



The Police Surgeon  
**SUPPLEMENT**  
VOL. 9 AUTUMN 1980



# ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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## THE NEW POLICE SURGEON

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## THE POLICE SURGEON SUPPLEMENT

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# The Police Surgeon SUPPLEMENT

## VOL. 9 AUTUMN 1980

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# EDITORIAL

In 1979 on Merseyside there were 581 assaults on Police Officers, of whom 53 were women. Nearly 13% of the Force was subjected to some form of assault during the year. This resulted in 10,460 days duty being lost through injury. A Liverpool Police Surgeon commented:—

"The most common injury the Police have here in Liverpool are kicks to the testicles. Very common and very painful; at the time, it's a terrible shock — and they are off work for several weeks. Then you get broken noses, dislocated thumbs, fractured ribs, and some are sliced by bottles. I see lots of policewomen injured too, and I am worried about them on the streets. They are just not safe on their own.

"People complain against the Police for everything now, and the result is the Police are afraid to restrain them — and the result is they get injured. In the old, old days, you never got Policemen injured, because they used their baton. Well, they're issued to protect the Police".\*

During the last 12 months the police service in general and the Merseyside Police in particular have been the object of a campaign of political vilification without comparison in recent years. The inquest into James Kelly and the House of Commons Home Affairs Committee Inquiry into deaths in police custody eventually restored public confidence in the much maligned police service.

The press at the time gave coverage to the case of the policeman who lost his hand in a bomb explosion at a London

Police Station. But it did not match the coverage given, particularly in the sensationalist press, to the death of one drunken, violent man.

Drunkenness and violence towards others go hand in hand — proceedings were taken in more than 10,000 cases of drunkenness on Merseyside last year. The resulting assaults on Police Officers are now so common that they rarely merit mention in the local press. There is no Michael Meacher campaigning vociferously on behalf of injured Policemen.

The Divisional Police Surgeon is to some extent able to redress the balance by describing with impartiality and expertise the injuries and pain suffered by injured Police Officers, using everyday phraseology which will be fully understood by the courts. Because he is impartial, the Police Surgeon will also examine the man or woman alleged to have caused the injuries to the Police Officers, thus providing the Court with evidence which will substantiate — or disprove — the various allegations.

We do not know where or when the next *cause celebre* will occur. No Police Surgeons were involved in the James Kelly affair but it must not be imagined that the next case seized upon by politicians and press alike for their own various purposes, will not involve a Police Surgeon, whose actions will be scrutinised not just by the courts but by the entire nation.

\* "Spike Island — Portrait of a Police Division"  
James McClure, McMillan Press.

# THE NEW POLICE SURGEON

A PRACTICAL GUIDE TO CLINICAL FORENSIC MEDICINE

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

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

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

## CONTENTS

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

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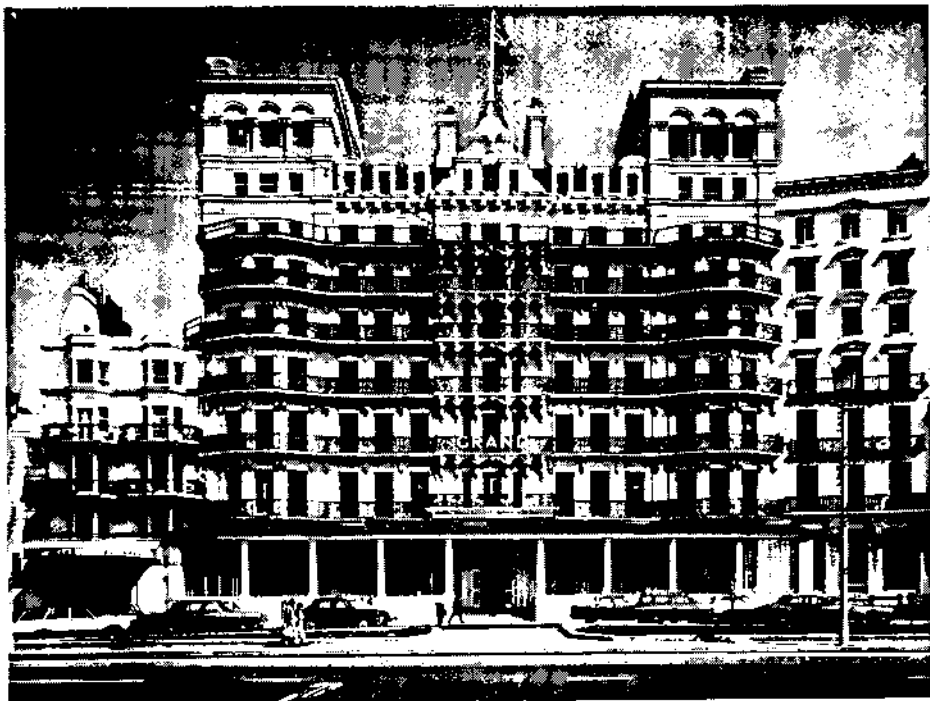
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## PRESIDENT'S LETTER

Since my election as President at the Association's Annual Conference at Peebles in May, I have had the opportunity of attending two meetings at which I was able to exchange views and ideas with members of the Association and with others closely concerned with our work.

### Devonshire Tart

A weekend symposium at Exeter in July was arranged by Detective Superintendent B.K. Rundle on behalf of Mr. John Alderson QPM, Chief Constable of the Devon and Cornwall Constabulary. 35 doctors from the Dorset, Devon and Cornwall areas attended, most of whom assist the police from time to time, but only a few are appointed Police Surgeons. Some of the doctors appeared to be content with undertaking work connected with the Road Traffic Act but were less enthusiastic for other types of clinical forensic work particularly if there was a possibility of subsequent court procedures. In country areas where the total number of forensic incidents is few, it is relatively more expensive to appoint Police Surgeons with retaining fees. Lack of experience

and enthusiasm among general practitioners does not encourage the Chief Constable to make further appointments of Police Surgeons, although no doubt he would do so if higher standards of clinical forensic knowledge and increased interest became evident.

One of the highlights of the Exeter meeting was the lecture "The Doctor in the Witness Box" given by the barrister, Mr. Butterfield. How often have we noticed that our legal friends can present their talks clearly, concisely and with just a modicum of wit, which may be tart, but who can resist an acceptable tart? Other lectures were given by Dr. W. Hunt, Forensic Pathologist, Dr. F. Cramer, a former Police Surgeon, and members of the Devon and Cornwall Constabulary. The comprehensive coverage of the work of the Police Surgeon was appreciated by the doctors present, many of whom confessed to having little knowledge of clinical forensic work.

The Association Secretary, Hugh Davies, and Alan Wallace from Salisbury, were at the meeting and proved successful

in enlisting Police Surgeons into our Association.

### **Autumn Symposium**

It is now ten years since the first Autumn Symposium was organised by James Hilton at Norwich in September 1970. The Bristol Symposium was brilliantly organised by Ivor Doney and his team of colleagues Drs. Smeeton, Phillips, Bunting and Payne. The meeting was attended by about 100 members of the Association, together with numerous colleagues in other disciplines related to our work both from home and abroad. The meeting is reported elsewhere in the Supplement but a comment from Dr. William Eckert, from Wichita, Kansas, is worth recording — He thought our Association was an improvement on those he knew of in America.

### **Remuneration**

In August I attended a meeting in London on behalf of Dr. Arnold Mendoza, the Association Treasurer, who was away. The meeting was concerned with negotiating revised fees for Police Surgeons. The arguments put forward offered only minor improvements on the fee structure and I, therefore, informed the meeting that there would have to be further discussions by our Council. As you are probably now aware, Arnold has subsequently been able to agree terms which benefit all Police Surgeons.

### **The Future**

It is likely that during the next Parliamentary session a bill incorporating recommendations from the Blennerhassett Report will be laid before Parliament. If accepted, this will lead to the introduction of breath analysis machines, which will replace the present requirement of providing a blood or urine sample to determine the body alcohol level. This will greatly reduce the number of cases where Police Surgeons are involved, except where drugs, illness or injury might be suspected.

Does this mean that the Police Surgeon is an endangered species? I say not. The need for a Police Surgeon was recognised

in the early 19th century long before the development of the motor car. The advent of the breath analysis machine will remove that portion of our work which has limited forensic interest, which is frequently repetitive and sometimes exhausting, and will allow us to concentrate on the criminal assaults, sexual assaults, the sudden deaths and all the other varieties of work which have occupied Police Surgeons since 1829 but to which we can now bring greatly increased forensic skills and knowledge. Police Surgeons who are keen and have a depth of clinical forensic experience, who study for or who have obtained the Diploma in Medical Jurisprudence, who lose no opportunity to attend the increasing variety of meetings organised by the Association and others (notably the Forensic Science Society) will find that the Police and the Courts will be making increasing use of their services. Police Surgeons who are interested only in the fees associated with the work produced by the present Road Traffic Act, who shy at involvement in work requiring any depth of forensic knowledge and from subsequent court involvement (most of whom are not members of the Association) do nothing to enhance our reputation and will not be missed.

The impartial expert in clinical forensic medicine has an important role to play with his colleagues in forensic science and forensic pathology in assisting the police, the courts and not least the general public in solving the difficult forensic problems of our present society.

I look forward to seeing many of you in London at the Winter Symposium.

**HENRY ROSENBERG**  
President

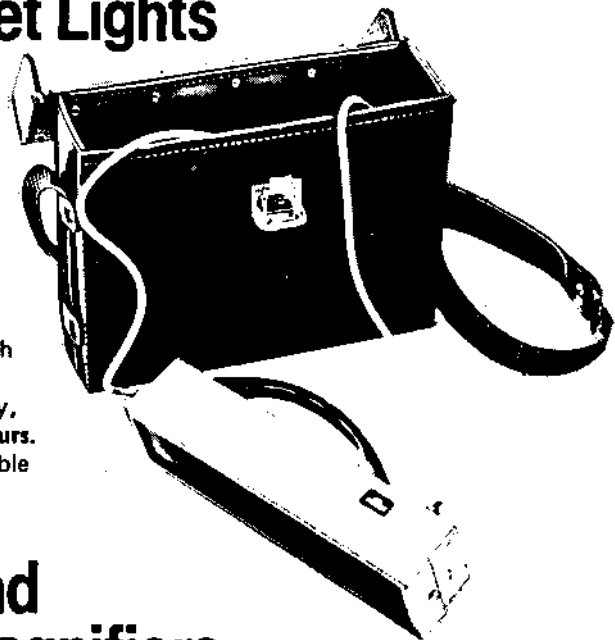
**DETAILS OF FUTURE  
MEETINGS ON  
PAGES 23, 24, 25 and 79**



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## HONORARY SECRETARY'S REPORT FOR 1979-80



Members are referred to "The Police Surgeon Supplement" Vols. 7 and 8, in which the activities of the Association are recorded in detail. This report is a summary of our work during the year.

### EDUCATION

Five two-day courses have been held at the Metropolitan Police Laboratory. Although the courses were originally intended for Police Surgeons in London and the Home Counties served by the laboratory, a welcome is extended to provincial colleagues in limited numbers; I should be pleased to hear from anyone interested who would like to attend future courses. The West Midlands Forensic Science Laboratory at Birmingham has also arranged two courses in July and October, while enquiries have been received from Greater Manchester Police into arranging a similar course involving Association participation.

The thirst for knowledge among small groups of both tyro and long serving Police Surgeons has resulted in several local meetings, to which members of Council have given support. These meetings are an enjoyable as well as an instructive exercise, especially if held with local Police Officers.

During the year your President and I enjoyed the hospitality of the Cumbria Constabulary at Penrith at a day meeting organised by Ian Johnstone (in October when Lakeland looks its Autumn best), while Chris Lund also acted as joint host with the Hertfordshire Constabulary at their Hitchin Headquarters in December.

Thames Valley surgeons (and some from further afield) travelled to Reading in March when Dr. Frances Lewington, Det. Chief Superintendent Milner and myself spoke on the investigation of sexual offences at an extremely well attended meeting of the Forensic Science Society.

Unfortunately, I was unable to attend either the Dinner or the meeting organised by the Merseyside Police Surgeons but I am told both were a great success. Such meetings give members of Council a chance to meet the grass roots of our membership and also improve local communications between the Police and our members, whilst another benefit is the attraction of new members to the Association.

I should be pleased to hear from the organisers of such gatherings, so that either myself or other Council members can come and give support. At a National level we have held four meetings —

The Annual Conference at Harrogate in May 1979.

The Autumn Symposium in Northampton in September 1979.

The London Hospital weekend in January 1980.

The Charing Cross Hospital day workshop in Forensic Medicine in April 1980.

The Police Surgeon Journal and the Police Surgeon Supplement, both published bi-annually, report part of the proceedings of the above meetings, so that members are fully informed of the latest

advances in clinical forensic medicine. We thank the respective Editors, Dr. Bill Thomas and Dr. Myles Clarke, for their continued efforts in keeping the membership in touch. Publishing and distribution costs account for nearly half of the current membership subscription, but members could obtain even better value for money if news, views, case histories, etc., were sent in greater profusion to either or both Editors. Contributions need not necessarily be in the nature of a full scientific paper, although these form the backbone of the Journal — as the President's newsletter remarked (Supplement Vol. 8, page 6). "Items about sex, fees or ethics can be almost guaranteed publication".

### REPRESENTATIONS AND PUBLIC RELATIONS

The Association presented written evidence:—

1. To the Department of Transport in respect of the Consultative Paper on Drinking and Driving. We were also represented on the BMA Panel on relationship of Alcohol and other drugs to Road Accidents. A delegation attended the Home Office in October for a demonstration of the breath testing devices proposed to be used for screening purposes.
2. To the Criminal Law Revision Committee — Evidence on the law relating to Prostitution.
3. To the International Year of the Child — observations on a National Children's Legal Centre (especially in respect of violence to children).
4. To the Home Affairs Committee of the House of Commons in respect of "Deaths in Police Custody" — this was followed by oral evidence on 24th March 1980 when Dr. Neville Davis and myself appeared before the Committee.

To all the above members of the Council and others responded well to the request for observations which were then collated to present evidence based on practical commonsense experience in the field rather than academic theory!!

The President and myself also attended the Home Office for discussions with the Director and staff of the Forensic Science Service especially regarding Sexual Offences kits which will shortly be available on a national scale.

I represented the Association at a meeting convened at BMA House in July by the International Trauma Foundation. Rear Admiral Sir Stanley Miles, an old friend of this Association, chaired a meeting attended by representatives from BASICS, the Casualty Surgeons Association and the Armed Services to discuss how best to harness the available expertise in the provision of emergency care. I spoke of the co-operation which this Association has with the Police both on a local and a national level and the liaison function we can perform not only nationally as an Association but also at ground level between Senior Force Surgeons and their own Police Headquarters and also Divisional Surgeons liaising with their own Divisional Commanders. At the time of writing Council will be considering comments for submission to the Scottish Law Commission on its recently published memorandum No. 44, on the law of incest in Scotland. Contributions from members should reach me by the 31st July.

### MET. 150th ANNIVERSARY

Metropolitan Police Celebrations of the 150th Anniversary of the Foundation of the force were marked by the presentation to them of a plaque from the Association which now hangs in the Metropolitan and City Group. I acted as Honorary Medical Officer to the Wembley Tattoo and was also privileged to represent the part played by Police Surgeons in the history of the Force by riding in period costume a "borrowed" police horse in the colourful pageant depicting the good old days of Victorian London! The Commissioner Sir David McNee and the Assistant Commissioners entertained Dr. Ralph Summers, the President, Hon. Treasurer and myself to lunch at New Scotland Yard on the 24th April where enjoying first-class hospitality we were able to discuss informally many matters

of mutual interest. This was a great occasion for the Association and we were honoured to receive such recognition by the Metropolitan Police.

### **DIPLOMA IN MEDICAL JURISPRUDENCE**

We congratulate the following members who were successful in the final examination July 1979.

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

In January 1980:—

Dr. P.R. Shaena	Coventry
-----------------	----------

The Part 1 examination in April resulted in 15 Police Surgeons being successful and we wish them all well for Part II. Not only is the new syllabus better received by candidates but we feel the increased educational activities of the Association over the past two years, not forgetting the publication of the "New Police Surgeon" textbook, are beginning to bear fruit. Constructive criticism of the examination is welcomed by Council whose voice in turn is listened to by the panel of examiners on which we are well represented.

### **FEES AND CONDITIONS OF SERVICE**

Council continues to brief the BMA Private Practice Committee who are responsible for presenting our case to the Joint Negotiating Committee for fees for doctors assisting local Authorities.

Another increase is due on the 1st July and it is hoped that agreement will be reached earlier than last year when members had to submit supplementary accounts for back-payment due from July to October 1979. Unfortunately a brinkmanship exercise by the other side delayed the outcome of negotiations — by claiming that because of the cuts in public expenditure they would be unable to increase the retaining fee and could only give a small percentage on the items

of service fee!! The BMA response was to tell them in a few words if they wanted the work done it would have to be paid for, and a shortage of police surgeons in certain areas gave the other side something to think about and to return to their Authorities for consultations. Unfortunately summer holidays etc., meant that when the meeting was reconvened a lot of work had been done which needed to be claimed for in retrospect. Fortunately the stand taken by our negotiators was proved to be correct even though it was a case of "better late than never". Members are asked to keep me informed of local shortages of doctors who are willing and able to fill vacancies for police surgeons or deputies.

### **OTHER BMA MATTERS**

1. Council submitted comments on the BMA Handbook of Medical Ethics.
2. Liverpool ARM I attended as official representative and found that attendance was of great value to the Association. Several members were able to support the President, Dr. Malcolm Hall and Professor Tom Marshall who contributed to the scientific programme entitled "The Violent Society". I spoke in opposition to a motion to lower the legal blood alcohol limit to 50mgms expressing the Council view that stricter enforcement of the present limit should be the first priority. I also spoke in support of a motion requesting higher retaining fees for Police Surgeons.
3. Council reaffirmed its policy that in any matters affecting relationships with the Police this Association through the BMA would speak with the voice of authority and experience — it was therefore disappointing that we were not consulted by the BMA before the chairman of the Ethical Committee held discussions with ACPO where we may have been of some assistance to both parties. Col. Michael Thomas is aware of our existence having kindly written the guest editorial for the October Journal and being of military background should appreciate the

importance of proper communication with those at the "sharp end". Perhaps he and other BMA committee chairmen will realise that we may have something to offer to their deliberations and it is somewhat disconcerting to read of those events where we share a common interest after publication in the medical or national Press! I will however place firmly and quickly on record that the lack of communication from this area is atypical and over the year there has been frequent two-way telephone traffic between the Association and Tavistock Square on a variety of items. Mr. Andrew Bosi the new Secretary of the Private Practice Committee and many other members of the lay staff we talk to are always most helpful and a pleasure to deal with.

4. The Forensic Medicine sub-Committee of the Private Practice Committee met in November and I was accompanied by the Hon. Treasurer and Ralph Summers. Matters appertaining to Police Surgeons fees, Coroners, death certificates and Court costs were discussed. Recommendations were made which will be followed up by the main Private Practice Committee.

### THE INTERNATIONAL SCENE

We welcome Dr. Peter Bush (Melbourne) not only in his own right as a long standing member and a regular visitor to Conference but in his new position of Hon. Secretary and official delegate from the Association of Australian and Pacific Area Police Medical Officers.

Dr. Stanley Burges and Pam officially represented the APSGB at their second biennial meeting in Canberra and while not wishing to anticipate what Dr. Peter Bush is going to tell us at Conference my information is that they were extremely well received and did a lot of hard work in promoting the discipline of clinical forensic medicine as well as cementing relationships between our two Assoc-

ciations. Peter also tells me that they have made contact with the American Police Physicians and Surgeons. This year we have enrolled two new members from Hong Kong, one from Holland and one from Nigeria.

Council's decision to hold next year's Conference at Brighton the week before the International meeting at Bergen reflects our intention to develop further our links with overseas colleagues doing work similar to ourselves.

### COUNCIL (see Supplement Vol. 8, page 7).

I am indebted to all members of Council and the Clerk Ron Taylor for their support during the year — they have worked well as a team and the increased cost of the telephone bill reflects not only the increased Post Office charges but the ever increasing amount of contacts between Council members and the Secretariat. There has been increasing involvement of all members of Council in many matters affecting not only Association policy or Council business but also matters personal to individual members. This is as it should be and with our regular publications of Journal and Supplement demonstrates to members that they are getting value for money from their annual subscriptions. The increase in Association activities over the past two years has not only meant more work for individual Councillors but it has been necessary to increase the hours worked by Ron Taylor to a regular basis of 32 hours a week (it was 20 hours a week in 1975). As an example of the workload involved although we are anxious to increase our membership every applicant is properly checked and vouched for by his Police Force (so many cowboys would like to have our badge on their cars!!) and this alone involves 11 clerical procedures by the time the Hon. Treasurer gets the money and the new member's name is on the addressograph mailing list. The state of the membership is as follows:—

	1980	1979
Full membership (Increase of 44)	510	466
Associate (Decrease of 1)	46	47
Life Associate (Increase of 14)	57	43
Corresponding (Increase of 7)	21	14
Honorary	14	14
(Increase of 65)	649	584

## CONFERENCE 1980

Peebles Hydro shares with the Headlands Hotel, Newquay, the distinction of hosting the Conference for the second time - this does not necessarily imply

that nobody else will have us back but I think augurs well for the forthcoming week when we look forward to enjoying a full social and academic programme arranged for us once again by Myles and Anne Clarke to whom we are most grateful for all the work they do for us.

I wish to conclude my report without detracting from the corporate tributes that will be paid to our retiring President and his lady by expressing my personal thanks to Pam and Stan for their help and encouragement over many years, but especially over the last two years when we have worked so closely and harmoniously together.

**H. DE LA HAYE DAVIES**  
Honorary Secretary



## TALK OF ALEXANDER

For some months Secretary watchers have been aware of interesting changes in the Hon. Secretary's silhouette. It was

strongly rumoured that these changes were due to frequent applications of Yorkshire Pudding, known to be available at the Secretary's Office at regular intervals in generous quantity and of supreme quality.

Perspicuous students of the Davies scene, however, had recently begun to suspect that the straining ribbed sweater was covering more than insulation laid down against the keen winter Northamptonshire wind. Suspicions were confirmed when a brief announcement appeared in a recent edition of the Daily Telegraph. On 23rd October, 1980, Alexander Hugh de la Haye Davies arrived at Northampton General Hospital, a brother for Robert, Anna, James and Katheryn.

We are delighted to report that the expanded Davies family is in excellent health.

Gillian (better known as Bud) has fully recovered and is back at her regular chore of mucking-out the stables. She is, of course, laying in stocks of Yorkshire Pudding ingredients in anticipation of a greatly increased demand.

Congratulations to Bud and Hugh with all best wishes from the members of the Association of Police Surgeons.

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# ASSOCIATION OFFICE

## DEATHS IN CUSTODY

The Association of Police Surgeons is launching a research project into deaths in Police custody in which we hope to involve non-members as well as members. The pro-forma below is provisional, and forms will be issued in 1981. In the meantime, the Association Secretary would welcome information NOW regarding any case which might occur, using the pro-forma as a guide to the information required.

### DEATH IN POLICE CUSTODY

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
at \_\_\_\_\_ Police Station.  
Officer in Charge: \_\_\_\_\_  
\*Alleged offence/reason for custody: \_\_\_\_\_

Time & Date of Custody \_\_\_\_\_  
Time & Date Police Surgeon Attendance \_\_\_\_\_  
Time & Date of Death \_\_\_\_\_  
Place of Death \_\_\_\_\_

*Recent History (illness, injury, assaults, alcohol, drugs)*

*Past History (illness, injury, assaults, detention, alcohol, drugs)*

*Medical Examination and Treatment*

*Post Mortem Findings:*

\*Inquest/Court of Enquiry Verdict \_\_\_\_\_

**Additional Information & Comments**

\*Delete as appropriate

Name and Address of Police Surgeon — Force and Division: \_\_\_\_\_

Forms to be returned to Hon. Sec. A.P.S.G.B., Creton House, Creton,  
Northampton NN6 8ND.



# ASSOCIATION EMBLEMS

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

1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents ..... packs of 50 ..... **£2.50**  
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 ..... **£3.50**
4. **Metal Car Badges**, chrome and blue enamel (for hire only) ..... **£6.00**
5. **Car Stickers** for the windscreen (plastic) ..... each 50p

## Office Address:

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

## Office hours:

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

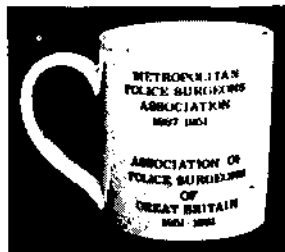
## WALL SHIELD

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 Autumn 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.**



## ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN 1951-1981

To celebrate the 30th anniversary of the Association a new stoneware mug and a new tile have been produced. They will be available at the major Association meetings during next year. They are now available by post from Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside L36 5SJ. The circular tile measures 4 1/4" diameter.

Cost of four mugs, including postage and packing **£6.00**

Cost of four tiles, including postage and packing **£4.00**

# OFFICE CORRESPONDENCE

21st October 1980

Dear Sir,

Thank you for your letter reminding me of my renewal of membership subscription for the current year.

Unfortunately my work load has fallen to such an extent that it is laughable to call myself a Deputy Police Surgeon as I am only being called at the most four times in a whole month.

Under the circumstances I do not think that I should continue to be a member of the Association until my work load increases and as soon as it does increase I shall be glad to send my subscription, but if you think that I should, even for the names sake be a member of the Association please do let me know.

Yours faithfully,

27th October 1980

Dear Doctor,

Thank you for your letter of the 21st October explaining that you now have a very small workload in your capacity as a Deputy Police Surgeon and I do appreciate that under the circumstances membership of this Association might be what is

termed an expensive luxury. On the other hand if you have a small case load you may well feel that this is all the more reason to have the strength of the Association behind you, not only negotiating fee increases, but also as insurance policy if something should go wrong. In addition the Journal and Supplement which come to you every six months keep you up to date with modern advances in Police Surgeon practice so that if you do have to go to Court, even if you do not get a wide experience or heavy caseload, you can truly say that you do keep yourself up-to-date.

Perhaps when you have considered the matter in this light you will let me know whether or not you wish to continue in membership.

Yours sincerely,  
Hon. Secretary

30th October 1980

Dear Sir,

Please find enclosed a cheque for £35.00 for my membership subscription.

Yours faithfully

## W.G. JOHNSTONE TRUST FUND COMBINED ACCOUNTS 5th APRIL, 1979 - 5th APRIL, 1980

### 1978/79 RECEIPTS

	£
Balance as at 5th April, 1979	
1003 Deposit Account	2,163.25
34 Current Account	41.05
1 Covenant	-
90 Interest Deposit Account	210.55
280 Donation P.S.A.G.B.	-
660 Donations External	-
Sale of New Police Surgeon	
Per Trust Fund	2,620.80
4820 Per Hutchison Benham	726.32
	<u>5,751.77</u>

### 1978/79 EXPENDITURE

	£
27 Travelling	26.11
251 Postage	139.57
43 Stationery	4.47
279 Advertising	19.20
4512 Hutchison Benham	1,700.00
12 Book Refund	19.00
2 Bank Charges	46.17
Balance as at 5th April, 1980	
Deposit Account	3,791.72
Current Account	5.53
	<u>5,751.77</u>

# Planning a Conference? The Palace makes it a pleasure to work.



## At work—4 Exhibition and Conference rooms

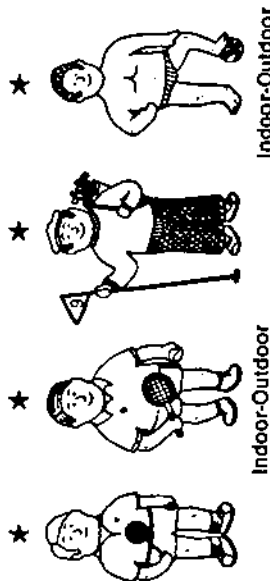
Room	Exhibition (area)	Convention (seating)	Receptions (capacity)
Ballroom	5,300 sq. ft.	350	500
Anstey's Room	1,840 sq. ft.	150	200
Georgian Room	1,000 sq. ft.	100	100
Tennis Courts	15,000 sq. ft.	Exhibition only	

- ★ BANQUETING—Up to 550 Covers.
- ★ OFFICES and Syndicate rooms.
- ★ ACCOMMODATION—6 Suites, 132 rooms.
- ★ PARKING—Extensive, open and under cover.

### Convention Facilities

- ★ Full range of Audio and Visual equipment available on request.
- ★ Secretarial and Multi-lingual services.
- ★ We will endeavour to meet any individual requirements to provide everything you need for a perfect Conference.

## At play—4 Sporting Stars



Indoor-Outdoor

Indoor-Outdoor

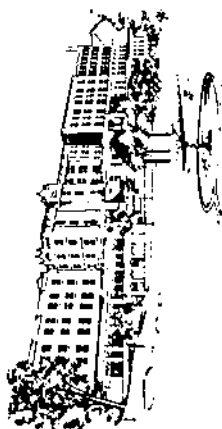
and other facilities including: —

- Resident Band. • Billiards/Snooker. • Saunas.
- Four Sports Professionals. • Table Tennis.
- Excellent Cuisine and Extensive Wine List.

For further details and quotations contact our

Conference Secretary, Mrs. Denning at

The  
Palace  
Hotel



Torquay TO1 3TG  
Tel : 0803-22271  
Telex : 42806

# Honorary Treasurer's Report

1979-80

ARNOLD MENDOZA



Mr. President, Ladies and Gentlemen:

I once again have pleasure in presenting to you the balance sheet of the Association as at 31st March, 1980. Except as you will see this year, not unexpectedly, there has been accrued excess of expenditure over income in the year in the sum of £3,295. If one balances this against current assets then we have just about broken even.

You will realise that up to the 1st July, 1980 subscriptions have not been increased for five years and as I said last year we must be one of the few bodies to maintain a subscription level constant in spite of an inflation rate annually of about 15%. It was clear that the situation could not continue and therefore the subscription income has been increased from 1st July, 1980. I am putting to Council the proposition that the subscription should be further raised on the 1st July, 1982 by which time you should have received two increases in fees.

I do not propose in this report to pick out individual items. It will be obvious from the accounts that publishing takes the biggest slice of expenditure, as does office expenses. I think you may be assured that all the officers acting in honorary capacity are not drawing the full entitlement of personal expenditure and most of their costs have naturally increased due to inflation.

As a special note, especially to members of the Metropolitan and City Group, it was that Group that presented an engraved glass decanter to the Metro-

politan Police on the occasion of their 150th Anniversary at a cost of £175 to the Association. We have only collected £83 within the Group and as the subscription list is not yet closed I would ask through the medium of the Treasurer's Report for a subscription from each member of the Metropolitan and City Group who has not subscribed, and perhaps a little more from those who have, so that the presentation can be seen to come entirely from the Group without the Association's support.

It is not for me as Treasurer to sound bugles for the Association but to act as one of your officers, and although it is with regret that the subscription has to be increased this year, my feeling is as in past years that the members of this Association, through publications, educational meeting and a daily advice service at the central office, and through our negotiating machinery, are still receiving good value for money, however, I and the Council will always be pleased to hear suggestions from members as to possible financial savings.

May I take this opportunity of thanking the Clerk to the Association, Mr. Ron Taylor and Mrs. Taylor for their unstinting help; to Mr. Maurice Orton of Messrs. Orton, Desborough & Co., our accountants; our auditors, Dr. Ivor Doney and Dr. W.E. Crosbie; and lastly our President and Secretary and all members of Council who have assisted me in the safe guarding of your finances.

# ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st March, 1980

1979	EXPENDITURE	£	£	1979	INCOME	£	£
419	Stock of Goods - April 1979		447	12945	Subscriptions		13438
341	Goods Purchased		305	308	Bank Interest		262
	Diaries	1004		1482	Conference Receipts - Harrogate		2649
236	Less Grant from Ciba Geigy Limited	<u>500</u>	404	2494	Symposium Receipts - Northampton		2918
348	Printing & Stationery, etc.		419		Symposium Receipts - Ipswich (1978)		300
671	Telephone		849	742	Symposium Receipts - Metropolitan		1221
728	Postage		1029	515	Sale of Goods, etc.		480
1248	Conference Expenses - Harrogate		3403	548	Sale of Books, Journals, etc.		581
2940	Symposium Expenses - Northampton		2207	338	Advertising		577
1021	Symposium Expenses - Metropolitan		1413	35	Sundry Receipts		15
469	Council Meetings		505		Collection by Metropolitan & City Group		83
250	Northern Ireland Expenses		240	550	(Grant from Ciba Geigy towards diaries for previous years)		--
148	Conference Facilities Preview (2 years)		419	447	Stock of Goods - March 1980		329
61	(BASICS Meeting Expenses)		--	767	Excess of Expenditure over Income		3558
186	Sundry Publications		98				
--	Presentations of New Police Surgeon Books		300				
3979	Police Surgeon Journal		5282				
1448	Police Surgeon Supplement		1824				
161	Donations		7				
280	Donation - W.G. Johnstone Fund		308				
313	Accountancy		370				
128	Miscellaneous Expenses		128				
85	(Flags)		--				
30	Bank Charges		14				
	Presentation to Metropolitan Police by						
	Metropolitan & City Group		148				
	Presentation to Metropolitan Police by Association		100				
	Other Presentations		28				
143	Depreciation - Equipment		129				
45	Honorary Treasurer - Expenses, etc.		61				
149	Presidents Expenses		180				
	Expenses - Honorary Secretary:						
432	Travel and Subsistence	472					
1077	Locums and Attendance	<u>715</u>	1187				
257	Typing		641				
	Office Expenses:						
3023	Assistant's Salary	2640					
	Assistant's National Insurance & Expenses	1002					
586	Rent and Rates	688					
95	Heat and Light	<u>64</u>	<u>4394</u>				
<u>21171</u>			<u>26617</u>	<u>21171</u>			<u>26617</u>

## BALANCE SHEET - AS AT 31st MARCH, 1980

1979	GENERAL FUND	£	£	1979	FIXED ASSETS	£	£
	Balance 1st April, 1979	6851			Office Equipment		
6851	Less Excess of Expenditure over				At cost less sales	1155	
	Income for year	<u>3558</u>	3295	447	Less Depreciation to date	<u>589</u>	566
					Photographic Equipment		
					At cost	425	
315	CURRENT LIABILITIES			145	Less Depreciation to date	<u>295</u>	130
946	Sundry Creditors	631		42	Medallions - At cost		42
	Bank Overdraft	<u>105</u>					
			936				
					CURRENT ASSETS		
				807	Stocks	389	
				500	Loan - W.G. Johnstone Trust	500	
				39	Cash in Hand	34	
				6132	Cash in Building Society	<u>2570</u>	
<u>8112</u>			<u>4231</u>	<u>8112</u>			<u>3493</u>
							<u>4231</u>

## ACCOUNTANTS REPORT

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

40 York Road, Northampton,  
22nd April, 1980

ORTON DESBOROUGH & CO.  
Accountants

# NEWS AND VIEWS

## JAMES KELLY DECEASED

The inquiry into the death of James Kelly generated much heat and a satisfactory explanation was expected by the public. Though the vital evidence in this case was given by a Forensic Pathologist, the principles governing our conduct are identical. Justice to society in general and the police in particular depended significantly upon the evidence of a medical witness who was honest, competent and given free access to all relevant information. I refer, of course, to Professor Alan Usher, one of whose letters to The Times is reproduced in the April issue of "The Police Surgeon".

Also worth reading is the evidence submitted on your behalf by the Association to the Parliamentary Committee investigating the subject of death in custody, which also appears in the April issue of "The Police Surgeon".

There is, of course, another side to the coin. Again we are reminded of the importance of professional honesty and our obligations to society as a whole. In the name of justice we have an equal obligation to those men and women who uphold the will of the people. The Police are so often pig in the middle and on a hiding to nothing. Very often they are personal friends. We have a duty to trust, denunciate and assist in any application for compensation for those injured. Injuries received in the course performing of society demands of them! Police bashing both figuratively and in reality is a game played by many politicians and fringe groups in the United Kingdom at the present time. They make no mention of, and seem untroubled about, the 13,000 acts of violence committed against the police last year.

S.H.B.

## THE AUSTRALIAN FORENSIC SCIENCE SOCIETY

The Australian Seventh International Symposium on the Forensic Sciences will be held in Sydney from 8-13 March, 1981. The Symposium theme is "Technology and Forensic Science".

Delegates attending the Symposium will include forensic pathologists and police medical officers; forensic biologists, chemists and toxicologists; members of the judiciary and legal profession; police scientific experts (scenes of crime, ballistics, documents, etc.). Further details may be obtained from the Symposium Secretary, Leanne Bell, P.O. Box 162, Lidcombe N.S.W. Australia 2141.

## NORTHERN IRELAND REPORT

The past year has seen a change in the Committee in Northern Ireland. Both Bertie Irwin and John Stewart have retired after a long term in office, during which the Branch has grown to a firm, united and, I hope, respected group. We owe a great deal to both these members for all their hard work in what has been a very difficult period in the Province.

The Bennett Report has come and gone. During the early part of the year all the members put forward their ideas on a linked medical records system, as suggested in the report. Eventually, after several meetings with DHSS, agreement was reached and a satisfactory system now exists.

We have also considered a consultative document on drinking and driving, and agreed with the opinions of the parent body. However, we feel that our system, as it exists at present, has covered all the

loopholes and, apart from a two tier system of blood alcohol, should be retained but enforced a little more.

The year has seen a change in our workload in that fewer detainees are being seen in Police Stations and there has been a great reduction in the number of DIC cases. Unfortunately we still have our high level of violence and murder.

At our AGM a resolution was passed by all members requiring any member to give the Committee 48 hours notice of any statement which he may wish to issue to the media. This permits time to contact both the RUC and the Police Authority on our "Hot Line" system and try to prevent any injury being caused to the people involved.

The Committee feel that all matters are under control at present and that we should adopt a low public profile for a further period. **W.E. St. C. CROSBIE**

### 1981 ANNUAL CONFERENCE

Next year's Annual Conference will be held at the Grand Hotel, Brighton, during the week Monday, 15th June, to Saturday, 20th June. The Grand Hotel is on the seafront. It was opened in 1864. It has the sumptuous elegance of the hotels in which the Association has enjoyed recent successful Annual Conferences.

There are many sporting and other amenities in Brighton and Hove within easy reach of the hotel. A full social programme is being arranged for those accompanying delegates.

The 1981 Conference is of particular importance in that it is being held during the week prior to the International Association of Forensic Sciences meeting in Bergen, Norway (Monday, 22nd June, to Saturday, 27th June). The Conference has been advertised throughout the world and undoubtedly there will be a number of delegates from abroad attending the Conference. There will be speakers of international renown, including Dr. William Eckert of Wichita, Kansas, U.S.A., who spoke at the Bristol Symposium. The academic programme has been extended

to a full 2½ days, commencing 9.15 a.m. Tuesday, 16th June, 1981.

Details of the Bergen meeting are not yet available but will be published in due course.

The 24-hour Conference Rate including VAT will be £37.75 per person per day. Full details of the Conference will be published in the next issue of the Supplement.

Early booking for the 1981 Association of Police Surgeons Annual Conference will be essential. Not all rooms overlook the sea and priority will be given in order of application. There are a limited number of suites available at £8.00 per day extra. Those who wish to make a provisional booking now may do so by writing to the Conference Secretary, Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside L36 5SJ.

**REMEMBER EARLY BOOKING FOR THE 1981 CONFERENCE WILL BE ESSENTIAL.**

### INTERNATIONAL SOCIETY OF HYPNOSIS

#### 9th International Congress of Hypnosis and Psychosomatic Medicine

The Congress will take place from Sunday 22nd to Friday 27th August, 1982 in the University of Glasgow. Attendance at Congress is limited to members of I.S.H. or one of its constituent societies and to individuals who can satisfy the ethical requirements in practice as laid down by the I.S.H.

The registration fee for members of I.S.H. prior to August 1981 is £130, for others £140. The registration fee will be increased after August 1981.

There will be a variety of workshops, and of particular interest to Police Surgeons will be Workshop No. 8 "Hypnosis and the Law". This will be chaired by Professor Martin T. Orne, Professor in Psychological Medicine, University of Pennsylvania, Philadelphia, U.S.A., who is a world authority on Forensic Hypnosis and Brain Washing.

*For further information please write to:-*

**Congress Administration Office  
9th International Congress of Hypnosis  
B.M.A. House, 9 Lynedoch Crescent,  
Glasgow G3 6EL**

### 1981 INTERNATIONAL ASSOCIATION OF FORENSIC SCIENCES MEETING, BERGEN

At the time of going to press, details of the International Association of Forensic Sciences Meeting in Bergen have not been received. It is known that it will extend from Monday, 22nd June, to Saturday, 27th June, with delegates arriving on Sunday, 21st June, 1981.

The Spring Issue of "The Police Surgeon Supplement" will carry full details.

It will be possible to proceed directly to Norway after the Association of Police Surgeons Annual Conference at Brighton. Flights are available from Gatwick Airport (Dan Air) and London Airport (SAS). At present the flight from Gatwick leaves at 9.45 a.m. and from Heathrow at 12.05 p.m. both flights taking about two hours. The flight schedules for June 1981 are not at present known.

The current excursion air fare to Bergen, staying a minimum of six days, is £163.50 return. However, if a stay of not less than seven days is contemplated and a booking is made at least one month ahead (Apex fare) the fare is £99.50. Of course, it is not known what the 1981 air fares will be. No doubt this will depend to some extent on the disruption of oil supplies from the Middle East during the current conflict. Under normal circumstances, air fares booked and paid for now would not be subject to any increases which may occur between booking and travelling.

An alternative method of travelling is by ferry from Newcastle. At present the ferry leaves at 5.00 p.m. on Sunday, arriving 12.30 p.m. Monday. The return voyage leaves Bergen at 5.00 p.m. The schedules for June 1981 are not at present known. Current costs by sea ferry vary for an adult from £38.00 to £120.00 single fare, depending on type of accommodation. It costs £15.00 to take a car on the Norway ferry (prices for 1980).

Visitors to Norway may wish to take advantage of the opportunity to see some of the magnificent scenery. A unique

journey is by coastal steamer from Bergen to Kirkenes in the very north of Norway, a distance of over 1,200 miles. Half of the journey lies north of the Arctic Circle. The round trip of approximately 2,500 miles takes 12 days. The 1980 cost of the coastal trip, including air fare from Gatwick and accommodation aboard ship, excluding any hotel expenses is £330.00 return. For those who would prefer to see the fjords from dry land, coach tours are available from Bergen for two, three, four or six days.

If you wish to receive information regarding the 1980 International Association of Forensic Sciences Meeting and of excursion facilities available during 1981, in advance of publication in the Spring Issue of "The Police Surgeon Supplement", write now to Dr. M. Clarke, Conference Secretary, Vine House, Huyton Church Road, Huyton, Merseyside L36 5SJ. Tel: 051-489 5256.

If you wish to make and pay for travel reservations now, write to H.G. Tyson & Co. Ltd., 53 Long Lane, London EC1A 9PA. Telephone: 01-600 8677.

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*Catalogues issued*

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**Telephone: Ely (0353) 4365**



### CHARING CROSS POSTGRADUATE WORKSHOP

The 1980 annual Postgraduate Workshop in Forensic Medicine organised by the Association and the Department of Forensic Medicine, Charing Cross Hospital Medical School was held on the 17th April. Prof. Bowen, with his usual skills, arranged a programme which spanned the whole range of Forensic Medicine — clinical and pathological.

The first paper, after registration and coffee, was given by Dr. J. Wall from the Medical Defence Union. The title was 'Damage and Damages' especially in relation to alleged negligence. The role of the NHS vis-à-vis the Mentally Abnormal Offender was the theme of the paper presented by Professor J. Gunn of the department of Forensic Psychiatry at the Maudsley Hospital. The last speaker before lunch was Group Captain A.J.C. Balfour from the RAF Institute of Pathology and Tropical Medicine, who discussed aspects of accident reconstruction and Prevention.

After a first-class buffet lunch enhanced by liberal quantities of wine, Professor Alan Usher kept his whole audience awake by discussing, with excellent slides, murder linked with sexual activities — conventional and not quite so. Stan Burges, still suffering from travel fatigue having arrived back from the Antipodes only a few days earlier, gave an appraisal of clinical forensic medicine in Australia. The final speaker, Chief Inspector H.B. Spear of the Home Office, brought everyone back to the realities of life in the UK by his paper "Drug misuse and the Law".

David Bowen and his department must be congratulated on the "production" of a most enjoyable and interesting day and tribute should be paid to the staff of the Postgraduate Centre at Charing Cross Hospital for the friendly atmosphere and excellent hospitality.

DAVID FILER

### WINTER RECEPTION

There will be an evening soiree at the Worshipful Company of Innholders Hall, College Street, London E.C.4 at 8.00 p.m. on Friday, 13th February, 1981. An invitation is extended to all members of the Association and their guests (not restricted to spouses) to join the Metropolitan & City Group of the Association in what has proved in the past to be a most successful and enjoyable evening. The Guest of Honour on this occasion will be Sir Thomas Lund, past Director-General of the International Bar Association, who will give a short speech during the evening.

### WINTER SYMPOSIUM

There will be a full day clinical meeting at the Metropolitan Police Forensic Science Laboratory, 109 Lambeth Road, London S.E. 1 on Saturday, 14th February, 1981. The programme will include:

Dr. Hugh Johnson — "Pathology of Neglect".

Mr. Spear, Chief Inspector Drugs Branch — "The Current Legislation on Drugs Abuse".

Dr. McKeith, Institute of Forensic Psychiatry, Maudsley Hospital, on an aspect of Forensic Psychiatry.

Lectures and demonstrations by members of the Metropolitan Police Forensic Science Laboratory.

Further details and a booking form will be circulated to members at the beginning of January 1981. Section 63 applied for.

### 1980 CONFERENCE PHOTOGRAPHS

A few photographs of the 1980 Conference held at Peebles are still available. Price £2.00 each including p. & p. from Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside.

### ASSOCIATION CUFF LINKS

Silver and gold cufflinks engraved with Association Crest now available. Further details from Mrs. A. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside.

### TIME OF DEATH

In spite of considerable research estimating the time of death remains an art rather than a precise science. Of all the aids and observations available, measurement of the body temperature remains the most important. An estimation of time of death is frequently required in cases other than homicide.

Suitable thermometers recording from 0° to 50° centigrade and measuring 12" to 15" may be read in situ. They can be obtained for £2.00 or under from scientific instrument suppliers — see your Yellow Pages.

The thermometers are fragile but they can be well protected if placed inside an aluminium tube ¾" in diameter, sealed at either end with rubber walking stick ferrules.

### GLAISTER'S GLOBES

Of great value in the examination of victims of sexual assault, Glaister's Globes are described in some detail on page 68 of the autumn issue of "The Police Surgeon Supplement" 1978. A modification known as Glaister Keen Rods is available commercially and obtainable from the following suppliers:—

James L. Hatrick & Co. (London) Ltd.  
170 Archway Road,  
London N6 51E.

Philip Harris Medical Ltd.  
Hazewell Lane,  
Birmingham B30 2PS.

### IMPROVED VIEWING

Well equipped Police Surgeons will be familiar with the products supplied by P.W. Allen & Company, which include ultra-violet lights and magnifiers.

The latest product is the M4 Magnifier, which gives a times two linear magnification through a distortion free lens of 4.8 inches. The lens is surrounded by a circular white fluorescent tube which gives shadowless lighting without reflected

glare. The spring balance mounting and the mobility of the lens makes the M4 Magnifier particularly suitable for use in the Police Surgeon's medical room.

The M4 Magnifier is supplied with a variety of bases including table lamp, wall bracket and free standing models. The cheapest model is supplied with a table clamp at £59.00 exclusive of VAT and carriage.

Further information from P.W. Allen & Company, 253 Liverpool Road, London N1 1NA, England.

### HEPATITIS DETER(G)ENT

Increasing awareness of the dangers of hepatitis from blood or saliva accidentally spilled in the Police Medical Room has encouraged the search for suitable cleansing preparations. Diversey Ltd. of Western Favell Centre, Northampton, produce a detergent preparation called COUNTDOWN. The pack has a perforated shaker top; the powder is shaken onto the dampened surface and wiped off with a disposable towel and allowed to dry.

Further information from Diversey Ltd.

Do YOU have an equipment supply problem? If so, write to The Editor, "The Police Surgeon Supplement".

### LAPSUS LINGUAE or a sthethoscopic solecism

"Off with your sweater, off with your bra!"

A reasonable request.

"Big breaths!" Another bland demand  
As soon as she's undressed...

Let's hope you haven't got a lisp,

A speech impediment:

She's proud of them, but she'll think you are

Unethically impudent!

J.S.

### VIVE LA DIFFERENCE

It may be thought that, because we believe in: freedom of speech, equality before the law, tolerance in action, non discrimination and like issues, we have much in common with many organisations which proclaim themselves to be defenders of justice. But this may not be so.

The essential difference of "*la difference*" is the presence or absence of certain vital appendages.

In this context the appendages are called impartiality and humility.

Perhaps members of the National Front would be defended enthusiastically by lawyers having the backing of the National Council of Civil Liberties.

Perhaps a well known politician did admit that after due enquiry his accusations of police brutality were misplaced.

Perhaps there are females who have been told at a Rape Crisis Centre that their allegations of rape are malicious.

Until there is evidence to corroborate these possibilities, I offer them as examples of "*la difference*", with our own interpretation of justice. *Une difference* we should "*vive*" with determination.

S.H.B.

### ANATOMY OF A POLICE SURGEON?

Fees do appear generous but do not be seduced by them. Police Surgeons work a 56 hour week at day rates; it must be remembered that most of the work is done at night, and that day calls are unpredictable.

Despite all the drawbacks and provided you have a sense of humour and a thick skin, the physiology of a hamster, accommodating partners and an understanding family, you will certainly enjoy the work.

*Dr. David Filer writing in Med-economics, 29th February, 1980.*

### DETECTIVE DOGS

Lancashire Constabulary was the first Police Force in the world to train dogs to detect human remains. Four Lancashire Police Officers and their dogs were sent to the Sinai Desert after the 1973 Middle East War. They helped to recover the bodies of 164 Israelis and Egyptian servicemen during the six months they spent there. Their achievement has been recognised by the award of United Nations Emergency Forces Medals. The presentation was made by the Lancashire Chief Constable, Mr. Albert Laugharne.

The Association of Police Surgeons gratefully acknowledges the support given during the 1980 Annual Conference by the following pharmaceutical companies:

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# CORRESPONDENCE

## DISCLOSURE OF EVIDENCE

*From Mr. Kenneth Oxford QPM, Chief Constable, Merseyside Police*

I read with interest the article headed "Defence Statements" in the Spring edition of *The Police Surgeon Supplement* (Volume 8).

Whilst I accept the principle, enunciated by the Council of the Law Society, that there is no property in a witness, I would have thought that a Police Surgeon retained by the police should inform the Chief Officer of the Force concerned before he makes a statement or passes evidence to another party.

In your view it is a matter for the solicitor to communicate with the prosecution where appropriate. I have recently been faced with the experience of a Police Surgeon who provided photographs to the plaintiff in a civil action and the first intimation I had was at the disclosure of document stage some three weeks before the hearing.

The question of copyright has been debated in another forum and, in the case to which I refer, there was no doubt that the copyright was vested in the surgeon concerned. However, I was, and am, of the opinion that I should have been informed of the existence of those "exhibits" so that I could at least have had an opportunity of providing evidence to rebut their authenticity.

In my long experience, photographs in the police forensic scene are used to advantage to illustrate events, incidents, and situations. I suggest that caution should be used before relying upon them exclusively when referring to related matters. The same applies to cine-film which has been edited or viewed out of context.

The photograph is only a captured moment of time. A photograph or film strip can only be of forensic value in consideration with other evidence recollected out of what preceded or followed its record. The perspective of a subject is altered considerably if the view point of the camera is change. Much depends on the focal length of the lenses; the use of small or wide apertures, which focussing differences can isolate the subject; shutter speeds which emphasise or decrease the effect of movement or shade.

It is generally accepted then that photographs can create false impressions. Despite the old adage — the camera *can* lie! Nevertheless, the standard of police photographic equipment and the training given to those who use it is aimed at ensuring that only the best and most evidentially correct record is available to the Court and all of the parties involved.

The possession of a camera does not turn a doctor into a photographer and although a photograph taken by him becomes part of his medical record and an aide memoir, it is not taken with the object of becoming an exhibit, for the reasons I have referred to above.

Whether the production of such a photograph had any bearing on the outcome of the case I have referred to, or not, is another matter. Surely, the real point at issue is the fact that the surgeon was supplying evidence to another party which had been obtained during an examination which I had requested and for which I had paid a fee. Am I being oversensitive in seeking or asking to be informed in advance of such a situation? My own Force instructions are such that I would automatically be informed of any request by a solicitor to interview or seek evidence of one of my officers.

There are many considerations, not least of which is the level of proof required in certain cases. Photographs may be an aide memoir to an individual doctor, but whether they are forensically provable in my experience, is debatable. It may be felt, in some instances, that requests for documents should be referred to the Force Prosecuting Solicitor for advice.

You suggest that it is for the solicitor to inform the prosecution where appropriate. There may be situations where the solicitor does not feel inclined to do so for one reason or another.

It would serve my purposes if I could rely on such communication in every case, but I doubt it.

A Police Surgeon is retained by the Chief Constable and, if circumstances demand it — at worst, his services can be terminated by the Chief Constable. Whilst the scale of fees paid is determined elsewhere, all claims are approved by the Chief Constable.

I do feel, therefore, that as a professional body you owe some allegiance to the Chief Officer, and that it should not even be a matter for debate that you should notify him of all matters wherein your services are sought in respect of any incident that has occurred whilst you have been acting at the behest of the Chief Constable. Is not the principle analogous to the "doctor-patient relationship"?

Incidentally, I hold regular meetings with all the surgeons who act for this Force. This is a forum where all such matters are freely discussed. At the most recent meeting I spoke on this matter and received unanimous support for my views. Indeed, I detected a note of surprise from some quarters that I should even have raised it.

A representative for the North West Forensic Science Laboratory made the point that it is standard practice for them always to refer any request for statements or documentary evidence to the Chief Constable of the area concerned. That, to me, seems to be the correct procedure and probably falls within the ambit of professional ethics — positive and negative!

### ***From Dr. Stanley Burges, Immediate Past President, Association of Police Surgeons***

One of the benefits of the existence of the Association is to provide a sounding board for news and views from all those striving to assist the forces of law and order. As a Chief Officer of a Force, your comments were particularly welcome.

Perhaps I may be allowed to take up, in the order mentioned, certain points in your letter. Your plea to be informed of the provision of statements or evidence to another party by Police Surgeons has some substance and I have some sympathy with your views. It is not a question of the act being unlawful — indeed in certain circumstances it may be unlawful to refuse to comply — it is almost always a question of a lack of that fast disappearing but highly commendable human quality — good manners.

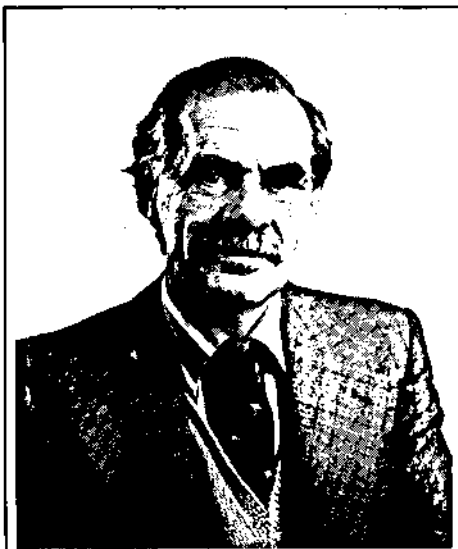
Hitherto, in defining the ideal Police Surgeon I have stressed the importance of training, competence and impartiality. I had assumed that to add courtesy was superfluous, but in the light of your letter, the need obviously exists!

I am sure that you appreciate that we, as independent professional witnesses, are liable to be solicited and harassed by many interested parties or their agents if it is thought that we may benefit their cause. If, in good faith, the Police Surgeon provides such information without due courtesies accorded to the Chief Officer, it is reasonable to assume that it is not because of any desire to embarrass the hand that feeds him but because of a pre-occupation with assisting justice.

With regret I am bound to admit that, on rare occasions, the Police Surgeon may abuse his privileged position and act in the knowledge that the unjust embarrassment of his employing police authority may result. As an Association, I am certain we would endorse



*Mr. Kenneth Oxford QPM*



*Dr. Stanley Burges*

the condemnation of such behaviour. By definition, he cannot be considered a competent Police Surgeon. (The third possibility — that of disclosures by a Police Surgeon of the abuse by a police officer of *his* privileged position is another question and will not be dealt with here but merely to mention it emphasises the fact that we are *all* human!)

As you stated "The question of copyright" (of photographs) "has been debated in another forum . . .". Yet you continue with a monograph on the subject of forensic photography and, although very interesting, is largely irrelevant to the context of "disclosure of evidence".

What is more to the point is your question; "Am I being over-sensitive in seeking or asking to be informed in advance of such a situation?" (i.e. supplying the evidence obtained at your request and expense to other parties). My answer to this is; not always, but there are certain circumstances when you might be. Some of these I have already mentioned.

Your ensuing argument was more suspect and, forgive me, muddled? I will amplify.

The doctor's original notes are his "holy writ", a personal record of his findings at the time of the examination. They may consist of; legible script, illegible "shorthand", primitive art, superb draughtsmanship and, in some cases, photographic negatives. From these the Police Surgeon formulates a comprehensible, relevant and ethically correct statement which is requested and paid for by the retaining police authority. An unassailable condition of that employment is that the employing police authority shall have the first option to be acquainted with the contents of that statement. But this, with the best will in the world, is the only circumstance in the relationship with the police which is mandatory and entirely devoid of any "ifs" or "buts".

The prudent Police Surgeon jealously guards the "original notes" and retains them *in toto* unless and until demanded by a Court or some other lawful command. An uncommon event. I cannot think of any other circumstances when any other party can claim possession of these notes as a matter of right.

No sir, I cannot agree that "it should not even be a matter of debate that you should notify him of *all* (my italics) matters wherein your services are sought in respect of any incident that has occurred whilst you have been acting at the behest of the Chief Constable".

No sir, it is not a "principle analogous to the doctor-patient relationship". Indeed this latter question forms part of my continuing argument. The original notes may contain much information which, for ethical reasons, is denied to the Chief Officer because of the *true* doctor-patient relationship existing between the Police Surgeon and the examinee.

An item of service fee with or without a retainer cannot purchase the right of the Police Surgeon to sustain his ethical obligations regarding consent, professional confidence and privilege.

An item of service fee with or without a retainer cannot prevent a Police Surgeon from using his original notes to acquaint a professional colleague of the existence of some infirmity requiring treatment without first seeking the permission of the Chief Officer of Police.

Suppose as Force Surgeon I was requested of, and paid by, my employing Police Authority to examine a candidate for the post of Chief Officer to the Force. During the course of that examination I discovered the candidate had evidence of a previous, but now cured, venereal infection. Suppose also I discovered that his son was a practising homosexual. Information which could not possibly influence his physical or mental ability to perform the duties of Chief Officer; but which, if known to the prospective employers, might prejudice his appointment. Are you really suggesting that this information *should* be disclosed?

This example surely demonstrates the difference between the doctor-employer relationship and the doctor-patient relationship.

The final paragraph of your letter implies that there are similarities between the terms of employment of the forensic scientist and the Police Surgeon. Again, sir, I must disagree. The Home Office Forensic Scientist is a full-time government employee; the Police Surgeon a part-time independent contractor. The forensic scientist has no professional authority akin to that of the General Medical Council, a statutory body determining and governing the conduct of every registered practitioner. Unlike the Police Surgeon, the forensic scientist has his words, deeds and acts restricted by the ordinances of the Official Secrets Act.

You are right to expect courtesy and loyalty but we, for our part, expect you to have some understanding of the implications of professional ethics.

Of one thing we can be sure, whether Police Officer, Forensic Scientist or Police Surgeon, we all strive to champion justice, the will of the people and, necessarily, the rule of law, and this is the more efficiently achieved by mutual understanding and concerted action.



Armband issued to Dr. P.B. Spurgin, President of the Metropolitan Police Surgeon's Association 1925-1926.

Dr. F.W. Spurgin MRCS, presumably P.B. Spurgin's father, has President 1908-1909.

Was the armband issued at the time of the General Strike?



## 150th ANNIVERSARY OF THE MET. POLICE

The splendid bronze and brass casting of the Association's Insignia on a mahogany mount, which was generously presented to the Metropolitan Police by the Association to mark the 150th anniversary, is now proudly displayed in the Laboratory foyer. It is a very attractive reminder of the close practical working relationship which has developed between the Laboratory and Police Surgeons, not only in the South East, but also nationally. In particular it is a pleasure to record here our debt to Dr. Hugh de la Haye Davies for his unstinting help and advice, and in particular his valuable contribution to our training programme, also to Dr. Stanley Burges, an esteemed and valued friend of this Laboratory.

## HEPATITIS INCIDENTS

Police Officers and others may be at risk if they become contaminated with saliva and blood from suspected hepatitis carriers in the following circumstances:—

- a) the skin has been punctured with a needle of a syringe or other sharp instrument which has or may have been contaminated with blood from a drug addict or suspected hepatitis carrier;
- b) blood has splashed over hands or other parts of the body which have cuts or abrasions;

- c) blood has splashed onto the mucous membranes (eyes or mouth);
- d) where a person has been bitten, or has been contaminated by the saliva of a suspected hepatitis carrier.

If contamination is suspected, a blood sample should be taken from the officer concerned and the suspect hepatitis carrier and submitted with the suspect syringe needle (if applicable) to the local Department of Virology.

For some time we have been concerned with the way in which certain exhibits are handled in Court, particularly bloodstained items which are often handled by members of the jury, court officials, etc. A high standard of hygiene is practised in the Laboratory with regular hand washing and the use of disinfectants, but this is not possible in most courts. A letter has been sent to all courts in the South East area covered by the Metropolitan Laboratory informing them of the small but serious risk of infection from the handling of blood, semen or saliva stained exhibits.

The letter also suggested that unnecessary handling of items should be avoided, and that a supply of polythene gloves should be kept available for use with items bearing the warning labels.

In the few exceptional cases where the presence of hepatitis has been confirmed, or is strongly suspected, items will be labelled with "Hepatitis Risk" labels.



## MAINLY CONCERNING R.T.A. SAMPLES

Perhaps some explanation is necessary about the "standard error" deduction which so many people discuss in connection with Road Traffic Act Analyses. To an analyst "accuracy" and "precision" are not just words but scientific terms in their own right with defined meanings. "Accuracy" is a description of how close the measured value is to the actual, true value whereas "precision" describes the reproducibility of an assay. This "reproducibility" may be expressed statistically as the "standard deviation", amongst other terms. The deduction from our actual analytical figure is three times the standard deviation.

Statistically it can be shown that the great majority of results from repeated determinations of any value will lie either side of a mean and the boundaries of that range will be from plus to minus this figure of 3 times the standard deviation. To be absolutely confident, therefore, of our results we deduct this figure and quote "not less than" so many milligrammes per 100 millilitres.

When GC analyses were first introduced into service for this kind of work under the auspices of the (then) Road Safety Act 1968, a large trial was carried out involving a number of different analysts in different Laboratories from which it was concluded that 2% (of the mean analytical figure) was an acceptable overall standard deviation. Hence the amount deducted varies — it is 6% ( $3 \times 2\%$ ) of the mean gained from a duplicate analysis *except* under 100 mg.% (blood alcohol concentration) when 6 milligrammes per cent (concentration, not fraction) is removed.

## BLOOD OR URINE

"For drugs analysis, which do we take, blood or urine?" This is a somewhat contentious issue with what would appear to be conflicting answers. This has arisen because of strides we have made in our analytical techniques. Five years ago we relied primarily upon urine because our methods were incapable of meeting the

analytical challenges posed by blood — mainly the low drug concentrations present. Now, however, the routine application of advanced techniques such as gas chromatography/mass spectrometry and radio-immunoassay has enabled us to deal with blood in a way previously denied to us. The benefit is, of course, that blood analysis gives a much more meaningful picture of what the drug is capable of doing, at the relevant time. Merely detecting a drug in urine is no guarantee that it is even present in the bloodstream in significant amounts. For example, a single dose of a benzodiazepine tranquilliser such as diazepam can give rise to detectable quantities of metabolites in a urine specimen for a considerable time after the blood level has fallen to an insignificant figure.

Whichever specimens are taken, it must be done under the provisions of the act, particularly in the case of urine. Unfortunately this means the *first* urine specimen may not be used. Although technically this one would be of better value for drugs analyses, legally it "must be disregarded for the purposes of this act" and analyses based upon it would be regarded as inadmissible evidence.

## EXPLODING VIALS

Undoubtedly a number of you have had the unfortunate experience of a blood vial breaking, or even exploding, whilst you were injecting the blood into it. This eventuality we hope is a thing of the past. The fault was in a batch of vials of poor manufacture, having abnormally thin bases. In some instances these were literally paper thin, and the increase in air pressure on injection was obviously sufficient to shatter the vial. A considerable number of kits had their vials replaced, and we are now into the second year's orders since the batch of kits was received.



We now specify a minimum base-thickness for the vials.

It is possible that you may still encounter the odd kit with such a vial in it; one that has been at the back of a cupboard and brought out when stocks are low, for example. There is one little tip we can pass on which may help. Before use, press each vial firmly into an open "securitainer/base". These have a small moulding bump on the inside floor which will punch a hole in a weak vial, with hardly any exerted pressure. The newer, specified vials will withstand any pressure you care to try.

### DRY TOWELETTES

There have been some complaints about the "dry-wash" towelettes supplied with some kits, which have been found to be dry. The manufacturers do say their sachets will keep the product suitably moist for a considerable period. Until quite recently it was possible that kit components had been stored for some years before use. Since our kits are now made up commercially and purchased yearly we hope this fault will also disappear.

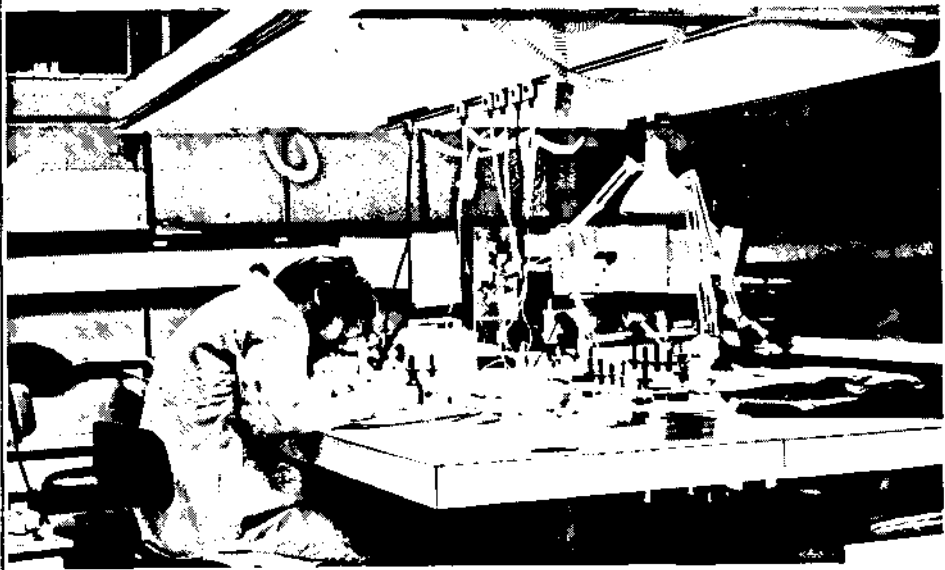
Since the material on the swab is simply surfactant bactericide in aqueous solution, if it is too dry I can see no objection to moistening it with clean tap water immediately before use. In any case, if you find the problem persists please let us know and we will endeavour to rectify it.

### PAPER GOWNS AND PANTS

A Metropolitan Police Surgeon has suggested that paper gowns and pants are provided for the comfort of female complainants examined at police stations. This has been approved. A gown and a pair of pants, sealed in a polythene bag, will be added to the kits.

The provision of the paper pants is particularly relevant to the work of the Forensic biologist. Analyses of previous case results by Anne Davies from this Laboratory, (*Journal of Forensic Sciences* 24 (3) 541, 1979) has shown that we are more likely to detect the assailant's PGM group from seminal stains on clothing/bedding, than from body swabs. As pants are usually the item of clothing most likely to be stained, the provision of a replacement pair would seem only reasonable.

*Case work in the Biology Division*



Photos: Metropolitan Police Laboratory

# DEFENCE EXPERTS

In the last ten years there have been two reports by Government Committees of interest to Police Surgeons. In 1971 the Brodrick Report on "Death Certification and Coroners" aroused considerable interest but now appears to have been shelved indefinitely.

The 1976 Blennerhassett Report on "Drinking and Driving" is still to be a matter of active consideration. It seems likely that the future will bring the introduction of a new Road Traffic Act, which will enable the Police to prosecute drivers unfit through alcohol to drive on the evidence provided by a breath analysis machine. Such a machine would not require the presence of a Police Surgeon to obtain the necessary evidence on which subsequent prosecutions might be based. Presumably Police Surgeons would still be required in those cases where the driver is suffering from illness or injury, or to examine drivers suspected of being under the influence of drugs.

There would therefore be a reduction in the number of occasions a Police Surgeon would be required if the Blennerhassett recommendations are put into effect.

However, reports from Police Surgeons throughout the country indicate that their workload from cases other than those resulting from the current Road Traffic Act is steadily increasing, particularly in those areas where the Police Authorities appreciate the value of the well-educated and enthusiastic Police Surgeon.

Lawyers for the defence are also becoming increasingly aware of the value of the expert in clinical forensic medicine. In a recent article in the "New Law Journal"<sup>\*</sup>, criteria were set out for the selection of medical experts for the defence. Lamenting the decline in the University teaching of forensic medicine, the author continued "as a result when the victim and/or assailant is examined in a casualty department the examining

doctor, usually young and inexperienced, frequently not fluent in English (Welsh, in Wales), is not trained to describe injuries correctly, catalogue them accurately, or appreciate their medico-legal significance. His only concern is the immediate treatment of the patient, and such "minor matters" as the number, size, shape and direction of abrasions, are of no consequence, let alone the retention of "foreign bodies" in wounds, or the different colours of bruises. Very rarely, if ever, are diagrams made or photographs taken".

The author's assessment of Police Surgeons is equally scathing — "Their quality and competence as forensic physicians vary from the inept and dangerous to the true expert". He estimates there are 3,000 Police Surgeons and deputies throughout the country, of whom only some 150 could reasonably be called experts in forensic medicine.

The following criteria were suggested in the selection of clinical forensic medical experts for the defence:—

- 1) ten or more years experience in general practice.
- 2) five or more years experience as a Police Surgeon.
- 3) be a member of the Association of Police Surgeons of Great Britain.
- 4) be a member of the Forensic Science Society, and/or a member of the British Academy of Forensic Sciences.
- 5) must possess the Diploma in Medical Jurisprudence (Clinical).

The Association of Police Surgeons of Great Britain has long recognised the need for defence lawyers to be able to call upon experts in clinical forensic medicine, who possess the qualifications and experience to ensure that the defence is properly advised and justice well served. The Secretary of the Association will supply, on request, the names and addresses of suitable Police Surgeons for those requiring advice on defence matters.

<sup>\*</sup> E.O. Roberts, MRCS, LRCP, ARCP, FRSH, DMJ(Clin.) — "Suggested Criteria to be used in the Selection of Medical Experts for the Defence" — New Law Journal, August 7th, 1980.

# PEEBLES

## 1980

REPORT ON THE  
ANNUAL CONFERENCE  
BY  
JUDITH SMALLSHAW

The media is still castigating Police Surgeons for lack of depth of knowledge, lack of depth of experience and, unkindest cut of all, lack of the important ballast of integrity.

Hopefully none of the 90 Association members who assembled at Peebles for the Annual Conference in May was tarred with this particular brush. In fact, knowledge, experience and integrity were all well in evidence as was illustrated by Sir John Orr, Chief Constable of the Lothian and Borders Police who opened the Conference.

Sir John, who commands the new regional force in the area comprising three and a half thousand men and women, said that increased crime epitomised the violent society in which we live. Because of this, the number of specialists in the Police Force in Scotland has to be increased dramatically but, even so, the force could not possibly function without the services of the Association. The expert help afforded by the Police Surgeon, his comprehensive knowledge and his skill are all vital in the continuing fight against criminal activity.

Stan Burges' deliberate slip of the tongue — Police Surgeon in "Custody" (it should, of course, have been "Society") set the mood for his expected brilliant address. "Members are employed by the Police", he said. "They work in police stations: those who don't like police work should change their diet or get out of the kitchen. It matters not what integrity is called: a Police Surgeon is always a Police Surgeon, someone who should be able to distinguish between the law and

justice and act lawfully, independently and responsibly to his own code of conduct".

Metaphorically, members could be said to represent the serpent on the Association emblem which looks at law and order on the one hand and lawlessness on the other, both of which are balanced in the scales of justice. Their allegiance to society should outweigh any obligation to the accused.

He then gave us the following equation: the Ability of a Police Surgeon equals Academic Training plus Experience plus Motivation. Instruction in clinical forensic medicine features high in the educational activities of the APSGB. As to experience, the police recognise a need for the services of the Association — being just a GP doing occasional police work is not good enough. There is a stimulating variation in the art of diagnosis and Police Surgeons must learn to act with authority and expertise in this field.

As agents of justice, members should work without prejudice: a professional code of conduct is of paramount importance. Society must trust the competent Police Surgeon to decide the truth and must depend upon his evidence as a medical witness. Stan Burges was adamant: "Accept these basic principles or place your own integrity in peril".

He went on to emphasise the importance of separating fact from opinion and asserted that collective interest, communication and participation within the Association was vital: the search for truth coupled with practicality.

Dr. David Filer and Dr. Fred Shepherd

then presented a joint paper, "The Association Research Scheme". This is a project which involves all Police Surgeons. Dr. Filer was insistent that the new generation of Police Surgeons should view the DMJ as mandatory and that all members should show interest enough to prepare individual short papers — facilities for research projects are easier to come by than is generally realised. He then gave an analysis of practical statistics: if devices for suspected drunken-drivers are in general use within two to three years, Police Surgeons may lose half their work load: 30% of their work will consist of rape cases and the rest, "dodgy deaths". The retainer received should, under these circumstances, be raised.

Death from police custody was also discussed; Dr. Filer suggested that a pro-forma questionnaire should be drafted in co-operation with the police and sent to all Police Surgeons to be completed, not only in cases of death, but also in the event of "near misses".

Dr. Shepherd adjured members to think very carefully before starting this sort of research. There was seldom any opportunity for a systematic follow-up, so the pro-forma should be completed right at the beginning of a case with the co-operation of as many people as possible. Information of patterns in different parts of the country would be welcome and may well assume medico-political importance. Expertise is always enhanced by research and the need for accurate records is essential.

From the floor, Professor David Bowen of Charing Cross Hospital, London, endorsed these comments and offered library facilities for the study of pertinent papers and slides. Delegates were also reminded that the BMA offers a research award and that grants are available from the NHS.

## Hypnosis

Next, Mr. G.W. Fairfull Smith, Past-President of the Scottish Branch of the Medical and Dental Hypnosis Society read his paper, "Hypnosis as an Aid to

Police Investigation". ("A departure from the norm — and that's saying something as we cover most subjects comprehensively" — Burges).

Hypnosis is a valid help in illness, specifically those with a psychosomatic element, and is also useful as an aid in the control of pain. Hypnosis may be self induced or effected by a hypnotist and is a powerful tool if used correctly. With this "altered perceptual status" the patient can be given suggestions as to behavioural patterns, but he will not comply with these against his own moral or unconscious wishes. Hypnotism is a system for obtaining memory recall and, in police work, it can be used usefully as an analytical instrument to determine the state of mind of a suspect at the time a crime was committed. Under forensic hypnosis the subject "relives" incidents in detail, but it is important that the procedure be carried out by a qualified doctor or psychologist with special training — and that he is not involved in the interrogation.

Victims suffering from emotional amnesia can, under hypnosis, also give detailed information about their assailants. A study recently carried out in the USA showed that 32% of all the criminal cases within the survey had been solved which, without hypnosis, would have remained "on the books".

At the end of his paper, Mr. Fairfull Smith gave an impressive demonstration by hypnotising Mrs. Marjorie Mendoza — brave lady!

## Journalists

At the start of the second day of the conference, representatives from "Pulse" and "General Practitioner" were welcomed. "We have nothing to hide from the Press", said the Chairman. "Medical journalists are usually reliable — all I ask is that they get it right!" Stan Burges had been asked to take the chair as he had a nodding acquaintanceship with the first speaker of the day, Dr. Peter Bush, Police Surgeon with the Victoria Police Force in Australia.

## Australian Scene

Dr. Bush, with a population of about three million on his "patch" said that his work was such a pot-pourri of activity that he could not possibly go into it in depth. Unlike our own NHS, patients in Australasia have no direct tie-up or relationship with any one doctor.

In Melbourne alone, there are an estimated half-million alcoholics and convictions for drunken driving have increased over the past ten years with higher and higher blood alcohol levels presenting in these cases. A cognate number of alcohol induced motor car accidents is occurring, the numbers of which are accelerating. In Victoria a blood alcohol concentration of 0.5mg% is considered the lower limit of alcohol consumption to impairment of driving ability. In a recent survey of 98,000 breath analyses, 42% found to be "over the top" were under the age of twenty-five. In the event of an accident, not only is the driver tested but also his passengers and any pedestrian who may be involved.

Violence is growing at an alarming rate — in child abuse alone there has been an increase of 700% in the past fifteen years. Drug abuse is a major problem which is also rising ominously.

The Australian Rape Study Committee is a powerful lobby group dealing with rape and sexual assault, the prevention of these crimes and also covers female protection. Dr. Bush is fortunate in having a non-clinical comfortable environment for the examination of rape cases as there are no decent facilities for this either in police stations or casualty departments (Snap!). Social worker and police co-operation has been instrumental in building up empathy and understanding with victims of rape and counselling, screening for sexually transmitted disease and pregnancy and, if necessary, psychiatric examination and treatment are all offered and are readily available.

Some other problems which come within the Australian Police Surgeon's scope are rapid decomposition of cadavers, due to the intense heat, and an unparalleled demand for transexual

operations — which can give rise to peculiar difficulties.

It was entirely obvious to the assembled delegates that Dr. Bush fully deserved his own airplane, which must be a tremendous asset not only in getting him to and from court appearances but in enabling him to cover the vast terrain over which he works.

## Injury to Children

Dr. James Hilton, Police Surgeon from Norwich, was justifiably introduced as one of the foremost authorities on non-accidental injury to children in the UK. In this country, the authorities first started to become aware of the "battered child" as a concrete problem as recently as 1966: Dr. Hilton looked back over the past fifteen years — then looked to the future.

The emotive words, "battered baby", cover all child abuse: physical, mental and sexual. In spite of the realisation that this crime exists, severe abuse of children continues unabated and the bashing goes on. Is this a failure of communication — "if we don't know, we can't help" — an ignorance of procedure or even the absence of commonsense . . . or is it *still* a non-acceptance of the fact that baby-bashing really happens (even some Police Surgeons seem to think it does not exist). Social, medical, legal, mental health and educational agencies provide a wide range of resources which can and must be called upon to counteract this most vicious of crimes.

Fractured ribs, fractured skulls, severe bruising — even in teenage boys who are presumably old enough to either run away or fight back — continue to appear in our surgeries and casualty departments, especially abnormal children who become an easy target for abuse. It is easy to differentiate normal parental chastisement (and who of us have not slapped our own kids once in a while for some juvenile misdemeanour) from the deep bruising from sadistic punching, bite marks and (unbelievably) cigarette burns, not only to the body but to the genital regions.

The haunted, knowing look in the eyes of a very young baby, the downcast look of gaze-avoidance or the foetal position assumed by older children tell their own story.

How far have we progressed in this area of criminal activity? Are we becoming more competent in its recognition? Have we learned anything from case conferences? Perhaps some lasting good will arise from today's mass of research and from the strenuous efforts of those who care. We must obtain more skill, acquire the expertise and forensic experience needed to save our children from such horrible fates.

One thing is certain: justice may be rough, but the convicted child-abuser will always have a very hard time of it in prison.

No-one in the audience could disagree with the chairman when he dubbed Dr. Hilton as "Champion of the Child" at the end of this excellent paper.

## Brief Words

The next part of the conference consisted of the now well-established practice of the delivery of short papers by Association Members. Chaired by Dr. Ivor Doney, the first of these was given by our new President, Dr. Henry Rosenberg, who chose as his subject "Shop-Lifting with an Added Bonus." These women (this crime is nearly always committed by the fair sex) may find their action profitable, but this profit is usually only secondary to the reason for their action: the homely, middle-aged woman will deliberately set out to damage or disgrace a two-timing husband; the "committee" woman of some standing will try to discredit a husband who is generous to his own hypochondria but not to her. The background of the offender is all important when dealing with this particular transgression.

Next on the list was Dr. J.A. Dunbar from the Dundee District who presented the difficult case history of a police officer who appeared to be "drunk on duty". He was eventually proved to be sober — but hypoglycaemic.

This was followed by Dr. J.N. Gray, Medical Advisor to Lothian and Borders Police who drew our attention of the fitness — or otherwise — of the men and women in our police forces, "Fit or fat?" asked Dr. Gray. It seems that some would be hard pushed to run a hundred yards, let alone grapple with "chummy". In his opinion, gluttony was combined with too little exercise and a routine screening programme should be introduced to all forces. Members of the Fire Brigade have full regular medicals, bus drivers are examined every three years, but a policeman can work for thirty years in the force and never be checked at all. The headline taken from a recent newspaper summed up his talk with a beautiful irony: "Chubby cops given the chop", and, with the active help of the Police Federation, this "chop" might well become standard procedure.

## Violent Prostitute

In the next short paper, Dr. Colin MacKelvie from Glasgow illustrated his talk, "A Question of Disposal", with the frustrating case of a violent female — so aggressive that it took five hefty policemen to hold her down — who was grossly immature and had numerous convictions: prostitution, theft, alcoholism, suicidal gestures and drug abuse. Defying ordinary diagnostic procedures, what was to become of her? Dr. MacKelvie is still asking himself this unanswerable question as this case highlighted the difficulty all doctors experience in getting certified patients admitted to hospital.

There being enough time in hand, Dr. Peter Bush presented the "optional extra" of an Australian film, "Drinking, Driving, Surviving".

The Short-paper-programme continued after lunch with Dr. Peter Jago, Chief Police Surgeon of the Central Scotland Police speaking on "Health, Safety and the Police Diver". We all tend to think of divers lazing about in nice warm, clear water. The reality is starkly different with men working forty metres down in the pitch darkness of cold and filthy lakes and rivers. Dry-suits are worn to counter-



Top row left to right: Retiring and Incoming Presidents; Casual dress for the fire alarm; Formal c  
Middle row: Dr. R. Nagle, Professor W.A. Harland, Chief Inspector Shearer; Dr. S.H. Burges and  
Crosbie; Mrs. Helen Bowen.

Bottom left corner: Dr. W.J. Rodger, Dr. David Filer, Dr. Peter Bush, Dr. James Hilton.

Bottom row: Hypnotist Dr. G.W. Fairfull Smith; Hypnotist's subject Mrs. Marjorie Mendoza; Thomas and friend.





*for the fire alarm; Dr. & Mrs. H. Rosenberg — Dr. B.T. Davis glowers in background, John Orr; Mr. E. Frizzel; Mr. Jerry Cowhig, Editor of 'General Practitioner'; Dr. 'Bing'*

*President makes his address at the Annual Banquet — in spite of interruptions from Dr. W.M.*

act hypothermia and, after the divers are dressed in these, very little bare skin shows: not only to keep out the cold, but to avoid infection from the polluted water in which the men usually work. The air in their cylinders is compressed to four-thousand pounds per square inch and, as well as acting as a breathing apparatus, can be pumped into the suits to provide negative buoyancy. Essentially potentially dangerous, the divers always work in pairs, are always in touch and it is one of the safety regulations of this activity that the men must be *heard* to be breathing at all times. Unlike their dry-land colleagues, they have to be young and fit, and comply with strict medical standards.

The title of Dr. D. McLay's talk, "Some History", might appear enigmatic, but his paper was nothing of the sort. 180 years ago, the Glasgow Police Force — a handful of men — was expected to "drive iniquity out of the city like a hurricane". It did not succeed, of course, and thousands of special constables had to be sworn in to help quell the Glasgow Riots. Little forensic medicine was practiced and, when dealing with rape, some of the diagnoses of virginity (or otherwise) were decidedly odd — professors were not always noted for their common sense in the middle of the nineteenth century — to the extent of stating that "rape is a simile which we use at our peril".

At the end of the short-paper-programme it was felt that, with such a wealth of talent in the Association, it should be easy to draw on more speakers of this calibre for future conferences.

## The Hall and Kitto Case

The rest of the afternoon was taken up with the Hall and Kitto Case — a multi-disciplinary approach to a major criminal topic which has become a feature of these conferences. This was presented, initially, by Chief Inspector Shearer of the Lothian and Borders Police who told a complicated tale of fratricide, multiple murder (death by practically everything from bludgeoning to the use of chloroform), the macabre disposal of bodies, impersonation, major

robbery and a lavish spending spree: the eventual arrest of Kitto (the minor, weak character of the partnership) and then Hall (the brains of the partnership): Hall's escape from detention, his re-arrest and his two attempts at suicide. The co-ordination of several police forces, both in England and in Scotland, was superbly illustrated by Inspector Shearer to show how these criminals were brought to justice.

Dr. R. Nagle, Department of Forensic Medicine at Edinburgh University, continued this fascinating exposition by stressing that, however sensational or melodramatic these cases are, team-work is essential with, without co-operative assistance and support, any investigation would collapse. Tiny contact trace-elements, patiently and exactly handled by forensic pathological examiners: dental casts taken from a badly decomposed body as a step to identification: the recognition of hyperaemia and vasodilatation of the brain cells pointing to chloroform poisoning and asphyxia — all helped to put Hall and Kitto behind bars.

Professor W.A. Harland, Regius Professor of Forensic Medicine and Dean of the Faculty of Law, Glasgow University, was interested in this case because of the presentation of traumatic subarachnoid haemorrhage from injury or a blow to the side of the neck (one of Hall and Kitto's victims suffered this death). Some patients will live for days; others may die within a few seconds as the degree of bleeding varies widely from case to case. Professor Harland ended the Hall and Kitto epic by slipping into anecdote (his word, not mine) with the tale of a malicious drunken punch-up in Gibraltar, resulting in exactly the same sort of death — except for the sequel. The aetiology of death on the certificate — would you believe "natural causes"?

## Fire Deaths

The Fire Alarm led us nicely, and with a heightened awareness of the quality of life, into the first paper of Friday morning: 'Fatalities in Fires', presented by Professor Harland.

Experimental fires formed part of a study engineered by the Fire Research Establishment to illustrate the speed with which flames can take over and demolish artefacts and buildings. The incidence of death by fire is rising rapidly: Professor Harland's working hypothesis is that this is related to the introduction of plastic, acetate and acrylic substances into the home and also to the high density of modern housing and high-rise flats — Glasgow has some of the tallest buildings in Europe. The quality of smoke has altered due to this use of synthetics and this endangers not only civilians but also those in the fire fighting services.

Fire damage is more frequent in winter and statistics show more fires occurring during the weekend. High blood alcohol concentration was also a major factor in the survey: the blind-drunk and the befuddled cannot escape. The accepted fatal level of carbon monoxide poisoning due to smoke inhalation is 50%. Cyanide gas is given off by burning synthetics and is inhaled by a large majority of victims, but Professor Harland was cautious in interpreting these results as there are highly toxic compounds in a wide variety of volatile gases.

Also touched upon in his paper were the suicidal setting fire to themselves, homicide by fire and murder followed by fire as a hopeful cover-up.

Slides shown demonstrated soot deposits in the lungs of fire victims, respiratory tract injuries, heat contraction of the brain, splitting of the skin, frothing at the mouth and contraction of the muscles resulting in the typical "pugilistic attitude" which was purely related to heat.

## Assaults and Infection

In his paper on sexually transmitted diseases in relation to sexual assaults, Dr. A. McMillan, Physician in Genito-Urinary Medicine, Greater Glasgow Health Board, said that the incidence of syphilis, gonorrhea and chancroid has been growing steadily since 1960, probably because of greater sexual freedom and the use of non-mechanical contraception. Dr.

McMillan stressed that pregnancy was not the only result of rape, but that infection may be missed because there are no counselling facilities — although most reported victims of sexual assault are examined within twenty-eight days of the incident. Of patients who contract pelvic inflammatory disease, 15% will become infertile or may become prone to ectopic pregnancy. 40% of men in contact with diseased women will not become infected.

Police Surgeons should always be aware of the possibility of disease as gonococcal infection should be treated as early as possible and patients should be referred to a specialist. Culture is essential: ideally, material should be taken from urethra, cervix, rectum and throat and incubated at once. A high vaginal swab is ineffective in the diagnosis of gonococcal disease, but in the case of children (the youngest rape victim Dr. McMillan has had to deal with was aged only eight) a high vaginal swab is preferable to a cervical one.

Homosexual assault is not uncommon: ano-rectal gonorrhea is proof of sodomy but other rectal infections are not proof of anal intercourse. It should be borne in mind that Hepatitis B. is common in homosexuals.

Ideally, advice should be given to every victim of sexual assault to attend the appropriate clinic, but neither victim nor assailant can be forced to have an examination.

During the discussion that followed his paper, Dr. McMillan recommended the use of 4 mega-units of Procaine Penicillin plus one Gramme of Probenicid for the treatment of syphilis. He also emphasised that he would only give the confidential information received at any post-rape examination on the production of a written warrant from the Police.

Dr. W.J. Rodger, Principal Scientist, Strathclyde Forensic Science Laboratory, in his paper on the tachograph, explained that, although the word came from 'taxos' (meaning 'speed') and 'graph' (an instrument which records) the tachograph was not a glorified speedometer but a device which recorded the speed, time, resting time and distance relative to any

one vehicle. Its use was advocated in the UK 1968 Transport Act, but not implemented — however, Britain will have to comply with this Act by 1982. Vehicles which are not in competition with regular road haulage do not have to conform: public transport, the police and armed forces, ambulances, circus equipment transporters and travelling libraries are among those which are exempt.

The "tacho" consists of a speed record, clock, odometer and built-in speed limit warning. The speed traces are marked with a sapphire-tipped stylo on a twenty-four hour chart and show driving times, rest periods and total distance travelled. It is a very accurate and sophisticated device which can be analysed for legal purposes by the police and for accident investigation and falsification by the forensic scientist. Dr. Rodgers can determine the exact moment of a collision, with the speeds of both vehicles calculated to the nearest second with a micrometer: he can even work out at precisely which point in its journey a lorry may have been hijacked! The tachograph is regularly electronically tested and calibrated and its use should result in lower accident rates, better driving techniques and progressive labour relations — though Dr. Rodger was not sure about this last point.

## Modern Police

"The Police Force of today is a sophisticated organisation. With the use of modern technology, it has established an efficiency over the length and breadth of the land". So said Mr. E. Frizzel, HM Chief Inspector of Constabulary for Scotland at the start of his paper, *The Development of the Modern Police*. "Policemen support the community, are part of it, from the bobby on the beat to the specialist".

In the middle of the nineteenth century, there were no less than eighty-nine forces in Scotland: today there are eight. Because of the problem of communication, small forces were preferred and were commonly known as the "watching and lighting unit"— doing all manner of duties from

lamplighting to the work of the sexton. In times of riot, extra men were drafted and housed in barracks.

In the good old days, the police were efficient enough in the daytime — but grossly inefficient after dark — until lanterns were issued for night work! But even with the added bonus of the warmth of a bull's-eye lantern under the cape, the night shift must have been cold and dreary compared to the comfort of a panda-car. In the 1880s a mounted section was introduced, the new telegraphic system used for the first time and also an emergency service which involved the fire brigade. By 1887, photography was being used and in 1889 the Mechanisation of Police was put into effect — bobbies were given bicycles — and it was not until 1931 that the motor car was used extensively. The force acquired its first forensic scientist in 1937.

Mr. Frizzel said that the same problems have been passed down from the last century — everything from violent crime to the vagrant — which the police have to deal with daily. The force is as good and as competent as the people in it, and most officers are capable of being called to do anything. They may be jacks-of-all trades, but they are masters-of-all, too: men of ingenuity who are centralised, efficient, geared to modern specialist training and experts in their own work.

In thanking the Chief Inspector for his address, Dr. Harry Rosenberg said that, with men of the calibre Mr. Frizzel had described, the public must regain the confidence they had had in the police force years ago.

Dr. Rosenberg commented on the standard of the lectures at the 1980 conference as being outstanding, expressed his pleasure at the number of speakers from the Association and thanked the pharmaceutical firms for their presence.

But there is still a need for each and every Police Surgeon in Great Britain to become a member of the Association. Unless and until this happens, we may be described as . . . a Gulliver, held firmly down by the little ropes of each of the non-members.

# OF PESTILENCE AND FIRE ALARMS

The 29th Annual Conference was held for the second time in four years at the Peebles Hotel Hydro. What again — I hear you cry. There is no doubt that the Conference Secretary is biased by the beautiful country, the elegant and comfortable hotel, the excellent food and the efficient management geared to ensuring that the Conference runs as smoothly as possible. And all at reasonable rates.

Undoubtedly there are hotels where the carpets are thicker, the scenery grander, the rates cheaper and the food more lavish, but they do not *all* possess *all* these qualities and they do not have that special brand of magic which makes the Peebles Hotel Hydro the most successful conference hotel in Scotland.

The brilliant weather which had preceded the Conference did not last through it and many a delegate will have found that his lawn, brown before the Conference, was beginning to look lush and green at the end of it. Fortunately, the rain was not constant and did not seriously interfere with the social programme of tours, but it could have been warmer. The usual full day excursion on the Tuesday visited Abbotsford, the home of Sir Walter Scott, and Traquair House, oldest inhabited house in Scotland with its long association with royalty. Council members were incarcerated within the hotel throughout the Tuesday, no doubt discussing matters of great importance.

A visit on the Wednesday to Bowhill, the border home of the Duke Buccleuch and Queensberry, confirmed what we had originally suspected, that the pillaging southerners had not carried off everything of value north of the border.

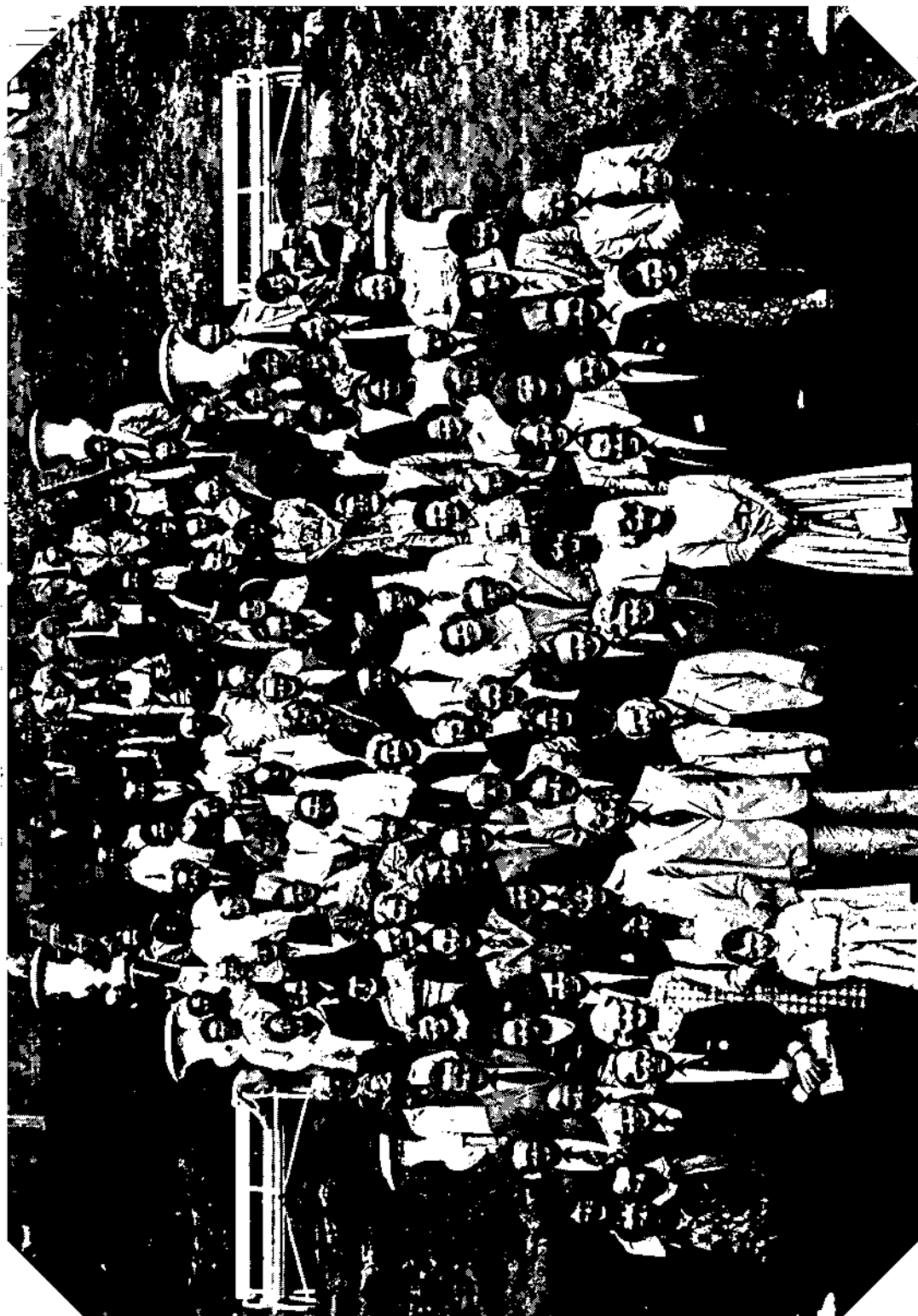
Peebles is not the place for the devoted campaigning teetotaler. There were receptions for first attenders, for members of Council, for the ladies and on the Wednesday evening, a Whisky Tasting organised by the Scotch Whisky Association. Following a short talk and film,

a variety of free samples of a variety of Scotch Whiskies were available and sampled no doubt in the interests of scientific curiosity.

On the Thursday evening a demonstration by the Royal Scottish Country Dance Society stimulated many to emulate the dancers with varying degrees of success.

## Unusual Social Event

The peace of the early hours of the Friday morning was shattered by a fire alarm, which was eventually proved to have been maliciously activated. It was suggested that the sight of so many doctors and their wives enjoying themselves proved too much for some trade unionist, but this was not substantiated. The unholy din of the alarms brought us all from our beds, and the manager in a bright red track suit from his house at the bottom of the hill. Once it was apparent that there was no danger, the event proved a most interesting social occasion. We all crowded into the hall and onto the great flight of stairs leading to the outside and notes were compared as to what items guests had seized in their haste to leave their bedrooms, which varied from a packet of cigarettes to enough money to buy petrol to get home and the car keys in case the hotel burned down. Even more interesting was the variety of garbs worn for the occasion. These included fetching negligees, dazzling dressing gowns, slacks and sweaters. The editor of "The Police Surgeon" was dressed in a mackintosh of dubious vintage. The *pièce de résistance* was undoubtedly a pathologist from Sheffield, who shall remain nameless, who was impeccably dressed in a suit and with not a hair on his head out of place. One shapely member of the hotel staff appeared dressed only in a very small towel but did not remain on the scene for long. The hotel staff had evidently been well-drilled for this emer-



gency and many comments were passed on the efficiency with which the various members of the staff went about their appointed duties. The only complaints heard were from those guests who were in the new hotel annexe, which is separated from the main hotel building by a corridor. The annexe was not affected by the fire alarm as the apparent risk was in the main building. The guests in the annexe slept throughout the incident and complained bitterly because they had been deprived of an interesting social event.

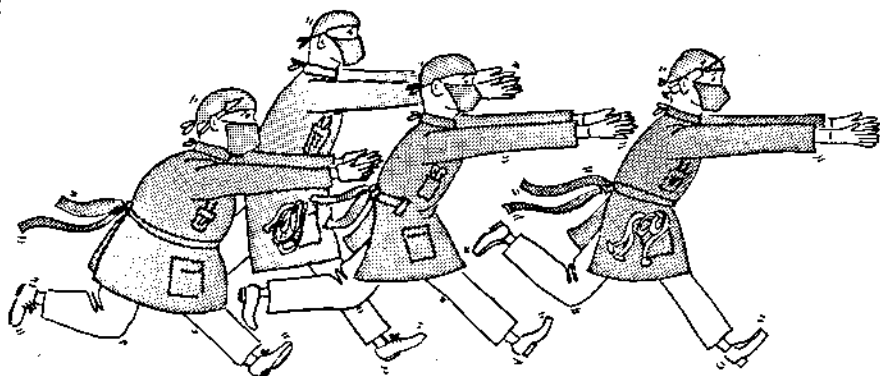
### Great Peebles Pestilence

A less enjoyable, unplanned event, was the Great Peebles Pestilence. This was an outbreak of a gastro-intestinal infection which effected a few early in the Conference and more as the Conference proceeded. Some became acutely ill albeit temporarily but all recovered fully in due course. The incident was investigated by the Environmental Health Services and a

Staphylococcus Aureus was indicted as the causative agent.

The Conference closed with the Annual Banquet — a splendid occasion of bagpipes and haggis, of incandescent sweets and pithy speeches. The sports prizes were presented. There had been a triple tie for the Ulster Cup between Dr. Smallshaw, Dr. Irwin and Dr. Crosbie and Dr. Crosbie was declared the winner of the Ulster Cup over the last three holes. Mrs. Helen Bowen was the winner of the ladies prize. The coveted wooden spoon was won by Dr. M. Watson from South Wales. The squash prize was won by Douglas Paul from Wick and the runner-up was Hubert Cremers from Holland.

The President's speech was punctuated by tintinnabulations and squawks provided by two mechanical monkeys operated by Dr. W.M. Thomas of Preston and Dr. James Hilton from Norwich. The extraordinary cacophony deterred the President not one whit, who demonstrated admirably the art of squashing hecklers.



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# MEDICAL TREATMENT IN CUSTODY

**The importance of the prisoner's welfare is emphasised in this extract from Police Orders, updating Standing Orders. Reproduced by permission of the Chief Constable, Merseyside Police**

Station sergeants are responsible for attending to any complaints made by a prisoner regarding illness or injury and must ensure that medical treatment is made available. If an illness or injury is apparent and the prisoner does not seek or declines medical aid, a Police Surgeon will be summoned to advise as to the appropriate action, having regard to the illness or injury.

Any injury present on a prisoner at the time of his reception will be noted on the charge sheet and any other injuries which are subsequently noticed, must also be recorded on the charge sheet, together with the time when such injuries became apparent.

Sub-divisional commanders or their deputy, will examine the charge sheet registers within their subdivisions at regular intervals, and will also visit persons in custody at least once during each twenty-four hours, endorsing the charge office record book or station memorandum book accordingly.

A person who has sustained injury prior to, or whilst in custody, or taken ill in similar conditions, will be examined by a Police Surgeon, unless the person's condition requires immediate urgent treatment, in which case, the prisoner should be removed to hospital without delay, escorted by a constable, if necessary.

If a prisoner has tablets or medicines in his possession or such items are left for him by a visitor, the Police Surgeon will be called to ascertain whether or not they are for legitimate use in the treatment of the prisoner's condition and in order to establish that the prisoner is fit to be detained. This instruction will apply in cases where the drugs or medicines have been prescribed for the prisoner by a

medical practitioner, but, if they are proprietary medicines, e.g. aspirin, which can be purchased without a prescription, then the Police Surgeon will be called only when the prisoner is required to take the medicine whilst in custody.

Any tablets or medicines, including asthma inhalers or hypodermic needles used by diabetics, will be kept in the possession of the station sergeant and not where the prisoner can gain access to them. The times and levels of dosage of such medicines, as indicated by the Police Surgeon, will be recorded on the charge sheet. The Police Surgeon will be recalled to supervise the taking of any medicines and to re-examine the prisoner in order to establish that he remains fit for police custody, where necessary. In all cases, the medical urgency of the case will be the paramount factor.

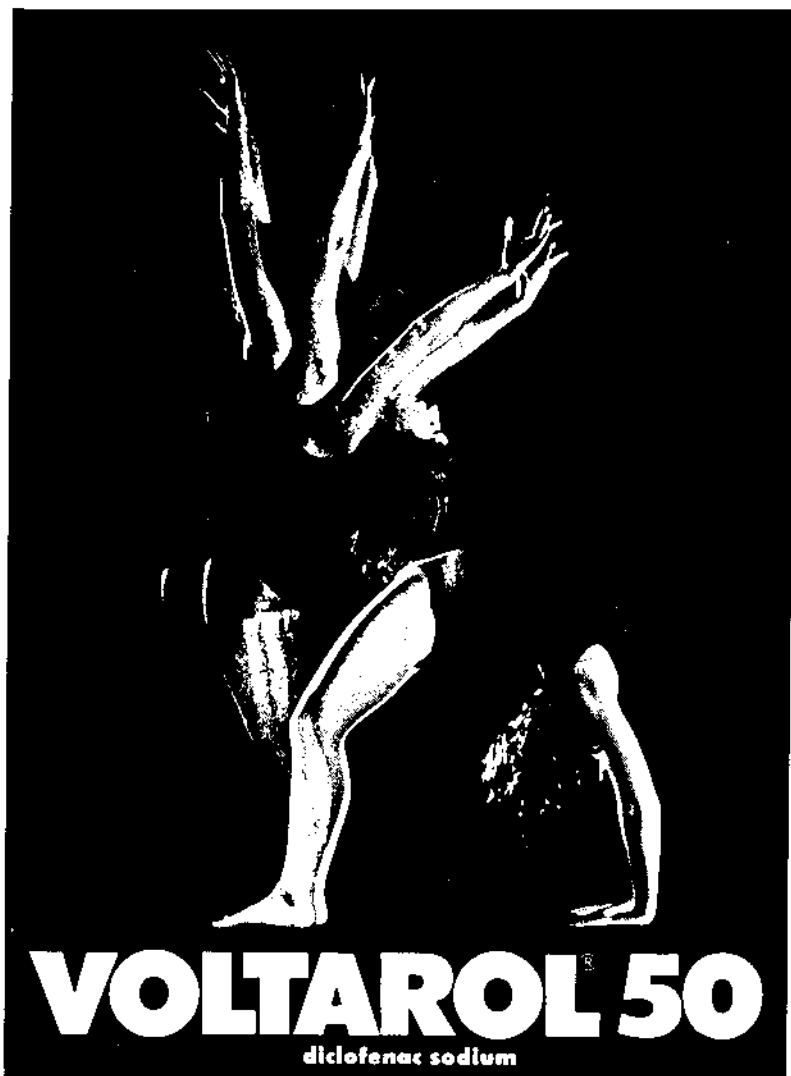
When a person in custody is suffering from illness, the charge sheet must be clearly marked and a record made of any treatment he should have and, if pills or medicine are to be taken, where they are kept and the dosage.

Great care must be taken to see that illness is not mistaken for drunkenness. An unconscious person's breath, smelling of drink, is not a positive indication that he is drunk. In any case of doubt, medical attention should be summoned.

A person who is found unconscious should be taken to hospital, even if he smells of drink or there are other grounds for suspecting that he is in a drunken stupor.

If a person arrested for an offence involving drunkenness is unconscious on arrival at the Police Station, the prisoner must be transferred to hospital imme-





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diately. If the prisoner, although not unconscious, has not recovered to the extent that he can be released from custody within four hours, the Police Surgeon will be summoned. A prisoner who is drunk should be visited at frequent intervals, which should not exceed half an hour, and aroused and spoken to on each visit. A prisoner who is very drunk must be visited more frequently. If he fails to respond, or if there is any noticeable evidence of deterioration in his condition, the Police Surgeon will be summoned. A prisoner who is drunk and drowsy should be placed in a three quarters prone position with his head turned to one side so that he will not inhale vomit.

In all cases where a prisoner is dis-

charged from hospital into police custody, the station sergeant will, if he has any doubt regarding the prisoner's suitability for detention, cause the prisoner to be examined by a Police Surgeon notwithstanding that he was examined by a medical practitioner prior to his discharge from hospital. The Police Surgeon must be asked to record his opinion in the station memorandum book or charge office record book.

The question of whether a person is unlawfully taking drugs must always be borne in mind, and police officers should never waste any liquid, powder or other similar substance in order to discover what it is. If in any doubt, it should be forwarded for forensic examination.

# INCAPACITY AND THE POLICE

To The Editor, The Times

*From the Secretary, Association of Police Surgeons of Great Britain.*

Sir, The recent termination of appointments on medical grounds of PC Hickling (report, October 31) has focused public attention on one of the most difficult, heartrending duties that force medical officers have to carry out when advising chief officers or police as to whether a man is medically fit to undertake the duties of a police constable.

No job in the police service is a sheltered occupation.

Although contact with the general public is reduced to a minimum if an officer works in such situations as the control room, Criminal Records Office or one of the many other departments behind the scenes, if an officer holds a warrant card he can at any time be called upon to do any physical job and, indeed, cannot be selective about his actions.

With the increase in violence in our society any police officer travelling to or from work or off duty may come across a situation which requires his intervention,

and whereas a member of the public can choose whether or not to "have a go", a police officer has no choice.

Decisions to retire officers on medical grounds are not taken lightly, and not only medical officers but also the chief officers of police, whom they advise, explore every possible avenue before such a decision is taken. Invariably, in the experience of any members every effort is made in such cases to provide further employment in the police service albeit in a civilian capacity.

It is regrettable that some sections of the media (your paper being a notable exception) without knowing the full background of these unfortunate cases, treat what is essentially a private matter in a sensational matter which can do nothing but harm for the injured officer coming to terms with his injuries or the police service in general, which is very particular in looking after the interests and welfare of injured officers.

Yours faithfully,  
H. de la HAYE DAVIES

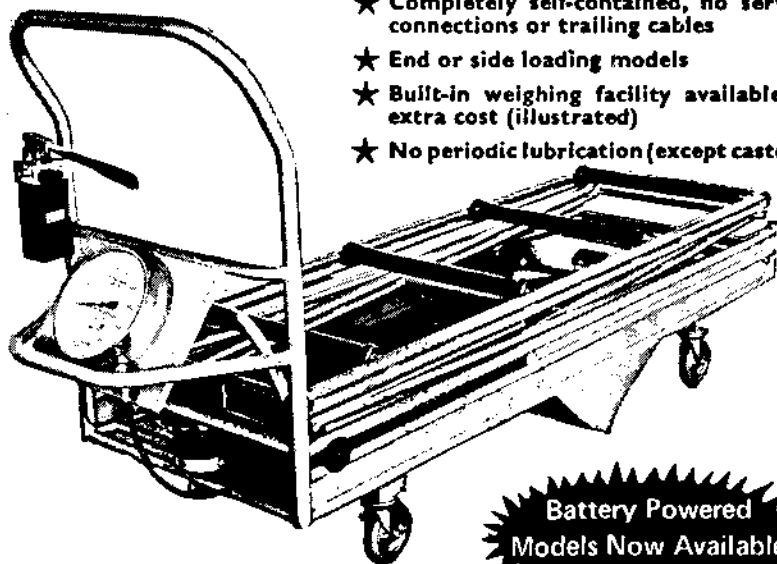
Published 4th November 1980

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# AUSTRALIA 1980

## STAN AND PAM BURGESS CEMENT APSGB - AAPAPMO RELATIONS



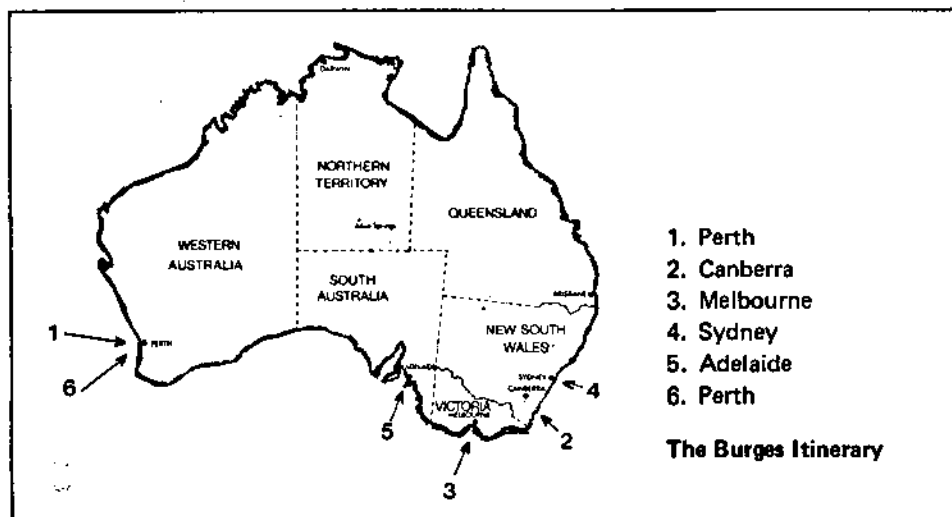
### Prologue

The pattern of life is a series of crests and troughs. Provided they are finely balanced — and each is necessary for the other — our existence is likely to be pleasurable. A four week period in March and April 1980 found Pam and me riding a crest which put us in credit for many troughs experienced and yet to come; and enjoying one of the most pleasurable periods of our lives.

I suppose it all started at our Conference in Harrogate when Peter Bush mooted that the Association should be represented at the second meeting of the Australasian and Pacific Area Police Medical Officers in Canberra. Although the second meeting, it was to be the occasion when the Association was to become "official" with the acceptance of a constitution and the election of the First Officers. As a confirmed Australia-

phile, with the inevitable Australian second cousins and pleasant memories of numerous Antipodean professional colleagues over a 30-year period, I became increasingly attracted to the idea. If a second mortgage was necessary to finance the trip, so be it!

The decision made, I wrote the first of many letters to Peter Bush seeking help and guidance about the logistics of the exercise. He must have gained the (true) impression that of the accomplishments the President of the UK Association may or may not possess, he was singularly naive about such a simple thing as travelling half way round the world! Peter was magnificent, he — with the able assistance of his devoted secretary, Beverley Healey — answered every question and planned with meticulous care every moment of our stay.



## Perth, Western Australia

We left Heathrow on 18th March at 17.00 hours and arrived in Perth, Western Australia, on 20th March at — 01.40 hours! An impossible hour to arrive anywhere but awaiting us, full of good cheer, was Dr. Ralph Cato, a retired consultant who had volunteered to transport us to one of the two visiting lecture suites at the Royal Perth Hospital. Such suites are something of an institution in Australia and we were grateful to be offered such accommodation in both Perth and Adelaide. This was the first of many Australian innovations we found worth imitating in the UK!

Perth is a delightful city. Clean, fresh and spacious. Bubbling with an enthusiasm for itself and its future. The magnificent Swan River empties into the Indian Ocean at Perth and together they provide a perfect backcloth for the modern buildings gracing the shoreline. Dr. Derek Pocock and his wife Carol (perhaps better known professionally as Dr. Carol Dellar) soon introduced themselves. As generous hosts and as a State forensic pathologist and co-ordinator of the Perth Sexual Assault Referral Centre respectively, they satisfied every possible requirement!



*Pam, the Pococks and black Swans*

I fulfilled my personal obligations by addressing audiences from the staff of the Royal Perth Hospital and the Western Australian Branch of the Forensic Science Society. Whilst in Perth, I was privileged to meet and discuss topics of mutual interest with Mr. Owen Leitch, QPM, Commissioner, Western Australia Police;

Dr. Val Turner of the Casualty and Emergency Department, Royal Perth Hospital, and Dr. Psaila-Savona, Police Medical Officer, W.A. Police. As Police Medical Officer, he was the "Company Doctor", responsible for day to day sickness and advising on occupational health problems. Police Surgeons as we know them in the UK are virtually non-existent in Western Australia. Carol Pocock filled part of the vacuum existing in the field of clinical forensic medicine by initiating the city Sexual Assault Referral Centre. This service is quite independent of any police investigation. Before the introduction of this Centre, 'the victim was hawked round until someone was found willing to examine'.

The absence of the clinical forensic physician seemed to be the only blind spot in a State equipped with a superb Police Headquarters and excellent hospital facilities.

## Canberra, Australian Capital Territory:

We left Perth on 25th March on a domestic flight to Canberra. It was this flight which brought home to us the geographical isolation of Perth and the vastness of Australia. Perth to Canberra via Melbourne, 2,000 miles! (Almost the distance from London to Moscow). We learned later that it was easier for delegates to travel from New Zealand to Canberra than from Western Australia. We arrived with the Western Australian contingent on the 25th March. Canberra is the Federal Capital of Australia and the capital city of the Australian Capital Territory (ACT). An altar purpose-built for the worship, praise and betterment of democratic bureaucracy. The only major inland Australian city but even this defect was remedied by the presence of a huge man-made lake — large enough to warrant a police launch and with a 25 mile shoreline. Sometimes the subject of cheap ridicule by those living outside ACT borders, Canberra nevertheless has a particular beauty and undoubted functional usefulness. The most awesome building is the Australian War Memorial — a breath-taking shrine to the Australian victims of armed conflict. Ned Kelly excepted, the Austra-

lian Warrior appears to be the only semblance of a national hero.

The five days spent in Canberra were occupied almost totally with conference affairs. It was a very well organised meeting and enjoyed the patronage of the Commissioner of the Federal Police Sir Colin Woods (well known to many of us as a former Chief Inspector of Constabulary). This gesture of Sir Colin was but one of many examples of the recognition by the establishment of the Association.

The conference programme was diverse but two particular subjects were



*Sir Colin Woods meets delegates*

emphasised — neither of which have, as yet, comparable importance in the UK. The first was the occupational health of police officers and the second the multi-disciplinary management of rape victims. The papers read were of a very high standard and we have much to learn from our Australasian colleagues. By our standards the numbers attending the conference were small but the quality of those present was very high. It became increasingly obvious to me that there were three distinct types of "police medical officer" in Australia and New Zealand. The favoured appointment was the occupational health doctor. In some cases his terms of employment included involvement with criminal investigation. The third and rarest species was the Police Surgeon — UK pattern (post 1948).

As at all conferences, symposia and like meetings, there were opportunities aplenty for those informal discussions and personality assessments which are as valuable as the more official business.

The aggregate experience of those present was to be marvelled at and I felt

very humble when I delivered my address. With the most extravagant self-aggrandisement, I could not begin to compare myself with the likes of Dr. Bill Treadwell from New Zealand, Dr. Ern Pedersen from New South Wales, or Dr. Peter Bush from Melbourne. My second obligation in Canberra was a lecture to a hospital orientated audience at the Royal Canberra Hospital. Coincidences were a common experience during our stay but none more so than when I found that the hospital technician who showed me the Canberra sights had previously lived a kangaroo hop from my surgery.

The delegates enjoyed several extra-conference activities and these included: a majestic oration by the Honourable Mr. Justice Kirby, Chairman, Law Reform Commission, in surroundings of ornate splendour at the National Library; a journey through the bush for dinner at a homestead — suitably embellished as a worthwhile tourist attraction; and a banquet at the National Press Club where I had a "while you're here doctor" — request to contribute to the after-dinner speeches. Whilst enjoying the conviviality and generosity of fellow guests, I mentioned idly that as yet I had not seen a wild kangaroo. The remark did not go unheeded. On the following day, no less a person than Assistant Commissioner Antill, personally escorted the Treadwells, the Bushes and the Burges's to the Tidbinbille Nature Reserve where many examples of Australian wild life were seen in natural abundance.

Of all the Canberra memories, one



*Bill and Lance Treadwell with Pam at 'Burrah Station Homestead'.*

event has particular personal pleasure. This was the invitation to invest the first President of the Association of Australasian and Pacific Area Police Medical Officers with his badge of office. (Bill may be larger than life but he is not as big as the photograph suggests — he was on a stage and I was at ground level!)



Photos: Burges Studios

*Stan congratulating Dr. Bill Treadwell, Director of Police Medical Services, New Zealand, on his investiture as President of AAPAPMO.*

#### **Melbourne, Australia**

The next trip took us to Melbourne Victoria, to the workplace and home of Peter and Mary Bush. As Police Surgeon to the Victoria Police, Peter has, with the forbearance of an enlightened Commissioner, gone far to achieve the ultimate in what most of us would regard as the ideal remit of the Police Surgeon. His hyperactivity, infectious enthusiasm, forensic ability and administrative skill have won him the respect of the Victoria Police and the envy of his U.K. counterparts. With the exception of forensic pathology, the foundations of a first class

forensic medicine service already exist in Victoria.



*Peter Bush in his Melbourne office.*

Ably shepherded by Peter, I was privileged to address the Victoria Branch of the Forensic Science Society. The meeting, held at the Royal Melbourne Zoological Gardens was preceded by a now familiar Australian event — "The Barbecue". As an added (perhaps the main) attraction to the business of the evening, was our introduction by Maggie Watson of the Education Department to various unusual personalities — like Charlotte, the boa constrictor. The following day another dream was realised — we handled a koala. Whilst in Melbourne I met Chief Commissioner S. Miller, Professor Walters, who has a special interest in the surgical treatment of transsexuals; and visiting the Melbourne Rape Referral Centre.



### Sydney, New South Wales:

After goodbyes to Melbourne, it was on to Sydney where we stayed with some long standing (non-medical) friends. At least they started as friends but we left feeling like relatives! The sojourn in New South Wales was a veritable whirlwind of social and academic activity. The academic side had been arranged by the local CIB Chief (CIB is the Australian CID). Detective Superintendent Barney Ross is another larger than life character who seemed to know and was known by everybody in Australia. His Patch compared with the size of Texas. He had arranged for me to lecture to a large audience of New South Wales police, and the New South Wales branch of the Forensic Science Society. Both audiences showed every possible courtesy and as everywhere else in Australia, any feelings of being a stranger soon evaporated.

In spite of the short stay, further eroded by the Easter holiday, Barney also arranged a trip round Sydney Harbour on the flag ship (no less!) of the New South Wales police "fleet"; a flight in the NSW Police helicopter and a cruise on the Hawkesbury river. The latter by courtesy of Mr. Peter Rudder who placed himself and his luxury cruiser completely at our disposal.

Meanwhile, the Blue Mountains, Bondi Beach, Manly, Tarango Zoo, the Opera House and Sydney Harbour bridge became familiar sights to us in the hands of our personal friends, Mr. and Mrs. Odbert (Ted and Connie!)

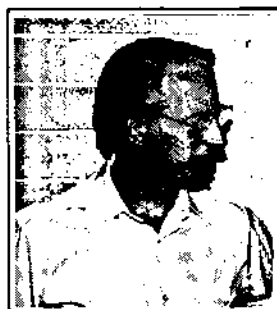


Somehow or other, time permitted a welcome from Dr. Bill Brighton, the NSW Forensic Pathologist, who introduced me to his magnificently appointed department and a re-union with Dr. Ern Pederson, the Chief Police Medical Officer of NSW.

### Adelaide, South Australia

Our original itinerary listed Sydney as our last port of call but after our arrival in Australia, I was requested to stop over in Adelaide to deliver another couple of lectures; one to the South Australian Police and the other to the South Australian Branch of the Forensic Science Society. It was supposed I was doing them a favour!! With shameless enthusiasm, I accepted and this proved to be the mature cheese and vintage port course of the continuing sumptuous Australian banquet.

Dr. Colin Manock, the District Forensic Pathologist and Dr. Ross James, a member of his staff, made the 24-hour stay seem more like a fortnight. A very full programme had been arranged for us in Adelaide but by now we felt obliged to wave a white flag. Nevertheless, during the 24 hours, I learned much about the forensic implications of the theory and practice of law enforcement in South Australia.



*Dr.  
Colin Manock*



Elsewhere I had already become acquainted with the effects of; the team approach to sexual assault victims, decriminalisation of drunkenness and prostitution; seat belt legislation; the everyday use of the Alcometer; and in Melbourne, the use of closed circuit television for observing such detainees; but here, in Adelaide, was something rather unique. It related to the wide powers afforded to medical officers in examining those held in custody and the almost total absence of any unreasonable defense loopholes in the drinking driving laws.

Whilst in the company of members of the Forensic Science Society, I was fortunate to meet yet another colourful character, not unknown in the UK; Ken Brown a dentist with special interest in Forensic Odontology.

By now we had progressed from the "innocents abroad" to "blasé globe-trotters". Bags could be packed and unpacked in seconds rather than hours.

Repeated journeys with cases had caused our arms to meet their elastic limits, i.e. three inches longer than at Heathrow. We had learned how to toss hand luggage (weighing approximately a quarter of a ton) nonchalantly from one dislocated wrist to the other when under the scrutiny of the departure gate personnel. But, alas, we were to board the twelfth aeroplane of our trip for the first lap of the homeward journey.

Adelaide to Perth, Perth to Singapore, Singapore to Abu Dhabi, Abu Dhabi to Athens, Athens to Heathrow. It was over; a dream fulfilled; a wealth of knowledge gained; Australiophilia had been reinforced to a pathological degree. No, a second mortgage had not been necessary.

### Australia — Memories and Hopes

Australia; land of the impossible, where the dawn chorus is sung by multi-coloured parrots, where flocks of pelicans hit the water like a squadron of flying boats.

Australia; where a single State (WA) could accommodate without difficulty 31 areas the size of England; where oil,

natural gas, coal, gold and a host of other minerals are there for the taking; where bananas, pineapples, oranges and grapes are regularly harvested and, where the sun sears earth and men alike.

Australia; land of Anglo Saxons, Celts, Greeks, Italians, Turks, Yugoslavs, Chinese and Japanese.

Australia; land of the Aborigine who is able to survive in an impossible environment, who possesses a profound artistic ability and whose philosophy of life has yet to be appreciated by his civilised (?) cousins.

Australia; land of the gum tree, the koala and joggers.

Australia; land of the hunter and warrior whose virility, autocracy and independence has spawned the militant feminist.

The experience has not caused a yearning to become resident in Australia. Why? Because I know myself to be an animal of northern climes. When crossing the English coastline on the return journey, I experienced, as never before, the emotions of Browning when he wrote —

"Oh to be in England, Now that April's there

And whoever wakes in England sees,  
some morning, unaware,

That the lowest bows and the brush-  
wood sheaf,

Round the elm tree bowl are in shiny  
leaf.

While the chaffinch sings on the  
orchard bow,

In England — now!"

To ask whether I would return is quite another question But I can reveal that a life size money box in the form of a kangaroo already has coins nudging a Joey in its pouch.

To the Association of Australasian and Pacific Area Police Medical Officers, I wish every success. I have no doubt that you have great potential influence in the Southern Hemisphere. I know also that you have already attracted interest in Singapore, Fiji, USA, Tonga and Japan.

Good on yer, Aussie, and a thousand thanks!

STAN BURGESS

# COUNCIL MEMBERS WHO REPRESENTS YOU?

## MICHAEL GLANVILL

The Association has among its members many who exhibit a multiplicity of talents and interests. Outstanding amongst these must be Michael Glanvill, now area representative for the south west (Area 6).

32 years a General Practitioner, he has been Doctor on first call to two Police Authorities for many years, although he has never been officially recognised as a Police Surgeon!! In addition, he is listed as Russian translator for the local Police Station ('O' level standard).

Michael qualified medically at Barts and is also a Barrister-at-Law (Middle Temple). His sporting interests are legion. He is professionally qualified as a Master Diver. He was awarded the London University Purple for cross country running. He is Medical Adviser to Taunton Sub-Aqua Club and is a Medical Warden to the Mendip Cave Rescue organisation. He is deeply involved with the British Hang-gliding Association; other interests include fell walking and latterly windsurfing. He holds life membership and Certificate of Honour in the British Red Cross and is an Officer Brother of the Order of St. John, honours for services to these organisations.

Michael's wife, Mary, is not unknown in medical circles as a related ancillary staff. She was a Barts nurse and is a local magistrate. Michael may be contacted at:

Home: Jocelyn Mews, High Street,  
Chard, Somerset TA10 1Q1.  
Tel: 3348

Surgery: Jocelyn House,  
Tel: 3380

## DR. JAMES NELSON

Jim was born in Northern Ireland. He was educated at the Friend's School, Lisburn and Queen's University, Belfast, where he had the good fortune to be in the same year as Elizabeth McClatchy.

Following hospital jobs in Nottingham, he entered general practice with Dr. W.J. Lynd. The partnership was appointed to the Nottinghamshire County Police in 1956. Following amalgamation with Nottingham City Police in 1967, Jim worked in conjunction with Dr. Stan Lundy. On Stan's retirement, Jim was appointed Senior Police Surgeon. He obtained his Diploma in Medical Jurisprudence in 1971.

Jim's main hobbies are now eating, drinking, music and golf; not necessarily in that order.

He may be contacted at:  
Sneinton Health Centre,  
Beaumont Street,  
Sneinton,  
Nottingham.  
(Tel: Nottingham 51941).



Dr. Michael Glanville



Dr. James Nelson



**IAN DONALDSON CRAIG**

Ian qualified in Leeds in 1953 and has been in General Practice in Maldon, Essex,

since 1955. He was appointed Police Surgeon to the Essex Police in 1958, joining the Association in 1960. He is now serving his third term as a member of Council.

A holder of the Diploma in Medical Jurisprudence, he is a member of several forensic societies and a member of Council of the Medico-Legal Society of London. He is also a member of the Essex Area Review Committee on non-accidental injuries to children.

His hobbies are gardening, photography, playing at golf when nobody is watching and attending Conference.

Ian may be contacted at:

Surgery: 2 West Square, Maldon, Essex  
Tel: Maldon 52845.

Home: Fanners, Maypole Road,  
Wickham Bishops, Witham,  
Essex. Tel: 0621-891 691.

#### **THE FORENSIC SCIENCE SOCIETY SPRING SYMPOSIUM 1981**

The 1981 Spring Meeting of the Forensic Science Society has been provisionally booked at Pembroke College, Oxford, and will be held from 28th-30th March, 1981. The meeting will cover all aspects of forensic work and it is anticipated that there will be papers of interest to members of the Association of Police Surgeons of Great Britain.

Further details may be obtained from H.H. Bland, Meetings Secretary, Forensic Science Society, P.O. Box 41, Harrogate. Telephone 0423 56068.

#### **PUBLICATIONS AVAILABLE FROM THE FORENSIC SCIENCE SOCIETY**

"The Expert" by Bernard Picton — This is a paperback novel published to coincide with the latest series of "The Expert", the well known and popular series produced by BBC television, with Marius Goring playing the role of Dr. John Hardy, Forensic Pathologist. The first series some years ago was supported by technical advice by Dr. John Glaister from Glasgow. The second series was similarly assisted by Dr. Bernard Knight, Reader in Forensic Pathology in the Welsh National School of Medicine, Cardiff, who under the pseudonym of "Bernard Picton", also wrote this novel. Though primarily entertainment in the form of a police procedural detective story, the emphasis is on the forensic investigation of several murder cases in the Midlands. The author has worked into the fictional treatment, some of the current difficulties of the forensic pathology services in this country, together with what is hoped to be an authentic picture of the forensic science services participation in the investigation of violent crime.

This book may be obtained from the Forensic Science Society — cost £1.00 including postage.

#### **"DENTAL IDENTIFICATION AND FORENSIC ODONTOLOGY"**

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

Foreword: 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

## MERSEYSIDE MEDICO-LEGAL SOCIETY

**Wednesday, 4th February, 1981**

"The Manchester Mummies — The Scientific and Medical Investigation",  
Dr. A.R. David.

**Wednesday, 18th March, 1981**

Subject to be announced.  
Professor D.J. Gee, Home Office Pathologist,  
University of Leeds.

**Wednesday, 6th May, 1981**

Annual Dinner.

Meetings are held in the Liverpool Medical Institute, 114 Mount Pleasant, Liverpool 3.

Further details from:  
Dr. M. Clarke,  
Hon. Secretary, M.M.L.S.,  
24 High Street,  
Liverpool 15.

## THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

**Thursday, 18th December, 1980**

D.A.M. Kemp Esq., QC, HM Recorder  
(author of Kemp & Kemp on "Damages for Personal Injuries"),  
"The Price of Pain".

**Wednesday, 14th January, 1981**

J.H. Brownlow Esq. QPM, Chief Constable,  
South Yorkshire Police.  
"The Police and Scientific Investigation".

**Tuesday, 17th February, 1981**

Dr. S.H. Burges, Immediate Past-President,  
Association of Police Surgeons of Great Britain.  
"A Police Surgeon in Suffolk — That's Life!"

**Wednesday, 18th March, 1981**

Dr. Ian Pickering, Consultant in Forensic Psychiatry, Rampton Hospital.  
"What's So Special About the Special Hospitals?"

**Wednesday, 15th April, 1981**

Speakers from our own Membership.  
Subject to be arranged.

**Thursday, 14th May, 1981**

ANNUAL DINNER, Cutlers' Hall, Sheffield.  
Guest Speakers: Nicholas Fairbairn, QC, MP,  
Solicitor General for Scotland.  
Sir John Ellis, MBE,  
Dean of the London Medical College.

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

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

## THE MEDICO-LEGAL SOCIETY

**Thursday, 8th January, 1981**

"The Child's Right to Parents".  
The Honourable Mrs. Justice Butler-Sloss,  
D.B.E.

**Thursday, 12th February, 1981**

"Computer Crime".  
Colin Tapper Esq., M.A., B.C.L., All Souls  
Reader in Law, University of Oxford,  
Fellow of Magdalen College, Barrister.

**Thursday, 12th March, 1981**

"The Background to a Royal Commission".  
John Heritage Esq., M.A.

**Thursday, 9th April, 1981**

"The Confait Cane — A Classic Whodunnit".  
Louis Bloom Cooper Esq., Q.C., LL.B.

**Thursday, 14th May, 1981**

"The Doctor and the Law".  
Alec Samuels Esq., J.P., Reader in Law,  
University of Southampton, Barrister.

**Thursday, 11th June, 1981**

8.00 p.m. Annual General Meeting.  
8.15 p.m. "The Old Irish Bar".  
J.L. McQuitty Esq., Q.C.

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

## BRISTOL MEDICO-LEGAL SOCIETY

**Thursday, 15th January, 1981**

"Does Murder have a Message".  
Dr. A.C. Hunt, M.D., F.R.C.Path., Home  
Office Pathologist.

**Friday, 27th February, 1981**

ANNUAL DINNER — to be held at the  
Royal West of England Galleries.  
Speaker: Lord Smith of Marlow, Past Presi-  
dent of the Royal College of Surgeons.

**Thursday, 19th March, 1981**

"Lie Detection".  
Dr. Gisli Gudjonsson, M.Sc., Institute of  
Psychiatry, University of London.

**Thursday, 14th May, 1981**

Members' Papers.

**Friday, 3rd July, 1981**

Summer Social Gathering.

The meetings will be held in the School of Nursing at the Bristol Royal Infirmary and a buffet supper will be available from 6.30 p.m.

Further details from:  
Mr. P.H. Roberts, F.R.C.S.,  
Hon. Medical Secretary,  
Bristol Medico-Legal Society,  
Martindale, Bridgewater Road,  
Sidcot, Winscombe.  
Avon, BS25 1NN.

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## NORTHERN IRELAND MEDICO-LEGAL SOCIETY

**Tuesday, 20th January, 1981**

Annual Dinner, 7.30 p.m. for 8.00 p.m.  
The McKnee Room, Belfast City Hospital.

**Tuesday, 3rd February, 1981**

"Some Medico-Legal Problems: A Scottish Retrospect".  
Lord Lowry, Lord Chief Justice, The Royal Courts of Justice, Northern Ireland.

**Tuesday, 7th April, 1981**

Annual General Meeting followed by a Discussion — "Helping the Court — The role of the Two Professions".

All meetings are held at the Ulster Medical Rooms, Medical Biology Centre, Belfast City Hospital, 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 METROPOLITAN POLICE SURGEONS' ASSOCIATION

Annual Dinner 14th April 1910  
at Restaurant Frascati, Oxford Street

### MENU.

o  
Natives Royales

Tortue Claire  
Crème Marie Louise

Saumon bouilli sauce Riche  
Salade de Concombres

Caille de Vigne Richelieu

Belle d'Agneau à la Broche  
Choux de Mer au gratin  
Pommes nouvelles Ravigoles

Poulette du Maine au Cresson  
Salade Française

Gâteau Printanier  
Bonnie Aida  
Félicitations

Fondue Au Parmesan

DESSERT

Café

Entertainment by the "Queer Quakers"  
including Quartettes, Duets and  
Humorous Selections.  
There were 7 toasts and 5 replies

## LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

**Monday, 8th December, 1980**

Mr. John Sellers, Barrister, Assistant Solicitor,  
Customs & Excise.  
"Medical and Legal Aspects of the Illegal  
Importation of Drugs".

**Saturday, 7th February, 1981**

Dinner Dance to be held at the Parkway  
Hotel, Leeds.

**Monday, 9th February, 1981**

Mr. Christopher Holland, MA, LL.B., QC  
and Dr. Hugo Milne, MB, Ch.B, DipPsych,  
FRC Psych.

"Taylor and Owen — Two Unusual Cases of  
Homicide from two Standpoints".

**Monday, 9th March, 1981**

Joint Meeting with the Leeds Division of the  
British Medical Association.

Mr. C.M. Clothier, QC, Health Service Com-  
missioner for England.

"The Work of the Parliamentary and Health  
Service Commissioner".

Coffee available after each meeting.

Meetings will be held at 8.30 p.m. at the  
Littlewood Hall, The General Infirmary, Leeds.

Guests accompanying a member 50p.

Application for membership to the Society  
should be made to Dr. I.M. Quest, 30 Park  
Square, Leeds 1.

## THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

**Thursday, 18th December, 1980**

"The Investigation of Industrial Accidents"  
Mr. H. Cullen, Engineer.

**Thursday, 22nd January, 1981**

"Male Impotence. Some historical, clinical  
and legal aspects".

Dr. J. Johnson, Withington.

**Thursday, 19th February, 1981**

"Road Traffic Accidents".

Inspector Smith, Greater Manchester Police.

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.

**MEETINGS OF MEDICO-LEGAL  
SOCIETIES ARE USUALLY  
PRIVATE. NON-SOCIETY MEMBERS  
SHOULD CONTACT THE SOCIETY  
SECRETARY BEFORE ATTENDING  
MEETINGS.**



The Police Surgeon is a strange individual who has to deal with all the complexities engendered by humanity — everything, one might say, from the battery apple to the clockwork orange. He is neither a run-of-the-mill doctor nor a larger-than-life policeman but a combination of both — and he is neither boring nor bored, as the 130 delegates at the Bristol Symposium held in September can bear witness.

Dr. Tony Smeeton, Bristol Force Surgeon, welcomed delegates to the Winston Theatre at Bristol University to what he hoped would be both a convivial gathering and a free interchange of ideas.

An especially warm reception was given to Dr. M.E. Aronson, Chief Forensic Pathologist from Philadelphia, USA; to Dr. W.G. Eckert, Forensic Bibliographer from Wichita, USA; to Dr. Peter Nwanze from Lagos, Nigeria; to Dr. Hupe Cramer (part of the family) and a compatriot contingent of ten flying Dutchmen (who arrived in their own chartered airplane, one of the party being "nearly" a pilot!)

The first address of the morning was given by Mr. Brian Weigh, QPM, Chief Constable of Avon and Somerset Constabulary, who said that he was only speaking as "a victim of conspiracy and fait accompli" — the appointment to speak to the Association being made virtually behind his back with his predecessor — but for all that, he viewed his profession in relation to that of the Police Surgeon as a willing liaison and a vital contribution to the community as a whole.

Turning from communication and administration to the topic of fatal accidents and violent and sexual crime, Mr. Weigh directed a little advice to members: he considered lack of experience to be a real problem in this field and advocated a two-day course for Police Surgeons, as instigated by his own force, involving a mutual exchange of ideas. There might also be some encouragement for members to take the DMJ if examination expenses were reimbursed to them by their own police forces.

### Deaths in Custody

The question of deaths in police custody was raised and Mr. Weigh asked members not to hesitate to draw the attention of a senior police officer to any irregularity suspected in the care and custody of a prisoner. The police officer is not medically trained and an undetected injury or the ingestion of drugs will present symptoms which can only be diagnosed by a Police Surgeon.

"What's New for the Police Surgeon" was the title of a conglomerate of seven subjects presented by members and guest speakers. Dr. Stan Burges, Immediate Past President of the Association, started the ball rolling with his paper on Forensic Education. He said that, although the efforts of the members who listened and acted on the advice given by the Association were noted and applauded, the present stage of forensic education was deplorable — sporadic rushes of forensic



blood to the head were few and far between.

Dr. Burges then gave examples of written aides-memoires primarily intended for use with victims of sexual assault but which were also a useful guide in most other examinations. These included blank sketches in which injury sites could be drawn.

He stressed the importance of getting Association research projects off the ground and adjured members to be prepared to make the quality of practice consistent over the UK. He also pointed out that "international cross-fertilisation" in this field was not only possible but desirable.

## Trace Evidence

Dr. Frances Lewington of the Metropolitan Police Laboratory (also part of the family) in her paper on Trace Evidence stated categorically that every contact leaves a trace. The fundamental principles of the recognition and retrieval of trace elements were discussed, as were their handling, their identification and the way in which they were recorded: an observant scene-of-crime officer working closely with a Police Surgeon can tell a lot from such diverse evidence as sawdust and cigarette-ends.

The use of infra-red radiation and ultra violet light, microspectroscopy, thin layer chromatography and automated slide examination in sexual offences were reviewed, as was the unlikely exercise of taking swabs from chewing gum and testing for the inhibition factor and elution: another trace element advance in forensic biology.

Dr. Hugh de la Haye Davies, speaking on the Problems of Sexual Offences, stated that, although there was nothing new in the offence itself, improved laboratory techniques and co-operation between the Police Force, the Police Surgeon and the scientist was making life harder for the offender. In the final analysis, it depended on the way in which the Police Surgeon collected his evidence — in the proper way on proper swabs, working with an aide-memoire to obviate

omissions and using disposable gowns to eliminate cross-contamination.

He also advocated that advice to the sexually assaulted woman on venereal disease and unwanted pregnancy should be made routine. Dr. Davies concluded his paper by saying that a good liaison between the Police Surgeon and the General Practitioner in these instances would enhance the status of the Police Surgeon as clinical forensic physician.

The fact that accurate dental records are not always kept makes identification very difficult for Mr. Gerard Pell, Consultant Oral Surgeon, Bristol, who, among many other investigative procedures, uses transparent overlay techniques on body or cadaver. He also uses electronics: IR and UV films show faint marks which would otherwise be difficult to detect. The silicone chip has invaded odontology, and its use shows up the borders and/or depth of bite evidence.

New chemical methods of analysis give more accuracy in recognition than hitherto: trace element metals in teeth may give a hint of the nationality of a suspect and the source of origin of dentures can be deduced spectrophotometrically or by chemical means.

## Medico-Legal Legislation

What's new in Medico-Legal Legislation? Precious little in the past five years which appertains to the Police Surgeon, according to Dr. Michael Glanville, Barrister at Law. Apart from the fact that it is no longer possible to restrict medical records, Dr. Glanville deplored the idea of an extended death certificate instead of a cremation certification and was of the opinion that the latter should stay if only as a deterrent to homicide. He also pointed out that the consent form for the transplant of tissues was only a valid legal document when signed and witnessed.

After a short discussion on the slightly sci-fi subject of the possibilities of prolific homo-sapiens having to utilise the seabed in the not too distant future — in suitable wet-suits and pressurised cabins — Dr. Glanville posed a question — "what forensic problems will homo-aquaticus

present the Police Surgeon of the future?" (The mind boggles!)

The Drug Scene was the subject of the paper read by Dr. A.W. Scaplehorn of the Home Office Forensic Science Laboratory. There were more seizures of drugs last year than at any time since the Control of Drugs Act came into being and the average age of the drug-abuser continues to rise. Of the last 2,800 registered drug addicts, 30% were female.

Dr. Scaplehorn was worried by the fact that Class A drugs, the opiates, are on the increase, sometimes smuggled into the country in swallowed condoms. There were 600 seizures of Heroin in the UK last year, those of Opium doubled and Cocaine reached an all time high. LSD is "picking up" again: a four-inch square of impregnated paper will contain 100 dosage units and is difficult to detect. The home-growing of marijuana is increasing as is the use of the green viscous oil of evaporated hash, and even incidences of glue-sniffing — the deep inhalation practised by 14-15-year-olds — and mushroom-munching are higher than ever. Dr. Scaplehorn also deplored the injudicious use of tranquillizers followed by alcohol, which causes disorientation.

## What's New in Forensic Psychiatry?

Dr. Peter Trafford, Senior Medical Officer of Horfield Prison, Bristol, prefaced his talk on Forensic Psychiatry with his definition of a sex maniac — "one who had failed his practical in forensic science!" But his paper was not at all jocular. Those who work in prison have no legal sanction; no powers of compulsory treatment. Defensive medicine is bad medicine, and Dr. Trafford suggested that the seriously disturbed patient might be remanded on bail in NHS hospitals — for the safety of that patient and for his staff as well.

But these unwanted patients are unwelcome both in the community and in hospital. The mentally disturbed or handicapped, alcoholics, junkies, the socially incompetent all find themselves in this category. There is "no-where to

go" — no halfway house — for the mentally ill. "Care as well as cure" should be practised, not an encouragement to drift via the courts into prison.

"Mr. Forensic Science of America". So Dr. Harry Rosenberg dubbed Dr. William Eckert, Past President of the International Association of Forensic Science from Wichita, Kansas.

History played a role in his becoming a Police Surgeon — his father was one before him — and Dr. Eckert explained how history was being brought up to date in current clinical forensic medicine in the USA. Although only minimal education is available in this field, criminalistics, anthropology, pathology, odontology and psychiatric jurisprudence are all welded together in an interdisciplinary manner — an unwieldy way of gaining an educational background, but this basic interchange of information develops a degree of interest in the more clinical areas.

In America, the Medico-Legal Investigator (far grander than our own prosaic Police Surgeon) is critical of his own progress and criminal justice students are becoming more aware of the national and international problems in the forensic sciences.

The excessive homicide rate in Detroit is related to drug problems: there is a high incidence of organised violence and marine death in Miami . . . Dr. Eckert used these examples in his documentation of unusual cases, mechanism of injury and cause of death with which he ended his paper.

Our Association has established a good link through Dr. Eckert with International Forensic Medicine. Now that he has met us, he will be able to talk about us and our work informatively in international circles.

## Baby Stealing

"Baby Stealing" is a subject of which Police Surgeons have very little first hand experience. Dr. Paul T. d'Orban, Consultant Forensic Psychiatrist at the Royal Free Hospital, London, defined it as "an uncommon offence — a psychiatric curiosity".

The first case of this ancient crime is cited in the Bible — I Kings Ch.3 — in the story of Solomon's Judgement. Common in the mid 19th C., it was called "skinning" as, usually, the child was not harmed but stolen only that its clothing might be taken. It is now relatively rare; in the past ten years there have been 31-63 cases recorded annually in the UK, nearly half of them in the Metropolitan District.

Prior to 1971, and contrary to popular opinion, the majority of child-stealers were men; but the woman is now the more prevalent perpetrator of the crime. Dr. d'Orban put the offenders into four classifications: the pedophilic man, the emotionally deprived man or woman, the impulsive psychotic and the manipulative offender.

## What Age Am I?

"How old is this person?" Dr. Bernard Knight, Barrister at Law and Consultant Pathologist and Reader in Forensic Medicine, Welsh National School of Medicine, admitted that the estimation of age in the living or the dead was "a scrappy subject: a jigsaw". What is the necessity for the determinations of age? This ranges from criminal responsibility (no-one under the age of ten in this country can be held criminally responsible) through immigration regulations to foetal viability and personal identity.

Next to odontology, radiology is the best tool for determining age: sternal segments are fused by the age of 35, schmorl lines are not in evidence after this age and the iliac crest is fused at 25. Arthritic lipping of joints does not necessarily indicate any particular age and though cancellous bone in the head or the femur may give some ideas, forensic anatomical advice is that there is too great a disparity here to be of any use.

Attrition, secondary dentine deposition and root resorption in teeth are all good pointers, too. Dr. Knight advocated that, as it was impossible to be totally accurate, it was perhaps wiser to offer a range rather than a specific age.

Dr. A.M.P. Kellam, Consultant

Psychiatrist, University Hospital of Wales, stated that we are far too confident that people are unlikely to admit to a serious crime they have not committed. As he demonstrated in his paper, "That's not what I meant to say", half to three-quarters of all cases have confession attached to them.

Although correct, some methods of interrogation or persuasion can result in unconscious transfer of information from the interrogator to the interrogated and, under these circumstances, people do not have to be actively hallucinating or sub-normal to be unreliable witnesses. This theory was illustrated by a case of rape in which the innocent accused was led into a false confession by the unconscious influence of question upon answer.

In his conclusion, Dr. Kellam said that there was room in the responsible training of interrogators for the application of the results of both psychiatric and hard medical research.

## Bones Blood and Guts

"Is this tissue human, doctor?" The police ask this question frequently and invariably want the answer at once. Dr. H.W.H. Kennard, Home Office Pathologist, Salisbury, stated that, because there was a lack of expertise and knowledge of the norm, Police Surgeons should not hesitate to ask for help. Home Office Laboratories will cope with all enquiries, giving the correct answers on tissue typing, blood grouping and odontology queries.

Bones, blood and guts have all come under the scrutiny of Dr. Kennard — including decomposing foeti, a leg brought home by a dog, a skeleton in the boot of a Saudi Arabian Rolls Royce, leper bones and 22 feet of small intestine pulled, rectally, from the living body of a young man in a mental hospital.

## The Great Debate

Master of Debate, Recorder Mr. James Black, MA, QC, opened the proceedings on the second day of the Bristol Symposium: "This House believes that the preparation of the Prosecution's case on

the basis of Police Surgeons' statements only is of little use to the Court".

Dr. Michael Knight, Deputy Force Surgeon, Suffolk Constabulary, speaking for the motion, examined the present role of the Police Surgeon. He was a professional witness — when asked for a statement of fact and opinion based upon his observations, he was moved into the category of qualified independent expert. As expert assistance and advice was available in cases where the Police Surgeon was not involved, there should be acceptance by the legal profession that the forensic clinician was in a position to maximise the assistance which could be given to the Court.

Because medicine was not an exact science, prior consultation should be encouraged. At the moment, relevant questions remained unasked, so evidence drifted the wrong way.

In answer, Mr. Andrew Macfarlane from Bath, Solicitor in private practice specialising in the prosecution and defence of criminal offences, speaking against the motion, said that, in his opinion, prior consultation concerning matters of fact was unnecessary in impartial arbitration. In certain exceptional cases it was necessary, after consultation, to go back for clarification. Statements may be made thoroughly as to fact but, if the Police Surgeon had an opinion on the issues, he could give this as additional information.

## Cynicism and Laughter

The debate was then thrown open to the floor. After criticism, cynicism, some anger, a little laughter, agreement and disagreement, Mr. Macfarlane (against the motion) said that trial by committee behind the defendant's back was a deplorable idea and open justice was an ideal which should be supported.

The last word came from Dr. Knight. He concluded that more agreement could be reached by prior consultation before going to court and insisted that such dialogue before a case made for good evidence.

After a show of hands it was evident, without a precise count, that the motion

had not been carried.

The Forensic significance of wounds and their interpretation in Court was the subject of the paper read by Professor G.H. Gresham, Professor of Morbid Anatomy, Addenbrookes Hospital, Cambridge. He suggested that doctors in general were most ignorant about wounds, knowing only how to deal with them surgically.

Delegates were told about ritual, surgical, accidental, suicidal and homicidal wounds and how they were caused. The appearance or pattern of the wound was important as it gave some idea of how it was caused, but the extent of bruising was no indication of the force used.

## Dental Records Important

In the investigation of scenes of burning, the dental record is important: the effects of heat are such that charring, the flexion of limbs and the eradication of features destroy most evidence of identification — but teeth remain. (In aircraft accidents, forensic odontology is essential for identification). Inhaled soot detritus in trachea and bronchi indicates the deceased was alive when burned: an abundant supply of tissue should be taken for histological examination.

Colour photography is essential and is now being accepted as evidence in the Courts. A scale of measurement should always be included in each photograph: one's own observations should also always be checked with the photo before any report is made.

Looking for a bullet is like searching for a needle in a haystack — but radiology solves this problem. In gunshot wounds, the tattooing of the skin with powder or the scattering of pellet marks gives a good indication of the distance of the assailant from his target and, in the suspect, the firing finger should always be inspected for rebound abrasion.

The position and pattern of abrasions and wounds are a good indication as to how traffic accident fatalities have occurred. Professor Gresham stressed that training in the recognition and interpretation of wounds was imperative to the Police Surgeon.



Photo: B.A.J. Cohen

*Top four, left to right: Debate team — Mr. A. McFarlane, Master of Debate Mr. J. Black, Dr. P. Knight; Professor M.P. Furnston; Mr. G. Pell.*

*Middle Row: Professor G.H. Gresham; Standing Mrs. T. Doney, Dr. Ivor Doney, and Dr. W. Eckert — sitting Dr. H. Rosenberg and Mrs. Cremers.*

*Bottom row: Police Surgeons from Holland with Personal Transport, photographed by the pilot!*

In the last paper of the Symposium, the topical question "Is There A Right to Die?" was put to delegates by Professor M.P. Furmston, Barrister, Professor of Law, University of Bristol. He followed this question with another: "Are we entitled to insist on dying?" which covered suicide, euthanasia and "switching off".

Although the Church still considers it to be morally wrong, suicide is no longer a crime in this country, but it is an offence to aid, abet or fail to prevent it — and the surviving member of a suicide pact is guilty of murder. Euthanasia is a difficult subject and it is overlapped by mercy-killing. The former requires consent — the latter does not and, in practice, carries the charge of manslaughter with diminished responsibility whereas killing-with-consent is considered as murder.

What are the medical ethics of acce-

lerating death by switching off supportive machines? The patient has a right to refuse medical treatment — but can he insist on "pulling out the plug" — and what of the already clinically dead? In Professor Furmston's opinion, this is not an "act" but an "omission", but he agreed with delegates that a joint medico-legal legislation should be produced on this question.

In his summing up, Dr. Harry Rosenberg thanked Ivor Doney and his team for the hard work which went into the superb organisation of the Bristol Symposium during which mature Police Surgeons' minds had been refreshed and the younger members had been given food for thought. He hoped that the new contacts made would help to form the backbone of the Association in the future.

JUDITH SMALLSHAW

## WITNESSES

There are three classes of witnesses set out in the Costs in Criminal Cases Regulations of 1973, although this classification has been in existence for much longer.

A Witness to Fact is one who sees the incident take place, eg. someone witnessing a road accident.

A Professional Witness is someone in possession of knowledge as a result of action taken in his professional capacity, (e.g. a general practitioner summoned to the scene of the accident).

An Expert Witness is someone specifically called in by one side or the other to interpret the facts with his expertise (e.g. a forensic pathologist from the other side of the country requested by the Defence to interpret the facts of the case).

The witness to Fact is only entitled to receive out of pocket expenses for his Court attendance, and he may be subpoenaed to do this. If a doctor is acting as such a witness he is doing so in his capacity as a member of the public. A Professional Witness can also be subpoenaed to attend, although there is an agreement with the

legal profession that this should not be done if at all possible. If a Professional Witness is paid by the Crown his fees are subject to statute and the Costs in Criminal Cases Regulations lay down a maximum, together with a night allowance where applicable, and a travelling allowance.

In a Civil action a certain amount is allowed by the Chief Taxing Master to be paid by the losing party. This may differ from the amount which the solicitor contacting the doctor will be prepared to pay, so that a client could have to pay the balance of the difference between these two amounts even if he is successful. The doctor should ensure that the solicitor accepts liability for the fee, and that his letter does not state that he will defer responsibility for payment to the client. This is an ethic laid down by the Law Society.

The Expert Witness fees are paid when a solicitor employs a particular doctor to give expert evidence. In these cases a contract is made between the doctor and the solicitor in which levels of fees are agreed.

British Medical Association

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

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G.S. Duncan	Ryde	K.A. Makos	Weybridge
P.K. Durkin	Clacton-on-Sea	M.P. Madigan	Dunstable
A.M. Eastern	Gt. Bookham	V. Mansueto	Chatham
C.J. Eaton	Saffron Walden	H. McLean	Goring on Sea
D.C. Egerton	Liss	A.B. Malik	Gillingham
L.C. de R. Epps	Chichester	H.J. Missen	Chelmsford
R.J. Farrow	Clacton-on-Sea	E.M. Moulton	Horsham
G.S. Flack	Wye	I.T. Nash	Kent

## AREA 5 (South-East) – Continued

P.C.J. Nicoll	Lewes	R. Shanks	Northfleet
M.R. O'Connell	Wickham Hants	R.P. Shukla	Reading
D.F. Parkin	Guildford	J.E. Simon	Oxford
D. Paton	Maidenhead	P.C. Smart	Farnborough
C. Pickstock	Portsmouth	P. Snell	Colchester
K.F.M. Pole	Gillingham	J.G. Stewart	Maidstone
M.D. Qureshi	Gillingham	J.M. Stewart	Oxford
S.P. Rajah	Northfleet	L. Stone	Hove
T.Y. Rajbee	Hastings	R.A. Stroud	Pangbourne
R.J. Rew, D.M.J.	Eastbourne	K.A. Tarig	Margate
R.H. Reynolds	Crawley	R.J.A. Taylor	Chelmsford
T.E. Roberts, D.M.J.	Basingstoke	P.G. Thomas	Swindon
J.E. Routh	Crowborough	R.G. Titley	Shoreham-on-Sea
M. Saunders	Newbury	J. Weston	Essex
G. Saraf	Folkstone	D.G. Yetman	Southampton
R. Sarvesvaran, D.M.J.	Surrey		
S. Shackman	Northwood, Middlesex		

## Area 6. (South-West)

Council Member: Dr. M.E. Glanvill D.M.J., Char

R.D. Adkins	St. Austell	R.D. Martin	Newquay
W.R.I. Barrie	Taunton	G.C. Mathers	Gloucester
D.D. Bodley-Scott	Lymington	J.C. Merry	Exeter
R. Bunting	Bristol	W.H. McBay	Honiton
K.A. Clark	Salisbury	K.W. Miller	Bristol
J.R. Deacon	Bournemouth	P.J. Money	Trowbridge
P. Densham	Torquay	J. Wickam New	Devizes
I.E. Doney D.M.J.	Bristol	P.A.G. Payne	Bristol
G.M.H. Evans	Trowbridge	W.R. Phillips	Bristol
N. Fisher	Torquay	H.I. Rein	Poole
D.M. Garratt	Warminster	T.R. Savage	Plympton
P.A. Henderson	Corsham	D.C. Shields	Okehampton
R.N. Hodges	Cheltenham	G.H. Smerdon	Liskeard
P. Holland	Salisbury	A.K. Smeeton	Bristol
R.F. Hunt	North Devon	C. Sutherland	Devon
J.P.H. Jago	Bridgewater	M. Sutherland	Devon
D.J. Jeffery	Bristol	T. Timberlake	Ferndown
A.J. Jordan	Minehead	A.S. Wallace, D.M.J.	Salisbury
P.J. King	Chippenham	M.S. Warwick	Ilfracombe
N. Kippax	Glastonbury	S.J.O. Watkins	Bodmin
G.A. Langsdale	Bournemouth	D.C. Watts	Yeovil
T.I. Manser, D.M.J.	Totnes	M. Watson	Weymouth

## Area 7. (Wales)

Council Member: Dr. M.W. Watson, D.M.J., Cardiff

L.S. Addicott, D.M.J.	Glamorgan	E.W. Humphreys, D.M.J.	Colwyn Bay
D.H. Clason-Thomas	Newport, Gwent	D.S.B. James	Pontypridd
E.J.J. Davies	Corwen	E.W. James	Llandudno
J.V. Davies	Pembroke	J.B. James	Pontypridd
M.D. Fine	Cardiff	D.R. Jones	Pontypridd
K. Gammon	Mold	H.O. Jones	Hengoed
M. Hopkin-Thomas	Carmarthen	A. Khallaf	Rhonda

## AREA 7 (Wales) — Continued

C.C. Lewis	Pontypridd	S.J. Parker	Barry
A.M. Lindsay	Carmarthen	O.C. Parry-Jones	Anglesey
N.J. Lupini	Llanelli	G.H. Peoppinghaus	Anglesey
J.B. Lloyd	Aberystwyth	F.I. Powell, D.M.J.	Carmarthen
A.G.K. Menon	Merthyr Tydfil	Glenna Thomas	Cardiff
R.N. Midha	Swansea	W.C. Thomas	Llanelli
S.D. Morgan	Barry	H.T. Thompson	Risca
J. Noble	Blackwood, Gwent	B. Lloyd-Williams	Pontypridd
J.F. O'Connell	Aberdare	W.J.B. White, D.M.J.	Cardiff
D. Osborne	Neath	R.J. Yorke	Ebbw Vale

## Area 8. (Metropolitan & City)

Council Member: Dr. N. Davies, London N11

D.J. Avery	London, E.16	J. Mangion, D.M.J.	London W.3
A.H.W. Bain	Beckenham	J.R. Mansfield	Banstead
A.J. Barratt	New Maldon	C.D. May	London S.E.9
D.A.L. Bowen, D.M.J.	Charing Cross Hos.	M.V. Meyer	London E.9
J.F. Bray	South Croydon	I. Muir	London N.
C.W. Brownson	London S.E.21	R.J.R. Moffat	South Croydon
S.J. Carne, O.B.E.	London W.12	M.A. Muharez	Hillingdon
S. Chatterji	London N.W.9	L.A. Nathan	Banstead
J.W. Comper	Orpington	G.D.S. Pallawela	Kenton
J. Cowen	London S.W.8	F. Patuck	Barnet
D.G. Craig, D.M.J.	Blackheath	G.M. Preston	London, S.E.5
J. Curley	London	A.E. Pruss	Ilford
M.L.A. Curtin	London 21	A.S. Rayan	Wanstead
P.C. Drennan	Ashford	C. Roden	London
N.M. Fergusson	Eltham	D.I. Rubenstein	Woodford Green
G.M. Ferraris	Woolwich	J. Shanahan	London W.9
D.S. Filer	London W.6	F.S. Shepherd	Weybridge
D. Goldman	Bromley	B.G. Sims, B.D.S.	London E.1
E.M. Gorman	Woolwich	J. Smallshaw	Banstead
G.J. Grainer	Streatham	I.A.P. Smythe-Wood	London S.W.11
G.I.T. Griffiths	London S.E.22	T.H. Staunton	London E.18
K. Gupta	London E.8	H.H. Striesow (F)	London E.7
A. Haidar	London N.11	C. Sudhakar	S. Croydon
M.J. Heath	Surrey	C.P. Taylor	London S.W.11
J.D. Hendley	Middlesex	H.J.W. Thomas (F)	Barnet
J. Henry	London E.8	J.B. Trahearne	London S.W.2
P.G. Jarreat	London E.3	P. Turvill, D.M.J.	London N.W.3
S.E. Josse, D.M.J.	London	P. Vanezis, D.M.J.	London E.1
D. Keys	Bow	C.D. Walker	London S.E.9
J.E. Koppell	London W12	J.F.L. Watson	Wanstead
B.D. Lascelles	Hadley Wood	I.E. West, D.M.J.	London
S. Lazarus	Ilford	D.M. Wilks	Chiswick
S. Lewis	London S.W.18	M. Woodliff	Ealing
A.J. Lyons	Surbiton	L.J.F. Youtten	London S.E.
		T.G. Zutshi	London W.1

## Area 9 (Scotland)

Council Member: Dr. C.S.S. MacKelvie, Glasgow

D.P. Anderson	Kinross	G.B. Hutchinson	Dumfries
J.D. Bankier	Glasgow	B.D. Keighley	Balfron
G. Boyd	Glasgow	Yaw-Nee Lan	Ayr
R.H. Brown	Bothwell	R. Lynch	Kilwinning
J.G. Buchanan	Balloch	J.C. McBride	Glasgow
J.S. Cameron	Patna, Ayr	N.J. Macdonald	Aviemore
J.G. Carruthers	Kilmarnock	G.K. Macdonald-Hall	Kircaldy
J.P. Deans	Thurso	J.D. McFadyen	Stirling
J.W. Donnelly	Glasgow	W.D.S. McLay	Glasgow
R.C. Dowell	Alloway, Ayr	N.M. Maclean, D.M.J.	Glasgow
P.R.S. Duffus, D.M.J.	Aberdeen	D.C. Marshall, D.M.J.	Dundee
D.S. Dummer	Midlothian	J.G. Mather	Glasgow
J.A. Dunbar, D.M.J.	Dundee	J.G. Murty	Glasgow
C. Edwards, D.M.J.	Glasgow	R. Nagle	Edinburgh
J.S. Finnie	Aberdeen	D. Paul	Wick
D.E. Fraser	Dyce	S.S. Parker	Larkhall
G. Frazer	Glasgow	J.L. Penny	Crieff
S.M. Garrett	Old Kilpatrick	N.M. Piercy	Montrose
J.C. Gourlav	Glasgow	A.E. Pitchforth	Aberfeldy
R.L. Grant	Falkirk	M.A. Pratt	Aberdeen
J.N. Gray, D.M.J.	Dalkeith	H.A. Rankin	Larkhall
M. Hamilton	Paisley	G.B. Rhind	Aberdeen
R.R. Hamilton	Hawick	J. Rodger	Glasgow
T. Hannah	Edinburgh	A.M. Tait	Hamilton
A.S. Harper	Alexandria	J.P. Weir	Glasgow
J.H. Hay	Glasgow	M. Zaki	Glasgow

## Associate Members

P.R. Acland	Birmingham	J. Fraser Kay	Hamilton
B.L. Alexander	Manchester	J.M. Kirkwood	Doncaster
C. Arthur	Stone	K.P. Lees	Dartmouth
W.H.A. Beverley	Liversedge	E.L. Mommens	Inverness shire
B.B. Beeson	Lancaster	J.H. Morgan	Brixham
P. Brantingham	Newcastle	P.J. O'Mahony	Cheshire
R. Latham Brown (F)	Derby	I.W. Parkinson	Glasgow
C. Clark	London	R.P. Parkinson	Waltham Abbey
J.A. Cockcroft	Huddersfield	T.D. Parsons	Aylesbury
R.G. Congdon, D.M.J.	Worthing	W. Phillips	Whitley Bay
J.C. Corbett	Wellingborough	J. Prentice	Keighley
D.R. Cook, D.M.J.	Harpenden	A.G. Reid, D.S.C.	Hitchin
F. Cramer, D.M.J.	Bromley	P. Science, D.M.J.	Hull
G.E. Crawford	Liverpool	J.D. Scott	London N.12
A.F. Crick	Northfleet	J.R. Sinton	Leeds
P.G. Dalglish	Northampton	H.H. Smith	Rotherham
B.T. Davis	Birmingham	W.H. Spencer	Ashton-in-Makerfield
H.R. Dickman	Lincoln	J. Stein	London W.6
J.A. Gavin	London	J.M. Stuart	Birmingham
E.G. Gregory (F)	Wolverhampton	J. Tarlow	London N.2
K. Hardinge	Manchester	J.M. Torry, D.M.J.	Wigan
M.F. Hendron	Preston	P.E. Turnbull	Dundee
D.A.T. Jackson, D.M.J.	London W.2	P. Wardlaw	Methven, Perth
Derek Jackson	Newcastle-upon-Tyne		

## Life Associate Members

J.K. Adamson	Northumberland	T.G. Kennedy	Larne
D.L. Bennett	Ilford	G.A. Lawrenson, O.B.E.	Lytham St. Annes
J.G. Benstead (F)	Southport	W.E. Leatham	Congleton
T.S. Blaiklock	Morpeth	H.W. Lees	Lancs.
M.G. Bridger	Southampton	A.B. Lishman	Burnley
A.C. Blair, O.B.E.	Glasgow	F.E. Lodge	Wisbech
M.L. Blair	Heywood	S.J. Lundie	Nottingham
D.P. Brown, D.M.J.	Eccleshall	A.R. Macgregor	Glasgow
J.W. Brown	Sutton Coldfield	D.R. Martin	Doncaster
J.D. Busfield	Hull	D. McBain, D.M.J.	Aberdeen
A. Chalmers	Sittingbourne	A.S. Mitchell	St. Austell
M.B. Clyne	Southall	A.A. Morgan	Ilford
M. St. J.U. Cosgrave, D.M.J.	Gateshead	T.D. Parsons	Aylesbury
L.M. Craig	Argyll	J.R. Partridge	Dorking
A.P. Curtin	Cheltenham	D. Paul, D.M.J.	London
W.A. Eakins	Belfast	A.N. Redfern, D.M.J.	Louth
G.A. Fowler	Otley	D.E. Robertson	Cheshire
K. George	Maldon	C. Rotman	Watford
H.J. Gilbert	Gosforth	J.E. Ryner	Lancashire
H.R. Gray	Gravesend	D. Sandilands, D.M.J.	Birmingham
J.A. Grogan	Rothwell	P.M. Scott	North Humberside
J.F.A. Harbison, D.M.J.	Dublin	K. Silbertstein (F)	Cambridge
C.W. Hall	Ambleside	W.B.G. Simmonds, D.M.J.	London
P. Hopkins (F)	London N.W.3	J.F.C. Crombie-Smith	Lauder
D.A. Ireland (F)	Shrewsbury	S.E. Johnston-Smith	Blackburn
H.W. James, D.M.J.	Wrexham	G.R. Staley (F)	Hull
P.N. Jarvis	Bletchley	S.W. Taylor	Bristol
I.M. Johnstone	Penrith	W.J. Turney	Penzance
J.E. Keen, D.M.J.	Birmingham	R.M. Whittington, D.M.J.	Sutton Coldfield

# DATES FOR YOUR DIARY

## 13th February, 1981

January Reception, Innholders Hall, London.

## 14th February, 1981

Winter Symposium, Metropolitan Police Forensic Laboratory.  
See page

## 28th-30th March, 1981

The Forensic Science Society, Spring Symposium, Pembroke College, Oxford.

## 9th April, 1981

Postgraduate Workshop in Forensic Medicine, Charing Cross Hospital Medical School.

## 15th-20th June, 1981

APSGB Annual Conference, Grand Hotel, Brighton.  
See page

## 22nd-26th June, 1981

Conference of the International Association of Forensic Sciences, Bergen, Norway.  
See page

## 18th-20th September, 1981

Autumn Symposium, Derbyshire Constabulary Headquarters, Ripley, Derby.

## 16th-22nd May, 1982

APSGB Annual Conference, Palace Hotel, Torquay.

INDEPENDENT BAR

