buccleuch (Buck-Cleuch). In about 1550 the forest was distributed mainly to members of the Scott family but the old Douglas connection with the land was happily restored by a marriage in 1720 between the Scotts and the Douglases.

The present house at Bowhill dates mainly from 1812 and no visible trace remains of the original building of 1708. There were many additions to it during the 19th century and it gradually became the headquarters of the Scott family in preference to Newark, Branxholm and Dalkeith Palace. The architects involved included William Atkinson (1773-1839), William Burn (1789-1870) and David Bryce (1803-1876) by which time it was joined with the stables to form a continuous unit 437 feet long. Much of this was under the watchful eye of Sir Walter Scott, a kinsman and frequent visitor, who christened it 'Sweet Bowhill' in his 'Lay of the Last Minstrel'.

Many of the works of art were either collated by earlier Montagu, Douglas or Scott generations or were given by King Charles II to his son, James, Duke of Monmouth and Buccleuch.

Bowhill served as a hospital in the first World War and was occupied by the Army from 1939-1945. Since then dry rot has presented serious problems, requiring considerable rebuilding and restoration work by a team of skilled and devoted estate craftsmen who have saved most of the original structure and even the hand-painted 17th century Chinese wallpapers and 18th century silk wall coverings.

The house stands in beautiful scenery with mixed woodlands and farmland between two of the Tweed tributaries, the Ettrick and the Yarrow, a mile above their confluence, while heathery hills rise gently between their picturesque valleys to the west.

Keith Simpson

Forensic Medicine

8th Edition

Forensic Medicine

8th Edition

Keith Simpson CBE,
Emeritus Professor of Forensic Medicine to the University of London at Guy's Hospital; Home Office Pathologist

The first edition of this book was written in 1947 for the medical student. It has now also achieved wide usage among lawyers and the police in many parts of the world, and, though unintended, this has to some extent moulded its development. Nevertheless, this new edition retains its primary purpose and, while incorporating changes in the law and regulations, keeps in mind the needs of the younger doctor.

The book, now standard reading in many countries, covers matters of worldwide interest such as the correct interpretation of suspicious infant deaths, of obscure fatalities in ordinary daily life, of reasoned argument in civil litigation and of adverse drug reactions. However, regard has also been paid to more parochial matters – the provisions of the newer Coroners' Regulations, 1978, the Criminal Justice Act, 1976, and many more.

Doctors cannot afford to be found ignorant – or unaware of the special needs of the law in its endeavours to dispense justice. Once again, this new edition will both ease the student's problems in learning, and the practitioner's day-to-day handling of his medico-legal responsibilities.

Contents:

£13.50 net boards ISBN 0 7131 4340 1
400 pages 14 line and 128 half-tone illustrations
Publication November 1979

Published by
Edward Arnold (Publishers) Ltd
41 Bedford Square, London WC1B 3DQ
Trade Department:
Woodlands Park Avenue, Woodlands Park, Maidenhead, Berkshire

This book can be obtained through your usual bookseller.

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Forensic Medicine (8th edition)
by Keith Simpson
ISBN 0 7131 4340 1

I enclose cash/cheque value £ _____

Name _____

Address _____

_____

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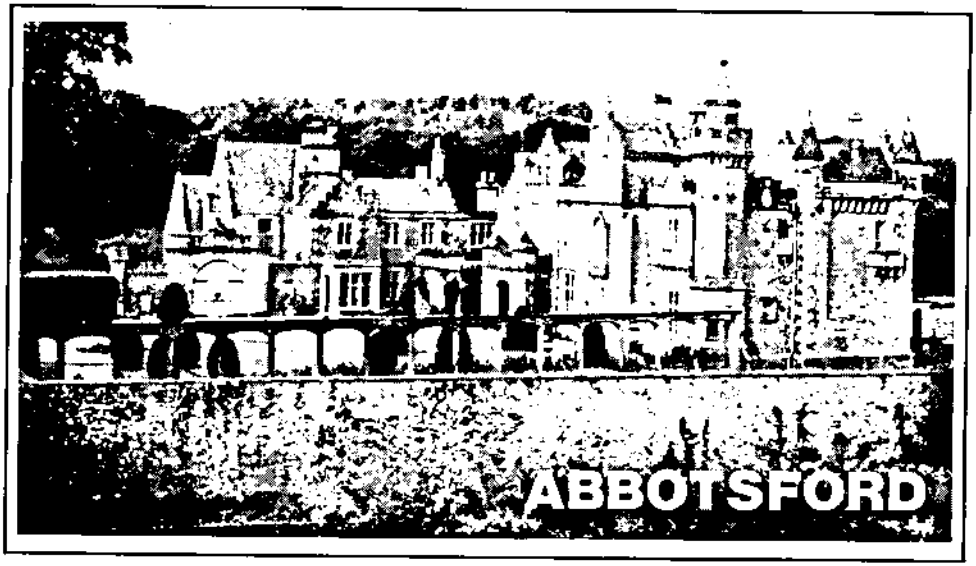
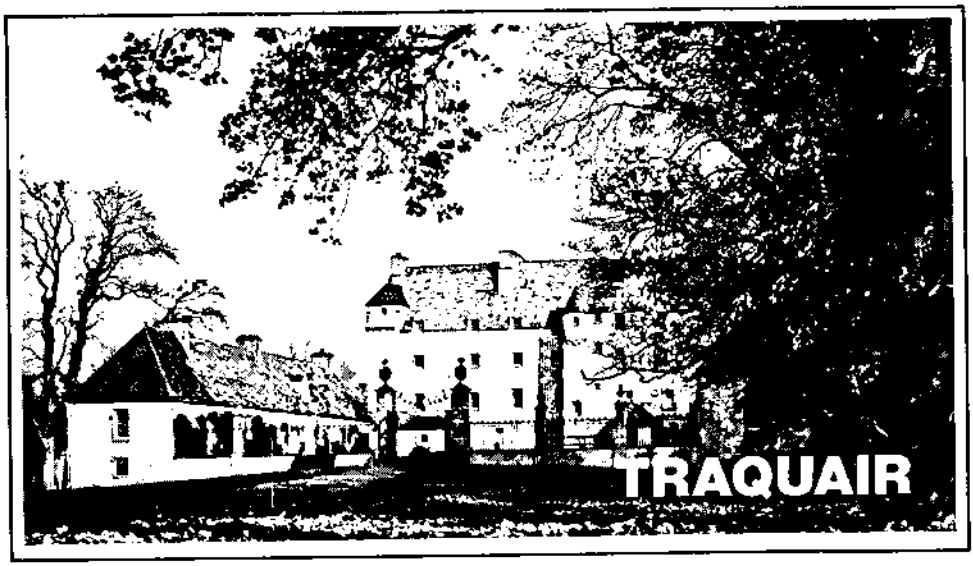
Edward Arnold

Printed in Great Britain 979



From his childhood years, Sir Walter Scott was imbued with a deep love of the Border country. His tenancy of Ashiestiel was coming to a close; he therefore decided to become a Tweedside laird by purchasing in 1811 from Dr. Robert Douglas, parish minister of Galashiels, for 4000 guineas a farm on the right bank of the Tweed. It lay six miles down river from Ashiestiel and consisted of a haugh, called Newharthaugh, and a rough bank mainly covered with its native heath, a total of about 110 acres. As the land had once belonged to the monks of Melrose and a ford just below the house had been used by the monks, he decided to change the name to Abbotsford. When they moved in Sir Walter already had plans for enlarging the house, but these were not carried out until 1818. The additional building connected the farm house to the steading and consisted on the ground floor of an armoury, dining-room, study and conservatory, and on the first floor of three bedrooms. There was a tower on the western corner. Before leaving Ashiestiel Sir Walter had completed 'The Lay of the Last Ministrel', 'Marmion', and 'The Lady of the Lake'; but it was not until he moved to Abbotsford that he began the series of Waverley Novels, commencing with 'Waverley' in 1814. Early in 1822 the old farm house was entirely pulled down and in its place the present main block of Abbotsford was built. Sir Walter and his family were able to occupy the new portion of the house by the autumn of 1824. By 1820 Sir Walter had extended the estate to some 1400 acres, including the lands of Mr. Usher of Toftfield. Sir Walter was a great planter of trees, and he was one of the first to make his own oil gas for lighting purposes (1823).

After the death early in 1853 of his brother-in-law, Walter Lockhart Scott, Mr. Hope-Scott made many improvements to the house and grounds and to the estate. He added a west wing to the house which included a chapel, kitchen and domestic offices; and he built an entrance lodge. There was a great deal of unemployment in Galashiels at that time and he gave work to a large number of men who helped in the construction of the present terraces and of a bank which screened the house from the main road. He feued from the Scotts of Gala about half a mile of bank on the opposite side of the Tweed and planted trees along it; and he made fresh access to the house from the main road for tourists.



Scottish Tourist Board

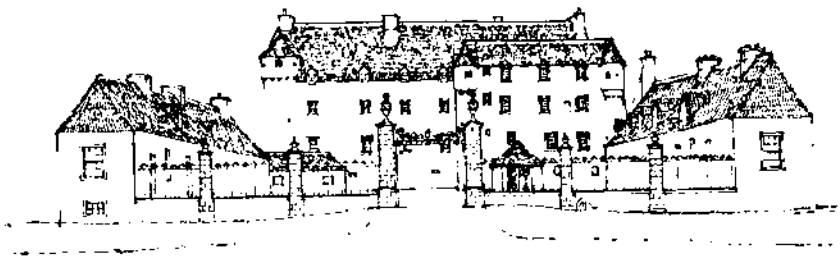
Six miles north-east of Peebles overlooking the River Tweed stands the oldest inhabited house in Scotland — Traquair House. Exactly when the foundations were first laid is lost in the mists of history but tradition claims that there was a building on the site more than 1,000 years ago. Certainly it is probable that a substantial building existed by 1107, when Alexander I stayed and granted a Charter from Traquair.

Since that time, the massive grey walls have sheltered 27 Scottish and English Kings and the legends of their intrigues still linger in the labyrinth of passages and winding stairways.

Traquair House is unique in many ways, in its antiquity, in its architecture, in its mysteries and treasures and above all in its inescapable atmosphere of peace and solitude — Yet this is no museum but a real home, lived in by a family whose descendents have been here since the 15th century.

Outstanding treasures abound throughout the house. Glass, silver, porcelain and old manuscripts, together with the bed, crucifix and rosary of Mary Queen of Scots. Up the main stone staircase, three storeys high, there is an 18th century library exactly where it was 250 years ago, with its original collection of rare books. There is even a brew house renowned for its ale built two centuries ago and now restored to full working production.

Some members will have visited Traquair House during the 1976 Annual Conference but they will be first to agree that Traquair requires several visits to assimilate all the delights.



POSTGRADUATE WORKSHOP IN FORENSIC MEDICINE

17th APRIL 1980

The 1980 Postgraduate Workshop in Forensic Medicine, jointly organised by the Association of Police Surgeons of Great Britain and the Department of Forensic Medicine, Charing Cross Hospital Medical School, University of London, will be held on Thursday, 17th April 1980 in the Postgraduate Centre Lecture Theatre (Ground Floor South), Postgraduate Medical Centre, Charing Cross Hospital, London.

The Workshop has been approved for 2½ sessions under Section 63.

Accommodation is limited to 60 persons, and places will be allocated on a first-come, first-served basis. There is a registration fee of £2.00. Applications for the Workshop on the form below.

Hospitality at this meeting has kindly been sponsored by ALFRED COX (SURGICAL) LIMITED.

PROGRAMME:

10.00 a.m.	REGISTRATION AND COFFEE
10.30 a.m.	**Dr. J. Wall** — 'Damage and Damages'. Medical Defence Union.
11.15 a.m.	**Professor J. Gunn** — 'Does the Health Service do enough for Mentally Abnormal Offenders?' Professor of Forensic Psychiatry, Maudsley Hospital.
12.00 p.m.	**Group Captain A.J.C. Balfour** — 'Accident Reconstruction and Prevention'. R.A.F. Institute of Pathology and Tropical Medicine.
12.45 p.m.	SHERRY, BUFFET LUNCH WITH WINE
2.00 p.m.	**Dr. S.H. Burges** — 'An appraisal of Clinical Forensic Medicine in Australasia'. President, Association of Police Surgeons of Great Britain.
2.45 p.m.	**Professor A. Usher D.M.J.** — 'Murder Inc'. Professor of Forensic Medicine, University of Sheffield.
3.30 p.m.	**Chief Inspector H.B. Spear,** — 'Drug Misuse and the Law'. Home Office.
4.15 p.m.	TEA

APPLICATION FORM: Please complete and send to — The Department of Forensic Medicine, Postgraduate Centre, Charing Cross Hospital, Fulham Palace Road, London W6 8RF (telephone: 01-748 2040, extension 2746).

I wish to attend the Postgraduate Workshop in Forensic Medicine on Thursday, 17th April, 1980. I enclose a cheque for £2.00. (Please make cheques payable to 'Charing Cross Hospital Medical School').

Your Name . . . . . Surgery Address (if different) . . . . . .

Address. . . . . . .

. . . . . .

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Responsible Family Practitioner Committee/Leath Board Cipher. . . . . .

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Narcan

(naloxone)

"Pure" narcotic antagonist

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WINTHROP

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

29th ANNUAL CONFERENCE

19th - 24th MAY

PEEBLES HOTEL HYDRO, PEEBLES

CONFERENCE PROGRAMME

VISITING SPEAKERS

Mr. E. Frizzell, Q.P.M., H.M. Chief Inspector of Constabulary for Scotland.

Professor W.A. Harland, M.D., Ph.D., F.R.C.Path., F.R.C.P. (Glas.), Regius Profess
Forensic Medicine and Dean of the Faculty of Law, Glasgow University.

Dr. A. McMillan, B.Sc., M.B., Ch.B., M.R.C.P., Physician in Genito-Urinary Medi
Greater Glasgow Health Board.

Dr. R. Nagle, M.B., Ch.B., D.T.M. & H.Department of Forensic Medicine, Edinb
University.

Dr. W.J. Rodger, B.Sc., Ph.D., C.Chem., F.R.I.C., Principal Scientist, Strathclyde P
Forensic Science Laboratory.

Chief Inspector D. Shearer, Lothian & Borders Police.

Mr. G.W. Fairfull Smith, M.C., L.D.S., R.F.P.S.(G), Past-President, Scottish Br
Medical & Dental Hypnosis Society.

ASSOCIATION SPEAKERS

Dr. S.H. Burges, D.M.J., President of Association of Police Surgeons of Great Br
Police Surgeon, Suffolk Constabulary, Editor 'The New Police Surgeon'.

Dr. J.P. Bush, D.M.J., Police Surgeon, Victoria Police, Australia.

Dr. J.A. Dunbar, D.M.J., Police Surgeon, Dundee District.

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

Dr. J.N. Gray, D.M.J., Medical Adviser, Lothian Regional Council, Occupational H
Unit. Police Surgeon. Medical Advisor to Lothian & Borders Police.

Dr. J.E. Hilton, D.M.J., Police Surgeon, Norwich, Assistant Editor 'The New P
Surgeon'.

Dr. P. Jago, D.M.J., Chief Police Surgeon, Central Scotland Police.

Dr. D. McLay, Chief Medical Officer, Strathclyde Police.

Dr. C. MacKelvie, Police Surgeon, Glasgow, Council Member, Association of P
Surgeons of Great Britain.

Dr. H. Rosenberg, O.B.E., Police Surgeon, Sussex Police, President-Elect, Associati
Police Surgeons of Great Britain.

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

**There will be an exhibition of photographs and other items during the C
ference from Wednesday to Friday.**

**The Lothians and Borders Police will be the principal exhibitors. Members are
vited to contribute to the exhibition.**

The following pharmaceutical companies will be exhibiting during the Conference:

Allen & Hanburys Ltd.
E.R. Squibb & Sons Ltd.
Norgine Ltd.
Syntex Pharmaceuticals Ltd.

MONDAY, 19th MAY, 1980

ARRIVAL

12.45 – 2.00 p.m. Luncheon
4.00 – 5.00 p.m. Afternoon tea on request in the lounge.
7.00 p.m. onwards Dinner. Last orders 8.30 p.m.

TUESDAY, 20th MAY, 1980

8.00 – 9.30 a.m. Breakfast.

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

9.30 a.m.	Leave Hydro by coach for
10.20 a.m.	Abbotsford, the home of Sir Walter Scott. Tour of house. Refreshments available.
11.50 a.m.	Leave Abbotsford for
12.30 p.m.	Dryburg Abbey Hotel. Buffet Luncheon. There will be time to relax in delightful surroundings, or stroll to nearby Dryburgh Abbey, one of the Border monasteries founded by David I on the banks of the River Tweed.
2.15 p.m.	Leave Dryburg Abbey Hotel for
3.45 p.m.	Traquair House. Tour of the oldest inhabited house in Scotland and its grounds. Refreshments available.
5.15 p.m.	Leave Traquair House for Peebles Hotel Hydro.
5.30 p.m.	Return to Hydro.

Council Members:

9.30 a.m.	Council meeting (Glentress Room).
12.45 p.m.	Luncheon
2.00 p.m.	Resumed Council Meeting.

For those not on the tour or attending Council Meeting

12.45 – 2.00 p.m. Luncheon
4.00 – 5.00 p.m. Afternoon tea on request in the lounge.
7.00 p.m. onwards Dinner. Last orders 8.30 p.m.
After dinner there will be a showing of the film **'Where Eagles Dare'** in the Ballroom.

WEDNESDAY, 21st MAY, 1980

8.00 – 9.30 a.m.	Breakfast.
9.15 a.m.	Coach leaves Hydro for
10.00 a.m.	Bowhill, Border home of the Duke of Buccleuch and Queensberry, K.T. Tour of house and grounds. Refreshments available.
12 noon	Leave Bowhill for Hydro.
12.15 p.m.	The President, Dr. Stanley H. Burges, entertains members of Council, first attenders and their wives. Registration.
12.45 – 2.00 p.m.	Buffet Luncheon

COMMENCEMENT OF LECTURES

WEDNESDAY, 21st MAY, 1980

2.00 p.m.	Sir John Orr, O.B.E., O.St.J., Q.P.M., Chief Constable, Lothian and Borders Police, will OPEN CONFERENCE.
	Dr. S.H. Burges – 'THE POLICE SURGEON IN SOCIETY'.
3.00 p.m.	Dr. D.S. Filer and Dr. F.S. Shepherd – 'THE ASSOCIATION RESEARCH SCHEME'.
3.30 p.m.	Tea
4.00 p.m.	Mr. G.W. Fairfull Smith – 'HYPNOSIS AS AN AID TO POLICE INVESTIGATION'.
5.00 p.m.	**ANNUAL GENERAL MEETING**
6.00 p.m.	Sherry Reception given by Mrs. H. Rosenberg for the Ladies.
7.00 p.m. onwards	Dinner. Last orders 8.30 p.m.
8.30 p.m.	**Whisky Tasting. Organised by the Scotch Whisky Association.**
9.30 p.m.	Dancing.

THURSDAY, 22nd MAY, 1980

8.00 – 9.30 a.m.	Breakfast.
9.15 –	Dr. P. Bush – 'THE WORK OF THE AUSTRALIAN POLICE SURGEON'.
10.15 –	Dr. J.E. Hilton – 'BATTERED BABIES – NON-ACCIDENTAL INJURIES – CHILD ABUSE TEN YEARS ON'.
11.00 a.m.	Coffee
	Short Papers by Association Members
11.30 a.m.	Dr. H. Rosenberg, O.B.E. – 'SHOP LIFTING WITH AN ADDED BONUS'
11.45 a.m.	Dr. J.A. Dunbar – 'DRUNK ON DUTY'.
12.00 noon	Dr. J.N. Gray – 'HOW FIT?'
12.15 p.m.	Dr. C. MacKelvie – 'A QUESTION OF DISPOSAL'.
12.45 p.m.	Buffet Luncheon
2.00 p.m.	Dr. P. Jago – 'HEALTH, SAFETY AND THE POLICE DIVER'.
2.15 p.m.	Dr. D. McLay – 'SOME HISTORY'.
2.30 p.m.	Professor W.A. Harland, Dr. R. Nagle, Chief Inspector Shearer – 'THE HALL AND KITTO CASE'.
3.30 p.m.	Tea
4.00 p.m.	'THE HALL AND KITTO CASE', continued.
6.30 p.m.	**Reception by Tweeddale District Council for Council Members and wives.**
7.00 p.m. onwards	Dinner. Last orders 8.30 p.m.
9.00 p.m.	Dancing. During the evening there will be demonstrations of Scottish Dancing by the **Royal Scottish Country Dance Society.**

FRIDAY, 23rd MAY, 1980

8.00 – 9.30 a.m.	Breakfast
9.15 a.m.	Professor W.A. Harland – 'FATALITIES IN FIRES'.
10.00 a.m.	Dr. A. McMillan – 'SEXUALLY TRANSMITTED DISEASES IN RELATION TO SEXUAL ASSAULTS'.
10.45 a.m.	Coffee
11.15 a.m.	Dr. W.J. Rodger – 'THE TACHOGRAPH AND THE FORENSIC SCIENTIST'.
12.00 noon	Mr. E. Frizell – 'THE DEVELOPMENT OF THE MODERN POLICE'.
12.45 p.m.	**GROUP PHOTOGRAPH – for all members, wives and visitors.**
1.00 – 2.00 p.m.	Buffet Luncheon
P.M.	**ULSTER CUP**
4.00 – 5.00 p.m.	Afternoon tea on request in the Lounge.
7.30 p.m.	**Reception by the President and his Lady, Dr. & Mrs. H. Rosenberg**
8.00 p.m.	**ANNUAL BANQUET**
10.00 – 2.00 a.m.	Dancing

SATURDAY, 24th MAY, 1980

8.00 – 9.30 a.m.	Breakfast. Dispersal

VENUE - PEEBLES HOTEL HYDRO

An excellent hotel set in 30 acres of private grounds, commanding a spectacular view over the Tweed Valley. Peebles is a few minutes walk and has a wide range of shops. Edinburgh is 22 miles away. There are plenty of facilities for children. Good car parking.

Leisure facilities within the Hydro and grounds and nearby:–

Badminton: In the ballroom. Racquets for hire from porter's desk. Shuttlecocks on sale at porter's desk and in hotel shop.

Billiards: Two tables in basement – 0.20 for 40 minutes (meter).

Fishing: Details from porter's desk.

Golf: 18 hole Golf Course – Peebles Golf Course – is a few minutes by car from the Hydro.

Green fees: £2.50 per round, £3.50 per day (payable at the Club).

Other courses in vicinity: West Linton (13 miles), Galashiels (18 miles), Dalkeith (18 miles), Penicuik (13 miles), Innerleithen (6 miles).

Hairdressing: Salons in Peebles. Advance bookings for Friday are available (see booking form).

Pitch and Putt: Free

Riding: A riding school is situated near the squash courts. For information and bookings contact stables direct. (Tel: 21325).

Sauna: Make own arrangements.

Shop: The hotel shop stocks a wide range of goods.

Squash: Two courts. Racquets available for hire. Black-soled plimsoles not permitted.

Swimming: Heated indoor pool open 7.00 a.m. to 7.00 p.m.

Table Tennis: Deposit on equipment, otherwise free.

Tennis: 3 hard courts – free – bring own equipment.

Hotel Rule: Ties and jackets to be worn in the Bar and Restaurant after 7.00 p.m.

SECTION 63: The Conference has been recognised by the Scottish Home and Health Department as four full sessions and for travelling expenses and subsistence allowances. Expenses (travelling and accommodation) incurred in attending Post-graduate Courses are deductable for income tax purposes.

CHILDREN: Special rates are available for children provided they share parents room and take high tea (at 6.00 p.m.) instead of Dinner:–

Up to 2 years old	£2.00
3 to 6 years old	£4.00
7 to 12 years old	£5.00
13 and 14 years old	£6.00

The tours are not suitable for young children.

ULSTER CUP – The ULSTER CUP will be played for on Friday, 23rd May, 1980, on Peebles Golf Course – 18 holes – Stapleford system of scoring. The first tee has been reserved from 1.30 p.m. to 2.30 p.m. The winner will hold the ULSTER CUP for one year and will receive a memento.

Entrance Fee – £1.50 per person, payable before playing (see booking form).

GENERAL INFORMATION

Peebles Hydro Hotel, Peebles, Tweeddale EH45 8LX.
Telephone: (0721) 20602. Telex: 72568. Telegrams: HYDRO.

Director and Manager: Pieter J. van Dijk.

Cost: 24-hour rate per person inclusive of service charge but NOT including VAT.

Single room with bathroom £26.50

Twin or double-bedded room with bathroom £23.25

The rates include full breakfast, morning coffee, table d'hote lunch, afternoon tea, table d'hote dinner and accommodation.

Not all rooms have good views. Rooms will be allocated in order of application. Early booking is essential (particularly if extra days are required) as accommodation reserved for the Association will be held only for a limited time. Members who hope to attend but are not able to confirm accommodation should notify Mr. Tyson (travel agent) at once.

BANQUET: Supplement for Banquet, inclusive of wines and liqueurs.

Residents	£7.35 per person
Guests for the evening	£11.35 per person

Guests staying overnight

Banquet, bed and breakfast	£22.50 per person

VAT IS ADDITIONAL TO ALL HOTEL CHARGES

Charges for accommodation, meals, etc., to be paid direct to the hotel at the end of stay.

Conference fee (£25.00), Ulster Cup entrance Fee (£1.50), Squash Competition fee (£1.50), Group photograph fee (£1.50 or £2.00) and excursion charges to be paid to H.G. Tyson & Co., with application forms.

All hotel bookings to be made through the Association Travel Agent: H.G. Tyson & Co., 53 Long Lane, London EC1A 9PA. Telephone: 01-600 8677.

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

BOOKING FORM FOR 29th ANNUAL CONFERENCE
19th—23rd May, 1980

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

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EARLY APPLICATION STRONGLY ADVISED

1. **TRAVEL TICKETS**
   Rail tickets — indicate 1st or 2nd class.
   From ..... to Edinburgh
   There is a bus service from Edinburgh Station to Peebles.
   Air tickets
   From ..... to Edinburgh Airport
   (Please give dates of travel) .....

2. **ACCOMMODATION**
   PLEASE RESERVE..... Twin Bedded/Double Bedded Room(s)
   PLEASE RESERVE..... Single Room(s)
   FROM: ARRIVAL ..... TO: DEPARTURE .....
   I will be accompanied by .....child(ren), age(s).....
   who will/will not be sharing my room.
   (Please note that the number of rooms with double beds is limited. Not all rooms have good views. Rooms will be allocated in order of application).

3. **BANQUET:** Friday, 23rd May, 1980
   I will/will not be attending the Banquet.
   I will/will not be accompanied by my wife.
   I will be/may be/will not be bringing..... guest(s) to the Annual Banquet.
   My guest(s) will/will not require overnight accommodation. Please give names of guests requiring overnight accommodation.
   (Charges for Banquet, bed and breakfast will be charged to guest's account, £22.50p per person), unless specific arrangemnets have been made beforehand with the Conference Secretary. The charge for non-resident guests for the Banquet only will be £11.35 per person, exclusive of VAT, payable to the Conference Secretary before the Banquet.

4. **GOLF**
   I do/do not intend to play in the 'ULSTER CUP' Competition on Friday, 23rd May, 1980.

5. **SQUASH**
   I do/do not intend to play in the Squash Competition during the Conference.

6. **HAIRDRESSING (Ladies)**
   Please make a hairdressing appointment for:
   Mrs./Miss..... for a.m./p.m. on Friday, 23rd May, 1980.
   for ..... a.m./p.m. Mon./Tue./Wed./Thur./Sat.

7. **FIRST ATTENDERS AT THE CONFERENCE**
   Is this your first Association Conference? YES/NO

8. **EXCURSIONS: (Not suitable for young children).**
The following are required:
a) Tuesday, 20th May, FULL DAY
..... seats at £8.50 ..... per person £.....
b) Wednesday, 21st May, BOWHILL
..... seats at £2.00 ..... per person £.....

9. **GOLF:** Competition entrance fee – £1.50 per person.
(Green fees payable at Golf Course) £.....

10. **SQUASH:** Competition entrance fee –
£1.50 per person £.....

11. **GROUP PHOTOGRAPH**
Two sizes will be available:
6" x 8" @ £1.50. 8" x 10" @ £2.00

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12. **CONFERENCE FEE:**
£25.00 per delegate. £25.00

TOTAL PAYABLE TO:
H.G. TYSON & CO. £.....

13. **SPECIAL REQUESTS**

14. **IMPORTANT: COMPLETE IN BLOCK CAPITALS**

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ADDRESS..... .....
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....
Tel. No..... Tel. No.....

Responsible Family Practitioner/Health Board Cipher .....
Prescription Pad Number .....
DATE REC'D..... No.....
Confirmation SENT.....

DRINKING AND DRIVING

The Association of Police Surgeons has been approached (with other bodies), for its views on the Consultative Document on Drinking and Driving. The document puts forward the Government's views on future legislation. The following are the Association's comments.

Authority

The Association of Police Surgeons of Great Britain was formed in 1951 to, inter alia, represent the views of registered medical practitioners engaged upon clinical forensic medicine as Police Surgeons.

At the time of writing, the Association numbers more than 600 Police Surgeons distributed throughout the United Kingdom.

The vast majority of those persons examined, or in some way come to the attention of registered medical practitioners, in connection with a suspected infringement of the various Acts controlling drinking and driving have been seen by members of the Association.

There is perhaps no other body of medical practitioners who are more aware of the direct and indirect effects of drinking and driving; either by virtue of their duties as Police Surgeons or, by their coincidental participation in local accident and emergency care schemes.

The nature of the work of the Police Surgeon requires him to have knowledge of medicine and the law; with particular reference to criminal procedure. For this reason we feel qualified to comment on both these aspects.

Declared Interest

It should be stated that the remuneration of Police Surgeons is based, in the main, on item of service payments.

In drawing up our comments, we have endeavoured to eliminate any recommendation which has, or may be interpreted as having, any self interest.

It is pertinent to mention that a significant percentage of the medical costs are recoverable by the Courts.

Comments *directly relating to paragraph 62 (page 22 et seq) of the Consultative Document and having common reference to the sub-paragraph headings.*

a. Minority view. There is no authoritative medical opinion that the blood alcohol levels above 80 mgs. of alcohol in 100mm. of blood is irrebuttable presumption of impairment. This may have significance to the public in the eventuality of random testing where 'normal' driving is found to be abnormal in law.

b. Minority view. That the prescribed limit should be lowered to 50 mgs. of alcohol in 100mm. of blood.

f. Council was strongly in favour of the police having discretionary powers to institute roadside screening over and above the provisions in Section 8 of the Act.

The following arguments are submitted in support of this opinion –

i. It would have a *great* deterrent effect (surely a paramount consideration).

ii. The general public were now ready to accept discretionary random testing as a reasonable inconvenience in the face of the proven hazard to the vast majority of those using the roads by drivers impaired by drink or drugs. The experience of the Christmas 1979 anti-drink cam-

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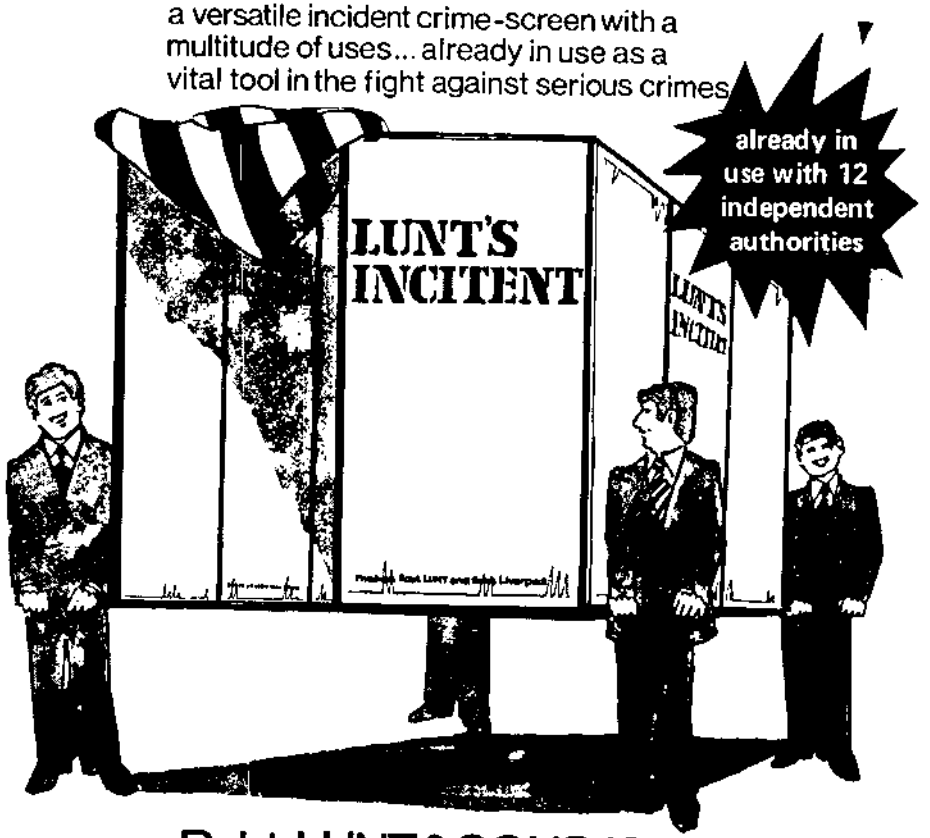

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paign lends support to this view. As one Council member stated, 'so far there has been no howl of protest from the Xmas purge from 'innocent motorists'. They were only too relieved to get off!

iii. It is well known that the police are already empowered to conduct 'road checks' and many motorists are arrested 'on suspicion of the driver having alcohol in his body' as a direct result of what is, for all practical purposes, random testing. This procedure has prompted no known significant dissent.

iv. Many situations where impaired driving due to alcohol/drugs may be expected to cause an increased number of death and injury can be predicted, e.g. hazardous driving conditions, particularly ice, fog and, say, a power failure causing poor visibility at night. National or local festive occasions. In such circumstances, it would surely be highly desirable for Divisional Commanders to be empowered to institute discretionary testing.

j. At the time of writing, we are unaware of the existence of any breath testing machine which would satisfy the specifications of an ideal instrument.

Our concept of the ideal machine would embrace the following considerations:—

i. Calibration should be included on the same print-out as the result of the evidential breath test.

ii. The public should be convinced that the evidence of the machine shall be incapable of manipulation by the police; to the advantage or disadvantage of those tested.

iii. Machine malfunction should be capable of instant recognition by police and suspects alike.

iv. The police operators should be required, by statute, to have undergone specific training in the use of the instrument. Only such a provision would engender confidence in the accused, ensure consistency in the skill of the operator, and equip the operator to withstand cross examination at any subsequent judicial proceeding.

v. Accurate estimations are dependent upon the passage of deep lung air (alveoli air) through the breathtesting machine. We envisage many circumstances which would preclude obtaining a satisfactory sample of alveola air, e.g. certain disease processes, certain physiological variations, and mental disability.

vi. An important difficulty not mentioned in the Appendix might arise in testing the physically aggressive and those having an unsuspected infirmity.

vii. A member from Scotland raised a further pertinent difficulty, 'How does one get well trained personnel 24 hours a day, seven days a week, in the smaller police offices? Does this mean the driver may have to be taken to the nearest big police office? In my area, this could involve a journey of 45 miles. Having so transported the driver, how does he get back to where he was stopped if he is under the limit?'

viii. Would defense lawyers have access to a specific breath testing instrument in pursuance of the defense of their client?

ix. It is the experience of many Police Surgeons that, though mouth alcohol may dissipate rapidly, alcohol-saturated-air may be released from behind dentures and thus give a false result. Gases released from the stomach may also cause inaccuracies.

x. It is not unreasonable to expect many accused persons to have knowledge of the difference in alcohol between samples of air from the deep parts of the lung and the upper parts of the respiratory tract. In their own interests it may be expected that they will act accordingly.

Until such time as all these, and doubtless many other, points are resolved, it was felt that: relations between the patient and police would suffer; unjust verdicts would result; many opportunities would exist for mitigation, acquittal and appeal by, or on behalf of, accused persons.

1. It was thought that in the name of justice, the lower estimation should have evidential priority where blood alcohol and breath alcohol equivalents were at variance.

m. The goodwill of the public may well be prejudiced if an option to provide a blood test could only be exercised before the breath test; (however illogical). This would apply especially in marginal cases. It would also have importance to those who wished to determine the alleged accuracy and efficient use of a specific breath testing instrument.

In view of the provision for the police to require a specimen of blood where either an instrument or an operator was unavailable, it might be considered 'one-sided justice' in favour of the police.

q. We would stress that the effect of drugs alone or in combination with alcohol have a highly significant role in the causation of road traffic accidents.

It is likely that this role will become of increasing importance.

For this reason we would prefer that a specimen of blood or urine or both shall be *required* rather than requested.

In this context, we use the term drug to include any substance which may affect the mental or physical ability of the driver.

We would suggest that the expertise of a Police Surgeon would be invaluable in recognising the reality or possibility of drug intoxication.

s. A special procedure for high risk offenders must be thwarted with many insoluble difficulties. However, it might be considered that the special abilities of a Police Surgeon may be of particular assistance to either the Courts and/or a police authority in assessing the subjective evidence offered in support of those claiming fitness to drive.

Comments *not directly referred to in the Consultative Document.*

i. There are many situations (vide infra) where the presence of a doctor should be desirable if not mandatory in suspected cases of impaired driving as the result of either alcohol or drug intoxication.

We are of the opinion that the following circumstances are particularly worthy of consideration:—

(a) In all cases of accident where there is known or suspected injury, more than of a trivial nature.

(b) In all cases where there is known or suspected mental or physical infirmity more than of a trivial nature.

(c) In all cases where impairment is known or thought to be due to drugs, whether taken lawfully or unlawfully.

ii. (d) In all cases of abnormal behaviour or erratic driving where the breath alcohol is less than 40 micrograms per 100 millilitres of breath.

ii. Valid reasons for the presence of a doctor in the above mentioned circumstances, (and offered in the knowledge that implementation of the proposed legislation will offer an accused person much less chance of seeing a doctor):

(a) A police officer cannot and should not be expected to assume the responsibility of knowing the presence or absence of illness or injury: the more so where alcohol complicates the overall clinical picture.

(b) Many infirmities are known to mimic alcohol and/or drug intoxication.

(c) Whether an accused person is detained or released, police officers deserve authoritative support in rebutting later allegations that proper medical attention was denied to a person whilst in custody.

(d) In cases of severe alcohol and/or drug intoxication, allegations of maltreatment sustained while in custody are not uncommon. Authoritative and impartial medical assessment at the time serves the interests of the public and police alike.

iii. It is known that defective eyesight is worsened by alcohol and/or drug intoxication.

In those cases where a breath test shows lawful intoxication (i.e. less than 40 micrograms per 100 millilitres of breath) it might be considered a worthwhile routine to test the subject's vision in accordance with Section 91 of the Road Traffic Act 1972.

Such a test would not be demanding of the driver or the police. It would have the added advantage of being cheap to administer (Vide Appendix A).

APPENDIX A

Driving with Uncorrected Defective Eyesight

The Road Traffic Act 1972, S.91 reads:—

'(1) If a person drives a motor vehicle on a road while his eyesight is such (whether through a defect which cannot be or one which is not for the time being sufficiently corrected) that he cannot comply with any requirement as to eyesight prescribed under this part of this Act for the purposes of tests of competence to drive, he shall be guilty of an offence.

(2) A constable having reason to suspect that a person driving a motor vehicle may be guilty of an offence under subsection (1) above may require him to submit to a test for the purpose of ascertaining whether, using no other means of correction than he used at the time of driving, he can comply with the said requirement as to eyesight; and if that person refuses to submit to the test he shall be guilty of an offence.'

The requirement as to eyesight mentioned in S.91 is that the driver, whether wearing glasses or not, can read a car's number plate at a distance of 75 feet in good daylight, and 45 feet for pedestrian controlled vehicles; or, where the letters or figures are 3.1/8 inches, the minimum reading distance is reduced from 75 to 67 feet, and for pedestrian-controlled vehicles from 45 to 40 feet (Motor Vehicles (Driving Licences) Regulations 1976 (SI 1976 No. 1076), Sched. 4, para 1).

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Although it's not compulsory
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D.M.J. (Clin) is the recipe
For classified efficiency
— And, Q.E.D., and H.M.C.?

And if this long cryptography
Catches the eye of the powers-that-be
You might have to add the M.B.E.!

J.S.

DEATHS IN CUSTODY

The following paragraphs are extracts from the Association of Police Surgeon's submission to the Parliamenty Select Committee at present investigating deaths in custody.

Examination of those detained at a Police Station

There are many situations where the presence of a doctor should be desirable, if not mandatory, to examine those in custody, e.g.:—

(a) In all cases of accident where there is known or suspected injury, more than of a trivial nature.

(b) In all cases where there is known or suspected mental or physical infirmity more than of a trivial nature.

(c) In all cases where mental or physical impairment is known or thought to be due to drugs, whether taken lawfully or unlawfully.

(d) In all cases where a medical opinion is requested by those in custody (or their agents).

(e) Any person detained on suspicion of, or having been charged with, a serious offence, e.g. grievous bodily harm, homicide, arson.

The following reasons are offered in support of the above recommendations:—

i. A police officer cannot and should not be expected to assume the responsibility of knowing the presence of absence of illness or injury: the more so where alcohol complicates the overall clinical picture.

ii. Many infirmities are known to mimic alcohol and/or drug intoxication.

iii. Whether an accused person is detained or released, police officers deserve authoritative support in rebutting later allegations that proper medical attention was denied to a person whilst in custody.

iv. In cases of severe alcohol and/or drug intoxication, allegations of mal-treatment sustained whilst in custody are not uncommon. Authoritative and impartial medical assessment at the time serves the interests of the public and police alike.

v. Possibility of death in custody.

vi. To establish the presence of known or unsuspected mental or physical infirmity which may have contributed to the execution of any criminal act.

Disposal of those examined

(a) Found by doctor to be fit for continued detention.

(b) Found by doctor to be fit for *conditional* continued detention, with possibility of later medical re-assessment, e.g. observation at stated intervals for possible deterioration of physical or mental health, with particular reference to head injury or attempted suicide.

(c) Those found unfit for detention but not requiring hospitalisation, e.g. on compassionate grounds and occasioned by some severe domestic or emotional stress.

(d) Those found unfit for detention and requiring transfer to a mental or general hospital for diagnostic and/or treatment purposes.

Where a detainee is transferred to a hospital, it shall be the responsibility of the doctor at the police station to ensure that:—

i. the hospital is prepared for and will accept the patient.

ii. the hospital medical officer is informed, preferably in writing, of the essential clinical details of the case.

In the medical management of any detainee, and for whatever reason the detention, the doctor at the police station shall respect the accepted code of professional practice, with particular reference to consent and confidentiality.

Possible Sequalae of a stricter code of practice

(1) There will be a need for a greater number of medical practitioners having special knowledge of clinical forensic medicine and willing to undertake the obligations of a Police Surgeon.

(2) There will be a greater number of persons transferred from police stations to general and mental hospitals; particularly in urban conurbations.

(3) Certain hospitals may require special unit and/or staff to manage patients transferred from police stations. Such patients can be expected to be:
Aggressive,
Violent,
Intoxicated by alcohol and/or drugs,
Infested,
of very poor standards of hygiene

(4) Police personnel may be required to assist the hospital staff in managing aggressive and violent patients.

THE PROBLEM FACED 102 YEARS AGO

Drunk or Dying? — *The sad case of Edward Harris, who was convicted of drunkenness, but whose apparently drunken symptoms resulted from a fracture of the skull caused by a fall from a vehicle, has attracted a large amount of popular sympathy, and the funeral was attended by thousands of persons, his brethren of the whip mustering with special strength. It is very easy to blame the police for these unfortunate mistakes, but people who speak thus are apt to forget the rarity of such occurrences compared with the number of drunken persons who are daily taken into custody. When a constable sees a man or woman lying in the roadway late at night, his immediate surmise is that the prostrate person is drunk, and in ninety-nine cases out of a hundred his surmise is correct. The question then arises, is the constable fairly blameworthy for not arriving at a correct conclusion in the hundredth case, where the patient is not drunk, but is either ill, or (like poor Harris) dying of a mortal injury? We can scarcely blame him for disregarding superficial cuts or bruises, for these are commonly found on drunken people when they have been tumbling about, nor are we aware of any symptoms distinguishing intoxication from other ailments, which are so palpable as to be perceptable to an unscientific observer. We believe therefore, that in most of these cases of error the policeman may fairly be exonerated. But is there no remedy against such accidents? We think there is, and a very efficient one. Why should there not be at every police-station during the night a qualified medical man, whose business it shall be specially to examine all the cases of drunkenness which are brought in? Independent of the chief object of his attendance — namely, to diagnose cases of disease or accident — his presence would ensure a more humane and rational treatment of drunkards than often obtains now. A man who is overtaken in liquor, and 'run in' by the police, may be by no means an habitual toper, for such gentry generally have somewhat less tipsy friends to see them home, and yet, perhaps he never recovers his health after confinement in a damp police cell. But how is the doctor to be paid for his services? Why, very simply, by raising the scale of the present absurdly lenient fines.*

The Graphic, November 23rd, 1878

LONDON WINTER SYMPOSIUM

REPORTER: JUDITH SMALLSHAW

The Metropolitan Police Service has been in existence for one hundred and fifty years – the Association for a mere twenty-nine – so the presentation of a commemorative crystal decanter to Assistant Commissioner Jock Wilson (self-styled member of the 'Scottish mafia!') made by Chairman Dr. Fred Shepherd at the start of the London Winter Symposium could be described as a fitting filial gesture.

The occasion was a Soirée held by the Association at the Innholders Hall on the 11th January, and it was against a setting of dark panelling and heavily ornate standards that Dr. Shepherd welcomed Assistant Commissioner Wilson and Professor Keith Simpson, Emeritus Professor of Forensic Medicine of London University and Guy's Hospital and retired Home Office Pathologist.

Professor Keith Simpson

Fred Shepherd presents the decanter

Hospital anecdotes were savoured with the pre-prandial sherry as Guy's men and the Professor relived old escapades and remembered familiar names.

In his introduction, President Dr. Stan Burges defined the Metropolitan and City Group as the tail of the dog of the Association. On that cold January night, the tail was definitely wagging the dog in welcoming the Professor: an honorary member and 'the grandfather of forensic pathology'.

Reading between the lines of Keith Simpson's books, it may appear that he puts the function of Police Surgeons somewhere between the fairies at the bottom of the garden and the silicone chip. But, in his address to the seventy-five people present, he referred to members and their work as 'experts and their expertise'; the British Police Surgeon being second to none in his estimation, and he extolled the virtues of 'The New Police Surgeon': a fine standard text book.

Between flashes of astringent humour, Keith Simpson suggested that presentation of evidence in court should be approached with as much balanced logic as possible in order to promote the reputation of the Association, and he also advocated better premises and facilities in all police stations.

After his vote of thanks to the Professor, Dr. Burges made public recognition of the OBE recently awarded to Professor Alan Usher of Sheffield: an honour to be commended by the whole Association.

Hazardous Hepatitis

At precisely 10.30 on the following morning at the Blizard Club in the London Hospital Medical School, Dr. Fred Shepherd opened the clinical symposium, introducing Professor E.J. Bantvala, Professor of Clinical Virology at St. Thomas's Hospital, to the fifty delegates present. In his paper, 'Hepatitis as a Hazard', the Professor stressed that, although Hepatitis A is on the decline in this country, it is still highly transmissable, especially in hospital practice, and is a danger to Police Surgeons in their examination and treatment of drug addicts. It is normally transmitted by blood-borne infection and careless post-treatment hygiene.

Hepatitis B is a different problem. It can appear in blood given for transfusion and it is a common infection in drug addicts due to their nasty habit of sharing syringes. The Professor also stressed that the immuno-compromised are more likely to become persistent carriers. About 50% succumb to abnormal liver function.

An interesting point raised by Professor Bantvala was that the E antigen has a 40-45% predominance in homosexuals (the percentage for heterosexuals is 10-15). The homosexual, the junky and those who have spent some time in HM Institutions or the tropics seem to be especially prone to the disease. The patient who has an E antibody positive serum is unlikely to transmit the virus.

Handle with care

The Professor was adamant that controlled management of specimens of blood taken from suspect hepatitis cases is essential. Faulty specimen jars should, of course, be avoided like the plague and any sample, being potentially dangerous, should be handled with care: needles should be returned to their scabbards and sealed; swabs and soiled linen should be incinerated or autoclaved and all surfaces should be wiped with formalin or a solution of Domestos (kills all known germs!) and detergent. The importance of 'one patient/one piece of equipment was emphasised more than once.

Cases of accidental contact should be reported as early as possible and immediate tests run on both the Police Surgeon and his patient. In police work, the most likely way of contracting B-positive hepatitis is through contaminated scratches, samples accidentally splashed onto membranes and (rarely) ingestion. Those who practice acupuncture and tattooing were also suspect unless the decontamination of their equipment was scrupulous.

'Shoplifting and Psychological Components' was the subject discussed by Dr. J.A. MacKeith of the Forensic Department, The Maudesley Hospital. He stated that this is a predominantly female 'crime' – thirty-three women being convicted of the offence to every man – and that questions on moral issues and deviant behaviour were standard court procedure. Incidences of shoplifting – or just plain theft – rose to a high level in the middle years (45-55): in London: 40% of these cases were remanded in custody and it was interesting to note that 60% of convicted shoplifters in the Metropolitan area were foreigners. Maybe the stranger to this country is lonely: perhaps, free from the restricted controls of her own country, she takes her new emancipation a little too far: possibly the very reasons for her journey are problematical. Most of these women have a full wallet and the stolen items will probably be of no intrinsic use to her.

Shoplifting may also be an indication of psychosis or schizophrenia, the symptom of depressive illness or an acute distressed state – or merely a mute cry for help. The motivation and the state of mind of the patient must always be taken into consideration as must the constancy of her statements.

Records show that among convicted shoplifters, 25% have, at one time or another, been admitted to mental hospitals, 25% have attempted suicide and yet another 25% are known prostitutes. More statistics: 10% have suffered a recent major physical illness and 20% have shown psychological neurotic symptoms. (It would seem that the menopause has a lot to answer for). Mental and family problems also have their place in these general averages. However, whatever the context, behaviour cannot be placed under a microscope.

The last paper of the morning, 'Coma, a differential diagnosis for Police Surgeons', was read by Dr. R.A. Henson, Physician in Charge, Neurological Department of the London Hospital. He said that it was difficult to choose words to describe the technique of diagnosis, but 'a coma was a coma' – under whatever circumstances the Police Surgeon might be called upon to see his patient.

A man in a coma shows no response at all whereas one in a semi-coma, or stupor, will respond to strong and painful stimuli. Further down the scale, the condition of delirium might manifest itself through alcoholism, encephalitis, drug addiction, hepatitis or renal failure. Where a head injury has been incurred, there may be an

Professor Banatvala

Dr. Mackeith

absence of the cerebral mantle: the patient will wake, sleep and wake again, will be immobile and there will be no evidence of mental activity. Afflictions of the brain stem due to compression or disease are life-threatening but are treatable if identified in time. A middle cerebral infarction renders the patient deeply unconscious and presents recognisable hemiplegia. If the patient is comatose but has nystagmus, the brain stem is intact. This was illustrated by a curious method of investigation: if chilled water is used for ear-syringing, and if nystagmus is absent, brain death has occurred.

Displacement of the brain stem denotes increased inter-cranial pressure and the pupils will be fixed and dilated. Unilateral decerebration gives a picture of damage high in the brain stem or in the brain itself. We were reminded that, although unconsciousness due to an excessive intake of alcohol may be very familiar to the Police Surgeon, meningeal irritation can be present in cases of coma and the diagnosis of hepatatic coma is difficult.

Pituitary coma, myxoedema coma, epilepsy, encephalitis and hepatatic failure — the commonplace and the rare are all to be found under the collective title. And Dr. Henson ended on a cautionary note: never, never make the diagnosis of a psychiatric coma!

After lubrication and lunch, Detective Superintendent D. Adams of the Photographic Branch, New Scotland Yard, spoke on 'Photography and Crime'. There have been official professional photographers on the staff of the Metropolitan Police since 1901, before which date cameras were used only to photograph the full-face and profile identification of criminals. At the turn of the century, the heavy daguerrotype film was the only means of record available and this was first used by the Birmingham City Police.

Today, photography, used by highly qualified personnel, is classed as an accurate record of evidence found at the scene of a crime and is rapidly becoming set standard procedure for both Police and Divisional Surgeons. All photographic procedure is guided by the investigating officer — although, during the ensuing discussion, it was revealed that Police Surgeons often use it as an *aide memoire* and for teaching purposes.

Detail is limited on polaroid photographs and, as the maximum amount of detail is required for subsequent use, Detective Superintendent Adams advocated the use of a more conventional camera.

Observation — or a corroboration of events — can be valuable evidence, so can 'viewpoint'; what can or cannot be seen from any particular angle.

Det. Supt. Adams

Dr. Henson

The camera — which never lies — is an important back-up for notes, especially if a record of time and date is also made by the attending officer.

The advantages of colour versus black-and-white were discussed. For instance, bruises, which will virtually disappear on a black and white print, are readily detected on a coloured photograph. With a modicum of intelligence, the earliest possible use of a camera at the scene of a crime in conjunction with expert developing and printing will produce excellent results.

In the future, Mr. Adams thinks that direct video systems will be used extensively in police photography. This produces an immediate enlarged print without the film having to go through a lengthy developing process. Even now, image-intensive cameras are being widely used, also different lenses including the wide angle lens and the long focal lens. However, technical problems still remain — as disparate as the judgement of distance and timing to running out of film!

Mr. Adams illustrated his paper with transparencies covering the whole gamut of photography from over-exposed young ladies draped sexily over the bonnets of new cars to the ghoulish Christie murders and bits of bodies in a pressure-cooker.

Mr. D. Cresswell

At lunch, Mr. D. Cresswell, Principle Scenes of Crime Officer of the Metropolitan Police Laboratory admitted to having come a long way since he first nabbed a cyclist riding without lights. He spent thirty years in the Metropolitan Police Force and, although he 'retired' four years ago, he is still working for the CID in a civilian capacity.

Everyone knows that too many cooks spoil the soup. 'Five Pairs of Hands' (the label he gave to his lecture) would probably blow up the whole kitchen! But let Mr. Cresswell elucidate: 'The laboratory liaison sergeant, the photographer, the divisional surgeon, the fingerprint expert and me — we are the owners of the five pairs of hands present at the scene of any crime'. In his capacity as a SOCO, he has to deal with the recording of foot- and fingerprints; most crimes, ranging from drug raids to petty theft, come his way — and he has been made responsible for adequately equipped surgeons' rooms at police stations (loud laughter from delegates!).

As finger-print-lifter, he works impressively with powder and brushes. In this way, he often manages to obtain background information from witnesses because he is the only one of the many officers at the scene of the crime who appears to be doing anything constructive!

Mr. Cresswell went on to state categorically that, at the moment, all the five specialists under discussion work in watertight compartments. What is really needed is the gathering of evidence, experience and expertise and the most efficient way of achieving this is with a graded response from a team which works systematically together, learns crime patterns and knows the system backwards. At the moment, the scene of most crimes is raped rather than assessed and researched. He looks forward to the amalgamation of the support services: each man working in as many fields as possible, and using maximum resources, would be a reasonable solution and would do away with the present annoying and time-consuming lack of communication.

During the ensuing discussion, Dr. R.B. Irwin agreed wholeheartedly with

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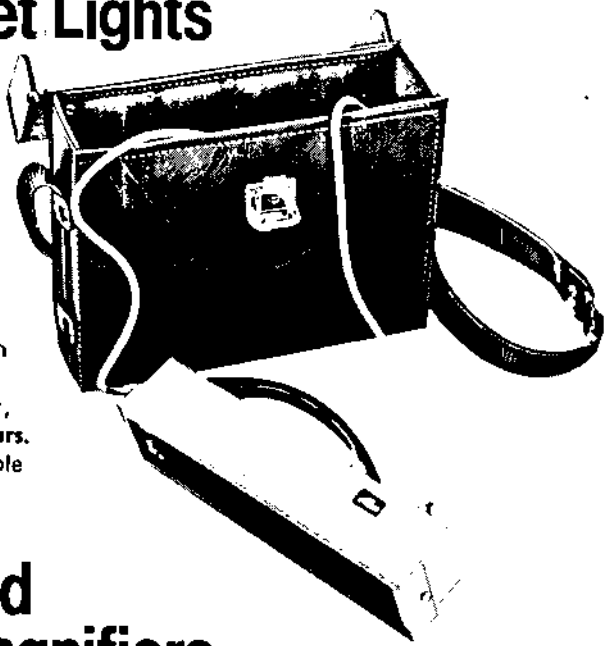

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this suggestion, illustrating his experiences in Northern Ireland where, due to the prevalent conditions, 'the five' have fused themselves into an efficient team.

Dr. Stan Burges who chaired the second part of the Symposium expressed the opinion that the whole day had been a valuable exercise in multi-disciplinary liaison and was only sorry that there was no time for the scheduled informal discussion.

Special thanks for the smooth running of the meeting must be given to Joan Norwood, personal assistant and amanuensis to Arnold Mendoza.

But let the last word come from first-time delegate Dick Marsh from Shrewsbury who has been an Association member for only six months. 'There is a great deal of profit to be gained from meeting keen people who are interested in their work and who are willing to share their knowledge and experience', he said. 'It's nice to know that I'm not out on a limb any more'.

And that just about sums it all up — doesn't it?

When summer smiled on sweet Bowill,
And July's eve, with balmy breath,
Waved the blue-bells on Newark-heath;
When throstles sung in Hare-head shaw,
And corn was green on Carterhaugh,
And flourished, broad, Blackandro's oak,
The aged Harper's soul awoke!
From 'The Lay of the Last Minstrel'
by Sir Walter Scott

And what saw ye there
At the bush aboon Traquair,
Or what did ye year that was worth your heed?
I heard the cushies croon
Thro' the gowden afternoon
And the Quair burn singing down the Vale o'Tweed.
J. Campbell Shairp, 1864

Visit Bowhill and Traquair during Conference

DATES FOR YOUR DIARY

16th April, 1980
Forensic Medicine Workshop.
Charing Cross Hospital. See page 37.

17th-19th April, 1980
Spring Symposium.
Forensic Science Society. University of Nottingham. See page 74.

19th-24th May, 1980
APSGB Annual Conference.
Peebles Hotel Hydro. Peebles, Scotland.
Booking form See page 45.

28th-29th May, 1980
Poldive '80.
Teesside Polytechnic. See page 31.

6th June, 1980
Joint meeting FSS, ASPGB, RCGP.
Dryburn Hospital, Durham.

19th-21st September, 1980
Autumn Symposium.
Bristol. See page 28.

9th January, 1981
January Reception.
Innholders Hall, London.

10th January, 1981
Winter Symposium, London Hospital.

15th-20th June, 1981
APSGB Annual Conference, Grand Hotel, Brighton.

22nd-26th June, 1981
Conference of the International Association of Forensic Sciences, Bergen, Norway.

September, 1981
Autumn Symposium, Derbyshire.

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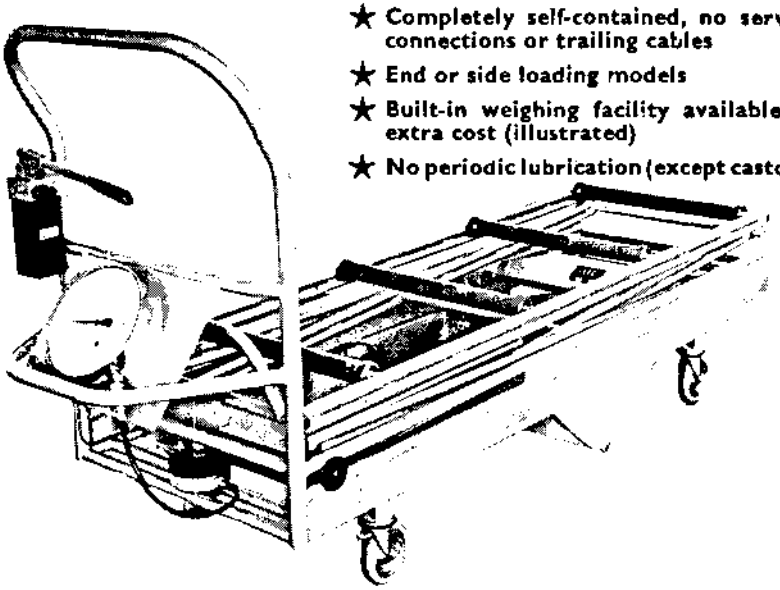

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ANGEL DEATH

the menace of Angel Dust

Last November a stunnning television programme alerted millions of Americans to the existence of a drug now being used by a frightening number of teenagers: a drug that many experts consider to be the most dangerous now on the illicit street market because of its unpredictable effects. Drug users know it as Angel Dust, PCP crystal, hog, peace weed, super grass, scuffle or goon. Its more prosaic title is phencyclidine hydrochloride.

The television programme was a compelling mixture of case histories and of chilling statistics delivered in unemotional style by Joanne Woodward and Paul Newman. Its first showing, on the local Metromedia station in Los Angeles, occupied an hour of peak time uninterrupted by commercials and, thanks to its quality and the way it had been promoted and despite competition from the big networks, it picked up 32 per cent of the local audience. Only *Charlie's Angels* got higher viewing figures that evening.

The documentary, called *Angel Death*, had a bizarre origin. Last year the president of Columbia Pictures, David Begelman, was convicted of grand theft after forging £20,000 worth of cheques. One of the terms of his sentence, suggested by himself – and it won him probation instead of gaol – was that he make a film about PCP. He put up £15,000 and a further £20,000 came from the Los Angeles County Medical Society.

Phencyclidine hydrochloride was developed twenty years ago as an anaesthetic but when researchers tested it in humans they found that one in three subjects awoke from it in a highly agitated, temporarily psychotic state. It first appeared as a street drug in San Francisco in 1967 when it was known as the 'peace pill' but only recently has it become a major drug of abuse in most large cities in the USA.

In Los Angeles, for instance, arrests precipitated by PCP-takers running beserk in the streets or committing crimes, including murder — have risen by 2,000 per cent in the past four years. In New York, one in six students at junior high or high school, an age range of 12 to 18, has tried PCP at least once. Its popularity among schoolage drug users ranks just after alcohol and marijuana. Because it can be made by 'kitchen chemists' from commercially available precursors, supplies are plentiful and relatively cheap. The US National Institute on Drug Abuse estimates that over seven million people have already used it and more than eight million people aged between 12 and 25 will use it this year. One study found that the average age for first usage was 14.

Its effects are unpredictable and uncontrollable and it is a common cause of bizarre, violent, often gruesome behaviour. One man under the influence of PCP extracted all his teeth with a pair of pliers; a 16 year old boy shot his best friend; a woman fried her baby in cooking oil. PCP is not physically addictive but users can become psychologically addicted to the 'high' it produces. Continual usage can cause behavioural changes and severe impairment of memory and intellectual ability.

PCP is a crystalline powder that readily dissolves in water or alcohol, and can be taken in more ways than any other illegal drug: smoked, swallowed, sniffed or injected. Some users have even administered it to themselves in the form of eye drops. Pushers supply it as crystals or as a liquid. Users sometimes take it by dipping a cigarette or a marijuana joint into the liquid then smoking it. More commonly they take it as 'Angel Dust': the crystalline powder is sprinkled onto parsley or mint leaves and rolled into a joint that is smaller than the typical marijuana joint. These joints, called 'dusters', sell for about £1.50.

Symptoms of PCP intoxication vary and depend on the dose, how it was taken, and the user's previous experience of the drug. The first effects after smoking one joint usually appear after two or five minutes, peak between fifteen and thirty minutes, and persist for four to six hours. When it is taken orally the first effects appear later, after about half an hour, and may last longer. As the users come under the effect of the drug and start to hallucinate, they become incommunicado, enjoying, or not enjoying, some fantasy world.

Most users find it difficult to describe the effect but agree that it is different from that produced by other drugs. The television documentary showed how users, when high, go into a zombie-like state, responding only slowly and incongruously to stimuli. These users described the high as 'being detached from all feeling and suspended in a state of nothingness'. Their hallunications are often grandiose, involving feelings of absolute power or immortality. After the first fifteen to forty-five minutes the user becomes talkative but as the 'high' wears off a mild depression takes over. This is the time when the user may become violently paranoid.

The documentary *Angel Death* showed police trying to restrain a young boy who was screaming, shouting and running naked along Sunset Boulevard in Los Angeles. He had already kicked out store windows with his bare feet and attacked passers-by with an ice pick. The programme also showed a girl describing how she had watched her friend drowning in a swimming pool. 'We were loaded with dust. Suddenly she started screaming for help saying she was drowning'. 'No you're not drowning', I said. I got out of the pool and watched her. Even when she was at the bottom I said: 'You swim under water real good'. When I finally did dive in and got her, she was already dead'.

PCP intoxication follows one of two patterns, depending on the dose taken. The first is an acute confused state which may follow smoking one joint, sniffing some dust, or a small oral dose. As users come out of the high, they are confused and may manifest violent or bizarre behaviour. They are agitated, easily excited and disorientated in space and time. Occasionally they are self-destructive and uncommunicative. Often they vomit, and their movements are clumsy.

The second pattern occurs with higher doses. The takers then become stuporous or comatose. Their eyes usually open and rove around the room, muscle tone is increased, their vomiting is severe. Often they suffer convulsions violent enough to tear muscles and break bones. These patients may remain comatose for seventy-two hours and may take up to fifteen days to recover. Very high doses may depress the respiratory centre and the patients have to be moved into intensive care. The greatest danger of PCP is the small margin that exists between the dose that produces the high and the dangerous overdose.

Repeated users, even of only low doses, may end up with permanent brain damage which produces severe impairment of intellectual performance and memory. This syndrome is well known to street drug users who label the sufferers as zombies, space cadets, rubberheads or burnouts.

The only legal use of PCP is as an animal tranquilliser and anaesthetic. It is used to be fired, in darts, into large animals to control them for veterinary surgery but because of its convulsant side effects and because of the availability of other safer animal anaesthetics, legal manufacturers in the US withdrew it from the market earlier this year.

The potency of PCP sold on the streets, after manufacture in underground labs, may vary by as much as 500 per cent. Few of the makers are trained chemists; some have blown themselves up. But the risks are worthwhile. In thirty-six hours, eleven chemicals costing about £250 can be covered into Angel Dust worth £100,000. All eleven chemicals can be purchased freely over the counter. The main precursor is pipiridene, normally used in the making of plastic and rubber products, and many US police forces are now campaigning to have its supply restricted to registered manufacturers.

Because it is cheap to manufacture, PCP is often sold in place of other more expensive hallucinatory drugs. Analyses have revealed it being sold 'on the street' as LSD, psilocybin, mescaline, or THC and the subterfuge usually works because it is potent enough to produce a significant high. Recent surveys have revealed that only between 3 per cent and 25 per cent of drug samples containing PCP had been sold as that drug.

Metromedia captured the audience for the programme by promoting it with 30-second trailers made by well-known television performers who were especially popular with the 12 to 18 age group. After the documentary they screened an interview in which Erika Strada, star of the series *Chips* which has a huge teenage audience, got Dr. Jerry De Angelis, director of Pride House, a residential rehabilitation centre in Los Angeles, to describe how teenagers could get help. Strada also offered viewers free copies of a clearly written information pamphlet. Metromedia also produced a classroom study guide for use by teachers in conjunction with the documentary, a guide that won the recommendation of the US National Education Association.

The promotion, the programme, and the follow-up were a superb example of co-operation between doctors, programme makers, and teachers — of a sort we rarely see in these islands.

As yet there is no evidence of a sudden increase in the use of PCP in the UK. But teenage fads and fashions, be they skateboards or LSD, have a reputation for crossing the Atlantic rapidly.

If Angel Dust does come here, doctors and parents and particularly teenagers need to be forewarned of the horrors it brings with it.

This article first appeared in 'World Medicine' and is reproduced by kind permission of the Editor.

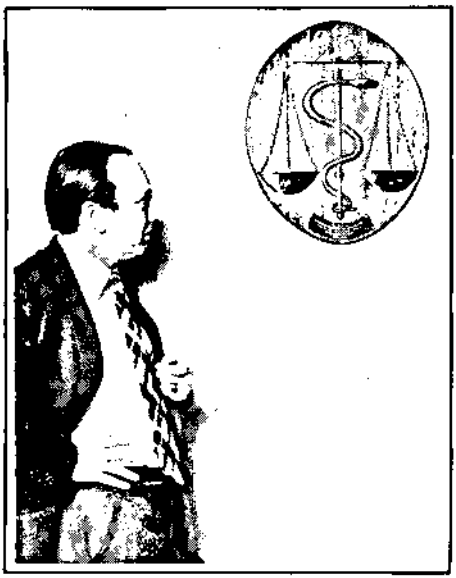
150 YEARS ON THE BEAT

1979 marked the 150th year since the formation of the London Metropolitan Police. The police celebrated this auspicious occasion with various exhibitions and a splendid tattoo at Wembley.

The Association of Police Surgeons of Great Britain was formed in 1951 from the Metropolitan Association of Police Surgeons, which itself was formed in 1887. However, it is known that Police Surgeons were active from the days of the Bow Street Runners, although there was no formal organisation until 1887 to represent Police Surgeon interests.

It was appropriate that the Association of Police Surgeons should not let the 150th anniversary pass without showing a mark of the esteem in which the Association holds the Metropolitan Police. Two presentations were made, the first at New Scotland Yard, where the Association Crest (illustrated on the back cover of the Autumn 1979 issue of 'The Police Surgeon Supplement') was presented to the Metropolitan Police. It was appropriate that the presentation should have been made by Dr. Ralph Summers, the only Police Surgeon to have served continuously as a Police Surgeon for 50 years, and who was present during the celebrations of the 100th Anniversary of the Metropolitan Police. The Crest is now displayed in a prominent position at the Metropolitan Police Forensic Science Laboratory in Lambeth.

Dr. Williams admires the crest



Metropolitan Police Laboratory

The second presentation took place at Innholders Hall at the beginning of the January Winter Symposium, when the Metropolitan Police Surgeons presented an engraved decanter to the Metropolitan Police.

The Metropolitan Police Tattoo was a splendid affair. Five hundred members of the Metropolitan Police Force, Cadets and civilian staff, presented a spectacular show, which besides showing the modern day Force and some of the activities it undertakes also presented a magnificent pageant of the Metropolitan Police Force since its formation. The Association was represented by our Honorary Secretary, who acted as Honorary Medical Officer for the week of the Tattoo. In addition,

TATTOO PICTURES PAGES 68-69

he represented the role of the Police Surgeon in the history of the Metropolitan Police by riding in period costume during the colourful display of Victorian London.

Hugh entered with enthusiasm into the spirit of the show. He was fortunately able to ride P.C. Peter Saunders' 17-hand grey 'Quebec' (known to his friends as 'Willy'). Willy is normally stationed at

Hyde Park Police Station and is a veteran of numerous Changings of the Guard, State Processions and Trooping the Colour ceremonies, where he has often carried members of the Royal Household. Hugh says that Willy was a perfect gentleman and those members of the Supplement Editorial Staff, who attended the Tattoo, were very disappointed not to see Hugh pitched into the sawdust in front of the Royal Box.

It was fitting that the Association should be so ably represented on this splendid occasion.

ADDRESS BY RALPH SUMMERS

One hundred and fifty years ago the Metropolitan Police Force was formed and at the same time the first Police Surgeons took up their duties.

Over this period of a century and a half, there has existed a very close liaison and co-operation between the Commissioner, Receiver, Chief Medical Officer and the Police Surgeons, which resulted in considerable improvement in the health, welfare and working conditions of members of the Force and benefit to the general public when medical matters have arisen in law enforcement by the Police.

We Police Surgeons have over this period considered it a great honour to be so closely associated with the Metropolitan Police Force and, as a mark of our apppreciation of this happy and beneficial fellowship, the Association of Police Surgeons of Great Britain decided to make a presentation to the Commissioner of a bronze replica of our badge on the occasion of the 150th anniversary.

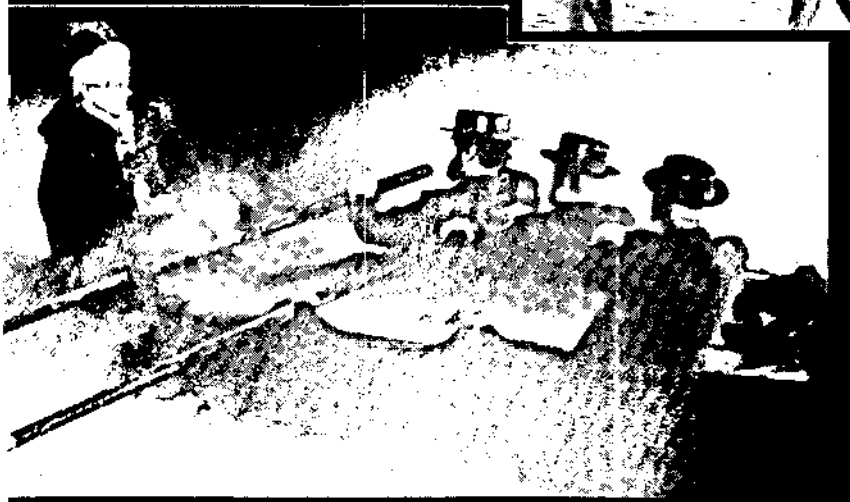
Over the years our duties have altered considerably. With the advent of the National Health Service in 1946 we no longer had the health and welfare of the members of the force under our care but, with the great expansion of scientific knowledge and procedures in the forensic field we, as Police Surgeons, gained much experience in clinical forensic medicine. As a result, we became closely associated with the Metropolitan Police Forensic Science Laboratory.

I would like to pay tribute to the Chief Medical Officer, Dr. Bott, who in a very short period of time has quickly appreciated many of our problems and has given us considerable help and encouragement in our work.

I would also like to pay tribute to the Director of the Laboratory, Dr. Williams, and Dr. Lewington, together with the rest of the staff with whom we have had the closest co-operation and assistance over the past decade. Dr. Williams has arranged lectures and demonstrations at the Lab. for the newly appointed Police Surgeons, and so successful and popular have these become that courses have now been arranged for the older appointed Police Surgeons to attend and keep themselves up to date. Incidentally, Dr. Williams has written a most important chapter in our 'Bible', the New Police Surgeon, which has been acclaimed a success all over the world.

It gives me much personal satisfaction to be here this evening, on this your 150th birthday, because just fifty years ago, in 1929, when the police celebrated their 100th anniversary and were reviewed by King George V in Hyde Park, I, as a very young Police Surgeon, was invited to be present by the Commissioner, Viscount Byng of Vimy. I followed my father who was a Police Surgeon for over 25 years previously.

Mr. Kelland, as a founder and past president of the Association of Police Surgeons of Great Britain and on their behalf, I have much pleasure in presenting this badge on this the 150th anniversary of the inauguration of the Metropolitan Police Force.

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1829 - 1979
POLICE

THE MENTAL HEALTH ACT

notes for Police Surgeons

Under the Police Surgeons' National Agreement a Police Surgeon is called to the station under Section 6C 'To certify that a person is fit to be detained or to attend Court'.

In other words, if the police do not intend to charge the person or question him in respect of an offence then the Police Surgeon is only attending as a Doctor under one of the sections of the Mental Health Act. Preferably, the police should obtain the patient's own doctor, who is responsible under his terms of service under the NHS Act, and it must be made clear to the police, the local general practitioners and the Social Services that the involvement of a Police Surgeon, in cases where the station is used as 'a place of safety', is purely a gesture of goodwill and he does not have to become involved.

Again, from Notes for Guidance on the National Agreements (PSSC5 of 1974) — 'In all cases it is essential for police officers to inform a Police Surgeon as precisely as possible of the reasons for calling him out'. In particular it is important that it should be made very clear, when a request for attendance of a doctor is passed through police channels on behalf of an outside body and when the police would not be responsible for the payment of an attendance fee. In this connection it is pointed out that if the disposal of a person is to be effected under the procedures of the Mental Health Act 1959, it is open to the police to contact the 'duly authorised officer'(i.e. a Mental Welfare Officer) *who would be responsible* for calling out a doctor.

(Note:— In Scotland, where an accused person may be committed to hospital rather than to prison under Section 54 of the Mental Health (Scotland) Act 1960, it may be desirable for the police to call upon a Police Surgeon to examine the prisoner so that the evidence of a doctor may be available).

In some parts of the country social workers insist doctors make the necessary arrangements for admission and difficulties are experienced in having patients admitted. It is the view of the BMA (Nov. 1975) sent to all secretaries of Local Medical Committees:—

> 'That it is the duty of the general medical practitioner, under his term of service, to refer patients as necessary to any other services provided under the Health Service Acts — it is not any part of his duty to provide those other services'.

As I interpret this, once the Section 29 Form is signed that is the doctor's duty done! And the rest is up to the social workers.

In the event of social workers not being available, a police officer can obtain admission under Section 136. (Note — the police have been doing social work for 150 years and it may be pertinent to remind obstructive social workers of this fact). Medical evidence may strengthen a police officer's action under Section 136.

A hospital does not have to accept a patient purely because the recommendations have been signed, nor for that matter does a social worker have to comply with the recommendations. However, failure to accept a patient for psychiatric admission on the recommendation of a doctor, who has examined the patient, will lay the social worker and/or hospital doctor open to criticism and unpleasant publicity should the patient subsequently commit a serious offence against himself or against others.

Fees for examination and recommendation under the Mental Health Act 1959 are the responsibility of the Area Health Authority (acting on behalf of the Social Services) — and should be paid in all cases where the practitioner has carried out the examination *whether or not a recommendation is made.*

It is possible under certain circumstances to claim a fee from both the police and from the Area Health Authority. A person is arrested and it becomes apparent that both before and after his arrest his behaviour has been bizarre. The Police Surgeon is requested to attend and examine the prisoner to determine his fitness for custody and for this the police are responsible for the fee. Following examination the Police Surgeon decides that the prisoner is suffering from some form of mental illness. The following possibilities now arise:—

1. The prisoner is to be charged with murder, or other serious offence, and will be kept in custody despite his mental condition until he can be brought before the Magistrate. He can then be referred directly to a psychiatrist at the Prison Remand Centre.
2. The prisoner is not a risk to himself or others and, although suffering from some form of mental illness, is fit for custody.
3. The offence is minor and the mental disturbance appears to have contributed to the commission of the offence. The prisoner can be bailed, discharged for summons, or no further action taken on the charges.
4. The Police Surgeon decides that the mentally disturbed prisoner is not fit for custody. It is evident that he is a potential danger to himself and/or others. The Police Surgeon has now completed his service to the police and the police would not be responsible for fees resulting from further work carried out by the Police Surgeon. It is for the further work entailed in arranging the attendance of the social worker at the police station, completing the necessary documents and discussing the case with the social worker on arrival, that the Police Surgeon is entitled to claim the additional fee from the Area Health Authority.

When a person has been brought to a police station as a place of safety because he is 'strange in manner' and not charged with an offence, then the Police Surgeon may only charge one fee.

Provided clear guidelines are agreed between police, social services and other general practitioners and, last but not least, local consultant psychiatrists, the examination of such cases may provide an extra source of income for Police Surgeons and their services will be greatly appreciated by all concerned, as enabling a difficult situation to be expeditiously defused. It is obviously better to plan such guidelines in advance in the clear light of day rather than as happens in most parts of the country, indulge in a 'buck passing slanging match' in the early hours of the morning. If a Police Surgeon is prepared to undertake this work regularly then he should be approved by the Local Authority under Section 28 (2) of the Mental Health Act in order to claim the higher fee.

In areas where difficulties are prominent, it is suggested that the Police Surgeon, supported by his Chief Constable, approach the District Management Team in the first instance.

Finally — remember if you are in a crisis situation then pages 12 and 13 of the Association Diary can be a useful guide to disposal procedures.

HUGH DAVIES
Hon. Secretary

ASSOCIATION STATISTICS

James Hilton observes

While engaged on a publicity exercise in connection with 'The New Police Surgeon', I had to examine the membership list as published in the last issue of the Supplement. The object was to try and get information about the book to non-members of the Association. This meant placing the name of each member against the police force that they served. Armed with the membership list and a copy of the Police and Constabulary Almanac two very kind young friends of mine eventually placed some 500 members in their correct force.

It seemed to me while I was using this information that there might be some other conclusions to be drawn (see table).

The first and most striking impression is the considerable variation in Association membership throughout the various police forces — from 41 (excluding (Metropolitan) to 1! Even allowing for the vastly differing sizes of the forces there is clearly immense scope for further recruitment to the Association. I find it hard to believe for example that there are only 2 Police Surgeons in Bedfordshire, Gloucestershire, or Hertfordshire, and even our single friend in Fife must have a deputy! Compare this with Northern Ireland who boast no less than 41 members. We know that this magnificent example is the result of sheer hard work by Bertie Irwin and John Stewart. What would the strength of the Association be if our areas were subjected to the same dedicated enthusiasm. Now that he has retired from the secretaryship of the N.Ireland Area perhaps we could persuade John Stewart to write an article on 'How to recruit members'.

The Association has progressed in the field of post-graduate education since the time I joined due to the progressive thinking and dedication of successive council members and officers. Surely the universal acclaim afforded to the New Police Surgeon, written by Police Surgeons for Police Surgeons, stands as a shining example. The number of meetings, lectures, symposia, and courses that are now held throughout the year is evidence of the vigorous and productive quality of our Association.

For all Police Surgeons membership of the Association is a must and all members in all forces should go out and about and 'hot gospel' to all non-members. Go and ask your Chief Constable for a list of those doctors who are appointed as, or are acting as Police Surgeons. Tuck a copy of the Book, the Supplement, and the Journal under your arm and go and talk to them. I reckon we could double our numbers in a year!

The second and rather sad feature of my figures is the very small number of those who hold the DMJ. Only 10% of our members have equipped themselves to earn the extra standby allowance that the diploma attracts and no less than 25 forces have *no member who holds this important post-graduate qualification.* The examination is not impossible — (how else did I manage to get through?) — It means work — yes — extra reading — yes — attendance at a course — yes — but from my personal knowledge of many very experienced Police Surgeons they would walk through the examination with their eyes shut. I have now attended my first session as an examinar and it was

as clear as a searchlight on a dark night who were the experienced practical Police Surgeons who knew their stuff. Knew it because they had been doing it for years.

So come on all you older members. Show the young 'uns how to do it. Shake off the dust from your brain cells, enjoy the experience of becoming a student again, and start reading. Get a syllabus, attend a course (you get all expenses paid through section 63) and at least TRY part one.

Once you have your appetite whetted I am certain you will want to finish the job. It is rewarding, instructive, exhilarating, and well worth the effort, with a great sense of self-satisfaction at the end of it. What about starting a new campaign in N. Ireland now that you have more free time John? Starting with yourself?? I am sure that you could once again show us all the way!

Like the answer the mountaineer gives when asked why do it? Because it's there.

POLICE FORCE	APSGB Members	DMJ Holders	POLICE FORCE	APSGB Members	DMJ Holders
Avon & Somerset	11	1	North Wales	6	1
Bedfordshire	2	0	North Yorkshire	6	0
Cambridgeshire	9	2	Nottinghamshire	9	1
Cheshire	4	0	South Wales	18	3
Cleveland	5	1	South Yorkshire	7	0
Cumbria	3	0	Staffordshire	7	0
Derby	8	3	Suffolk	3	2
Devon and Cornwall	11	0	Surrey	6	2
Dorset	5	0	Sussex	18	3
Durham	4	0	Thames Valley	7	0
Dyfed-Powys	7	1	Warwickshire	3	0
Essex	13	0	West Mercia	9	0
Gloucester	2	0	West Midlands	28	3
Greater Manchester	17	1	West Yorkshire	8	0
Gwent	4	0	Wiltshire	7	1
Hampshire	9	2	**Scotland**		
Herts	2	1	Central	4	1
Humberside	8	2	Dumfries & Galloway	2	0
Kent	15	0	Fife	1	0
Lancashire	14	0	Grampian	4	0
Leicestershire	5	0	Lothian and Borders	4	1
Lincolnshire	3	0	Northern	4	0
Merseyside	10	2	Strathclyde	25	2
Norfolk	3	1	Tayside	6	2
Northamptonshire	7	1	**N. Ireland**	41	0
Northumbria	17	1	Metropolitan and City	72	9

Totals:
Association of Police Surgeon members 503
Holders of Diploma in Medical Jurisprudence 50

NOTE: These figures do not include Honorary, Life or Associate Members, or those who have recently gained the D.M.J.

THE FORENSIC SCIENCE SOCIETY

(Founded 1959)

SPRING SYMPOSIUM 1980

UNIVERSITY OF NOTTINGHAM

THURSDAY, 17th APRIL, 1980 to SATURDAY, 19th APRIL, 1980

The Symposium will commence on Thursday, 17th April, 1980 with a dinner and reception.

The Symposium will open with a plenary lecture entitled 'Forensic Science – Past, Present and Future', to be given by Dr. R.L. Williams, Director of the Metropolitan Police Forensic Science Laboratory on Friday morning, 18th April. There will follow a number of short papers. During the Friday afternoon, there will be two concurrent meetings, one on topics of toxicological interest and one developing the main theme of the Symposium – 'Marks'.

On the Friday evening there will be a formal Civic Reception and Banquet.

On Saturday, 19th April, the programme will continue with a single meeting with papers devoted to 'Marks'.

A social programme for spouses not attending the lectures has been arranged.

Further details may be obtained from: H.H. Bland, Meeting Secretary, Forensic Science Society, P.O Box 41, Harrogate, telephone: 0423 56068. Applications are required to reach the Society's office by 9th April, 1980.

THE FORENSIC SCIENCE SOCIETY

PUBLICATIONS

A BIBLIOGRAPHY ON ETHYL ALCOHOL FOR FORENSIC SCIENCE AND MEDICINE AND THE LAW. The bibliography (444 pages) consists of more than sixteen hundred papers, cited by author, title and source reference, on the forensic and medico-legal aspects of ethyl alcohol chosen from a search of nearly ten thousand references. The majority of the papers included have been published in the last ten years, but because of their importance some of the more classic papers by earlier workers in the field have also been included.

A subject index (162 pages), author index (24 pages), list of citations (174 pages) and journal index (65 pages) enables comprehensive reference to information on specialised subjects in this field to be obtained quickly. A wide variety of areas such as post-mortem findings and alcohol (over 100 papers), breath and alcohol (over 100 papers), the analysis of alcohol, sex and alcohol, drugs combined with alcohol and of course drinking and driving are all extensively covered.

Cost: £20.00

DENTAL IDENTIFICATION AND FORENSIC ODONTOLOGY

Editor: Dr. Warren Harvey, OBE, MRCS, LRCP, FDS.

Foreward: Professor K. Simpson, CBE

This classic and remarkable handbook is essential reading for the research dentist, forensic scientist, investigating police officer, forensic pathologist and criminal-bar lawyer.

Cost: £12.50

Prices include postage and packing, and copies may be obtained from: The Forensic Science Society, P.O. Box 41, Harrogate, North Yorkshire.

DEFENCE STATEMENTS

An increasing tendency has been noted in some areas for solicitors acting for the defence to write directly to divisional Police Surgeons for statements or reports regarding their clients.

Police Surgeons may have been diffident about supplying such statements without prior reference to the police. The Police Surgeon is an impartial witness. The legal system means that a witness, however impartial, is called by either prosecution or defence to give evidence at a trial. However, on many occasions Police Surgeons are called nominally by the prosecution at the request of the defence, when the prosecution have already accepted the Police Surgeon's written statement.

Advice to solicitors regarding the interviewing of witnesses has been given by the Council of the Law Society as follows:

10:2 The Council have always held the view that there is no property in a witness and that so long as there is no question of tampering with the evidence of a witness or suborning him to change his story, then it is open to the solicitor for either party in civil or criminal proceedings to interview and take a statement from any witness or prospective witness at any stage in the proceedings, whether or not that witness has been interviewed or called as a witness by the other party.

10:4 The Council, accordingly, recommend solicitors who may wish to interview witnesses who have already given evidence on the preliminary enquiry into an indictable offence, or who it is known are to be called as witnesses for the other side, first to communicate with the prosecution or defence solicitor informing him of that wish. In criminal cases, it may be a wide precaution in such circumstances for an interview on behalf of the defence to take place in the presence of a representative of the police.

It would appear from the advice of the Council of the Law Society that there is no objection to Police Surgeons supplying statements to defence solicitors, without the Police Surgeon first obtaining clearance from the police. It is up to the solicitor to communicate with the prosecution where appropriate. The Police Surgeon is, of course, able to charge the solicitor for any reports or statements he may supply.

It is apppropriate to mention a case reported in the British Medical Journal concerning a report written by a psychiatrist at the request of solicitors.

The psychiatrist expressed a viewpoint relating to the matter he was asked to consider. The solicitors believe that this particular passage would prejudice their client's case, and asked the psychiatrist to delete it from his report. He refused thinking that it would be wrong to exclude a part of his report that was not palatable to those requesting it. The solicitors declined to pay his fee, on the basis that his refusal placed him in breach of contract. There was no question about the reasonableness of the fee.

The consultant psychiatrist, with the support of the Medical Protection Society, sued the solicitors and the only issue for the court to decide was whether the plaintiff psychiatrist could insist on payment, despite his refusal to amend the report, or whether the solicitors were entitled to ask for the amendment to be made.

The Judge found for the plaintiff psychiatrist and he pointed out that it would be of no help to the courts if doctors were encouraged to abandon their professional approach and write reports designed to achieve particular objects at the behest of the patient or anyone else. One certain consequence of this judgement will be that in future solicitors, who want to avoid having reports that they commission spiced with unwelcome or prejudicial medical observations, will tend to give doctors more precise instructions.

i. 'A Guide to the Professional Conduct of Solicitors', issued by the Council of the Law Society, 1974.

ii. 'British Medical Journal', 24th November, 1979.

COUNCIL MEMBERS
WHO REPRESENTS YOU?

Dr. COLIN MacKELVIE

Colin hails from Clackmannanshire on the east coast of Scotland. He read medicine at the University of Glasgow. After qualification, his initial interest lay in surgery but he found general practice appealing and he is now in a busy urban practice covering the north of the City of Glasgow.

He has been an active Police Surgeon for nine years and is the appointed Divisional Surgeon for the Central 'A' Division of the Strathclyde Police. He also covers 'E' Division when on call.

His first Association meeting was the Autumn Symposium at Peebles in 1975 and he has been an avid Conference-attender since then. He won the Ulster Cup in 1976 during the Annual Conference held at the Peebles Hotel Hydro.

Extra curricula interests are varied and tend to be practical. He stopped playing golf on a regular basis more than two years ago, but jogs regularly (accompanied by his dog) and plays the occasional game of (indifferent) squash. Do-it-yourself activities include most jobs about the house, some model making and joinery and car maintenance. For relaxation he enjoys music, particularly piano, both classical and jazz, and he occasionally plays the piano himself.

He may be contacted at:—
Surgery:
63 Rottenrow,
Glasgow GN4 ONG, Scotland.
(Tel: 041-552 0341).

Home:
75 Southbrae Drive,
Glasgow G13 1PU, Scotland.
(Tel: 041-954 8759).

Dr. A.S. VEEDER

Saul Veeder entered General Practice in Newcastle-on-Tyne in 1946 after wartime service as a medical officer in the R.A.M.C.

An active Police Surgeon in the Northumbria Force, he is now serving a second term on the Council as the North East representative.

He has contributed to symposia at Annual Conferences and was responsible for the Gosforth Park Conference where probably the outstanding contribution was the 'Geordie Session' at the Civic Centre, Newcastle-upon-Tyne.

He was a founder member of the Northumberland G.P. Road Accident Service, County Surgeon of the Northumbia St. John Ambulance Brigade, and President of the British Legion. He is a contributor to the 'New Police Surgeon' and apart from lecturing to the C.I.D. he has participated abroad at Medico-Legal Conferences. He recently returned from a forensic lecture tour in California where he became an 'honorary' member of the California Association of Criminalists, who incidentally are closely associated with the Forensic Science Society.

His hobby is Bridge and he is very lucky in having his wife Bertha (a Newcastle J.P.) as his regular partner as she is an outstanding and far superior player!

He may be contacted at his home:
3 Carlton Close,
Gosforth,
Newcastle-upon-Tyne NE3 4SA.
(Tel: Gosforth 858366 [STD 0632]).

or

Health Centre,
Brenkley Avenue,
Shiremoor,
Newcastle-upon-Tyne NE27 OPR.
(Tel: Whitley Bay 532421 [STD 0632])

DR. T. CHOUDHURY, C.St.J., T.D., D.M.J.

Thal Choudhury has been a Police Surgeon for the past 20 years, initially with Lancashire County and, since re-organisation, with Greater Manchester Police. He is responsible for 'K' Division with H.Q. at Bolton. He obtained the D.M.J. in 1964.

After leaving his last hospital post as Registrar, he returned to Liverpool University to study for his D.P.H., which he obtained in 1955. He was then called up for National Service in the R.A.F. and, while serving extended this to a three year short service commission. He spent most of his time as Senior Lecturer in Preventive Medicine at the Institute of Hygiene, then at Freckleton, Lancs.

When he left the services, he entered General Practice and took his D.I.H. in 1963. He left General Practice in 1973 and now specialises in Occupational Health. His main responsibility is as adviser to the Wigan Area Health Authority and the Wigan Metropolitan Borough Council. He also advises several nationalised industries, e.g. N.C.B., British Aerospace and the R.H.M. Group.

His other interests are the St. John Ambulance, in which he serves as an Area Commissioner, Territorial Army, travel and gardening.

Thal can be contacted at his office during the day and at his home at other times.

Home:
'Balgowan',
St. Andrew's Road,
Lostock Park,
Bolton BL6 4AB.
(Tel: 0204-41088).

Office:
Occupational Health Centre,
Millgate,
Wigan WN1 1YB.
(Tel: Wigan 491645 or 39813).

MERSEYSIDE MEDICO-LEGAL SOCIETY

Wednesday, 12th March, 1980
'Little Things Mean a Lot'.
Dr. C.A. St. Hill, President, MMLS.

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, MMLS,
24 High Street,
Liverpool 15.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

Tuesday, 25th March, 1980
'The Forensic Significance of Wounds',
Professor G.A. Gresham, Professor of Morbid Anatomy, Addenbrooke's Hospital, Cambridge.

Tuesday, 15th April, 1980
7.00 p.m. Annual Dinner, McKee Room, Erskine Hospital, Belfast City Hospital.

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 MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

Thursday, 21st February, 1980
'Forensic Mythology'.
Dr. B. Knight, Home Office Pathologist, Cardiff.

All 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.

THE FORENSIC MEDICINE SOCIETY

Friday, 14th March, 1980
'Blast Injuries'.
Professor T. Marshall, Professor of Forensic Medicine, Queen's University, Belfast.

Friday, 18th April, 1980
'Sudden Death in the Young Adult'.
Dr. Peter Vanezis, Senior Lecturer in Forensic Medicine, The London Hospital Medical College.

Friday, 9th May, 1980
'Poisoning'.
Dr. U.D.K.A. Goonetilleke, Lecturer in Forensic Medicine, Charing Cross Hospital, London.

Friday, 13th June, 1980
'Industrial Lung Disease'.
Professor H. Spencer, Professor of Morbid Anatomy, St. Thomas's Hospital, London.

Friday, 11th July, 1980
'Death in Custody'.
Dr. Ian West, Senior Lecturer in Forensic Medicine, St. Thomas's Hospital, London.

Friday, 12th September, 1980
'A Greek Tragedy'.
Professor David Bowen, Professor of Forensic Medicine, Charing Cross Hospital, London.

Friday, 10th October, 1980
'Sexual Offences'.
Major Robert C. Menzies, Senior Specialist in Pathology, Cambridge Military Hospital, Aldershot.

Friday, 14th November, 1980
'Sexual Abuse in Children'.
Professor James M. Cameron, Professor of Forensic Medicine, The London Hospital Medical College.

Friday, 12th December, 1980
'The Scene of Death'.
Dr. K. Lee, Lecturer in Forensic Medicine, Guy's Hospital, London.

Members are strongly encouraged to present short cases of interest at each meeting. The cases need not necessarily be related to the lecture given at each meeting.

A week's notice of a case to be presented would be greatly appreciated so that the length of the meeting can be planned accordingly. The Annual General Meeting will be held immediately after the July meeting and the agenda will be sent to all members in due course. All meetings will be held at The McSwiney Lecture Theatre, St. Thomas's Hospital Medical School, London SE1, at 4.30 p.m. Further information from:—

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

THE MEDICO-LEGAL SOCIETY

Thursday, 10th April, 1980
'The Crime of Incest'.
The Honourable Mr. Justice Ackner.

April/May
Annual Dinner/Buffet 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 Establishment'.
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 should be directed to the Honorary Secretary, 71 Lincoln's Inn Fields, London WC2A 3JB.

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 W1 at 8.15 p.m. unless otherwise stated.

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

Wednesday, 19th March, 1980
'Drug Characteristics and their Consequences'.
Dr. E. Lesser, Senior Lecturer in Pharmacology, Chelsea College, University of London.

Wednesday, 16th April, 1980
'Medico-Legal Criticisms — and Reform, Our Own Suggestions'.

Wednesday, 14th May, 1980
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.

BRISTOL MEDICO-LEGAL SOCIETY

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 available 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 BRITISH ACADEMY OF FORENSIC SCIENCES

Thursday, 10th April, 1980
Scientific Meeting — 'Evidence for the Defence' — to be held at The Royal Society of Medicine.

Monday, 16th June, 1980
A.G.M., Presidential Address and Dinner to be held at The Zoological Society of London.

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).

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.

PORTRAIT OF A POLICE SURGEON

Take a female Australian immigrant; a divorcee with an eight year old son; a lady doctor who qualified in Sydney (more years ago than she cares to mention). Add a mildly Jewish background, garnish with an ancestral history of Transportation to the Colonies and mix well.

It sounds an unlikely recipe for any human being, but these apparently immiscible ingredients add up to one of the nicest women I have ever been lucky enough to meet: Dr. Marilyn Meyer, London GP and Police Surgeon.

Marilyn arrived in London after an incredibly varied medical career. She had wanted to 'go into medicine' since she was a small girl but, after school, found herself in a chartered accountant's office. A far cry from the wards of a hospital or the consulting rooms of general practice.

Persistence prevailed, however, and, qualified at last, her senior house job covered neurosurgery exclusively. She came to London in 1967 and took a protracted GP locum job in suburbia.

'I was surprised how much I enjoyed general practice', she told me, 'but I still had a restless urge to see the world'.

Her wanderlust took her to Aden at the height of the troubles there where she looked after Arab women and children in purdah, expatriot maternity cases — and also worked in anaesthetics.

Back in Australia again, she ran a solo general practice in Sydney. 'It built up to such a degree that I couldn't control it', she shrugged, 'but, believe it or not, I was homesick for London!'

And the metropolis was to see her again, this time as a doctor to the BBC.

Now happily esconced in general practice once more, Marilyn is also a member of the Association of Police Surgeons of Great Britain and covers, in conjunction with her partners, several London and Thames River police stations.

'I find it all very "different", to put it mildly', she said. 'In police work one has no idea what one is going to find. Ninety-nine times out of hundred it will be

straight-forward, but the hundredth call can be quite something!'

'The East and West ends of London are worlds apart, although the basic work is the same at every station. Drug abuse is more prevalent in the West End; for instance, I cover the catchment for Piccadilly and Soho which is the centre of the drug traffic scene. The East End pulls in more vagrant drunks. We get them in the West End, too, of course, but not quite of the same calibre, believe me!'

Knowing next to nothing of the work of the River Police, I was fascinated by this side of her duties.

'Derelict drunks fall into the water and get themselves entangled in propellors. People crash their boats just the same as in road accidents. Some of the bodies that are fished out of the Thames are in a very advanced state of decomposition'.

I hoped that she had a strong stomach. 'Yes, thank goodness. I can disassociate easily. There's nothing very unusual about that, though: every doctor has to learn to do it very early in his career. It makes no difference at all that I happen to be a woman'.

And did 'being a woman' make any difference to her police work?

'Not a scrap. My mother lives with us and looks after me, my son and our home. I don't have to think about things like defrosting the fridge and cleaning the bath, thank God! But as far as my career in police work is concerned, I take on everything that my male counterparts would expect to handle'.

'The feminine gender should have nothing to do with it, of course, but it is a distinct advantage in the small hours of the morning. The last thing a raging drunk expects at 3.00 a.m. is a woman. It takes the wind right out of his sails! Perhaps a vestige of latent chivalry steps through the alcoholic haze. Anyway, I've learned not to argue with drunks — it's impossible'.

Marilyn thinks that the fact the doctors go into police stations is very important. The sergeant on duty can easily mistake an insulin coma for the result of a drunken night-out.

'The police are not trained to recognise medical emergencies of this kind. How can they possibly be expected to know that a card indicating steroid therapy could mean a case of Addison's disease and a positive medical emergency'.

Marilyn is not registered to administer narcotics. 'I don't give the junkies their shots, I only offer them Melleril (200 mg) which they usually accept. I am a hard-hearted Hannah as far as drug abuse is concerned and also with addicts who try to play the system. (Attempt to recall a Police Surgeon later and hope for a different doctor). 'They all go cold turkey when I am on duty'.

'It's a bit odd: I am usually medically sympathetic, but not with these people. Perhaps police work makes one lose one's perspective in certain cases'.

I do not think that Dr. Marilyn Meyer has lost any perspective at all. Nor does she emulate her self-imposed label of callous unkindliness.

She is hard-working — yes: emancipated — probably: confident — certainly. But I do not think she could ever be described as hard-hearted.

JUDITH SMALLSHAW

This article first appeared in 'Pulse' and is reproduced by kind permission of the Editor.

CORRESPONDENCE

Dear Sir,

Recently a firm with international ramifications in the petroleum industry requested a reprint of articles which had appeared in the Supplement. When the writer asked the firm in question how they had become aware of the articles he was told that they had been doing a survey of articles on hepatitis and that the papers which appeared in the Supplement were listed in a computer in Wyoming, USA. No doubt other articles which appear in the Supplement are similarly listed.

Although the Supplement was originally started as a 'House Journal', it is obvious that notice is taken of its contents in many places.

H.B. Kean

CASE FOR THE DEFENCE
Desmond Beckett fantasises

Solicitor for the defence rose, fumbled with the documents in front of him, and, in an apparently absent-minded manner, knocked a carafe of water over the prosecutor's papers and his second-best trousers. Ignoring the prosecution's stage whispered expletives, the Solicitor stared at the hapless wretch in the witness box. The witness shifted his weight from foot to foot, his once florid complexion tinged with grey, his forehead glistening under the harsh cobwebbed lighting, uncleaned since some long forgotten industrial dispute.

The Magistrate stirred, glanced stonily at the witness and then smiled at the Solicitor.

'Yes, Mr. Fortescue-Smythe?'

The Solicitor hitched his thumb into his waistcoat pocket, dislodging some cigar ash and a fragment of potato crisp.

'Officer, you claim in your evidence that when you first saw my client, he was reeling about the pavement, attempting to fight anyone who came within reach, and behaving in a manner liable to cause a breach of the peace'.

'Yes, your honour'.

'This incident took place outside the Rose and Crown approximately half an hour after closing time'.

'I would say that it took place between the Rose and Crown and the Grapes in the High Street'.

'So you say. You then say that my client appeared to stand unaided and at one stage appeared to be urinating in a public passage way'.

'Yes, your honour'.

'You say that you believed my client to be under the influence of alcohol. I propose calling several witnesses who were with my client first in the Rose and Crown from opening time and later in the Grapes, who will all swear that my client, far from being drunk, was not feeling well that night and, on his doctor's instructions, drank no more than 15 pints of mild and bitter mixed, with possibly no more than three whiskies'.

'Well, I . . .'.

'Please do not interrupt. The witnesses will then say that, because of your unprovoked aggressive attitude, and because you and your colleagues had arrested him on not less than 37 previous occasions, my client was fearful for his safety. In addition, he had expressed a wish to return home early, as his wife was due to go into labour in about three months time with their fourteenth child'.

'I . . .'.

'It was unlikely that you knew this at the time. My client will say, if it proves necessary for him to give evidence, that, because of your unreasonable and aggressive behaviour, he became unsteady and slipped on some oil adhering to the sole of his boot, the oil having been acquired whilst helping out, even though unemployed, as an act of charitable kindness, at the local scrap metal works. He then reached out to grasp the shoulder of his friend, Mr. Bloggs, who I will call, in order to maintain his balance, but, because of the speed of your advance, my client's fist was struck a serious blow by your jaw. My client will say that, whilst he was in the cells, he was deliberately misunderstood and he did not refuse the attentions of the Police Surgeon. I shall call the Casualty Officer from the General Hospital and he will say that, when he examined my client one week later, there were still fresh injuries on the knuckles of my client's hand'.

'Your honour, I . . .'

'Furthermore, after deliberately injuring my client's hand, you then cast yourself to the pavement, causing several of my client's friends to fall over you. The noise of the approaching police siren frightened them, and they tripped over you whilst getting up and did not, as you stated in your evidence, deliberately kick you as you lay prostrate in that unbecoming manner. Unfortunately, my client's friends have had to return to Ireland in connection with urgent family business and are unable to give evidence on this point'.

The Solicitor turned to the Magistrate,

'I have no further questions of this witness'.

The Prosecutor had finished mopping his second-best trousers and sitting in evident discomfort had slowly returned to the conscious world.

'No re-examination, your honour'.

The witness limped out of the box.

Fortescue-Smythe addressed the Magistrate,

'It is quite clear, your honour, that the Police have once again prosecuted an innocent home-loving member of the public — an expectant father — who, at the end of an innocent evening's relaxation in the company of friends, was deliberately assaulted by a member of the Police Force to such an extent that injuries still appeared fresh one week later. The Constable went further and accused members of the public, not here to defend themeselves, falsely of assaulting him. This is a disgraceful state of affairs, which I fear is becoming more frequent. I suggest that my client has no case to answer'.

The Magistrate glanced at the Prosecutor, who was half out of his seat, his mouth open but saying nothing.

'Thank you Mr. Fortescue-Smythe. I have listened very carefully to what you have said. It is indeed a state of affairs which leaves much to be desired. I shall consider drawing the matter to the attention of the Director of Public Prosecutions. Case dismissed'.