The Police Surgeon

SUPPLEMENT

Vol. 23 APRIL 1988

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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

President-Elect: Dr. DAVID McLAY
Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow.
Tel: 041-204 2626

Hon. Secretary: Dr. HUGH DE LA HAYE DAVIES, D.M.J.

Hon. Treasurer: Dr. MICHAEL KNIGHT, D.M.J.

ASSOCIATION OFFICE: Creaton House, Creaton, Nr. Northampton, NN6 8ND.
Telephone: 060-124 722 Office Hours: 1.30-3.30 p.m. Mon.-Fri.

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

The Journal of the Association of Police Surgeons of Great Britain. Published bi-annually, price £10.00 or $20.00 US per year including postage.
Distributed free to all members of the Association.

Editor: Dr. DAVID McLAY.

THE POLICE SURGEON SUPPLEMENT

Published bi-annually, and distributed free to all members of the Association and to subscribers to 'The Police Surgeon'. Additional copies available £1.00 each + p. & p.

Editor: Dr. MYLES CLARKE, D.M.J.,
Vine House, Huyton Church Road,
Huyton, Nr. Liverpool, L36 5SJ.
Telephone: 051-480 4035

Assistant Editor: Dr. H.B. KEAN, D.M.J.

Proof Reader: Mrs. GILLIAN KEAN

Printers: The Bemrose Press (Michael Bemrose) Limited,
Hunter House, 8 Canal Street, Chester, CH1 4EJ.
Telephone: Chester 26683.

Front Cover: *The Slaying of Eglon, King of Moab, by the Benjamite Ehud.*

Back Cover: *The Judgement of Solomon.*

From "The Great Crimes of the Bible", by the Rev. Desmond Morse-Boúcott, published 1936. Illustrations by Leslie Marchant.

The Police Surgeon SUPPLEMENT

Vol. 23 APRIL 1988

CONTENTS

PRESIDENT'S LETTER

Birmingham was a great success yet again. Those wishing to put on a Symposium should seek advice from Jeremy Smart. The first symposium he organized was on Terrorism and was a great success, in fact it could have been considered as 'Beginners Luck'.

The Septemer Symposium however confirmed his knowledge and skill in collecting the right people at the right time and not least in developing the friendly and convivial atmosphere; for without this, no meeting will be a success. Although one congratualtes Jeremy, the staff at Queen Elizabeth Hospital Post Graduate Centre are to be thanked for their courtesy and help; nothing appeared to be too much trouble.

These meetings prove this success by the numbers attending and the interchange of knowledge, whether from the speakers or from amongst ourselves in discussion. Financial profit is not the motive and does not necessarily denote the success of the meeting although it is nice to put something in the 'kitty'.

I am sorry to say that Dee and Tim Manser will be giving up after the Cardiff Conference. They have both put forward new ideas and under this guidance more people are attending conference than ever before; this has been proved by Cheltenham and Southport. Cardiff will therefore be their last 'fling' and I know it will be a great success, and with the reduced time (it's a weekend) it will be cheaper (but, I hasten to add NOT in content) and so more new faces should be seen and will be expected to be seen.

Opiates in Custody

Following a recent symposium on Drug Abuse and the treatment of drug addicts in custody, a number of new and enthusiastic police surgeons 'objected' to the use of Methadone in police stations by some of their colleagues. The argument was also supported by a member of senior police surgeons.

The result is that Methadone is now

no longer acceptable in Metropolitan Police Stations and will no longer be dispensed in Police Stations, although other forms of sedation will be. This also concerns Home Office Prisoners in police custody. Dr. Henry from the New Cross Poisons Unit has written an article for the British Medical Journal on this matter and acknowledges the help he has received from members of the APSGB. We hope this article will give rise to some heated correspondence in the B.M.J.

Whilst dealing with slightly controversial matters, mention must be made of the Change in Name. From January 1st 1988, the Metropolitan 'Group' members have been referred to as Forensic Medical Examiners. This was not a unilateral decision; the new name was agreed to and accepted by the Metropolitan Group prior to the 1987 Annual Conference at a specially convened meeting.

Ivor, (I must add Doney) as usual was well to the fore with his usual quips and rushing hither and thither in Witicha; when he was installed (enthroned) as President of the First World Meeting of Police Surgeons — Ivor — it was a great success and well done. The meeting was also a great success and once again those members of our Association present and who gave papers, did so with their usual expertise, with the result that Clinical Forensic Medicine was well to the fore, so much so that 'some' were asked to write or lecture to our European colleagues, all of which bodes well for the new Forensic Section starting January 1988 at the Royal Society of Medicine.

Don't forget to get in touch with Neville Davis if you have not already done so about membership of the Clinical Forensic Medicine Section of the Royal Society of Medicine: even at this late date if you have not thought of joining — do so.

This section is not part of the APSGB, but is a separate entity and is not, and will NOT be a forum for the Metropolitan and City Group as some people seem to think. In fact the 1989 Winter Symposium will be at Charing Cross under the auspices of David Bowen and run by David Filer.

There is still a certain matter which is sub-judice and therefore at this moment can only be talked about in a general way. Personally, I am of the opinion that our Association was very slow in coming to the aid of Alistair Irvine and that we should have exerted ourselves far more than we did at the commencement of the problem. 'A wait and see attitude will never succeed'. The Inquiry will come to a conclusion in the near future, and surely our Association must now grab the opportunity presented to 'it' and increase our role in Forensic Clincial Teaching whether in the U.K. or abroad. There are now members travelling around lecturing or giving papers to hospital consultants and casualty offices, as well as to Social Services on the role of the police surgeons and joining in training seminars on sexually abused children.

This latter is only a small part of our work and we should be 'expanding' on the role of the Police Surgeon at every opportunity.

Cannot we find amongst ourselves more new members to put on Symposia and to carry out further research in the name of the Associaiton and not only as individuals, but as members of a Group carrying out research or writing leaders for the Lancet, the BMJ and the Practioner to name but a few. After all we are now recognized and if we do not look forward to the future, we will stagnate and decline and other disciplines will grab our work and set themselves up as experts after training received from us.

Are we not proud of the progress made in recent years in Clinical Forensic Medicine and in the growth of our own Association?

This being my last letter — may I thank everyone for their help and support, especially the Officers of the Association, and last but not least — Dee for looking after our wives and arranging a very successful social programme for them over the past two years.

DAVID JENKINS

VIEWPOINT

ABSENT FRIEND

Some of you out there did notice that there was no November 1987 issue of the Supplement, which was a confirmation that the magazine's existance is noted!

The last issue was a casualty of the Cleveland Sexual Assault Disaster, which event we are to refrain from discussing until the Inquiry has reported.

Your editor was approached by a solicitor from the Cleveland area to examine two children. The two stalwarts already involved, Dr. Raine Roberts (Manchester) and Dr. David Paul (London) were fully committed. It seemed an interesting opportunity to learn a little at first hand of what was becoming to say the least a matter of national interest.

The two cases increased during the succeeding weeks, and the journeys to Middlesborough revealed some of the wealth of beautiful country in the north-east. It was interesting and informative work.

Then came the hard bit. Court hearings.

The High Court wardship hearing went on for days, even weeks. In one case, there were three Q.C.s, four juniors and innumerable solicitors, not to mention the dozen or more medical experts and witnesses, to decide the future of a family and two small girls. At times, it was difficult to remember what the purpose of the hearing was.

So why no Supplement?

It's all a question of free time, and during the last six months of 1987 I did have sufficient of that valuable commodity to ensure a satisfactory issue; I hope this issue meets the standard.

Would I do it all again? Probably, but there are some factors to be considered. The time away from the practice throws an undoubted strain on one's partners, and I hereby acknowledge my debt to them. Without co-operative partners, it would have been impossible. They will get some remuneration — eventually!

There was a totally unexpected strain thrown on my financial resources. The time away resulted in a large drop in police work; there was a significant fall in police income. Travelling and staying in hotels costs money. This would not present a problem if accounts submitted to solicitors were paid with little delay, but in common with the others I have received litle other than explanations as to why I have not been paid — and being assured that I will be paid — eventually.

On resubmitting an account originally presented in October 1987, the solicitor replied that the Bill of Costs was taxed and submitted to the Registrar for Provisional Taxation, which was eventually received. The County Court complained that they were under-staffed and overworked, and the Bill was a particularly complicated one. Because of deductions from the solicitor's acount by the Registrar, representation was made to the Court for reassessment, and a hearing was listed for this purpose. When this matter was resolved, the Bill would be submitted to the Law Society, and 'hopefully', payment would be made in the following several weeks.

Past-President of the Law Society Sir John Wickerson's comments at January Meeting at the R.S.M. that expert witnesses would receive prompt payment appears to confirm that legal time and real time can never by equated.

In the meantime, I have to report that my manager (bank, not the wife), appears to be understanding, but I will not be going to Australia this year.

THERE'S A LOT OF IT ABOUT

During the last year, the national press has focused our attention on a part of the human anatomy which would have been unthinkable when I was a lad. Not just a passing mention, but detailed discussion on the value of anal dilatation as a diagnostic sign of sexual abuse.

It is now virtually impossible to glance at a newspaper without encountering reports of sexual abuse, adult or child, somewhere in the country. The impression is given that untold numbers of children are being daily abused. Figures have been quoted of one in ten to as many as one in three children have suffered sexual abuse, without that 'abuse' being defined.

Surveys have been made, and the results used to support whatever claim needs to be extolled from time to time. One much quoted survey was that made by MORI in 1984. It was quoted as supporting the claim that one in ten had suffered 'serious sexual abuse'.

In The Times published on 7th December 1987, Robert Worcester, chairman of MORI, said that the MORI survey sample had been 2,019 adults aged 15 plus, of whom 10% had experienced sexual abuse; 62% of these said that it occurred only once. Only 15 of the 2,019 involved said that sexual intercourse had occurred, and in about half these cases did it first occur at age 12 or under.

In Health Trends February 1988 No. 1 Vol. 20 (published by the Department of Health and Social Security) H.L.J. Markowe attempts to assess the frequency of child sex abuse, by considering ten separate surveys into the problem between 1977 and 1986. Markowe concluded that data concerning the frequency of child sex abuse in the United Kingdom was scarce, and that the information available was invalid and/or not representative of the general population. It was evident that a considerable proportion of reported abuse was non-physical, and often experienced on a single occassion.

It was apparent from several studies that much child sex abuse was not reported to the professionals, and often disclosed to no one. This is similar to the situation in adulthood — an unknown percentage of adults fails to report sexual assault at the time.

UNACCEPTABLE WAIT

In November 1987, senior police surgeon Phyllis Turvill wrote in 'The Physician':—

'The Metropolitan Police have a policy of asking victims whether they prefer to be seen by a doctor of their own sex (of course, this usually means, since most of the victims are female, whether they prefer to be seen by a female doctor). Due to insufficient female doctors, the pressure of work in the sexual offences area is considerable. This year the Metropolitan Police advertised for female police surgeons and appointed 11 new female police surgeons. However, there are still only 19 of us and although there is a list of female doctors appointed to the police we are still not able to offer a full rota to cover the entire Metropolitan area properly, so that it may be several hours before a victim is seen.'

A wait of 'several hours' may be acceptable in the Metropolitan Police area, but I am sure that in other force areas, such a delay would be looked upon with considerable alarm. Quite apart from the affect such a delay might have on forensic evidence, what about the effect on the victim, forced to wait in possibly soiled or damaged clothing, unable to wash or bathe?

I accept that a percentage of women insist on being examined by a woman doctor, but I am sure that the majority of women would prefer to get the examination over and done with, even if it means permitting the examination to be undertaken by a man.

The campaigning crusades of pressure groups has affected this and other aspects of clinical forensic medicine, with disasterous consequences to common sense.

HAROLD FEZ PERCIVAL OBE

Dr. Percival on his 100th birthday, with one of his albums of birthday cards. Photo: Northampton Chronicle & Echo

The last issue of the Supplement carried details of the death of Dr. Percival who died at the age of 103. He became a police surgeon to the Borough Police in Northampton in 1921, and retired in the year the Association of Police Surgeons was formed in 1951.

Further information about Dr. Percival has come to light, thanks to the Editor of the Chronicle & Echo, Northampton.

During the Battle of Jutland, Dr. Percival was on board H.M.S. Tiger. He told reporters that from ten minutes after the battle was started, he was busy in the dressing station attending to the wounded and did not come off duty until half-past four the next morning, eleven hours after the start of the engagement. For his part he was awarded the Military O.B.E.

He continued a long family association with Northampton General Hospital until 1926; his father was for forty years honorary surgeon, relinquishing the position in 1919.

In 1950, Dr. Percival retired as Medical Officer of Health, and he was presented with an illuminated address and a set of books on travel.

At the time of his 100th birthday, he had stopped driving three years earlier, but continued to walk his dog Luck three miles a day.

Dr. Percival died following a fall. He felt more than £1,500,000, having invested shrewdly in the stock market.

MEMBERSHIP LIST LATE CHANGES

New Members	
Dr. Lindsay Herrington	Newcastle-upon-Tyne
Dr. T.P. Jotangia	Coventry
Dr. A.J. McCullagh	London SE10
Dr. G.A. Norfolk	Bristol
Mr. A. Strachan (Dental)	Cambridge
Resignations	
Dr. K.S. Dick	Newcastle
Dr. D.N. Philpot	Redruth
Dr. J. Prentice	Kingsley

ASSOCIATION OFFICE

MEMBERSHIP LIST CHANGES

DEATHS

We regret to record the following deaths —

Dr. L.C. de R. Epps	Chichester
Dr. H.C.M. Jarvis MBE,DMJ	Brighton
Dr. A.A. Morgan	Ilford
Dr. D.F. Parkin	Guildford
Dr. K.F.M. Pole	Gillingham
Dr. G.A. Readett	Birmingham

NEW MEMBERS

OVERSEAS

Dr. N. Doornbos	Holland
Dr. D.L. Ranson DMJ(Path)	Australia
Dr. M.D. Schwartz	Israel

Area 1 (North West)

Dr. Gillian A. Appleton	Nantwich
Dr. V.E. Cheridjian	Upton,Wirral
Dr. A. Hutton	Stalybridge
Dr. D.G. Mechie	Lancaster
Dr. B. Scroggie	Carlisle

Area 1a (Northern Ireland)

Dr. R. Burns	Ballymoney
Dr. B. Cupples	Banbridge
Dr. J.G. Flynn	Ballymoney
Dr. D. Harper	Jordanstown
Dr. A.K. Maini	Belfast
Dr. Laura L. Small	Newtown-abbey
Dr. W.R. Thompson	Lurgan
Dr. C.S. Wilson	Lurgan

Area 2 (North East)

Dr. E.J. Flynn	Consett
Dr. E.M. Higgins	Hartlepool
Dr. Bertha F. Huckvale	Melton
Dr. M. Quasim	Chester-le-Street
Dr. K. Ravi	Leeds
Dr. T.A. Wadrop	Middles-borough

Area 3 (Midlands)

Dr. V. Sandra Calderwood	Birmingham
Dr. V. Cooper	Waterhouses
Dr. R.S. Kumar	Sutton Coldfield
Dr. S.K. Merotra	Brierley Hill
Dr. P.J. Morris	Evesham

Area 4 (Eastern)

Dr. S.A. Cox	Nottingham
Dr. V.S. Iyer	Peterborough
Dr. H. O'Neill	Norwich
Dr. A.J. Penkethman	Ipswich
Dr. Ann M. Saywood	Ripley
Dr. N.R. Sharmacharja	Worksop

Area 5 (South East)

Dr. L.A.A. Babour	Guildford
Dr. Margaret Birtwistle	Leatherfield
Dr. E. Comber	Chessington
Dr. Gillian Fargher	Maidstone
Dr. D. Geewater	Sandwich
Dr. A.G. Kelpie	Southampton
Dr. R.A. Lewin	Bishop's Stortford
Dr. R. Reidy	High Wycombe
Dr. Alison D. Smith	Shoreham-by-Sea
Dr. L. Smith	PrizeNorton
Dr. D.P. Starbuck	Lancing
Dr. T.W. Story	Chelmsford
Dr. Mary Wilson	High Wycombe

Area 6 (South West)

Dr. A. Latham	Fremington
Dr. D.B. Penwarden	Honiton
Dr. D. Poulton	Bournemouth

Area 7 (Wales)

Dr. Patricia Dryden	Barry
Dr. P. Hawkins	Chepstow
Dr. O.G. Thomas	Ystrad Mynach

Area 8 (Metropolitan & City)

Dr. R.T. Dattani	London E8
Dr. P.M. Keane	London N3
Miss Sian Kerslake	London SW2
Dr. S.C. Hora	Dagenham
Dr. (Mrs) I.R. Sinha	Ilford
Dr. Clare Vaughan	London SE5
Dr. Susan E. West	Chingford

Area 9 (Scotland)

Dr. A. Busuttil	Edinburgh
Dr. G.E. Greig	Kirkcaldy
Dr. Carolyn Linton	Ayr
Dr. S. Lyndon	Dundee
Dr. P.A.P. Mackenzie	Bridge of Earn, Tayside
Dr. R.W.Y. Martin	Brechin, Angus
Dr. S.W. Martin	Ayr
Dr. L.M. McPhail	Gask, Nr. Crief

Dr. Sheena Milne	Edinburgh
Dr. J.A.S. Mitchell	Dundee
Prof. D. Pounder	Dundee
Dr. D.A. Rorie	Dunee
Dr. W. Scott Simpson	Edinburgh
Dr. I. Stuart	Arbroath
Dr. N.W. Wallace	Edinburgh

Life Associate Members

Dr. M. Glanvill DMJ	Chard
Dr. A.G. Hick	Stockport
Dr. G. Hoyle	Cheltenham
Dr. Hannah Striesow (F)	London E7
Dr. A.S. Wallace DMJ	Salisbury

Associate Members

Dr. Bendkowski	Westcliff-on-Sea
Dr. W.H. Bexon	Meadowfield
Dr. P.C. Chaudhury	Rawtenstall
Dr. R.H. Foxton MBE,DMJ	Flixborough
Dr. G.J. Grainger	London SW4
Dr. E.W. James	Llandudno
Dr. P.A. Meagher DMJ	Co. Roscommon
Dr. J.K. Murphy DMJ	Peterborough
Dr. D. Osborne DMJ	Neath
Dr. G. Panting	St. Albans
Dr. P. Smythe-Wood	London SW11
Dr. B. Somasunderam	Cheadle Hulme

Dental Associate Members

Mr. J.G. Clement	London E1
Mr. P. Coleman	Godalming
Mr. J.T. Griffin	Southampton
Miss Vivienne Levy	London E14
Mr. A.M. Walker	Bromsgrove

RESIGNATIONS
*** See Life Associates or Associates**
**** See Overseas**

Area 1 (North West)

Dr. P.C. Chaudhury*	Rawtenstall
Dr. A.G. Hick*	Stockport
Dr. W.P. Honeyman	Carlisle
Dr. H.C. Palin, OBE	Burnley
Dr. A.P. Timney	Whitehaven
Dr. D.L. Whitton	Lancaster

Area 2 (North East)

Dr. J.G. Ashton	Sheffield
Dr. W.H. Bexon*	Meadowfield
Dr. A.W. Curry	Northallerton
Dr. J.P. Hurley	Felling
Dr. W. Jack	Durham
Dr. J.D. Lucey	Bridlington
Dr. J. McKennell	Halifax
Dr. S.G. Shaw	Sunderland

Area 3 (Midlands)

Dr. V.P. Budh-Raja	Birmingham
Dr. J.C. Camac	Burton-on-Trent
Dr. G. Hoyle*	Tamworth
Dr. R.A. Ingles	Worcester
Dr. R.E. Steel, MBE	Worcester
Dr. S.S. Venugopal	Birmingham

Area 4 (Eastern)

Dr. A.A. Fairclough	Norwich
Dr. R.H. Foxton* MBE,DMJ	Flixborough
Dr. N.M. How	Daventry
Dr. T. Lavelle	Nottingham
Dr. A.D. Lower	Stowmarket
Dr. J.K. Murphy, DMJ*	Peterborough

Area 5 (South East)

Dr. B. Bendkowski*	Westcliffe-on-Sea
Dr. Judith A. Collier	Ferring by Sea
Dr. J.C. Garvey	Chelmsford
Dr. J.K. Guly, DMJ	Southampton
Dr. M.R. O'Connell	Wickham
Dr. G. Panting*	St. Albans

Area 6 (South West)

Dr. J.P.H. Jago	Bridgewater
Dr. D.C. Jeffrey	Bristol
Dr. G.A. Langsdale	Bournemouth
Dr. T. Timberlake	Ferndown
Dr. A.S. Wallace, DMJ*	Salisbury

Area 7 (Wales)

Dr. D. Ferriday	Swansea
Dr. E.W. James*	Llandudno
Dr. H.O. Jones	Ystrad Mynach
Dr. S.D. Morgan	Barry
Dr. D. Osborne, DMJ*	Neath

Area 8 (Metropolitan & City)

Dr. D.J. Avery	London E16
Dr. G.J. Grainger*	Streatham
Dr. B.D. Lascelles	Hadley Wood
Dr. C.D. May	London SE9
Dr. P. Smythe-Wood*	London SW11
Dr. Hannah Striesow (F)*	London E7

Area 9 (Scotland)

Dr. S.K. Adgei	East Kilbride
Dr. J.G. Buchanan	Balloch
Dr. J.S. Finnie	Aberdeen
Dr. T. Hannah	Edinburgh
Dr. Yew-Nee Lan	Ayr
Dr. H.A. Rankin	Larkhall
Dr. A.M. Tait	Hamilton

Associate Members

Dr. M. Glanvill DMJ*	Chard
Dr. D.L. Ranson DMJ**	Bristol

Life Associate Members

Dr. J.E. Keen	West Midlands

COUNCIL DIRECTORY

President:	Dr. David Jenkins, 51, Manor Way, Blackheath, London SE3 9AW Tell: 01-852 7448
President-Elect:	Dr. David McLay, Chief Medical Officer, Strathclyde Police Headquarters, 173, Pitt Street, Glasgow. Tel: 041-204 2626
Immediate Past President:	Dr. Ian Craig, D.M.J. 3, Blunts Hall Drive, Witham, Essex CM8 1LZ Tel: 0376 513696
Hon. Secretary:	Dr. Hugh de la Haye Davies, D.M.J. Creaton House, Creaton, Nr. Northampton, NN6 8ND. Tel: 060-124 722.
Hon. Treasurer:	Dr. Michael Knight, D.M.J. 11, Tuddenham Road, Ipswich, Suffolk. Tel: 0473 57284 or 35, Hatfield Road, Ipswich, Suffolk. Tel: 0473 59556
Editor, 'The Police Surgeon'	Dr. David McLay, Chief Medical Officer, Strathclyde Police Headquarters, 173, Pitt Street, Glasgow. Tel: 041-204 2626
Editor, 'The Police Surgeon Supplement'	Dr. Myles Clarke,D.M.J. Vine House, Huyton Church Road, Huyton, Nr. Liverpool L36 5SJ Tel: 051-480 4035
Hon. Assistant Secretary (Conferences):	Dr. T. Manser, D.M.J. Whitelears, Bridgetown Hill, Totnes, Devon. Tel: 0803-863 876 or 0803-862 671
Hon. Assistant Secretary (Scotland):	Dr. Peter Jago, 1 "Craigview", Sauchie, Alloa, Clackmannanshire FK10 3HE. Tel: 0259-213 145
Hon. Assistant Secretary (N. Ireland):	Dr. John H.H. Stewart, Downings, Randalstown, Co. Antrim, Northern Ireland BT41 3BE. Tel: 084 94 72231.
W.G. Johnston Memorial Trust:	Dr. R.D. Summers, O.B.E. 26, Monkhams Drive, Woodford Green, Essex 1G8 OLQ Tel: 01-504 7116
	Dr. James Hilton, DMJ (not council member) St. Andrew's House, Witton, Norwich NR13 5DT

Tel: 0603 713182
(other Trust Member — Dr. D. Jenkins)

Area 1* **(North West)**	Dr. Stephen P. Robinson, D.M.J., West Timperley Medical Centre, 277, Manchester Road, West Timperley, Altrincham, Cheshire WA14 5PQ. Tel: 061-962 4351 or 145, Framingham Road, Brooklands, Sale M33 3RQ Tel: 061-973 2156.
Area 2* **(North East)**	Dr. A. Saul Veeder, D.M.J., 3, Carlton Close, Gosforth, Newcastle-upon-Tyne NE3 4SA Tel: 091-285 8366 or The Health Centre, Brenkley Avenue, Shiremoor, Newcastle-upon-Tyne NE3 4SA Tel: 091-253 2421
Area 3* **(Midlands):**	Dr. C.J. Smart, D.M.J., 'The Lantern House', 22, Beaks Hill Road, Kings Norton, Birmingham B38 8BG Tel: 021-458 2147 (Surgery: 021-458 5507)
Area 4 **(Eastern)**	Dr. G. Frank Birch, D.M.J., 71, Waterford Lane, Cherry Willingham, Lincoln. Tel: 0522 751727 or 2, Mainwaring Road, Lincoln. Tel: 0522 27307
Area 5 **(South East)**	Dr. Esha Sarvesvaran, D.M.J., 89, Tollers Lane, Coulsdon, Surrey CR3 1BG Tel: 07375 53032 or Department of Forensic Medicine & Toxicology, Charing Cross Medical School, Fulham Palace Road, London W6 8RF Tel: 01-748 2040 Ext: 2746
Area 6 **(South East)**	Dr. R. Bunting, D.M.J., Boskenna, The Green, Shirehampton, Bristol BS11 ODS Tel: 0272 822796
Area 7 **(Wales)**	Dr. Hugh Jones, The Surgery, Fforddlas Clinic, Rhyl. Tel: 0745 53997 or South Flat, Bodrhyddan Hall, Rhuddlan, Clwyd LL18 5SB.
Area 8 **(Metropolitan & City)**	Dr. Neville Davis, Brownlow Medical Centre, 140-142 Brownlow Road, London N11 2BD Tel: 01-888 7775.
Area 9 **(Scotland)**	Dr. C.S.S. Mackelvie, 55, Mitre Road, Glasgow G14 9LE Tel: 941-954 8759

*** Retire at Annual General Meeting 1988.**

ASSOCIATION OFFICE

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 . . . . . packets of 50 . . . . . £2.50
   Postage charge on Aide-Memoires £1.00 (one packet), £1.80 (two packets).
2. **Sexual Assault Leaflets.** Packets of 100 . . . . . £2.50
   Postage £1.00 (one packet), £1.80 (two packets).
3. **Key Fob** with the crest in chrome and blue enamelled metal 0.25p
4. **Terylene Ties** — silver motif on blue. Ties now available with either single or multiple motifs. Please state which preferred £4.50
5. **Metal Car Badges,** chrome and blue enamel (for hire only) £7.00
6. **Car Stickers** for the windscreen (plastic) . . . . . each 50p
7. **Wall Shield** or plaque bearing Association Insignia £13.00

The following books may be obtained from the Association Office:—
RAPE £8.50, non-members please add 50p postage & packing.
HISTORY OF THE POLICE SURGEON inc. postage & packing £1.75
AN ATLAS OF NON-ACCIDENTAL INJURIES IN CHILDREN £3.50, non-members £4.50.

Office Address:	Office hours:
CREATON HOUSE, CREATON, NORTHAMPTON, NN6 8ND.	1.30-3.30 p.m. Monday – Friday Telephone: (Creaton) 060-124 722

Council Subcommittee Membership (Subcommittees have power to co-opt).

Finance and General Purposes Subcommittee: President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary, Drs. N. Davis, H. Jones, Raine Roberts.

Ethical Subcommittee: President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary, Drs. S. Burges, N. Davis.

Education and Research Subcommittee: President, Hon. Secretary, Hon. Treasurer, Hon. Assistant Secretary, Drs. S. Burges, S. Robinson.

LOST OR STRAYED

The following have left their last known addresses without notifying the Hon. Secretary of their intentions. If any member can help to track them down, please notify the Hon. Secretary (address page 2)

Dr. J.T. Caramitsos, formerly of Chatburn Park Avenue, Brierfield, Nelson.
Dr. V.S. Chandran, formerly of Mayors Square, Heolgerrig, Mertyr Tydfil.
Dr. A.J.J. Darrah, formerly of Carnvue Road, Newtownabbey.
Dr. A.C.R. Gujjalu, formerly of the Medico-Legal Centre, Sheffield.
Dr. J.M. Hall, formerly of Albert Road, Stoneygate, Leicester.
Dr. D. Sheppard, formerly of Vicarage Crescent, Newcastle-upon-Lyme.

ANNUAL GENERAL MEETING

The 37th Annual General Meeting will be held at
The Stalkis Inn on the Avenue, Cardiff
on Friday, 13th May, 1988 at 5.30 p.m.

AGENDA

1. Apologies
2. Minutes of the 36th Annual General Meeting (Southport)
3. Matters Arising
4. Hon. Treasurer's Report
5. Hon. Secretary's Report
6. Report from the W.G. Johnston Trust
7. To receive notice of deaths, resignations and confirm new members
8. Election of Officers
9. Members of Council for Areas 1, 2 and 3
10. Scrutineers of Accounts
11. Any other business
12. Date, time and place of next meeting

H. de la Haye Davies
Hon. Secretary

Mr. E. Soden,
Home Office,
Queen Anne's Gate,
London.

July, 1987.

Dear Mr. Soden,

Re: Deaths in Police Custody

Thank you for your letter dated 18th June. I take the opportunity to remind you that this Association submitted both written and oral evidence to the House of Commons Home Affairs Committee (March, 1980) dealing with this subject and I enclose a copy of this evidence from Hansard (Annex A). Paragraphs 3, 4 and 5 of our written evidence is also enclosed (Annex B) as it is in larger print than the copy of the extract in Hansard and also focuses on the main points of our evidence.

Ideally, if a prisoner can't stand on his own or can't easily be roused, he shouldn't be in police custody. It is not possible or indeed desirable for police officers (even those with a current first-aid certificate) to be taught all the particular signs to differentiate between drunkeness and other illnesses or injuries (i.e. acting as paramedics). Therefore, Custody Officers should be encouraged to send for the police surgeon early. In general this usually happens when suspicion of illness is aroused but there can be a delay at this stage which may prove fatal. There are many reasons for this. In some areas the biggest danger is that due to staff shortages prisoners are not checked every half hour as laid down in Regulations or if they are, the check is so cursory as to be useless. At times the post of Custody Officer, particularly since the Police and Criminal Evidence Bill, must be one of the most stressful jobs in the Police Service. They are criticised for any delay in 'booking' prisoners brought to the cells and equally they are criticised if they are too fast and the paper work is dealt with incorrectly. In addition to these duties, they have the ongoing care of persons already in custody. When an arrest has been made after a violent struggle, the Officers do not expect anything untowards and unfortunately, may tend to be a little relaxed in their approach to sum-

moning the police sugeon. It is this type of case which should be taken directly to an Accident and Emergency Department of the local hospital and then, if fit, taken to the Charge Room.

Fatalities have occurred when a person in cells after a violent struggle suddenly deteriorates due to a medical condition and then despite the police surgeon arriving within a reasonable time (half an hour is usual) this delay is to the detriment of the patient. If the Custody Officer is aware that the person is in danger then invariably a doctor is bypassed and an ambulance called immediately. But this awareness in many cases has been aroused too late through no fault of the Custody Officer. In provincial forces hospital admission is relatively easy to arrange. Sometimes difficulties arise in forces who serve the larger conurbations (e.g. Metropolitan Police). For example, Hammersmith Police Station on a Friday night may hold up to thirty 'drunks' in various stages of intoxication. The hospital Casualty Department would be unable to cope with their proper work if these were admitted to hospital, although in some countries it is common to have a Sobering-up Ward attached to the Casualty Department which is manned both by nurses and police. The patients sleep on mattresses on the floor and are observed regularly by trained staff and transferred to appropriate medical care where indicated. Those who sober up without detriment are released to Police Custody usually after being given a mop and bucket to clean up any mess they have made during their period of observation.

We did stipulate such Units should be set up in the larger conurbations but I think the Home Affairs Committee confused such Units with the more sophisticated Detoxifying Centres which, of course, have a larger financial resource implication.

Generally speaking, my members report there is no problem in transfer to hospital unless there is also a psychiatric problem. Also there is a tendency for the police to retain disruptive, unruly, violent and dirty drunks in police custody rather than burden the local hospital with them. Our suggestions are:

1. That all 'drunks' (drunk and incapable) be put into a special room.
2. This room be monitored by internal closed circuit television. Finance may preclude introduction of closed circuit television in all cells but it certainly should be in cells in which drunken prisoners may be placed so that the Custody Officer can identify the needs of the prisoner quickly whether it be in regard to their alcoholic state, attempts at self-mutilation, or observation of a violent prisoner.
3. Mattresses to be placed on the floor.
4. Trained personnel male or female nurses to be responsible for monitoring respiratory and pulse rate and blood pressure and these to be recorded on an official document at regular intervals.
5. Any 'drunk' showing any external signs of injury to be examined by a police surgeon and the question after a violent arrest of the prisoner being taken to the local Casualty Department before being placed in custody, should be considered.
6. Any 'drunk' having in his possession any tablets of any sort, whether they be epileptic, diabetic, antibiotic, tranquilisers etc. should be examined by a police surgeon.
7. Police surgeons should have access to a breath testing device for use as a *diagnostic* instrument. We are aware of many potential difficulties in affecting this but it would be invaluable in some cases, e.g. differentiating a serious head injury from co-existing alcohol intoxication where the alcohol component was minimal.

We would be prepared at any time to attend any discussions you may be holding in respect of this problem.

Yours sincerely,

Dr. H. de la Haye Davies

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN
INCOME AND EXPENDITURE ACCOUNT
For the year ended 31st March 1987

1986	EXPENDITURE		£	1986	INCOME	£
1561	Stock of Goods April 1986		1462	30988	Subscriptions	29734
982	(Goods purchased)		–	3072	Interest received	2520
1885	Diaries		5119	74	Symposium Receipts – Metropolitan	2260
274	Printing, Stationery etc.		233	70	(Symposium Receipts – Birmingham	–
834	Telephone		359	1092	Sale of Books, Journals etc.	753
581	Postage		539	45	Sale of Diaries etc.	3699
1319	Conference Expenses		804	1296	Advertising – Supplement	867
50	Symposium Expenses – Metropolitan		2037	170	Sundry Receipts	182
1489	Symposium Expenses (1985)		500	736	Sale of Goods	983
1392	Council Meetings		1723	1462	Stock of Goods – March 1987	979
2500	Johnstone Trust (Strathclyde Safe-driving Project)		–	270	Sale of Body Sketches	187
–	Johnstone Trust – Grant		500	–	Section 63 Refunds	301
–	Subscriptions PACTS		200			
60	Sundry Publications		91			
4743	Police Surgeons Journal		5862			
4343	Police Surgeon Supplement		3391			
747	Accountancy etc.		748			
56	Medallions		66			
185	Miscellaneous Expenses		91			
3300	Insurance		3734			
142	Bank Charges		177			
198	Expenses – President		79			
	Expenses – Honorary Secretary					
341	Travel and Subsistence	455				
1950	Attendance	3170				
			3625			
4506	Assistant's Salary	1933				
	National Insurance & Exs.	520				
			2453			
–	R. Taylor deceased – Donation		1500			
1025	Rent and Rates – Office	1000				
71	Heating – Office	75				
				1075		
60	Depreciation Equipment		49			
36093			36417			
3182	Excess of Income over Expenditure		6048			
39275			42465	39275		42465

BALANCE SHEET
As at 31st March 1987

1986		£	£	1986		£	£
	General Fund				**Fixed Assets**		
	Balance 1st April 1986	31106			Office Equipment – Cost	1361	
	Add Excess of Income over Expenditure for year	6048		325	*Less* Depreciation to date	924	437
31108			37154				
	Current Liabilities				Photographic Equipment		
757	Sundry Creditors		1785		At cost	425	
					Less Depreciation to date	375	
				50			50
				330	Medallions – Cost		264
							751
					Current Assets		
				1462	Stock of Goods	979	
				28623	Cash in Building Society	33143	
				1073	Cash at Bank and in Hand	3966	
				–	Debtor	100	
							38188
31863			£38939	31863			£38939

ACCOUNTANTS REPORT

We have prepared, without undertaking an audit, the above Accounts from the books and information supplied and we certify that they are in accordance therewith.

40 York Road, Northampton

ORTON DESBOROUGH & CO
Accountants

8th May 1987

HON. SECRETARY'S REPORT

This Report, which details the work of the Association during the year, should be read in conjunction with the two issues of the Journal and Supplement published during the year. Activities mentioned briefly in this report are fully accounted for in these Journals and on behalf of the President and Council I wish to express our thanks to the Editors, Dr David McLay and Dr Myles Clarke for keeping the membership fully informed of the various events during the Association's year and through the academic content of their publications keeping us up to date with the latest developments in clinical forensic medicine.

The 35th Annual Conference and 2nd Cross Channel Conference were held in London at the Kensington Close Hotel. The Autumn Symposium was held in Belfast and the Metropolitan and City Group Centenary Symposium was held at Guy's Hospital in January. In addition, the Metropolitan and City Group held a meeting on the Drug Problem at the Metropolitan Police Forensic Science Laboratory. In the Constabulary regions, many smaller group meetings have been held during the year with an input from the Association and the Home Office Forensic Science Laboratories. A new venture which is proving successful are the five-day training courses for newly appointed police surgeons organised by Dr Frances Lewington at the Metropolitan Police Training Centre, Hendon. Although primarily intended for Metropolitan Police Surgeons, Dr Lewington is able to offer a limited number of places to provincial surgeons.

The membership state of the Association is as follows:

Full members:	658 (plus 52)
Associate members:	56 (plus 5)
Life Associates:	56 (plus 1)
Overseas members:	31 (no change)
Honorary members:	16 (no change)
Total membership:	817

A net increase of 58 members during the year. It is pleasing to note that 52 of these new members are newly appointed police surgeons. Among the Associates are 5 dental colleagues; we now have a small sub-group of 10 Dental Associate Members.

There have been two meetings of Council during the year. The first had 100% attendance and this was almost achieved during the second meeting but Dr Sarvesvaran was convalescing from cardiac surgery and we are pleased to report that he has made an excellent recovery and has resumed work.

The Association was approached by the Parliamentary Advisory Council for Transport Safety and it was agreed that the Association should accept the offer of membership of this body. This is a natural follow-on to the work that has been done on drinking and driving especially by Dr Dunbar which resulted in the report, 'A Quiet Massacre' published by the Institute of Alcohol Studies, financed by the Association and the W.G. Johnston Trust. This is an active organisation which is organised into different working groups and holds quarterly meetings at the House of Commons when the findings of these groups are presented and used not only for lobbying MPs but also form the basis of many Parliamentary questions. Through this Committee we have a worthwhile contribution to make to road safety by expressing our views through a channel where our views can no doubt influence future legislation.

The President and myself have continued to represent the Association on the Forensic Medicine Sub-Committee of the BMA Private Practice and Professional Fees Committee and I also represented the Association at the BMA Annual Representative Meeting in Scarborough in June. Several of our members were also there representing their own BMA Divisions and spoke to a very important Resolution that was passed which affects us all. The ARM 1986 resolved that

a) examination of alleged rape and child abuse victims be held in appropriate premises
b) specimens should only be collected by a doctor fully trained in forensic techniques
c) each health district in conjunction with its police surgeons should be encouraged to examine procedures for dealing with rape and child sexual abuse victims.

The President, myself and Mr Bosi from the BMA attended New Scotland Yard on 2nd February, 1987 and held discussions with representatives of the Association of Chief Police Officers which are referred to in the President's letter of the latest Supplement. The Home Officer Circular issued since the ARM (No. 69/1986) was welcome in meeting a number of the criticisms voiced in the ARM Debate, and that all Chief Police Officers recognise the need for adequate facilities for examining rape victims. The spread of Victim Support Suites throughout the country initiated originally by members of this Association was noted and the first Sexual Abuse Referral Centre in England has been opened in Manchester with Dr Raine Roberts as Clinical Director. During the ARM Debate the point was made that the title Police Surgeon did not automatically mean that the doctor was fully trained in forensic techniques. A view supported by your Council who welcome the lead given by the Metropolitan Police.

Since the untimely death of Professor Hugh Johnson, Dr Stanley Burges has been appointed convenor of the examiners for the Diploma in Medical Jurisprudence. Dr Roger Phillips (Bristol) obtained the DMJ in July 1986. Several members have been successful in Part 1 of the examination and we look forward to seeing them pass the final hurdle in the not too distant future.

I am pleased to continue to represent the Association on the Council of Childline and also during the year have attended other professional bodies explaining the role of the police surgeon in child sexual abuse cases (See Supplement No. 19, November 1985, page 26). With other professionals such as paediatricians, gynaecologists and community physicians becoming interested in this work, it is essential that police surgeons get their own house in order and wherever possible should serve on their Area Review Committee and through this Committee, see that proper arrangements exist in their area for properly trained police surgeons to be available to help in joint consultations with these other professionals. Your Council stress the importance that only one examination of any child victim should take place and that we should be flexible in accommodating the needs of

Watching over the Association's affairs Secretary Hugh Davies.

medical colleagues and victims and also be flexible in the choice of venue where the examination is to take place.

The President and several members attended the 2nd Indo-Pacific Congress on Legal Medicine and Forensic Sciences held in Sri Lanka in August 1986 and the President and Several members are also travelling to Vancouver for the 11th Meeting of the International Association of Forensic Sciences and immediately following this, travelling to Wichita, Kansas to the 1st World Meeting of Police Surgeons and Police Medical Officers to support the inaugural President — our own Dr Ivor Doney.

John Stewart has taken over as Hon. Assistant Secretary (Northern Ireland) and it is a pleasure to include his first Report with my Report of our activities on the mainland.

In looking forward to an eventful and happy week at Southport, I would again like to express our thanks to Tim and Dee Manser for all the hard work they have carried out in preparation assisted, I am happy to report, by Stephen Robinson and Madeleine. It is a pleasure to see younger members of Council coming forward to help in this way and Jeremy Smart is well into organising the Autumn Symposium to be held on the 19th and 20th September in Birmingham.

What has been a very busy and active year for the Association would not have run so smoothly if it had not been for the support I've had from my Personal Assistant, Mrs Rosemary Farmer, whose secretarial skills are equally matched by her willingness to help individual members who telephone or write to the office. I wish to record our thanks to her, both on my own and your behalf. We are especially pleased to see Stanley Burges and Pam joining us once again with Stan restored to perfect health. To them and all of you, whether new or old members, on behalf of the President and Council, I welcome you to Southport.

H. de la Haye Davies
Hon. Secretary

NORTHERN IRELAND REPORT 1987

This is my first Report to Council since being elected Assistant Secretary (Northern Ireland) at the AGM of our Association last October. It gives me the opportunity to express our appreciation of the loyal and expert service given by W.E. (Bing) Crosbie to the Association over many years, both as Assistant Secretary (NI) and as our Council Representative. Ill health forced him to retire from Office and we wish him well in the future.

The major event in the past year as far as the Northern Ireland Area is concerned was the Autumn Symposium last September in Belfast. Myles Clarke has covered this fully in the last Supplement and we are grateful for his very generous remarks. We were delighted — and very humble — that so many of our mainland colleagues, some with their wives, came over to make the meeting possible.

During the Symposium, the President made us aware of the change of name from that of Police Surgeon of which the Metropolitan Commissioner had given notice. It was felt that the title of Forensic Physician would more accurately define our role throughout the United Kingdom and accordingly we have agreed to propose a motion to this effect at the AGM in May.

Since our AGM, a very successful clinical meeting was organised by John Farnan at his Belfast Surgery for the members in the North Eastern District. Jack Crane (Assistant State Pathologist) spoke on 'Suicide' while R.B. Irwin gave a talk on 'Back to Basics'.

In January, Dr Donald Jefferies of St Mary's Hospital, Paddington, lectured to us on AIDS at the Forensic Science Laboratory. He dispelled many of the myths surrounding this syndrome and gave constructive advice regarding precautions in police work.

At the end of April, Jack Crane again gave us his usual invaluable assistance by arranging a Day Course for FMOs at the NI Forensic Science Laboratory. Subjects covered included Collection and Submission of Laboratory Specimens, Presentation of Evidence in Court (by a Senior Counsel and an FMO), Equipment and Hygiene in the Medical Room, and general matters in Liaison with the Police. Twenty members attended, the Police Authority gave generous financial support and there was unanimous agreement that the exercise was very beneficial to all concerned.

On June 19/20 we join once again with the Forensic Science Society for the Annual Clinical Meeting. This will be held in Belfast and the theme will be 'Sexual Offences and Child Abuse'. Mr R.A. Hall, Director of the Forensic Laboratory, has been instrumental in arranging what promises to be a very topical and thought-provoking programme.

Regular meetings continue between our Officers and the Police Authority. Matters discussed are wide-ranging and cover the entire field of our contractual obligations with the Authority. Our next meeting is at the end of May. As always, we are very grateful for the support which we receive from the Authority.

The award in the New Year Honours of the MBE to P.J. (Paddy) Ward of Newry was justly merited and gave pleasure to us all — in particular because, apart from him being the doyen of our local Association and one whose record of service is exemplary, the citation read 'Forensic Medical Officer'. This is the first time that one of our members has been honoured for his work in our own field.

I would like to thank my fellow-officers in the NI Area — Bernard Shiels, Ian Hamilton and Keith Munro — for all their help. I would also record my appreciation to the Officers of our Parent Association on the mainland for their guidance and encouragement. The practical help of Hugh Davies and Rosemary Farmer on a regular basis is especially valuable.

John Stewart
Assistant Secretary (NI)

LIFEBOAT DOCTOR

Police surgeon Reginald Carr, of Blyth, Northumberland, has been awarded the Royal National Lifeboat Institute gold badge for his services as a lifeboat doctor for the past 30 years.

For 21 years, Dr. Carr has also been secretary of the lifeboat station and has the responsiblity of calling out the lifeboat crew whenever the coastguard warns him of a ship in difficulty.

RESCUER SURGEON

Southampton police surgeon Tony Knight was praised by police for his actions in preventing a suicide bid.

Dr. Knight joined two police officers on the platform of a 150ft crane as a man threatened to jump from the top. He spent almost an hour in helping police to talk the man down.

Later the man retaliated by hitting Dr. Knight on the shoulder. Dr. Knight was of course covered as a full member by the Association insurance policy.

SUPPORT FOR THE SEVILLE MANIFESTO

The Seville Manifesto received the support of the Association of Police Surgeons at the Council Meeting held at Southport in May 1987. Council decided that a Council member should attend future meetings of the Seville Committee to actively represent the views of the Association.

In 1986, Professor Dr. D. Luis Frontela Carreras, Professor of Legal Medicine and Forensic Sciences at the University of Seville, convened what has become known as the Seville Committee with representatives invited from all the European Community countries.

Only the Dutch representative, Dr. Barend Cohen, was a forensic clinician — clinical forensic medicine had not been considered when the Committee was first formulated.

The purpose of the Committee was to discuss the harmonization of medicolegal teaching throughout the European Community, required by the provisions of the Treaty of Rome to ensure the free circulation of professional men and women throughout the community. The Committee also considered teaching requirements for medical and dental undergraduates, and also for others including law students, pharmacy students, lawyers and the police who need to have some knowledge of legal medicine.

For medical undergraduates, a minimum of 60 hours Legal Medicine was advocated.

It was recommended that specialists in Clinical Legal Medicine should undergo three years training in all its branches, with at least 100 hours of theoretical teaching. It was also stated that a specialist in Clinical Legal Medicine should not be recognised as such until he or she had passed an examination in his discipline or until he or she met with any set requirements. Full details are given in the May 1987 issue of the Supplement.

Whilst many specialities are recognised formally within their own countries and the European Community, Legal Medicine is not.

To establish Legal Medicine as a recognised speciality within the European Community, two Member States must grant national recognition of the speciality's requirements. If those Member States submit their approved requirements to the European Community for recognition, they will then set the standard for the rest of the European Community, including the United Kingdom.

Preparations are now underway by some of the Member States to obtain European Community recognition of their national requirements for Legal Medicine.

The U.K. pathologists have not taken part in the Committee's deliberations since the first meeting in Seville.

The Association's representative has been made very welcome by the other members of the Committee; it was quite evident that the Association's participation in the Committee was regarded as evidence of whole-hearted support for the Manifesto. There is considerable interest in the work of the clinical forensic medicine examiner as represented by the U.K. police surgeon, and full information regarding police surgeon work will be submitted to the Committee members later this year. Each Committee member has been supplied with a copy of Dr. Ralph Summer's book "History of the Police Surgeon".

Cleveland Inquiry

Several Association members gave evidence at the Cleveland Child Sex Abuse Inquiry. Among the various aspects of police surgeon work explored by the Inquiry was the training of police surgeons; those who gave evidence on this point had to admit that they had no formally structured training. It is only in the last year or two that compulsory training courses for police surgeons have started to appear.

Information regarding future training programmes was submitted to the Inquiry, together with a special copy of the Seville Manifesto. It is known that the Manifesto has been accepted in evidence.

Whatever the findings of the Inquiry, it is to be hoped that they will include strong recommendations regarding the teaching of Legal Medicine and in particular the teaching of Clinical Forensic Medicine. If such recommendations are not forthcoming, then the teaching of Legal Medicine will continue to decline in the United Kingdom, with all the resulting dangers.

COUNCIL MEMBERS

Dr. HUGH JONES

Area 7 Wales

The new council member for Wales is former policeman Hugh Jones.

Hugh was born in Kent, the son of a psychiatrist, and was brought up in Norfolk where he was educated at Great Yarmouth Grammar School and Norwich City College.

He joined the Norfolk Constabulary in 1971 after leaving school, and spent a year as a traffic patrol car driver after the probationary two years; he passed the sergeant's examination.

In 1974, Hugh left the police and later went to the Royal Free Hospital to study medicine, qualifying in 1981. After house-jobs in London and Wrexham, he joined the G.P. training scheme in North Clwyd, and in 1985 joined a practice in Prestatyn.

He was appointed as the local police surgeon for the Rhyl and Prestatyn Divisions and also deputises for the force surgeon.

Hugh is married to a health visitor and has a young daughter, born August 1987. He is interested in chess and plays for Rhyl Chess Club and for the North Wales Team.

He may be contacted at:—
The Surgery, Fforddlas Clinic, Rhyl. Tel:- 0745 53997 or South Flat, Bodrhyddan Hall, Rhuddlan, Clwyd LL18 5SB

Dr. NEVILLE DAVIS

Area 8 Metropolitan & City

Senior partner in a group practice, Neville has been a principal in the same area since 1959 and holds a number of appointments in occupational medicine.

A police surgeon since 1964, he succeeded Dr. Arnold Mendoza as Hon. Secretary of the Metropolitan & City Group. He has been co-opted on to the Council of the Association for several years, being a member of the ethical sub-committee.

With Hugh de la Haye Davies, he gave evidence on the Association's behalf to the Home Affairs Committee on the House of Commons when it considered deaths in police custody.

He lectures to police personnel on the Sexual Offences courses at the Detective Training School, Hendon, and also participates in the training of police surgeons.

Recently Neville Davis was appointed Medical Adviser to the Metropolitan Police's Area No.7. He has taken up the office of Founder President of the new Section of Clinical Forensic Medicine. He has read papers at international forensic conferences in Oxford, Budapest and Colombo as well as at several Association of Police Surgeons meetings in the U.K.

He may be contacted at:—
Brownlow Medical Central, 140-142 Brownlow Road, London N121 2BD
Tel: 01-888 7775

Dr. COLIN MacKELVIE
Area 9 — Scotland

Following graduation from Glasgow University in 1968, and after SHO posts in othopaedics and general surgery, Colin entered general practice in 1971. Since then he has become a principal in general practice and has three partners, working from two health centres.

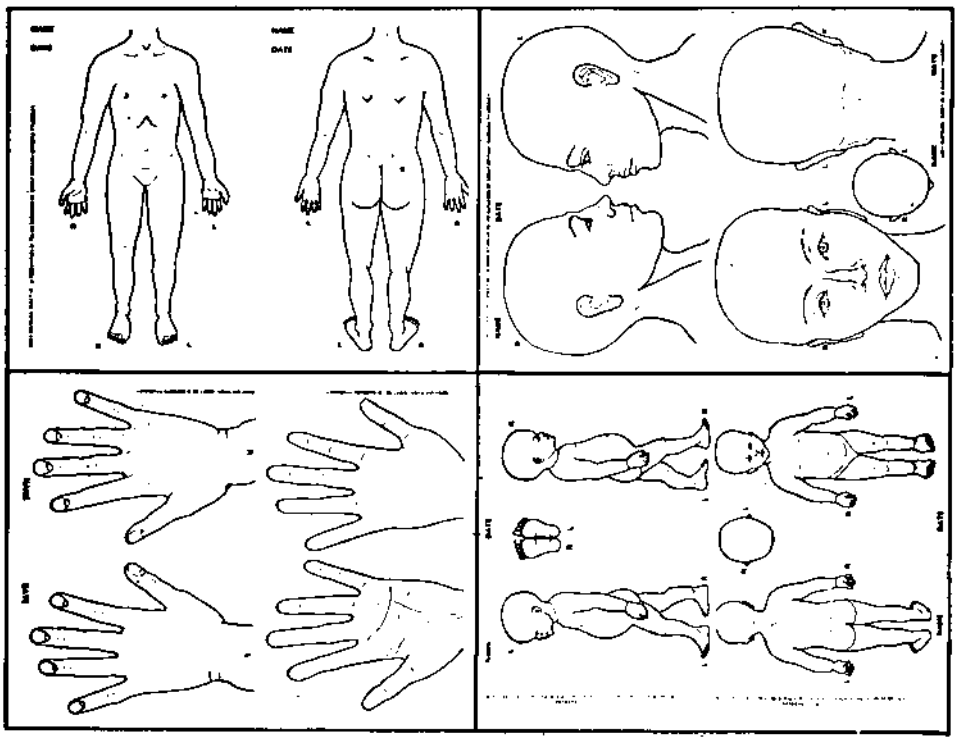
Also since 1971 he has been actively involved in police surgeon work, together with his partners, and they look after the needs of "A" and "E" Divisions, Strathclyde Police.

His wife Yvonne and children Stuart, Karen and Clive are patient, supportive or frankly critical of his various extra-curricular activities which range from multiple DIY projects to music, very bad squash, and hill walking depending on time, need and mood.

His first Association Annual Conference was in Peebles in 1976, when he won the Ulster Goft Cup.

He may be contacted at:—
55, Mitre Road, Glasgow G14 9LE
Tel: 041-954 8759

ETCHESBODYSKETCHESBODYSKE



Body Sketches are printed on A3 sheets, but may be easily divided into A4 sheets if required.

Sheet 1. Body — anterior and posterior views.
Sheet 2. Body — left and right sides and soles of feet.
Sheet 3. Head and Neck — anterior, posterior and lateral views.
Sheet 4. Hands, left and right — dorsal and palmar views.
Sheet 5. Genitalia — male and female.
Sheet 6. Child — anterior, posterior and lateral views.

* **NEW PACK containing 9 sheets each of sheets 1-4 and 6 and 5 sheets of sheet 5 now available — £2.00 plus 95p p.& p. Order name — "Mixed pack of body sketches".**

Each sheet is available in packets of 50 at £2.00 per packet.
Postage — United Kingdom: 1 packet 95p; 2 or 3 packets £1.30; 4 or 5 packets £2.00 6 packets £2.35.
Postage Overseas (Surface Mail)
1 packet £1.74; 2 or 3 packets £2.44; 4 or 5 packets £3.65; 6 packets £4.87.
50 each of sheets 1-6 including p & p. — £14.00 (U.K.); £16.00 (overseas).

Send cheques payable to A.P.S.G.B. with order to Dr. M. Clarke, Vine House, Huyton Church Road, Huyton, Merseyside, L36 5SJ.

MINUTES OF THE 36th AGM

Held at The Prince of Wales Hotel, Southport on Thursday, 21st May, 1987 at 5.30 p.m.

1Hon. Sec. reported that he had received 24 apologies.

2The Minutes of the 35th Annual General Meeting were approved and signed.

3Matters arising:. The President welcomed Stanley Burges who was absent from last year's meeting undergoing major surgery and expressed our pleasure at the successful outcome.

4Dr. Michael Knight presented the Hon. Treasurer's report. Despite the healthy state of the finances, it was considered necessary to continue to increase the subscription for full membership to £55 per annum as decided at the 35th meeting. Hon. Treasurer explained the necessity for us to build up a reserve fund and also he hoped that it would be a good few years before a further increase. The Hon. Treasurer's report was accepted after a proposal by Dr. Ralph Summers, seconded by Dr. Myles Clarke.

5Hon. Secretary's report was accepted after a proposal by Dr. Robin Moffat, seconded by Dr. Neville Davis. Following a discussion on training, initiated by Dr. Stephen Robinson, and in answer to a question by Dr. Dunbar, Hon. Secretary confirmed that the previous day Council had voted unanimously in fabour of the statutory blood level of alcohol above which it should be illegal to drive, be reduced to 50 milligrams and Council also supported random breath testing.

6W.G. Johnston Trust: Dr. Ralph Summers reported a balance of £9,173.

7Membership: Hon. Secretary reported that 7 deaths had occurred during the year and 6 resignations. He asked the meeting to confirm 52 new members and 6 associate members who had been confirmed by Council since the last A.G.M. They were approved nem con after a proposal by Dr. Jenkins, seconded by Hon. Treasurer.

8Election of Officers: After a proposal by Dr. Jenkins, seconded by Dr. Ralph Summers, the Officers were elected 'en bloc'.

9Hon. Secretary, on behalf of Council, proposed the following new Councillors

Area 7 — Dr. Hugh Jones
Area 8 — Dr. Neville Davis
Area 9 — Dr. Colin Mackelvie

who were duly elected and retiring Councillors were thanked by the President.

10Drs. Ivor Doney and Stanley Burges offered to act as scrutineers of accounts and were duly elected.

11Due notice having been given and circulated to the membership, the motion was debated 'that the name of the Association be changed to the British Association of Forensic Physicians'. In introducing the motion, Dr. Bertie Irwin reiterated the familiar argument that the name 'Police' should be dropped from our title. Even in Northern Ireland where for many years the doctors giving aid to the police had been called Forensic Medical Officers, it was felt that the term 'Medical Officer' had military connotations and that the Northern Ireland Branch favoured a change to

something of a more neutral flavour which would project us as independent medical referees. He realised that Forensic Physician may not be the name the meeting would accept so he therefore would propose his motion in two parts. In further discussion, the meeting was reminded that the Metropolitan Police unilaterally were going to call their doctors by some name other than Police Surgeons and were awaiting the result of this meeting before making a final decision. It was pointed out that the Metropolitan & City Group found in a straw poll conducted among it's members at their last meeting that the name 'Forensic Medical Practitioner' was the most popular. The President ruled that Dr. Irwin could propose his motion in two parts. The first part being that the name be changed. This was seconded by Dr. Myles Clarke but opposed by Dr. Roger Hunt and Dr. A. Smeeton. Of 55 persons present, only 37 voted in favour and this meant that the necessary two-thirds majority was not achieved. However, it was pointed out from the floor that despite the President's ruling, this vote was not valid as it had not been circulated in accordance with standing orders. There was a lively discussion on the floor as to whether the vote was valid or not and it emerged from the various views expressed that there was a wide diversion of opinion. Hon. Secretary then proposed that the meeting move to the next business. He was seconded by Dr. Fraser Newman who added a plea for Council to discover, if necessary by referendum, whether any change is actually desired. The motion was passed and the meeting moved to the next business.

12 Any other business: There was none.

13 The date and time of the next meeting would be arranged by the Assistant Hon. Sec. (Conference) during the Cardiff Conference.

SURGEONS IN SOUTHPORT 36th Annual Conference

SURGEONS IN SOUTHPORT
36th Annual Conference

The 36th Annual Conference, held at the Prince of Wales Hotel, Southport, may well be the last of the mid-week conferences. It was held just before the Cleveland sexual assault disaster exploded; two of the doctors, who were to become involved in Cleveland, gave papers during the Conference.

The Conference was opened by the Chief Constable of Merseyside, Mr. Kenneth Oxford, who said he felt it lay with the Association to persuade more women doctors to undertake police surgeon work. Since the Conference, Merseyside Police have introduced compulsory education for newly appointed police surgeons (details elsewhere in this issue) and Mr. Oxford had become Sir Kenneth, a just recognition of his sterling qualities.

Dr. Charles Clark

Professor Derrick Pounder

Many of the papers given at the Conference have since been reported elsewhere. One pathologist — Derek Punder — gave a paper on 'Expanding the Role of Police Surgeons in Death Investigation', and the Conference continued the past trend of increasing percentage of papers given by Forensic Clinicians.

Dr. Charles Clarke, 'The Man Responsible for all the Sudden Deaths in EsseX', reviewed the present situation in the Coroner's Court. He sadly reported that the Coroner was now bottom of the fourth division of judiciary, whereas he had been second in the first division. He also noted that there appeared to be a growth industry in appeals from Coroner's findings.

Dr. John Malone, Dublin police surgeon, continued the very welcome contact made between Association members and Republic police surgeons, with a review of rehabilitation within the Irish Police Force.

Ivor Doney's papers can always be relied upon to both startle and educate. His paper, 'What will I tell Mum?', dealt with the simple problem — in what other way can the hymen be ruptured? Ivor's messasge was that, if you are looking for statistics to back up bizarre human sexual behaviour, don't forget the Kinsey Report on Sexual Behaviour in the Human Male and Sexual Behaviour in the Human Female, nor overlook the extraordinary work of Masters and Johnson.

Mr. Derek Clarke, Forensic Odontologist at the London Hospital, reminded delegates that anyone under the age of five with oro-facial injuries needs careful investigation with the possibility of non-accidental injury in mind.

At the other end of life, Dr Fritz Buijze, from Holland, discussed active euthanasia in his country. Euthanasia is still an offence but a rigid protocol has been drawn up, in which the Dutch police surgeon has an important role to play.

Dr. Fritz Buijze

Her Honour Judge Heather Steele *who spoke at the conference.*

A regular visitor to conference is Richard Walter, who says he works in the world's largest walled prison. He discussed Munchausen's Syndrome by proxy, a strange and worrying condition in which parents induce symptoms in their children by a variety of means, often with grave risk to the child, the parent apparently revelling in the attention the child requires. The parent usually presents as extremely concerned and caring and nursing or medical staff may have difficulty in accepting that the parent has caused any hurt to the child.

Dr. Clare Corbett from Oxford University Centre for Criminological Research was critical of some police surgeons and their examination of sexual assault victims. She referred to one case of examination taking place in a cell by torchlight. Although Dr. Corbett's number

of cases was small (23), it was not suggested that her complaints regarding police surgeons was inaccurate. However, Dr. Hugh Davies, Association Secretary, said that most of the things Dr. Corbett advocated to improve the treatment of raped women were already being implemented.

Considerable interest was paid to Dr. Jane Wynne's lecture on 'The Physical Signs of Sexual Abuse of Children', not least because she was a joint author of an article published in the Lancet in 1986, which was to feature largely in the Cleveland Sexual Abuse Inquiry in 1987. The slides she showed evoked considerable interest and not a little controversy. Unfortunately, the period of questions after the lecture was closed and Dr. Wynne departed before the controversial aspects of these slides could be fully discussed. The claim subsequently made in 'Archives of Disease in Childhood', 1987, 62, 1195, that many police surgeons accepted the findings published in the Lancet in 1986, should be viewed with caution.

Mr. Peter Urquhart took us through the tortuous convolutions of the law relating to children and this was followed by a paper, given by Drs. Kean and Clarke, on a skin condition, lichen sclerosis et atrophicus, which can simulate signs of sexual abuse in children.

Dr. Jane Wynne

Dr. David Filer

The principle feature of the Annual General Meeting was the discussion on the proposed change in the name of the Association. Suffice to say that this topic aroused considerable heat. There were many who felt that the title 'Police Surgeon' was an old and honourable title, whilst others felt that it was archaic, incorrect and indicative of bias. It became evident that the percentage in favour of change had increased, compared with when the subject was last aired some years ago, but those against the proposed change successfully talked the topic out.

It is interesting to note that, since the Annual General Meeting, the title of 'Police Surgeon' in the Metropolitan Police Area has been changed to 'Forensic Medical Examiner'. Further, at the meeting held at the Royal Society of Medicine in January 1988, Sir John Wickerson, former President of the Law Society, said that he hoped the name 'Police Surgeon' would be dropped, He said it did not give the right impression, just as the term 'Police Courts' has been changed to 'Magistrates Courts'.

On the concluding morning, Dr. David Filer once more entertained us with his

research into violent death in the bible, when he detailed four violent deaths with a common link.

James Dunbar followed with the advocacy and forecast of random breath testing. He also outlined a possible role for police surgeons in deciding when and if problem drivers should be allowed back on the roads.

The final two speakers related experiences from abroad. Dr. Ken Ball, a Liverpool graduate now working in Victoria, Australia, described his experiences as a police surgeon with a patch the size of Kent. If Ken is not available, a police surgeon has to come out from Melbourne, two hours drive away.

Dr. Derek Pounder, in transit between Alberta, Canada, where he was Deputy Chief Medical Examiner, to Dundee, where he was about to take up the Chair of Forensic Medicine, spoke of the expansion of the role of the clinical forensic expert in death investigation. He emphasisd the 'golden triangle', the examination of the body, examination of the scene and the history. He felt that in about one third of cases it was unnecessary to perform an autopsy, provided that a good history was obtained, a good examination of the scene was made and a thorough external examination of the body was undertaken. A reconstruction of events often clarified the issues. Professor Pounder emphasised that it was usually unnatural deaths which could be dealt with in this way; natural deaths tended to require post mortems to ellicit cause of death.

Dr. John Malone

Conference Secretary

Dr. Tim Manser relinquishes his post as Conference Secretary, in favour of Dr. Stephen Robinson, during the 1988 Annual Conference. As the former Conference Secretary, I am only too aware of the hard work which Tim, ably supported by his wife, Dee, has put into the running of a series of most successful conferences, which have served to advance the cause of clinical forensic medicine.

Conference Competitions

Golf Ulster Cup Golf
Winner: *Dr Charlie Clark*
Runner up: *Dr John Latchman*

Ladies Golf
Winner: *Mrs Rosemary Stewart (with the best score in either the Gents or Ladies competions)*
Runner up: *Mrs Edna Crosbie*

Squash
Winner: *Dr Hubert Cremers*
Runner up: *Dr Steven Robinson*

Gents Darts
Winner: *Dr Stephen Hempling*

Ladies Darts
Winner: *Mrs Sue Jones*

A French brewery plans to launch an aphrodisiac beer, after trials among the work force indicated that the new formula definitely refreshed those parts other beers cannot reach.

Conference Social Programme

Wednesday, 20th May, 1987

Mid-day Wednesday and a party of us left by coach for a light lunch and an interesting guided tour of Hoghton Tower, a 16th century fortified hilltop mansion. We were guided by a delightful lady, who knew the de Hoghton family history well and brought the mansion and its past occupants very much to life, with her various anecdotes about the family who own the mansion and its royal visitors of the past.

There were pleasant gardens and a marvellous view from the main gateway of the mansion down the long drive.

We left after a visit to the shop to return to the hotel in time for us to prepare for the Civic Reception given by the Mayor of Southport.

Thursday, 21st May, 1987

On Thursday we again boarded the coach for an excursion to Wigan Pier and a visit to 'The Way We Were', an historical exhibition of local life at the turn of the century, with a marked difference to the usual exhibition.

Sound effects were used very effectively, with realistic scenes of life in the 1900's. This was again enlivened by actors dressed for their part in various situations and venues, such as the schoolroom, coal mine, public house. We also viewed the world's largest working mill steam engine — a majestic example of Victorian ingenuity, its brass gleaming — a tribute to its present keepers.

Passing through the numerous stages of the Victorian cotton making machinery, followed by a visit to the shop and lunch taken at the Orwell Pub Restaurant, we then departed for our next journey to the Pilkington Glass Museum for an absorbing tour and film show, giving us an insight into the evolution of glass making techniques since ancient times, with many examples of glass work throughout the centuries.

The coach returned us safely back to our hotel, where, after refreshments and a change of clothes, we attended a reception given by Mrs Lucette Jenkins, with additional entertainment in the form of a fashion show by a local boutique — ending with many of us parting with our money.

Friday, 22nd May, 1987

Friday saw many of us gathered together again for coffee and a demonstration by Grace Ciappara, who with her usual cheerful enthusiasm gave us numerous tips of the muse of microwave cookers and also mixers, with best buy advice. With deft skills she turned out various dishes, of which we could sample at the end and which were delicious, indeed, having partaken of my share.

The accompanying leaflets, which Grace gave us included the recipes and the tips on microwave mastery.

The afternoon left us with various sporting activities for the more energetic among us, with prizes for the winners being presented at the Annual Dinner in the evening.

Once again Dee and Tim Manser have worked hard to organise a social programme for accompanying persons at the Annual Conference — a difficult task indeed to please one and all.

Margaret Chan

PRIZE QUIZ

A novel introduction during the 1987 Conference was a quiz. TIM MANSER here describes his brain child, and promises a further quiz for the Cardiff Conference.

In place of a cabaret evening this year we had a prize quiz after dinner. This was carefully arranged after the Mayor's generous reception to ensure that no participants had the advantage of being completely sober! The quiz was divided into halves, the first half being fifteen forensic questions, and the second half fifteen general questions. Each table had question sheets served with their coffee, and a single answer sheet for each table. After 30 minutes the papers were collected, and prizes given out later. The questions and answers are printed for those who were not there.

The following prizes were awarded:

1. The Musicians Prize. To the only table who didn't think Smetana had written Smetana's Vltava. Three bottles of Theakston's Old Peculiar.
2. The Forensic Prize for the table gaining the highest total in the Forensic Section. A bottle of Champagne.
3. The General Prize for the table gaining the highest total in the General Section. A bottle of Champagne.
4. The Overall Prize for the highest total in the Quiz. Each member of the team received a piece of Association Crested Dartington Glass. Tankards for the Gentlemen, Cheese Bells for the Ladies.

Our thanks to Mrs. Lucette Jenkins for presenting the prizes.

Anonymity was preserved throughout to save embarrassment, and I have preserved this here.

Among the lighter answers produced, here are a selection.

Q.4. The spread of pellets.
Answers varied from 8ins to 9 ft and were evenly SPREAD over that range.

Q.9. Two incorrect.
— Nil, and more surprisingly — 4 feet! Was someone boasting!

Q.18. As expected. Her virginity, also — her life, — her voice and — Mr. Bernhart.

Q.20. — Stan Burges! or — Robbie Burns.

Q.22. — It rained and his tent leaked, — six wives, — No contraceptives, — non consummation.

Q.29. — Ipswich — Somerset — Ballator? Northumberland — Sussex — Scotland — The two Ronnies — The council of the A.P.S.G.B.

Q.30. — Silicone — Scone — And some rude remarks about the pom who set the paper!

Finally there has been one fully justified criticism of the Quiz. It was too parochial. This is fair and if we do it again we will need to give it a more international flavour so be warned!

QUIZ QUESTIONS

1. In which year was the Association of Police Surgeons of Great Britain founded?

2. Whose name is associated with the principles of trace evidence?

3. What was the name of the nursemaid to Buck Ruxton's children, who was murdered with Mrs. Ruxton?

4. What will be the approximate diameter of the spread of shot from a twelve bore shotgun at half choke at a range of 10 yards.

5. What percentage of the population in Great Britain has Blood Group B?

6. What is the characteristic colour of hypostasis in fatal Carbon Monoxide poisoning?

7. List six principal factors affecting the rate of cooling of a body after death.

8. Which two names are associated with the first sytem of identification by fingerprints?

9. What degree of penetration constitutes Rape?

10. Under the Mental Health Act 1983,
a. Who can be signatories to a Section 4 (emergency admission) application?

b. Can a patient detained under Section 2, appeal against his detention to a Mental Health Review Tribunal?

11. What proportion of the population are secretors of their ABO blood groups in their body fluids?

12. Who did M'Naghten murder, and who was he trying to murder, that led to the rules named after him?

13. What is the legal limit of Alcohol in Blood and Breath when Driving in the United Kingdom?

14. Which poison in what drink was Madeleine Smith accused of administering to Emile L'Angelier?

15. A Police Officer in Uniform with two pips on his shoulder, holds which rank?

16. From what is the hallucinogenic drug Mescaline obtained?

17. What poison was used to kill Georgi Markov, and what plant does it come from?

18. What did Sarah Bernhardt lose in 1915.

19. What is the currency of a. Greece, b. Portugal, c. Spain.

20. Who did outrabe when twas Brilig?

21. What is the gestation period of a Rhinoceros?

22. What is remarkable about Attila the Hun's wedding night?

23. What were the prices of the following items in 1925?
a. A small bottle of Dr. Collis Browne's Chlorodyne.
b. A copy of "A Study in Scarlet" by Sir Arthur Conan Doyle.
c. A 17 day Tour of Lugano and the Italian Lakes.

24. In what would this be used: P.1.SL.1.K.1.PSSO.WFWD.REP.?

25. What jeweller is famous for making eggs?

26. Who wrote Smetana's Vltava?

27. What are the main ingredients of the classic Mexican dish "Pollo con Mole"?

28. Find a number whose square is three times its double.

29. Where would you find Futtocks?

30. Solve this Crossword clue: "In this group cones lie around"

Answers on page 102.

DRUG ADDICTION

THE MALAYSIAN TREATMENT

Kamal Shah is a 32 year old Malysian University lecturer who had been a heroin addict for 11 years. He was now undergoing a voluntary cure in a work camp near Kuala Lumpar.

He had intravenous injection marks in both forearms and back of both hands. These were the only signs of his previous addiction. His one month stay in Kem Penadam Camp, near the Malaysian capital, had worked wonders both mentally and physically. His appetite had increased, he had gained weight, he admitted to a feeling of well being, and the intravenous injection sites were beginning to diminish as the injection craze had gone.

His English was excellent. His rejuvenation was confirmed by the disciplinary treatment that he and his drug addict colleagues were undertaking. The venue of this apparently successful, if unusual treatment, was the BMA overseas congress in the autumn of 1987 in K.L., and the camp was one of several in Malaysia whose proximity to the capital permitted a detailed visit.

Malaysia is beset with a drug problem and adddiction of horrific proportions. Out of a population of 15 million, there are 120,000 notifiable addicts and the unknown number of addicts is believed to be several times that figure. Cannabis from the Indian Sub Continent and heroin from China are smuggled into Malaysia in vast quantities and to cope with this problem, the Government decided on drastic action. The death penalty was introduced as the ultimate punishment for those convicted of drug smuggling.

The Malaysian is a charming, cheerful person 'willing to forgive the small mistakes of his fellow citizens' according to a Malaysian physician, who admitted that the shock of the drug problem had assumed a magnitude which only the most drastic of penal sentences could influence and deter.

In an attempt to treat addicts, the Malaysian Government opened four Rehabilitation Units, which, as in this country, achieved only a modicum of success. But the ulitmate death deterrent for 'pushers' motivated another group to go to the only Voluntary Rehabilitation Centre which is maintained by voluntary subscribers from all over Malaysia. This camp is situated 10 miles from K.L. It admits males from the age of 17 to 21 and at the time of the visit, had 47 patients out of a maximum possible accommodation of 49.

The camp had 10 large huts, of the British Army type, which act as dormitories, lecture rooms, canteen and a lounge with T.V. The permanent staff consist of a Physician in Charge, Dr. Aziz, and three male assistants. Numerous Malaysian organisations

subscribe to the maintenance of this camp whose upkeep costs £75,000 per year, and it is customary for the four full-time staff to be implemented by volunteers from these organisations. Kamal Shah had volunteered to be transferred from Hospital direct to the Kem Penadam Camp. Apparently there is a four day period of acute drug treatment. Heroin is the usual drug of addiction and during this brief stay in hospital, there is a 25% reduction in the heroin dose. One is then considered cured! No substitute drug is given.

The 'patients' were expected to stay between three and six months in the camp, and the regime was rigorous and strictly disciplinarian, being based on a constructive physical life.

Each day begins with breakfast at 5.45 a.m. followed by prayers and then there is one hour of physical exercises. The patients have a choice of vocational training, each of which is a full time physical occupation. Those who wish to become motor mechanics are taught welding, and car maintenance in a large wooden building in a distant part of the 51 acre camp, chosen no doubt because of the continuous mechanical noise that emanates from the building. Part of the camp had been the site of a tin mine and the resultant subsidence had been filled with water from a nearby stream and converted into an economically viable fish farm with upward of 20,000 fish.

Malaysia, being equatorial, has a humid hot climate with an abundance of rain. This idyllic situation, from a farming point of view, results in a prolific growth of tropical flowers, vegetables and fruit. The patients proudly exhibited their crop of mangoes, papaya, pitaco, tomatoes, bananas, pumpkins, cucumbers and tapioca. All grown in the open — No need for hot houses in this tropical country!

The second half of the morning, after the 10.45 a.m. coffee break, is spent with the volunteer therapists amongst whom are psychiatrists and personnel who are equivalent to our psychiatric social workers.

After the midday meal, the groups return to their normal physical work and their working day ends at 5 p.m., after which they are allowed personal recreation in the camp. Supper is at 10 p.m. — and then to bed — Not later than 11 p.m.

This regime is strictly adhered to, every day of the week.

The boys may apply for a pass to go out of the camp, and this application is granted if their destination is known. The boys are also given pocket money. If they return under the influence of drugs, they are immediately dismissed from the camp. Of the 700 inmates, since the camp opened three years ago, (1984) there have been few such cases, as volunteer motivation has been the prime factor in such success as has been achived. Incidentally, no medicines are given in this camp, as drug therapy plays no part in rehabilitation. There is one type of drug addict whom the camp does not admit — the alcoholic.

The camp is free to inmates and on their release their Administrative Centre is notified, but curiously, their General Practitioners are NOT informed of their discharge.

Drug addiction, Malaysia is a big problem in the adolescent age group, and those who are admitted to Kem Panadam Camp are keen to stay on after their six months treatment period as unemployment is high, and security, both social and economic, is minimal and camp life engenders a feeling of recuperative well being.

Dr. Aziz final remarks were optimistic 'As a volunatry camp, our cure figures are better than those of the Government camps — which are not voluntary, and are, therefore, not similarly motivated'.

Kamal Shah endorses these remarks — In five months time he hopes to return to his University as a lecturer — fully cured.

SAUL VEEDER

TOOTHPRINTS
The Mystery of Pink Teeth

Forensice odontologists have been observing a pink discolouration of the teeth in cases of unnatural death for several years and in recent times considerable research has been undertaken in an attempt to understand this phenomenon. Why, when and how does it occur? Can it be an indicator of the mode and time of death? Although first reprorted in 1829 it was not until after the 1953 Christie murders that any serious attempt was made to scientifically investigate this pink colouration when it was found to be present in the teeth of the exhumed body of Beryl Evans, one of Christie's victims. At that time it was suspected that carbon monoxide was responsible but this was disproved. Subsequent work in recent years has confirmed that carbon monoxide plays no part in this phenomenon and in nearly all the reported cases the victims apparently met with a violent death, usually strangling or drowning. A large number of cases have been recovered from sea water or a damp environment and the presence of moisture appears to be necessary for the formation of pink teeth; this may be a damp grave or even the ground surface in winter. It would appear therefore that an asphyxial death coupled with subsequent damp conditions is formative of pink teeth. This is obviously very useful information if a decomposed body is found with pink teeth. Unfortunately things are never that simple, there are many drownings and stragulations where the teeth do not appear pink.

It is not uncommon to find a few isolated teeth which have not changed colour at all, whereas their neighbours are deep pink. Assuming that the pink colour is due to blood in the pulp chamber you may consider that those teeth that remain white either had no pump chamber due to secondary dentine formation or that the pulp was absent or necrotic. Again we have a problem for investigation of these teeth microscopically and radiographically has not shown this to be the case.

Post mortem lividity being a useful indicator of body position, it has been suggested that pink teeth on one side of the mouth would be another indicator of body position after death and would be of forensic assistance should the body have been moved post mortem. Again we have drawn a blank, bodies having been found in various positions after death with pink teeth on both sides of the jaws, so this is unlikely to be related to post mortem lividity.

For experimental work undertaken on animals we now know that teeth will turn pink after burial for at least a month and occurs most rapidly in strangled animals immersed in water. Microscopically the colour radiates from the pulp chamber towards the periphery of the dentine and biochemical analysis has shown the colour to be due to degredation of haemoglobin producing protoporphyrin. An intact capillary system appears necessary as this change does not occur in extracted teeth.

Questions remaining unanswered are why does it occur only in cases of violent death, why are individual teeth unaffected in some cases and why is the apparent presence of moisture necessary?

There is disagreement amongst researchers on the question of a sudden rise in intracapillary blood pressure causing rupture of the vessels and bleeding into the pulp although this seems to be the most logical explanation. In the writer's opinion, as research stands at the present time, a body found with pink teeth is definitely indicative of a violent death probably of an asphyxial nature but this mode of death cannot be ruled out where pink teeth are absent. In 1848 John Tomes in his book 'Dental Physiology and Surgery' wrote — 'in persons who have died from suffocation the teeth in some cases are stained red. This state, before the structure of the teeth was understood, was considered to be proof of their vascularity. It was supposed that the blood imparting the colour was contained in vessls which in these cases, were gorged by the mode of death.

This, I need not tell you, is an incorrect hypothesis: vessels, when they do exist in the sbustance of the tooth, are never present in such number as to give a red colour to the dental tissues. We shall find the more correct explantation by considereing the state of the blood in asphyxia. The colouring matter of normal blood resides entirely in the globules. The liquor sanguinus is perfectly colourless. But under certain circumstances the coloured globules decompose, or are dissolved in the liquor sanguinus which then becomes a deep red. The tubuli of the teeth, though too small to admit the red globules of the blood, freely admit the liquor sanguinus; and, if this is coloured red, the tooth itself will necessarily take the same hue'.

Research has proved John Tomes suppositions to be correct, we have answered the question How? But the questions of forensic significance Why? and When? remain largely unanswered.

Next time you are examining a possible violent death or a body recovered from water you maybe interested enough to further the research by carrying out your own observations and recording your findings.

DEREK H. CLARK

I.A.F.S. IN VANCOUVER

It is always a pleasure to meet 'forensic' friends. It is for some reason even more pleasurable to meet them in far away places. Perhaps it is a shared sense of mild adventure or a desire for collective security in a foreign place.

Travel can be stressful especially when the first leg aircraft starts late. We had to run to board the Toronto — Vancouver flight. Fortunately the luggage arrived at the hotel the next day and we were able to begin a pre-conference tour fully clothed. The end of this trip was marred by a dental abcess beneath a crowned tooth. On a bank holiday Sunday evening in Vancouver an 'on call' dentist travelled one hour from his home to see me in his office. He spent nearly two hours treating me and took three x-rays and charged a most reasonable fee. A better service, I think, than I would have got at home.

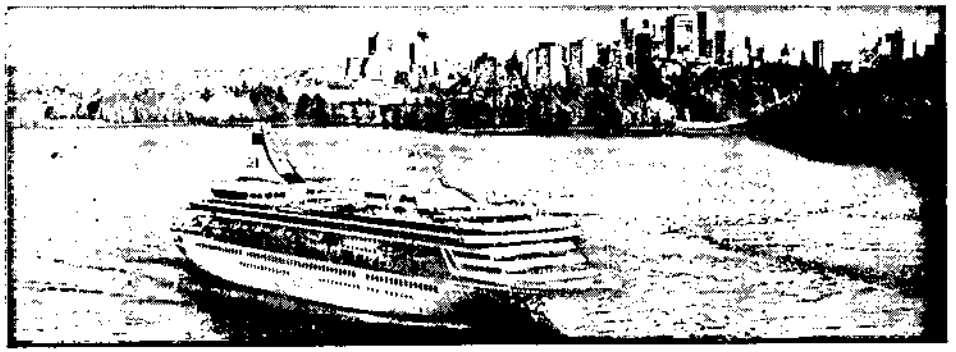
We therefore missed the opening and reported excellent reception of the I.A.F.S. Meeting at the Hotel Vancouver.

The scientific programme began on Monday 3rd August. In addition to the plenary sessions and symposia there were almost simultaneous papers in 22 sections. As is usual at big meetings one has to choose and regretfully miss many instructive and interesting papers. Members of the Association participated fully in the clinical forensic sessions. Papers were given by Ivor Doney and Bert Kean (joint author Miles Clarke) and overseas friends Bill Ryan, William Treadwell and Barrend Cohen.

The symposia included an account of the Rainbow Warrior affair by New Zealand scientists and police officers. There was an update on the scientific evidence of the Australian Dingo Baby case and the toxicology of the British Airtours B 737 fire was presented with the case for smoke protection for airline passengers. There were many contribution from U.K. forensic pathologists.

Ivor Doney's 'I've always wanted to give a paper on . . .' forum allowed many to give interesting, instructive and often humourous papers. Presenters included David Filer, Ivor Doney, John DeHaan, Maurice Rogev, Stuard Kind, Bill Eckert and Professors Bowen, Gee, Giertsen and Knight. Who could resist titles such as 'West Midlands — Chinese Curry House Blues' (Sheehan), 'Niagra Falls — Honeymoon or suicide' (Burgman) and 'Mrs. Malaprop meets Mr. Mumbo-Jumbo — a comedy of forensic science errors in fiction' (Starrs).

Vancouver was a marvellous venue for the conference and provided many opportunities for scenic and social ex-



periences. The circle of surrounding mountains, the busy and picturesque waterways with ferries and sea planes, the parks, the magnificent hotel, commercial, shop and exhibition buildings on clean streets provided the background. Gas Town with its steam clock and China Town with many restaurants and shops were added attractions. One could learn something of the history and culture of the Canadian Indian, the Scottish explorers and developers, the Chinese entrepreneurs (with their origins as railway labourers) and the more recent Japanese and Indian (mainly Sikh) settlers. One could see totem pole carving, logging, and log raft construction and learn of the difficulties of the early settlers and the almost insuperable problems which were overcome to bring the railways to Vancouver and establish it as a most important western seaboard centre.

There are more kinds of salmon and smoked salmon than I realised. Delegates relished the delights of freshly caught fish and seafood and it was still possible to get traditional English fare in the shape of steak and kidney pudding and bangers and mash as well as many ethnic dishes.

The venue, the organisation, the scientific content, the hospitality and the friendliness of colleagues made this a memorable meeting. If you have the opportunity to attend a conference in Vancouver don't miss it.

The journey from Vancouver to Wichita was relatively uneventful apart that is from the overbooking 18 seater

WORLD FIRST IN WICHITA

flying us to Seattle and the temporary panic at that airport when the tickets on that leg suggested only one piece of luggage to be carried. Frantic efforts at repacking in the booking in queue fortunately proved unnecessary.

We followed closely Ivor and Tania Doney to Wichita to offer a little help with the meeting. Ivor and Tania and Bill and Haroldine Eckert had worked for over a year to organise the First World Meeting of Police Surgeons. This

Ivor Doney calles the tune!

meeting coexisted with two other conferences as indicated in the title.

To the uninitiated, like us, Wichita a relatively small town in the centre of Kansas plains seemed a strange venue for all this feverish forensic activity. We soon realised it was because the Eckerts lived there. They appeared to have coerced not only local and county police forces but businesses and industries into welcoming, helping and entertaining us.

We were met at the airport by a detective who drove us in a most luxurious minibus to the hotel. Bill Eckert had persuaded a local auto agent to lend six of these vehicles for the duration of the conference.

The travellers from Vancouver met up with their police surgeon and medical officer colleagues to provide the meat of the Wichita programmes. Paper were given by Drs. Lawrence, Josse, Turvill, Kean, Jackson Bain, Moffat, Lesley and our President David Jenkins. Many of us also spoke in plenary session. Colleagues from overseas who made major contribution included Peter Bush, Bill Ryan, William Treadwell, Drs. M.& S. Pilbeam, Mrs. Sara Newman and Maurice Rogev. U.K. Forensic pathologists again made major contributions along with Bernard Simms, Bill Eckert and Sidney Kaye (President of the Pan American Association of Forensic Science).

Ivor Doney, apart from presiding, was shocked to realise that he had to start at 8.30 a.m. one morning and speak for one-and-a-half hours on police surgeons activities in Great Britain. He has recovered from this experience judging by his jokes at a more recent meeting.

Wichita was a humid and small town but there was nothing humid or small about the organisation or hospitality. The courtesy and kindness ensured an enjoyable stay. Visits to the Indian Centre, Cowtown and to a picnic venue were enhanced by the almost miraculous appearance of large quantities of hot and wholesome food and a beer tanker. Ivor and Tania who, throughout, exhibited their customary hospitality led the way to the conference banquet sitting in an open horse-drawn carriage.

Gillian and I left Wichita on a reactivated flight. We had earlier been told that the flight had been cancelled because of a hurricane at Chicago. We therefore missed a visit to the Beechcraft Aircraft factory and more sadly the farewell reception at the Eckert's home. This event has been reported as an outstanding culmination to the hospitality and kindness to the hundreds of delegates from Bill and Haroldine Eckert.

We arrived at Chicago airport in company with about 200 other aeroplanes. The airport approaches were flooded and impassable and no one had been able to leave for twelve hours. We sat in the plane on the tarmac for two-and-a-half hours until a stairway was brought. No gates were vacant. The passengers, to prevent dehydration were urged to consume liquids eventually progressing to champagne. The airport contained thousands of people. After wishing a temporary (we hoped) goodbye to our luggage we fought our way to the Air Canada terminal and just caught a plane to Toronto. Fortunately our Toronto/Manchester connection had been delayed and we arrived home safely only a little late. The luggage came intact five days later.

Was the trip worthwhile? Yes indeed. The content of the meetings was appropriate and to a high standard. It was a pleasure to meet old and new colleagues. See you soon in Australia or New Zealand or Belgium or Egypt or Israel or China or Cardiff.

If I have failed to mention your presence or contribution — my apologies.

H.B. KEAN

DNA PROFILING

The exciting advances in forensic sciences require new sampling techniques

HOME OFFICE FORENSIC SCIENCE LABORATORY CHORLEY
Guidelines for the Collection of Samples for DNA Profiling

Now that DNA profiling is becoming more readily available to police investigating officers, it is necessary to issue guidelines regarding the type of samples required. It will not be possible to perform DNA profiling in every case for a number of reasons but, to give the scientist the best chance of success, we would ask samples to be submitted as follows:—

1. **Blood Samples**
   Blood samples should be taken in 'Monovette' syringes which contain EDTA. Police forces can purchase supplies of Monovette syringes already charged with EDTA from the Laboratory. The EDTA helps to control any degredation which may occur in the sample. To ensure the preservation of the blood, **TWO** Monovette samples (the needle can remain in the vein) should be taken; one of these being placed in a FREEZER at -20°C as soon as possible and the other being placed in the cool part of a refrigerator so that it remains UNFROZEN.
   The FROZEN sample will be used for DNA profiling.
   The UNFROZEN sample will be used for conventional grouping.
   5 mls of blood in each sample is sufficient for all grouping and profiling.
   NB The Laboratory recommendations with regard to the provision of blood samples for alcohol analysis are not affected by the issue of these guidelines.
2. **Semen**
   To improve the chance of obtaining a complete profile for the DNA in semen, as much semen as possible should be recovered. For example, **two extra** vaginal swabs should be taken and the swabs FROZEN in the freezer at -20°C as soon as possible.
3. **Cadavers**
   Blood samples from cadavers have not proved to be the best material for producing a DNA profile. Pathologists are advised to obtain samples of spleen, in addition to blood, for this purpose. If the body is in a more advanced stage of decomposition, bone marrow should be submitted as a sample for DNA profiling. Sufficient tissue to half-fill a 20 ml (1oz) 'Sterilin' tube is adequate.
   Every effort should be made to obtain as much semen as possible from a cadaver that is thought to have been sexually assaulted. Extra swabs should be taken from all the body orifices and these, together with the spleen or bone marrow sample, should be FROZEN at -20° as soon as possible.

Storage of Samples
Any domestic type freezer or freezing compartment of a refrigerator is suitable provided it has a **** (4 star) marking.

Transportation of Samples
The frozen samples should be prevented from thawing as far as possible during transport to the Laboratory by means of insulated cold boxes, or flasks, containing ice packs.

CHINESE FORENSIC MEDICINE

The Chinese forensic medicine has a long history, which dates from the 13th century. 'The Washing Away of Wrongs', recognized as the oldest classics on forensic medicine in the world, was written by the great medical examiner Song Ci of the Song dynasty and published in 1247. It was widely circulated abroad long ago and translated, early or late, into Korean, Japanese English, Germany, French, and Dutch. 19 versions were published in 7 countries and had some effect on their forensic medicine. However, the Chinese forensic medicine progressed slowly because of various historical reasons.

Since the founding of New China, the Chinese Communist Party and Government have paid attention to the forensic medicine and taken many important measures to develop it. From 1951 to 1955, 42 persons were trained in forensic medicine in the Medical School of Nanjing University and China Medical University. They were qualified as teachers of forensic medicine and dispatched to other medical schools and colleges, establishing, teaching groups and giving courses in forensic medicine.

From 1952 to 1956, 500 were trained in medical examination in the Institute of Forensic Medicine of the Ministry of Justice. They were qualified as medical examiners and assigned to the public security organs, the people's procuratorates, the people's courts throughout the country, initially forming the identification system and undertaking the tasks of examination and identification in various cases.

In 1959, the Criminal Police College of the Ministry of Public Security took the responsibility for training forensic medical examiners. Since then, the ranks of medical examiners have been growing steadily and many writings on forensic medicine have been published.

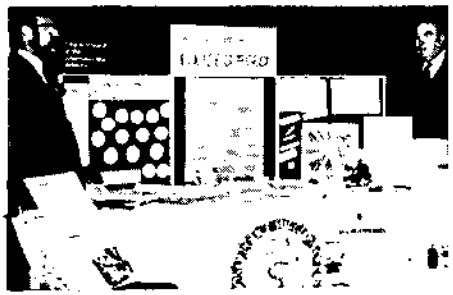
After the Third Plenary Session of the Eleventh Century Committee of the Communist Party of China, the forensic medicine has been further strengthened along with the step by step perfection of the socialist legal system. The Institute of Forensic Science of the Ministry of Public Security has become the national identification centre of forensic medicine and other forensic science branches.

In 1979, three medical colleges began to enrol forensic medical students and stome institutes of political science and law began to set up the course of forensic medicine as a required one.

In 1985, departments of forensic medicine were established respectively in Zhongshan Medical University, West China Medical Universitry, Tonji Medical University, Xian Medical University, Shanghai Medical University and China Medical University.

In view of the fact that the forensic medical work has made some advances, the First Congress of the Forensic Medicine Society of China was held on October 27, 1985. The Congress proclaimed the founding of the FORENSIC MEDICINE SOCIETY OF CHINA, formed a council with 80 members, elected Li Bo-Ling president for a term of four years and adopted a resolution of publishing the Chinese Journal of Forensic Medicine with an editorial board located in Beijing and carrying out academic exchanges. Later, local societies of forensic medicine were successively established in Shanghai, Sichuan, Guangzhou, Wuhan, Shengyang, and Chongqing.

At present, forensic medicine professionals working in public security organs, procurators' offices, courts, institutes of political and law and medical colleges amount to 7,000. The undertake the arduous tasks of handling cases, conducting scientific researches and teaching. They have done a great deal of work in such areas as the exposure and confirmation of crimes, the training of forensic medical examiners, the handling of civil cases and the identification of medical negligence and forensic psychiatry.



In October 1987, Dr. Frank Kramer and Dr. Alan Lyons manned a Forensic Medicine Stand at the BMS Students' Careers Fair. The stand was largely designed by Mrs. Lyons.

THE RELATIVE TEST

David Filer in his weekly column in 'General Practitioner' recently reported an interesting case of malingering.

David attended his local police station and was asked to examine a man in his 20's, who said he could not move his legs. The man appeared perfectly fit, mentally and physically, until he was told that he could not have bail. He went metaphorically and literally 'up the wall'.

According to a fellow prisoner, the man had tried to walk up the wall of the cell and fallen and hit his head on the floor. Thereafter he complained of headache and 'paralysis'. David found him lying on the cell floor shouting that he could not move his legs.

On examination, reflexes of his lower legs were grossly exaggerated and he exhibited a bilateral negative Babinski respnse. His upper limb reflexes were normal, as were his abdominals. Turning him 'in one piece onto his side failed to reveal any overt signs/sights of trauma to his spinal column. The whole picture suggested a combination of hysteria and malingering.

David and the Custody Officer decided to wait before sending the prisoner to hospital, after the prisoner had been subjected to a further test — the 'relative' test.

Shortly after David had left the police station, the prisoner's sister had come to see him with food and cigarettes. The prisoner was told of her arrival and that he could only see her in the Charging Room. He immediately got up from the floor and walked out of the cell!

'The General Practitioner'

NATIONAL INSURANCE

Police surgeons in Hertfordshire have in the past being paying Class 1 National Insurance contributions, apparently having been deemed to be empoyed staff.

This year the Department of Health and Social Security decided that police surgeons are engaged under a Contract *for* service and are classed as self-employed for National Insurance purposes.

STUNGUN

A 17-year old student was attacked in Biggin Hill and left unconscious by robbers using an electric stun gun. Police believed it was the first time that such a gun, developed for self-defence, had been used in a street robbery in the United Kingdom.

Stun guns were developed in the United States as a self-defence device and are now being imported from the far east. One called 'The Equaliser' costs £49.99 and 'Gives you a mighty 45,000 or 70,000 volts of deterrent'. Other types retail at £99.95 and £89.95.

It is claimed that, if the gun is held against someone for half a second, it would stun them enough for them to drop back. If held for two seconds it will knock them out for ten minutes. The users' manual recommends between two and four second for 'Loss of balance and muscle control, total mental confusion and disorientation'.

It is claimed that the guns cannot kill because of their low amperage.

A High Court ruling in November indicated that the devices did not come within the scope of the 1968 Firearms Act.

NEW CONTRACT FOLLOWS POLICE SURGEON RESIGNATIONS

'The Times' of January 21st 1988 reported that five police surgeons in Derbyshire resigned over the dismissal of two of their colleagues who diagnosed a chief constable as unfit for duty. The doctors claimed that the pair were dismissed because a report, in which they said Derbyshire's former Chief Constable was mentally ill, was leaked.

One of the surgeons who resigned is reported as having said 'The two doctors were given no adequate explanation as to why their services were no longer required. We feel that police surgeon appointemnts should be made by the Home Office, not by local politicians. Under these circumstances, we don't feel we can work for this authority any longer'.

Resolved

It is now understood that the situation has been to a great extent resolved, but arising out of the dispute has been a new contract which incorporates an adequate appeals procedure.

A letter from Mr. Stuart A. Morgan, Industrial Relations Officer of the British Medical Association to the President of the Association of Police Surgeons, Dr. David Jenkins, gives information regarding the new procedure which should be considered by any police surgeons or police authority contemplating a new contract.

BRITISH MEDICAL ASSOCIATION

Dear Dr Jenkins

Derbyshire County Council — Police Surgeon Contract

The British Medical Association and the Association of Police Surgeons has been involved in a major dispute in Derbyshire which arose out of the dismissal of two of the County's Police Surgeons. Subsequently, the County Council issued a new contract for Police Surgeons. Because of the dismissal of the two doctors, there was major concern that there was not an adequate appeals mechanism in the contract which would permit a doctor who had been dismissed to seek a redress of his grievance, if any.

The British Medical Association with the full support and backing of the Association of Police Surgeons entered into protracted and difficult negotiations with the County Council in order to secure for the Police Surgeons an adequate appeals mechanism. An appeals mechanism has now been negotiated to the satisfaction of the local Police Surgeons and to the satisfaction of the BMA Divisions in Derbyshire. At a national level, the British Medical Association's Private Practice and Professional Fees Committee and the Association of Police Surgeons have welcomed the appeals mechanism that has been negotiated.

The new appeals clause provides for a right of appeal against dismissal. Any appeal will be held by a committee, independent of the Police Authority and doctors accused of professional or clinical misconduct will have their appeal heard by a panel which includes a member of the medical profession nominated by the BMA. The nominee on such a panel would be drawn from a list of five medical practitioners chosen by the British Medical Association. Where an appeal could not be heard and decided upon before the expiry of any notice, the period of notice would be extended until such time as the appeal had been decided, provided always that the dismissed Police Surgeon had not unreasonably caused the delay. There are a number of other important safeguards in the procedure which ensure that the appeal meets the normal criteria of natural justice.

STUART A MORGAN
Industrial Relations Officer

The relevant section of the Derbyshire contract is as follows:—

The said appointment may be terminated by either party by three months notice in writing. Where a Police Surgeon considers that the appointment has been unfairly terminated, (s)he may within 14 days of notification of such termination lodge an appeal in writing including a statement of reasons with the County Clerk who will arrange for the appeal to be placed before the Appeals Panel of the Personnel and Estblishmet Sub-Committee. In appeals concerning professional or clinical conduct or competence the Panel will include an independent medical practitioner to be selected by the Personnel and Establishment Sub-Committee from a list of 5 medical practitioners nominated by the BMA. The procedure before the Appeals Panel will be as follows:—

Note: reference to the appellant below includes his or her representative.

(1) The appellant will state the case and call witnesses where appropriate.
(2) The Authority will then have the right to ask questions of the appellant and witnesses.
(3) Members of the Appeals Panel may then ask questions of the appellant.
(4) The Authority's representative will state the case for the Authority and call witnesses where appropriate.
(5) The appellant will have the right to ask questions of the Authority's representative and witnesses.
(6) Members of the Appeals Panel may then ask questions of the Authority's representative and witnesses.
(7) The Authority's representative and finally the appellant or his representative will be given the opportunity to make a final statement on the issue before the panel.
(8) All parties and advisers other than the clerk will leave the room for the Appeals Panel to reach a decision which will then be announced to the parties and confirmed in writing 7 days by the County Clerk.
(9) All concerned with endeavour to conclude the appeal before the expiration of the notice under the Police Surgeon's Agreement. If the appeal is not so concluded the County Council will extend the notice until the conclusion of the appeal unless they consider that the appellant has unreasonably delayed the conclusion of the appeal.

DNA FILES

DNA profiling (genetic fingerprinting) has already made a dramatic impact on the investigation of crime, particularly sexual assaults.

In recent years a number of companies have developed identification libraries of their key executives and families as part of the precautions against the risk of kidnapping. Records have included x-rays, dental records and blood groups. However, DNA profiling is now being added to the records. The profiles could be used in the event of murder but would also be vital in situations where kidnappers mutilate victims and send the results to the negotiators to put pressure on the companies. The system will also help to identify bodies where attempts have been made to hide the identity and records could also be used in the event of an aircraft crash.

Cellmark Diagnostics, and I.C.I. subsidiary, anticipate that later this year they will be able to get a positive result from a speck the size of a pinhead containing one microlitre of blood. DNA profiling can also be made on hair roots and small amounts of body tissue.

A policewoman caused an election surprise when her knickers fell down in front of 400 people outside Wadebridge Town Hall, Cornwall. The special officer ignored the crowd's cheers and tucked them in her pocket.

NO DISTINCTION FOR FORENSIC PATHOLOGISTS

The list of distinction award holders in England and Wales in 1986 was published in "Health Trends". Of 15,465 eligible practitioners, 5509 hold awards.

Glancing down the list of specialities, I noted that there were 57 eligible forensic psychiatrists, but no mention was made of forensic pathologists.

Puzzled, I wrote to the Secretary to the Advisory Committee on Distinction Awards. I was advised that forensic pathologists are not eligible for distinction awards. To be eligible a consultant must have a contract (either paid of honorary) for clinical work within the National Health Service.

So there is yet another reason for the falling numbers of forensic patholigists. Who will want to enter a despised branch of the profession, where the financial incentives are so limited? Will they have to wait until there is the pathology equivalent of the Cleveland Sexual Assault Disaster?

And the 57 forensic psychiatrists? None achieved the coveted A+ award, one has an A, 4 a B and 8 a C.

PATHOLOGIST CLEARED

In June 1987 Dr. Yudugama Goonetilleke was found not guilty of incitement to obstruct the North London Coroner. The jury was discharged from returning a verdict on a second charge of trying to pervert the course of justice.

It was alleged that the doctor had conducted a post mortem on the body of an 84-year old woman, who had died in a Hampstead old people's home. It was said that he had wrongly diagnosed the cause of death as a neck fracture. A second post mortem, performed a few days later, revealed that the woman had died of a ruptured aorta. It was alleged that Dr Goonetilleke had subsequently tried to persuade a mortuary technician to break the corpse's neck to cover up his mistake.

NOTIFICATION OF ADDICTS

The Home Office Drugs Branch has issued a new form for the notification of drug addicts. It appears to have little value to police surgeons other than a contribution to the compiling of statistics, yet police surgeons are obliged under the threat of dire penalties to complete and return the forms on seeing an addict for the first time.

The covering letter advises that should a doctor be in doubt about treating an individual patient he should phone the Index of Addicts (01-213 3396). Ever tried that at 2.00 a.m.?

The form is to a great extent de pendant on information provided by the addicts, and such information which could be independently verified by the doctor (height, colour of eyes, tattoos or scars) is now omitted. An inquiry is now made regarding injected drugs, and no doubt this will make interesting reading in time to come.

In the meantime, I will continue to complete and return the forms with some cynicism, vainly await the promised acknowledgement letter together with the information leaflet on AIDS, and speculate on the value of statistics dependant on doctors' returns when the doctors have no incentive to complete the forms.

Isn't it time a notification fee was paid?

HINTS FROM ST. MARY'S, MANCHESTER

Part of the equipment now held at the Sexual Assault Investigation Centre at St. Mary's Hospital, Manchester, is a large (but cheap) hand mirror. This enables the complainant to inspect marks or injuries on herself out of her direct line of vision, about which the doctor is asking questions. Some marks or injuries might have been present before an alleged assault and the complainant is more able to give accurate replies if she is able to see the lesion.

STRESS IN BIRMINGHAM

Autumn Symposium

Meetings arranged by Jeremy Smart usually attract large audiences and the 1987 Autumn Symposium, held at the Postgraduate Centre, Queen Elizabeth Hospital, Birmingham, was no exception. Delegates anticipating a wide-ranging, interesting and informative group of lectures were not disappointed.

Opening the Symposium, Mr. P.G. Leopold, Assistant Chief Constable to the West Midlands Police, said that he had been looking for a group word to describe police surgeons. He suggested 'A Call-out' but perhaps preferred 'A Fee of Police Surgeons'. Mr Leopold echoed what perhaps is becoming perhaps a familiar theme and wondered whether the term 'Police Surgeon' was appropriate. Did the term police surgeon indicate independence with a bias? Did the term police surgeon indicate independence with a bias? He suggested dropping the title would give more credibility in court.

Dr. Jeremy Smart

Stress in Police Officers

In 1980 David Paget shot his step-father and took his pregnant girl friend, Gail Kinchen, to a flat. During the subsequent siege, Gail received a firearms wound from which she subsequently died. Sergeant G. Richards of the West Midlands Police, who was closely involved with the incident, gave a moving, and at times emotional, account of the stress he had suffered following this incident. It was evident that seven years after the event, Sergeant Richards is still deeply affected by his experiences on that occasion.

Jermey Smart then spoke on his particular interest in the problem of stress in police officers, which he referred to as 'the invisible illness'. Jeremy emphasied the need for police officers to have an independent party, who would maintain total secrecy, with whom the police officers could discuss problems arising out of stress situations.

Dr. Neville Davis, Senior Police Surgeon from London, emphasised that over-stress was common in police and doctors and said that it was a major hazard for police surgeons. He described symptoms, which may be stress-related, and emphasised the importance of tolerance, compassion and professional help.

An American Forensic Psychiatrist in the audience, who was a former police officer, emphasised that stress can also affect the wives and children of police officers.

Detective Superintendent Dunwoody noted that Egyptians in 1500 BC recorded the uses of opium. He indicated that he believed the use of cocaine, the champagne drug, would increase. He also noted that there had been an increase in the use of amphetamines.

Trevor Howitt, Senior Biologist from the Home Office Laboratory in Birm-

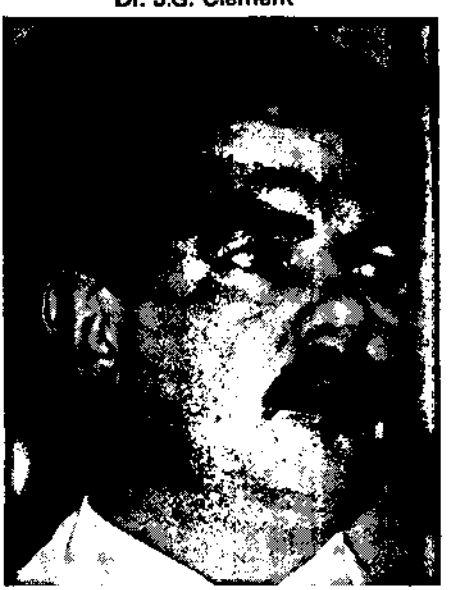
ingham, outlined the development of DNA profiling, work which will affect every police surgeon in the future. Since Mr Howitt's lecture, DNA profiling has been successfully used in cases which have boardered on science fiction.

Mr. T. Meffen, Assistant Chief Constable from West Midlands Police, and Mr. D. Loxley, Senior Scientific Officer from the Laboratory, described the investigations into the Indian Diplomat murder and the political convolutions which lay behind that occurrence.

Two sessions were devoted to forensic odontology. Not surprisingly, dental identification played a major part in the investigations which followed the Zeebrugge disaster. 65% of the identifications were made on dental evidence, 10% on secondary dental evidence and 25% by other means. Mr. Ciaprelli and Mr. Bamford detailed the recording systems, which enabled the identifications to be made.

Dr. J.G. Clement, President of the British Association for Forensic Odontology, spoke of the number of forensic dental research projects which are currently being undertaken. This is in sharp contrast to the few research projects being undertaken by members of the Association of Police Surgeons.

Dr. J.G. Clement



Dr. R.D. Simper

Dr. R.D. Simper concluded the dental sections with a number of case histories, which emphasised the importance of forensic dentistry.

Professor Alan Usher was correctly placed at the end of the afternoon session, as his is an impossible act to follow. His paper on 'Accident, Homicide, Suicide?' was wide-reaching and emphasised once more why no opportunity to attend his lectures should be missed.

The Management of Patients in Custody was the subject of a joint presentation by Drs Chitnis and Kett, with reference to PACE and emphasis on difficult patients. Dr. Chitnis commented that his parentage and vetinary skills were freqently called into question. He said that diabetic patients appeared to show a greater sense of responsibility but reminded delegates that the noisy, confused patient might be hyperglycaemic.

Dr. Kett said that prisoners with personality problems create the maximum amount of work and leave the doctor with a zero sense of achievement. He emphasised the need to be aware of

social patterns of behaviour and gave as an example the West Indians normal excitability and tendency to shout.

Dr. Kett stressed that total reliance should not be placed on the police search of a prisoner. The sulcus between the lumbar muscles served as a good hiding place. Syringes have been strapped to groins and small packs of drugs have been secreted in the waist bands of trousers. The presence of goose-pimples is the only reliable sign of drug withdrawal. Assessment of the drug addict's fitness for interview was discussed; a drug addict fit enough to argue will probably be fit enough to be interviewed.

The concluding paper was given by Association Secretary, Hugh Davies, on 'The Protocol for the Forensic Medical Examination of a Sexually Abused Child'. This has been published in Volume 32 of 'The New Police Surgeon'.

The ladies were not forgotten and an enjoyable tour was arranged, which included a vist to Ann Hathaway's Cottage and other places of interest in Stratford. During the afternoon a visit was made to Ragley Hall, a stately mansion dating back to 1680.

A heroin addict attempted to raid a London Bank. He —

* armed himself with a toy pistol
* disguised himself by distorting his face with strips of sticking plaster
* rode to the bank on a borrowed bicycle which he parked outside
* asked two passersby for a pencil and wrote out his demand for cash before their eyes
* asked the pencil's owner how to spell one of the words in the demand
* left behind the bicycle and a knife, both covered with fingerprints as he fled after a customer attempted to seize him.

He was jailed for five years.

A chinese cyclist in Oxford for weeks thought that the gap between double yellow lines was a cycle lane.

CONGRATULATIONS

DIPLOMA IN MEDICAL JURISPRUDENCE

The following members and associate members were successful in obtaining the Diploma in Medical Jurisprudence —

July 1987
Dr. Peter J. Franklin, Stoke-on-Trent
Dr. Maurice D. Lowe, Shrewsbury
Dr. Pierce A. Meagher, Co. Roscommon
Dr. Gerald P. Panting, St. Albans
Dr. David L. Ranson, (Path), Bristol
Dr. Alasdair N. Weston, Aberdeen

January 1988
Dr. Stephen M.T. Chan, Ewell, Surrey
Dr. Lesley Lord, Halifax
Dr. Z. Ram Messing, Liverpool
Dr. Terence Moore, Sheffield

To those who are contemplating sitting the D.M.J., or those who have so far been unsuccessful, the Association wishes to offer assistance e.g. advice and tutors. Anyone wishing help or guidance, please contact the Hon. Secretary.

Copies of the advice booklet on the D.M.J. are still available, free of charge, from the Editor of the Supplement.

BIRTHDAY HONOURS

Congratulations to the following who received honours in the Birthday Honours List —

Professor David Gee, C.B.E.
Dr. Elizabeth R. McClatchey, O.B.E.
Dr. Robin Steel, M.B.E.

Sir Ken

Congratulations also to Chief Constable Kenneth Oxford, who opened the 1987 Annual Conference at Southport — he has been knighted.

NEW PRESIDENT

Stuart Carne, C.B.E., is the first police surgeon to be appointed President of the Royal College of General Practitioners

STUDY DAYS IN MANCHESTER

STEVEN ROBINSON reveals lukewarm support from some police forces.

On the 17 Feburary 1987 an initial meeting, purely of medical members, of Greater Manchester Police Surgeons was held. This was originally organised to discuss all aspects regarding training contract relating to those medical officers retained by Greater Manchester.

It became obvious from the beginning that even Greater Manchester, the pearl in the oyster of constabulary forces was still a tiny pearl in a large clam.

From this beginning, a small group of members of the Association — all sufferers of the rigours of the Diploma in Medical Jurisprudence, got together to form a small committee to organise and offer a training course in forensic medicine, centred around Greater Manchester and open to those involved in front line forensic work. The target population would be new police surgeons, including those with up to five years of experience, potential police surgeons, doctors who do casual police work and front line medical practitioners who would like further education in medical jurisprudence.

To reach the target population we identified a number of possible communication channels. Eventually, only two of these channels were uses — that via Chief Constables of the Constabulary Forces within two hours drive of Greater Manchester and via the 'comic' journals. This latter route was organised via Pulse Magazine and involved two interviews the the author of this piece and the jouranlist from Pulse, firstly, at the Autumn symposium in Birmingham and later by telephone. This resulted in a short article on the 17 October 1987, from which I have had no less than 44 enquiries and 9 doctors committing themselves to the course at their own expense.

Our main communication contact was via the Chief Constables of those Forces. This originally involved twenty five forces. It has now been extended to twenty seven forces, Bedfordshire having been included at their own request, as was the Isle of Man.

The original committee met on a number of occasions and one of its number, myself, was volunteered to act as coordinator. My first letter to the Constabulary Forces went out on the 19 June 1987. By the 21 October 1987, the response had been bitterly disappointing. Two thirds of the forces had not even acknowledged my original letter, though with the remainder I had had some extensive correspondence, though with a few of them I still only had the promise of about seven places. This second letter exhorted them to consider again the importance of this course. At the time of writing this report, I have still not heard from nine of the twenty seven Constabulary Forces. Of the rest, I now have the possibility of nineteen or twenty places being taken.

A number of forces have describing their local training, and indicating that they will not be taking up places on this course and quoting in the main two reasons. Firstly, as would be expected, lack of finance and secondly, lack of committment of their police surgeons to

spend time or effort in attending the course. I hasten to add at this point, that the words time and effort are of my chosing and an interpretation of the polite way this idea was conveyed in the letters from the forces concerned.

Early on this year, because of the changes in attitudes and because of the excellent response I had from individual doctors, mainly General Practitioners, I wrote again in principle to the Regional Adviser in General Practice to seek the possibility that the whole course might be approved for Section 63. This has now been agreed in principle, though, naturally, zero rated.

I mailed all the Constabulary Forces and all the G.P.'s, who had originally shown interest with this knowledge and it has made no difference whatsoever to the response.

It is my personal feeling and one shared by my colleagues in our small sub group that no individual Force could afford to mount a course with the expert input that we are aiming to provide by drawing from a national pool of expertise.

The public has a right to expect examination by a forensic clinician to show compassion, consideration and competence.

Compassion and consideration might have been natural attributes, but competence will never be achieved with the isolationist attitude of the hermit that seems to pervade, not only a few of the Constabulary Forces of this country, but also a significant percentage of the estimated 2,000 plus police surgeons in the U.K.

Any police surgeon wishing to know more about the proposed training course should write to Dr. S.P. Robinson, 145, Framingham Road, Brooklands, Manchester M33 3RQ.

It is hoped that the course, tentatively codenamed FAGIN (Forensic Academic Group In the North), will commence in the Autumn 1988.

CHILD ABUSE

Comment on matters relating to the Cleveland Inquiry must wait until the report is published. Child abuse including sexual abuse is a national and indeed international problem. The following three articles explore different aspects, not always emphasised in the current flood of literature. Dr. David Paul, President of the British Academy of Forensic Sciences, emphasises perhaps the most important point — the deplorable state of Legal Medicine teaching in this country. Bill Eckert, a forensic expert of international renown, highlights problems encountered in the United States. Finally, Dr. Harvey Marcovitch, a highly-respected Midlands paediatrician, expresses views which should be studied by all, no matter how expert.

ABUSE AND EDUCATION

In *Medicine, Science and the Law* 1979, Volume 19, Number 3, there appeared a short paper entitled 'The Place of the Clinician in Legal Medicine'.

It posed the question: 'Surely in the field of Legal Medicine, the living are as entitled to highly qualified and expert opinion as are the dead?'

The answer then was: 'They may be entitled to it, but even in the United Kingdom, they do not get it in every case.'

That was certainly the situation in 1979 and now, another eight years on, the situation remains much the same despite the great efforts of The Association of Police Surgeons of Great Britain which has done much to raise the standard of training and supervision of the younger Police Surgeons, and to encourage older and established Police Surgeons to attend regularly at postgraduate teaching programmes. Unfortunately all these training plans are entirely voluntary, and appointment and continuing appointment as a Police Surgeon is not dependent upon attendance at such training.

The continuing lack of 'highly qualified and expert opinion' would seem to be due to three factors:

The lack of sufficient emphasis on the teaching of Legal Medicine — particularly of the 'clinical' side of the subject — to all medical undergraduates.

The continuing failure of many appointed Police Surgeons to undertake regular postgraduate training and the resultant failure to keep abreast of the recent advances in the field of Clinical Forensic Medicine and Forensic Science.

The increasing involvement of consultants in many fields of medical practice — most of whom have a totally inadequate basic education in Legal Medicine — in many very important aspects of Legal Medicine. Unfortunately many of these specialists show a marked disinclination to cooperate with or to consult with those Police Surgeons who are well qualified and experienced in the subject.

The first of these factors has been stressed many times by various professors of Legal Medicine, and through their ef-

forts the vital importance of adequate and compulsory teaching of the subject is now becoming recognized by many — if not yet by all — medical schools in the United Kingdom: compulsory questions or even a compulsory paper on Legal Medicine are now included by many examining boards in the qualifying examinations in the United Kingdom.

It is to be hoped that these measures will result in an overall improvement of the 'Medico-Legal Awareness' of all doctors who qualify in the United Kingdom.

The second of the factors is being addressed by at least one Police Authority — The Metropolitan Police — but there are still many police authorities who do not demand of their Police Surgeons their regular attendance at postgraudate teaching sessions, let alone their preparation for and obtaining of The Diploma in Medical Jurisprudence (Clinical) which is still the only postgraduate medical qualification in Clinical Forensic Medicine. Even in the Metropolitan Police area there are newly appointed Police Surgeons who have had no postgraduate training in Legal Medicine, and who 'muddle through' clinical examinations at the expense of the administration of justice.

The remedy lies in the hands of the Chief Officers of Police of all forces who must insist on proper training of all Police Surgeons with the co-operation of the Association of Police Surgeons of Great Britain, and who must also attempt to obtain more financial assistance to attract the right type of doctor into service as a Police Surgeon and to enable insistence upon proper training and qualification.

The third factor is one that is currently causing the greatest public concern.

Many Police Surgeons were examining cases of physical child abuse for years before the pattern of injury in such cases was named 'The Battered Baby Syndrome' by Kempe and his associates in 1962: the earlier works of Caffey in 1946 and 1957; Silverman in 1953; Gwinn, Lewis and Paterson in 1961, all failed to convince Paediatricians as a group that such a syndrome did actually exist. It was not until the early 1960s that

Police Surgeons who had been seeing such cases for years, together with the National Society for the Prevention of Cruelty to Children, were finally heeded, and Paediatricians all over the country started to accept that a pattern of physical injury could indicate non-accidental injury and could therefore provide the medical corroboration of the diagnosis.

When this situation was reached, many Paediatricians tended to go overboard in the number of cases so diagnosed, and declined to co-operate with Police Surgeons, Professors of Legal Medicine and, in many cases, the police. The pendulum swung too far towards the diagnosis so that possible accidental causes of injury were ignored or were not even considered.

Gradually over the subsequent years matters in the area of general child abuse have settled down and there is fair co-operation between the various agencies — medical and non-medical — in most parts of the country.

Sexual abuse of children is again an old subject to many.Police Surgeons who had been examining such suspect child victims long before Kempe's work on 'The Battered Baby Syndrome' and it is sad that this highly emotive subject has only been

accepted as a problem by Paediatricians since the early 1980s. Equally sad is the fact that the observations and experience of trained Police Surgeons, made over many years, have been ignored by many Paediatricians and that the physical diagnostic stigmata, well recognized by trained forensic clinicians over many years; have been overlooked by many Paediatricians. The physical diagnoses has in many cases been based on totally inadequate physical sign(s).

It would seem that some of these 'newly converted' do not fully appreciate the catastrophic results to both child and parent that can follow a diagnosis of sexual abuse based on inadequate physical signs.

Too often the non-forensic view would seem to be to keep the Police Surgeon and the police out of the case and in this the Paediatrician is only too often supported by the anti-police views of some social workers. In all Medico-Legal cases, all agencies are, or should be, on the same side.

There is already a greatly increased awareness of the value of proper clinical Medico-Legal expertise among the Judiciary and lawyers which has developed over the years, and the general public — 'Quincy Educated' — are demanding that such expertise be used in the medical investigation of all cases.

Only proper education, and close cooperation between all doctors and agencies involved in matters of Clinical Legal Medicine, can form the road to the creation of the proposition that:

'Surely in the field of Legal Medicine, the living *are* as entitled to highly qualified and expert opinion as are the dead.'

Our Academy must have a part to play in bringing about this state of affairs.

DAVID M. PAUL,
President, The British Academy of Forensic Sciences.

This Editorial first appeared in Medicine Science and the Law (87:27:4) and is reproduced by kind permission of the Author and the Editor.

The Other Side of Child Abuse and Sexual Molestation

The advantages of the private practice of forensic medicine and pathology are many. One of the most interesting is seeing the variety of cases that exist, as well as the many variations that exist in specific categories. On the civil side, I have been involved in many cases dealing with product liability, including instances in which death may have been related to failure of the gasoline tank in automobile accidents. Many cases involve death by fire, in which there is a question of the pain and suffering. These are well-known problems to all of us. I mention them only because civil litigation regarding such deaths has become much more frequent in the past several years.

The criminal side has some new features that have come to public notice through the news media, and many cases have required forensic expertise. I refer to those cases of child abuse involving sexual molestation, as well as unrecognized variants and actual mistakes in accusations of child abuse. The latter have been of special interest, as we have seen such cases close to home.

Cases of sexual molestation certainly help to emphasize the importance of utilizing the services of experts in trauma, such as ourselves, who are just becoming aware of the need for our activity in the investigation of injuries in the living, that is, clinical forensic medicine. In a typical case of sexual molestation of a valid nature, the examination reveals evidence of stretching or tearing trauma caused by either anal or vaginal penetration by the penis, finger, or a foreign body. There may be

Bill Eckert
at the 1987 APSGB Annual Conference

evidence of other injuries, such as bites, scratches, or finger pressure marks in the adjacent skin, depending on the amount of force used by the assailant. Other signs of violence, such as blunt trauma to the head, face, neck, or other areas of the body, also have to be sought out as they may be directly related to the overall problem of child abuse, whether or not sexual assault is involved. Secondary evidence may include the presence of semen, as indicated by spermatozoa or acid phosphatase, or blood group. Evidence of saliva and amylase may be seen in areas suggesting bite marks. The presence of a discharge requires bacteriological studies for evidence of gonorrhea and other venereal disease. The physical evidence, together with statements by the child and the professional evaluation of the victim by experts in psychology or psychiatry, provides the basis for prosecution. Investigations by law enforcement authorities and the social service organization also form the basis for the case.

Another side of sexual molestation and child-abuse cases involves those instances in which there is a long delay between the alleged assault and examination of the victim — up to a year and a half in my experience. The willingness of a professional witness to testify that a slight scar represents evidence of the alleged assault belies any scientific basis unless there was severe damage at that time. Such testimony does not recognize the possibility of injury during self-abuse, experimentation, or, indeed, more recent sexual experience, whether consenting or not.

In another instance, a father was accused of molesting his natural children as well as several others. The children were examined, and no evidence of sexual abuse or injury was noted by medical examiners. The only apparent variation was a hymenal opening greater than 5 mm which was used as a basis for the opinion of the examiners that there was an indication of sexual molestation. The size of the opening was estimated by eye by one examiner; a tape measure was used by another. The variation was several millimeters one way or the other. The use of a 5 mm norm was based on findings by a consultant to the social services department of a major city, who reported their experiences of vaginal inspection in girls under 13 examined specifically for child abuse.[1] The opening of the vagina was measured by a tape measure in the horizontal dimension only. In three of four known sexual-abuse cases, the measurement exceeded 4mm. It is interesting to note that no thought was given to using the Glaister-Keene glass rods,[2] which have a round glass end for more accurate measurement, or culposcopic examination, as expounded by Texeira.[3]

In such cases it is also important to have an objective look at the accuser. After the indictment in the case just noted, the accuser, the wife, began to have increasingly serious psychiatric problems. It was apparent that her condition and the lack of physical edivence were the reasons for the acquittal returned by the jury. The accused had been branded with the stigma of being a child molester, thus becoming a victim himself of the frailties of the criminal justice system.

In the general area of child abuse there have been many cases in which false accusations and/or allegations have been made for one reason or another. There are several possible explanations for errors: (a) by medical personnel — inexperience, poor education or judgment; (b) by law enforcement personnel — inexperience, poor education; (c) by social service personnel — inexperience, personal motivation; (d) by reporting parties — innocent or deliberate errors and misinterpretation.

In general, medical personnel are usually acquainted with the signs of abuse and the proper method of documenting the findings in a case. They then submit a report to the local social services agency. The examination may be handled by an emergency room physician, the family physician, or specialty residents in pediatrics or obstetrics and gynecology. There is, apparently, no standard form that is used as may be developed by organizations of the specialties of pediatrics, obstetrics and gynecology, and emergency of medicine. There is nothing wrong with an unbiased, well-documented report accompanied by an opinion of a positive or negative nature. What may happen, however, is the presentation of a case by the authorized agency as one of a positive nature, and the inexperienced physician may feel at fault if he or she cannot uncover any positive findings. He or she may feel pressured and may make an interpretation that is not scientifically proved. Also, physicians may not realize that they have made an interpretation to which they are bound in court and about which they may be embarrassed during the hearing of the case. They do not realize what an important stand they have taken, one that may well destroy a family or an innocent individual.

One aspect not often considered is the possibility of self-inflicted injury. Reported cases include accidental self-injury during masturbation in the older child or from foreign bodies inserted by the child or by other children into the urethra, vagina or anus.[4] In cases where obvious injuries may be seen of a slight degree, such as pressured areas resulting in an area of ecchymosis on the back, an uninformed nurse or physician may be fooled — as in cases of Southeast Asian children. These may be identical to those seen by finger pressure; in reality, they are produced by coin rubbing on the skin or application of suction cups to the skin as part of folk medicine treatments.

There are also occasional problems with the severely injured child whose trauma is confined to one area such as the head, chest, or abdomen and in whom no other areas of recent trauma are noted. The examining physician may correctly diagnose the injury and its sevrity and take proper steps of treatment, but his or her interpretation of the cause and the manner of the injury may be speculative unless he or she has considerable knowledge of the mechanism of trauma. The possibilities of an accidental injury and deliberate assault have to be weighed together with the knowledge of the scene, environment, and physical condition of the victim before the injury. The socioeconomic situation also has to be evaluated, including the parental relationship with the child. Rarely, the medical investigator may be influenced by ego and, despite the obvious, be hesitant to change his opinion or reconsider the situation in light of new evidence. As a witness, this person is often obviously biased and really hurts the cause of forensic medicine and pathology.

Rarely, the social services representative may show personal bias despite a logical explanation for the injuries and will carry on with a case irrespective of the consequences. The ulterior motivation for such behavior may involve self-preservation by building a case load or publicity garnering to call attention to the services' activities. Fortunately, the majority of social services representatives called in on cases of child abuse are conscientious and dedicated, with no prejudice or malice toward family members.

Reporting parties other than the

medically trained may contribute to the difficulties of determining whether a case involves child abuse. The investigation may be initiated by a school teacher or nurse who has noticed injuries on a child, usually a black eye or reddened or purple marks on the hands, neck, or head. The discovery will usually be made by an observant person, who also may remember that the same child or another sibling in the family has had similar injuries. This may be the first indication that a problem exists. It may be a shock, however, for a prominent citizen to answer a knock on the door from a social worker inquiring about a child's bruises reported by a teacher, without knowing that such inquiries are standard procedure and that all cases must be reported to the social service department. These are certainly legitimate approaches to take, as opposed to those reports made with malice by estranged spouses or family members or hateful enemies to harass those responsible for the care of the children.

In summary, many obstacles can hamper proper investigation of child-abuse cases, especially those involving sexual abuse or severe injury. They must be dealt with without prejudice, as is characteristic of a medicolegal investigator. Any preconception may cause the investigator serious difficulty and affect the outcome of his investigation. This same problem will confront the inexperienced medical examiner involved in the initial stages of the primary investigation of the injuries or evidence of molestation.

WILLIAM G. ECKERT, MD

References

1. Cantwell, H.B. Vaginal Inspection as it relates to child sexual abuse in girls under thirteen. *Child Abuse Neglect* 1983;7:171.
2. Burges, S.H. Sexual offenses. In *The new police surgeon: A practical guide to clinical forensic medicine.* London: Hutchinson Benham, 1978:238.
3. Texeira, W. Culposcopic examination in sexual offenses. *Am J Forensic Med Pathol* 1981;2(3):209.
4. Exkert, W.G. The pathology of self mutilation and destructive acts: a forensic study and review. *J Forensic Sci* 1977;22(I):242.

This article appeared first as an Editorial in The American Journal of Forensic Medicine and Pathology.

Diagnosing abuse

When I appear in court during a hearing to decide whether a child should be removed from its family, I am uncomfortably aware of the weight which the judge places on my evidence. I do not regard myself as quite the expert that the law assumes.

Nowhere is this more apparent than with sexually abused children.

If I am to believe the American paediatric literature and the stories of the British media, then my lack of expertise starts long before I reach the courtroom; for I have seldom made this diagnosis *ab initio*. This is despite the fact that I have been asked to see the children already known to have suffered in this way.

Among all those patients processing through my clinic with a variety of disorders, why have I picked out so few as victims of abuse? Am I blind and deaf, as well as inexpert?

Quite apart from the sensitive interviewing skills demanded, there are forensic ones: legal and police colleagues expect me to know the normal diameter of the introitus and anus at different ages and to be certain of the distinction between signs of penetration and constipation.

But they are surprised to learn that the science is inexact.

Jean Emans from Harvard medical school published her findings this year on the genital examination of more than

300 prepubertal girls, a third of whom had been sexually abused. She found no clear distinction between the abused girls and a non-abused cohort with minor gynaecological symptoms.

But to the contrary, Hobbs and Wynn, have asserted (The *Lancet,* October 1986) that the diagnosis of children subject to buggery may be made on the clinical examination *alone* providing signs are sufficiently gross. They did not define what they mean by 'gross'.

I am on less shifting sands with non-sexual abuse. For a start, I have seen a lot more of it. But there are dangerous pitfalls.

Sometimes, the situation is obvious — multiple injuries, a suspicious past history and an observably abnormal relationship between child and parent. In these particular circumstances, I feel no anxiety over advising reception of the child into care of the local authority.

More often though, the situation is uncertain, the injuries confusing, the perpetrator unknown, and the dividing line between socially permitted punishment and assault barely transgressed.

In the town where I see such children, it is unlikely that a case will reach court without careful consideration, much agonising and very strong evidence. Most children with minor, although suspicious, injuries return home, albeit with clearly defined arrangements for supervision.

But I am well aware that it would take only a minor shift in my present behaviour to alter this, such is the authority which is ascribed to my opinion by the judiciary, which largely accepts my word as that of a neutral and dispassionate observer.

Were I to insist that where I now see ambiguity, there really is certainty, then there could easily be a local epidemic of care orders.

The shift is tempting. After all, nobody appreciates uncertainty. The law is annoyed with it; the media regard it as a cover-up; politicians deny its existence and the public are mostly afraid of it.

Doctors involved in this ceaseless chain of tragedy must understand the limits of their expertise. It is right to be confident in one's ability.

It is also right to be humble in one's ignorance.

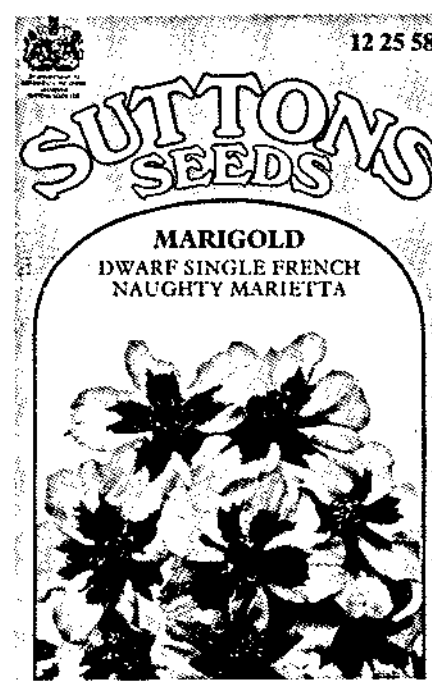
Maurice Papworth taught me and many of my contemporaries to avoid becoming a medical Procrustes — deciding upon a diagnosis and then moulding the story, signs, and symptoms to fit, and distorting or dispensing with the inconvenient.

To do this with abdominal pain and allergy is no disaster. But to do it with suspected child abuse can ruin a child's and a family's life.

HARVEY MARCOVITCH

This article appeared in the BMA News review as an abbreviated article which first appeared in the Guardian, and is reproduced by permission of the Editors.

Topical seeds from Suttons



101 years ago

The Daily Telegraph

January 15 1887

A SHOCKING STORY

Yesterday Dr. Danford Thomas concluded an inquiry, at the Coroner's Court, St. Pancras, concerning the death of Ada Neale, aged four months, the daughter of a horseclipper, lately living at 9 Cheston Street, Malden Road. The evidence on the last occasion showed that the deceased had been grossly neglected by both parents, that the mother used to absent herself from the house frequently during the whole of the day, leaving the deceased alone with little or no food; and that, though the relieving officer of the district had obtained an order for the admission of the children and parents into the workhouse, they neglected to take advantage of the offer, the deceased expiring on the 3rd inst, from exposure and initiation.

Mrs. Mary Ann Johnston, wife of a fishmonger, residing at 119 Malden Road, said that on December 6, her attention was called to a child, aged, about four years, carrying a baby in her arms. The child had no boots on, and the baby had only a frock to cover it. The wind was bitterly cold. Witness snatched the child up and suckled it, and the poor infant, which had previously been sucking its hand, took the breast ravenously. Witness could not help crying over the poor little neglected infant. Neale, the father came out of a public-house, and later on, he and the wife came to her and demanded the child, the latter exclaiming, 'How dare you expose my child'. The child was dreadfully emaciated, and only weighed 7½ lb.

Police-sergeant Moone said that when he spoke to Neale he told him he was in distressed circumstances, and added that while he was looking for work the wife used to leave the child.

Mr. Gerard, the relieving officer, said that on November 27 Neale applied for relief, and he gave him beef tea, milk, bread & c. On the 30th witness obtained an order for the admission of the family into the workhouse, but on December 6 Neale called to say he had got work and would not reqire to enter the house. Police-sergeant Moone asked him the same day to charge him with neglecting and exposing his child, but witness did not feel justified in doing so.

Alice Neale, a diminutive woman, whose face bore the marks of want and ill-treatment, said, that she had been literally starved by her husband. Frequently she had to walk all the way to Alexandra Place to borrow money and food from her father. She had been shockingly ill-treated by her husband, and rarely had been without a black eye. She had done as much for the baby as possible under the circumstances. She acknowledged she had been seen drinking in public-houses in the neighbourhood, and said that her husband could take his share. On one occasion her husband rammed a red-hot poker into her mouth.

Mrs. Warren, the landlady of the house, and Mrs. Rose, a lodger said they had often had occasion to feed the children; otherwise they would have starved.

The medical evidence went to show that death was due to inflammation of the air vessels and inanition, owing to want of nourishment and exposure.

The Coroner having remarked that it was one of the saddest and most painful cases that had ever come before him, a verdict in accordance with the evidence was returned, the jury adding that they were of the opinion that both parents were chargeable with manslaughter. The accused were immediately taken into custody. Prisoners will be brought before the magistrate today.

** Reprinted by kind permission of the Editor of the Daily Telegraph.*

MERSEYSIDE POLICE
TRAINING PROGRAMME FOR NEWLY-APPOINTED POLICE SURGEONS

STAGE I

Six weeks attachment to Senior Police Surgeon. Attendance will be in the doctor's own time; there is no provision for financial assistance.

STAGE II

Completion of basic training requirements within 12 months of appointment. Attendance will be in the doctor's own time; there is no provision for financial assistance.

Basic Training Requirement:

(a) Visit to Force Headquarters to meet principal officers; explanation of administration and tour of departments and Control Room.
(b) Visit to Forensic Science Laboratory, Chorley. Minimum half-day.
(c) Visit to Scenes of Crime Department for demonstration of technique and discussion. Minimum half-day.
(d) Visit to Crown Court, Magistrates Court and discussion with C.P.S. regarding legal matters and evidence.
(e) Attachment to Coroners Department for attendance at inquest and discussion with coroner. Attendance at Post Mortem.
(f) Based on experience:
    (i) Attendance at Area Review Committee (re Child Abuse); and
    (ii) Attendance at Case Conference held in respect of Child Abuse; and
    (iii) Meeting with N.S.P.C.C. Child Protection team.
(g) Visit to Drug Squad.
(h) Attendance on police courses to receive the following presentations:—

C.I.D. Junior Initial Course:

(i) The work of the Police Surgeon (Injuries or Death);
(ii) Pathology;
(iii) Forensic Odontology;
(iv) Forensic Science;
(v) Child Physical Abuse;
(vi) Murder Exercise.

Sexual Offences Course:

(i) The work of the Police Surgeon (Sexual Offences);
(ii) Interviewing Child Victims;
(iii) Rape Trauma/Rape Crisis.

STAGE III

Attendance on training courses held by the Association of Police Surgeons of Great Britain.

Held at Manchester on six weekends over an 18-month period.

Attendance will be in the doctor's own time. The course fee will be paid by the Merseyside Police but accommodation and travelling costs will be borne by the students themselves and, possibly, reclaimed from the Family Practitioner Committee.

STAGE IV

Completion of the 'Diploma in Medical Jurisprudence', within five years of appointment.

The examination fee will be paid by the Merseyside Police upon evidence of successful completion. All other expenses to be borne by the students.

REFRESHER TRAINING FOR POLICE SURGEONS

Police Surgeons to undertake two days training, per annum; one day in-house and one day external. Attendance will be in the doctor's own time; there is no provision for financial assistance.

In-House Training:
Each year, two one-day seminars will be held by the Merseyside Police for its Police Surgeons. Both days will be identical, thereby enabling each doctor two opportunities to attend. The contents of the seminar will be decided on by the Police Surgeons themselves, based on current priorities and perceived needs.

External Training:
Each year, Police Surgeons will be expected to attend a course held by the medico-legal profession. There are a number of alternatives available and doctors will choose one that is appropriate to their circumstances.

Notes:
The Training Programme for police surgeons will be organised by the Merseyside Police Force Training Centre. The Training Centre will keep records of training undertaken, and is to be notified of attendance at external courses. (Police surgeons are also required to submit details of course attendances during the last two years).

The post mortem attended is to be performed preferably by a Home Office Pathologist.

Refresher training is expected to be carried out at the police surgeon's expense. However, Merseyside police will pay the course fee for those attending the Manchester Training Course, and will pay the examination fee on obtaining the Diploma in Medical Jurisprudence.

GUIDELINES FOR THE MANAGEMENT OF ASSAULT VICTIMS

Joint Paper from Casualty Surgeons Association
Association of Police Surgeons of Great Britain
Royal College of Nursing A and E Forum

GENERAL PRINCIPLES

Victims of various crimes — such as woundings, battery, attempted strangulation, street muggings and robbery, poisoning and those with gunshot wounds — may attend Accident Departments for treatment. Likewise victims of rape and sexual assaults may present to the Accident Department either because they request treatment for the specific or concomitant injuries sustained, or because they feel that the hospital offers unbiased support, care and sympathy. Young children may be brought up to the department as the result of alleged child abuse, and here sexual abuse should be considered as a possible component of the non-accidental injury syndrome.

This paper attempts to set out a rationale for management balancing the overwhelming need to provide competent medical treatment for the victim against the personal, legal and social needs to investigate the crime, detect the perpetrator and prevent further offences — police duties which require meticulous attention to detail in the collection, retention, recording and presentation of evidence. In addition victim after-care is considered an important duty of the medical and nursing attendants.

For most victims their foremost consideration is the need for treatment. No process, legal, social or otherwise, should be allowed to get in the way of this. Indeed, the gathering of evidence and the criminal investigation can proceed much more smoothly and harmoniously in the knowledge that the patient's physical needs have been met. However, there may be circumstances where hospital staff may be involved with information and samples which become important in a subsequent

police enquiry, particularly if the patient should die and the crime became one of murder. Staff should be aware of the evidential needs, therefore, and ensure that their actions do not inadvertently or deliberately obstruct any criminal investigation.

When should the police be informed

There is no problem if victims clearly do or do not wish the police to be involved. Such situations should not present difficulties to hospital staff.

1. If the patient requests police involvement then the local police duty room should be notified without delay. For sexual assaults this action is likely to result in two immediate sequelae:
   a) The mobilisation of a special police sexual offences unit. Most forces now employ especially skilled, non-uniformed women police officers who have received specific training in the care of victims of sexual offences. These policewomen are particularly experienced in all the problems of rape and can be of great benefit to the other people involved.
   b) The involvement of the duty police surgeon. The police surgeon is a medical practitioner who will be trained and skilled in the subject of clinical forensic medicine. The police surgeon is not employed by the police, but is retained as an independent advisor in matters of medical evidence. The surgeon is not 'on the police's side'. He or she will be the person who would normally carry out the forensic medical examination and obtain the necessary evidential samples. Accident and Emergency specialists are encouraged to develop a harmonious working professional relationship with their local police surgeon for, after all, the patient's needs are their common interest. On occasions, for example child sexual abuse cases, joint consultations and examinations should be carried out.

   The fact that the police surgeon has been summoned does not absolve the A and E Department staff from their normal duties of patient care.
2. Where the victims states, categorically, that he or she does not wish the police to be involved, there is no dilemma. 'A doctor should preserve secrecy on all he has learned about his patient in the course of his professional duties'. Failure to follow this ethic could lead to the hospital staff receiving allegations of gross professional misconduct.
3. There are, however, intermediate situations which are problematical and call for balanced judgement. The victim does not know what to do for the best and seeks advice. Any advice offered should be impartial and offered in the patient's interests. For example genuine victims of sexual offences are usually relieved to be able to share their experiences and anxieties with people whom they can trust and who express empathy. A realisation that the police force is, in the main, courteous, sympathetic and discreet; and an understanding of the roles of the investigating officers and police surgeon mentioned above, will permit the involvement of the police force and a fair investigation of the offence.
4. Finally there are situations which call for preservation of evidential material and information until:
   a) victims have recovered sufficiently to decide if they wish the assault to be investigated, or
   b) the victim dies, in which case all the evidential material

becomes the property of the coroner.

CONSENT

Consent for emergency medical treatment is usually implied. Consent for the examination; for the acquisition of specimens for evidence and for retention of the patients's property for forensic analysis should be fully informed and obtained in writing. The victim should also understand that a comprehensive medical report, occasionaly containing intimate details, may be required for the judiciary. A specimen consent form is attached (Appendix A) and stocks of a similar form could well be kept by the Accident Unit.

Consent for the examination of a juvenile, especially in cases of child sexual abuse, should be obtained according to the locallly agreed Non Accidental Injury Procedure. Where the alleged perpetrator of the crime is the nearest adult, then another family member might be required to give consent or, failing this, the Social Services Department may have to apply for a place of safety order and/or a wardship of court, in which case the legal guardian will be the consentee.

FORENSIC EVIDENCE

Modern forensic science is based on the concept, known as Locard's Principle, that every contact leaves a trace. In assaults this *contact trace material* may be in the form of:

— loose debris (textile fibres, hairs, fragments of paint, glass and metal)
— powder (gun-shot residues) or
— stains of body materials (blood, semen, saliva, faeces, urine and vomit)

The contact trace material may be on the victim's clothing, hair or skin, be deposited in a body orifice or be left in a wound. It is important to retrieve this contact trace material as soon as possible as it may disappear or be removed and discarded in ignorance. Any debris which falls from the person's clothing or body is also important and should be retrieved.

The preservation of contact material: the description and interpretation of wounds, injuries and wounding instruments and the acquisition of body fluids (blood and/or urine samples for alcohol analysis, drugs assay and serological typing) will normally be the responsibility of the attending police surgeon. For sexual offences many police forces employ a sealed 'sexual offences kit' for the use of the police surgeon containing the appropriate specimen tubes and examination materials. Spares of these, together with the accompanying forensic laboratory check-list 'sexual offences form', could well be held in the Accident Unit. As an example, Appendices 2 and 3 contain notes on sampling and a check list in use by the London Metropolitan Police.

URGENT CONSIDERATIONS

There are rarely occasions when considerations of the evidence should take precedence over the treatment of the patient. However:

1. When cutting off or removing clothing during a resuscitation procedure hospital staff should avoid cutting through damanged areas such as stab holes and bullet holes.
2. When the patient is to be cross-matched for blood transfusion, a separate pre-transfusion blood sample should be retained as a control sample for the forensic science department.

PRESERVATION OF CLOTHING

Where the victim of a serious assault and/or sexual abuse has to be undressed — if conscious he or she should stand on a piece of clean brown paper whilst stripping and each garment packed separately into a brown paper bag. If unconscious the paper couch liner should be retained also. Wet or bloodstained garments *should not* be put into a plastic bag as this will lead to decompositon rendering forensic analysis very difficult.

LEGAL CONTINUITY OF EVIDENCE

It is important in criminal investigations to be able to establish who first took possession of items of evidential value and to trace their subsequent chain of possession and storage, until they are made a court exhibit. All items have to be packed and sealed and a court exhibits label is affixed to show details of from whom or where the sample came, when and by whom they were taken and who has subsequently handled them.

AFTER-CARE

The care of victims should not be confined to the treatment provided in the Accident and Emergency Department. Staff should consult to decide who is going to act as the liaison to ensure appropriate follow-up and after-care. Normally this will be the general practitioner's role but occasionally other agencies are involved, e.g. hospital specialists such as gynacologists and paediatricians; community services such as family planning clinics and local venereology departments; social services agencies and voluntary agencies such as rape crisis 'help lines' and victim support schemes.

Communication between caring agencies within the constraints of ethics and confidentiality is an important consideration.

ACKNOWLEDGEMENTS

This broadsheet is prepared in collaboration with the Association of Polcie Surgeons of Great Britain, Creaton House, Creaton, Northampton, NN6 8ND whose publication 'Rape' Ed W.D.S. McLay, is a source of invaluable information. I am grateful for the contribution of Dr Frances Lewington, Principal Scientific Office of The Metropolitan Police Force Forensic Science Laboratory and for permission to utilise some of her material.

Final Draft prepared by Mr. A.K. Marsden

BODY SKETCHES
Advice Needed

The body sketches are due for revision. Comments and suggestions from body sketch users will be welcome — write to the Editor of the Supplement.

ST. MARY'S, MANCHESTER

Dr. Raine Roberts, a director of the nation's first sexual assault referral centre and St. Mary's Hospital, Manchester, said that more special clinics where women can report sexual assault were required.

The centre which opened at a cost of £80,000, provides not only sexual assault investigation facilities but an STD clinic and a counselling service — all available 24 hours a day, seven days a week.

The centre has now been open a year, and it is expected that research will show that the centre has more than justified the expense of setting it up.

VICTORIA

Dr. David Wells has succeeded Dr. Peter Bush as Victoria Police Surgeon.

CONTEMPT

Police surgeon Rosalin Andrew of Osterley, West London was arrested for failing twice to turn up on time at the Old Bailey to give evidence in a rape case. Judge Michael Coombe found her guilty of contempt of court, and gave her an absolute discharge, finding that her contempt was due to a rather casual attitude.

RIOT

More than 20 police officers were injured in a Great Manchester Police riot-training session. All the injured were on the police side.

CAIRO CONGRESS

The First International Congress of Legal Medicine and Forensic Sciences was held at the Cairo Marriott Hotel from December 14-17, 1987. The Congress was organised by the Egyptian Society of Forensic Sciences and invitations were extended to similar organisations and Associations in many countries of the world. A total of 207 delegates from no fewer than 20 countries registered for the meeting but unfortunately a number failed to attend, including some (not from the U.K.) who had undertaken to present papers. Delegates from one country had insisted upon giving an excessive number of papers but at the last moment withdrew and, it is alleged, went sight-seeing in Aswan instead. Sadly this behaviour is not uncommon in International Conferences and is to be depreciated as discourteous to the host Nation as well as causing problems to the efficient running of the programme.

The A.P.S.G.B. was represented by Myles Clark, Ian Craig, Neville Davis, Ivor Doney, Dilip Gore and Amar Rayan. Other delegates from the U.K. were Professor David Bowen, Mr. Donald Hawkins (Coroner), Professor Bernard Knight, Professor Alan Watson from Glasgow, Dr. Sivaloganathan from the Department of Forensic Medicine at Leeds, Dr. David Shove, Pathologist from Barnet General Hospital and Mrs. Margaret Puxon, Gynaecologist and Barrister whom many of us have heard speak on sexual offences at the Medico-Legal Society and elsewhere.

The Congress opened with an address of welcome by the President of the Egyptian Society, Dr. Ramzy A. Mohamed followed by a plenary session, addressed by the President, by Dr. Safwat M. Abdel-Meguid, Head of Forensic Medicine and Toxicology at Assint University, and by Dr. Solomon Elgendy, Forensic Chemistry Expert at

Former APSGB President Ian Craig presents Dr. Ramzy A. Mohamed, President of the Egyptian Society with the APSGB crest.

the Medico-Legal Department, Cairo. The first paper, by Professor Mohamed, Profesor Endre Somogyi, President of the International Academy of Legal Medicine and Social Medicine, and Professor Villanueva, President of the Mediterranean Society of Legal Medicine reviewed the development and organisation of Forensic Medicine in Egypt. They recognised its shortcomings and admitted that theirs is not a perfect system. However the speakers in their recommendations and in their plans for the future made clear their determination to achieve a system worthy of their obvious talents and expertise.

Professor Safwat Abdul-Meguid continued and developed this theme and presented a most erudite and thought-provoking paper emphasising the need for a comprehensive and efficient service if justice is to be well served, and showing that clinical expertise and technology had to be developed simultaneously with attention to Socio-economic problems.

Finally, Dr. Elgendy reviewed the history and development of Toxicological services in Egypt, and he, too, submitted his recommendations as to how the service will be extended and improved, expressing his determination that it should rank with the best in the world.

The Plenary Session was followed by the opening ceremony which was a refreshing change from the formal occasions to which we have become accustomed. It took the form of a 'getting to know you' session in which all the delegates gathered for coffee and chat. It provided an excellent opportunity to meet our hosts and fellow delegates from other countries and to begin what became a continuing interchange of views and ideas. It was also our first taste of the superb hospitality and warm welcome given to us by the host Nation. The words 'Welcome to our Country' was a greeting which we were to hear repeatedly throughout our stay in Egypt.

The sessional programme began the same afternoon. Papers were read simultaneously in 2 Halls which resulted in the usual rush from hall to hall to avoid missing the beginning of a presentation, and where there was a clash of interest a difficult choice had to be made. This is inevitable in a Congress of this kind and the organisers are to be congratulated on their time-keeping. The absence of some speakers did allow some leeway and a welcome increase in the time available for discussion. It was disappointing that there was relatively little clinical forensic medicine apart from the input by our own members, but I am sure that the excellence of their contributions will ensure that this will be rectified at future meetings.

In the session on Education and Research, Barend Cohen gave an ex-

A Senior Metropolitan Surgeon

cellent address on recent developments in Forensic Medical Education within the E.E.C. He spoke again in the Free Paper Session on the subject 'Psycho-active substances, Aviation and Legislation'. This was a superb paper on an important subject of which many of us are woefully ignorant.

Professor Alan Watson presented two papers: The first 'Forensic Medicine, where are we going?' was a particularly valuable contribution and Professor Watson was, as would be expected, not averse to highlighting some of the deficiencies of our Educational system. He issued a challenge to those concerned with the teaching of Forensic Medicine which, if taken up, would put us well on the way to achieving the ideal service. At the conclusion of his paper, Professor Watson had to hurry to the adjoining hall to give a paper on 'The Toxicity of fire gases'. I was unfortunately unable to attend.

Neville Davis gave his customary masterly presentation on 'In-house training of Police Surgeons' and afterwards several colleagues from other countries expressed their interest and their appreciation of the help his advice gave to their own educational planning.

No one knows Margaret Puxon or who has heard her speak will be surprised to learn that her paper was immaculately produced and presented, full of interest, and above all provocative. She spoke on 'Legal Constraints on assisted fertility procedures' and the only regret was that the time for questions and discussion was so limited. I hope that we will be able to invite Mrs. Puxon to address one of our Conferences in the near future.

It was standing room only for Myles Clark on the subject of 'The case of the missing penis'. A bizarre case was presented in a most competent and absorbing manner and it is just such presentations that bring home to our colleagues in other disciplines, how much the Police Surgeon has to offer in the investigation of suspected serious crime.

No free paper session would be complete without a presentation from Ivor Doney and as always he didn't let us down. His paper, 'What the Sergeant said' concerning a case of murder with drug involvement, was made with his usual mixture of wit and wisdom and gave rise to much interest and discussion at coffee time.

Professor David Bowen gave us an interesting and comprehensive review of the incidence and causation of carbon monoxide poisoning in the U.K.,

Senior Met Surgeon on local transport

Dr. Ramzy A. Mohamed

together with some surprising and valuable statistics on the subject. Both he and Professor Bernard Knight chaired sessions.

Space does not allow for the inclusion of more than brief reference to a few of the many other papers of interest and unfortunately in some cases our enjoyment was marred by language difficulties. The language of the Congress was English and this presented a problem to some of our colleagues from elsewhere in Europe. This is no ground for criticism bearing in mind how inarticulate many of us would be if called upon to present a paper in a foreign language. A great many papers were of a highly specialised nature — for example in Documents or Toxicology, but many others stand out in my memory. There were useful contributions in the session on Firearms by Dr. B. Madea on the determination of the sequence of gun shot wounds of the skull and from Dr. Nabeel Hameda who described the use of an unusual weapon used in a case of murder. Dr. Potti from India brought to our attention the importance of trace evidence in cases of hanging and Dr. Madiba Hassan gave an absorbing and unusual paper on the adverse effects of menstrual blood.

An excellent social programme was organised both for the delegates and for the accompanying persons. We paid two visits to the Pyramids — the first in the evening for a most impressive Sound and Light performance and the second by daylight when we were able to gaze upon the two awe-inspiring sights of the great Pyramid and of Ivor Doney on a camel.

Coach tours and shopping visits were organised for the accompanying persons and so that delegates should not feel left out, we were taken by members of the Egyptian Society on a sightseeing tour of Cairo and a visit to the Bazaar — a sight once seen never forgotten.

On the last night before closure of the Congress we were entertained to an admirable dinner in the Hotel, preceded by a very pleasant ceremony when the overseas visitors were given an opportunity to say thank you to our hosts and to present small mementos of the occasion. The photograph shows our contribution. The dinner was an interesting experinece as well as enjoyable one. Egypt being predominantly a Moslem country, no alcohol was served but our considerate and tolerant hosts had provided a bar discreetly placed outside the dining hall to which delegates were able to make regular expeditions. It was also

a source of interest amusement or anguish according to your situation that the food ran out before all had been served. Now the phrase 'no problem' has crept into all languages and has varying meanings in different countries . — none of which actually means that no problem exists. In Egypt, when used by waiters, hotel staff, tour operators etc., it means 'we don't know what you want or why you want it, but we want you to be happy'. Eventually all was well and everyone enjoyed an excellent meal.

The hotel accommodation was of a high standard and the service was excellent and friendly. There were some problems encountered on the pre-conference tours to Aswan and Luxor and we had to become accustomed to arriving at our destination to find that we were not expected and that no information could be provided, but with patience, goodwill and persistence difficulties were overcome and we were able to relax and enjoy the magnificent treasures, both natural and man-made of a beautiful country.

The Egyptian Society of Forensic Medical Sciences is to be congratulated on the success of their first International and although they were let down by some prospective delegate speakers and this caused organisational difficulties they coped well, and will I am sure, benefit from their experiences.

Of the reception by our Egyptian colleagues I cannot speak too highly. They were unfailingly courteous, friendly and anxious to cement the bonds of friendship. I have never felt more welcome at a Congress than I did in Cairo. I hope to return.

IAN CRAIG

PRIZE £500

The Trustees of the W.G. Johnston Memorial Trust Fund offer a Prize of £500.00 for a Treatise on a subject within the realm of Clinical Forensic Medicine.

The Prize is available to Full Members or to Associate Members of the Association of Police Surgeons of Great Britain who have been in active Clinical Forensic Medical Practice for not less than three years.

The closing date is 27th February 1989.

Full particulars from:

Dr. R.D. Summers, O.B.E., D.M.J.,
Monks Barn,
Marine Drive,
Llandudno, Clwyd LL30 2QZ.

A NATIONAL DATABASE

Looking at the Association's output, from the point of view of Education and Research, there would appear to be one glaring omission. What we lack is a large series of cases studying those Offences with which we come into contact. Forensic Pathologists have published many series on the findings in autopsies, in any number of different situations. In Clinical Forensic Medicine how many series have been published, reviewing the findings in Rape, Buggery or Child Sexual Abuse? In the recent Inquiry in Cleveland, what published series were quoted, and who were the authors? We should be leading the way in Clinical Forensic Medicine, not being shown it!

Our weakness when compared to other branches of the profession is that we are not research orientated and therefore our opinions are based on usage, experience, anecdote and old textbooks. I think we need good basic statistical information to back our opinions, as well as our personal experience. There are very few of us who could easily produce 100 cases of buggery to review. Many of us see very few cases of rape or buggery each year.

As an Associaiton we already have an enormous database, fully documented, of all types of cases. This database is of enormous value, and ripe for publication. One problem:— where is it?

The answer is that each and every one of us holds a small piece of it, so that it is impossible for anyone to get a look at a useful section of it. It is of course in the case notes and copies of statements, of all the cases that we have done.

If we could get together a fraction of this material, think of the potential.

* The incidence of buggery in Child Sexual Abuse.
* The proportion of different types of sexual abuse of children.
* The incidence of various injuries in Rape victims.
* Factors which affect the type and severity of these injuries.
* The finding of a 'funnel anus' is mentioned in all the books.

Some of our members feel it is a good sign, others that it is rare and relatively meaningless. A large series would show whether this sign was commonly, occasionally or rarely found. If there was a large variation between observers in the frequency of the sign, then criteria could be made for the diagnosis of the sign, for further review in subsequent yearly surveys.

The possibilities go on increasing, the longer you think about it. The joy of the whole thing is that the information exists. We do not have to start from scratch. All we need do is to collect copies of statements and/or case notes, and take the information from them. The alternative is to fill in a detailed questionnaire to be filled in from the statements and casenotes. A consecutive series of cases would be achieved if all cases occurring in one year, from as many members as possible, were reviewed.

In the end it would be helpful to know the findings of the court. In medical cases there are criteria for making a diagnosis of X disease when reviewing 100 cases of it. Unfortunately the diagnostic criteria for our cases is usually the result of the court case, and this can be far from accurate. The best cases are those where the accused has confessed and pleaded guilty. I would therefore suggest that a retrospective series should be the starting point, reviewing cases from 1986.

The papers or series of papers on different cases, would be as useful as a

textbook, though not replacing it. If one person's findings are abnormally high (e.g. Cleveland) compared to anothers, a large series would have authoritative weight.

I hope that I have made out a reasonable case for the setting up of a national database. The results should be published in the Journal. If information of interest to other professionals were to appear, then with David's permission, we might try to publish in the journal of the R.S.M.. Finally if matter of wider public interest came to light, the B.M.J. might be an appropriate journal to approach. A national survey would give us facts and figures to quote, rather than anecdotes and reminiscences.

Having considered the problems involved I think it is quite possible. All cases would be recorded anonymously as far as the victim or offender. The examining doctor would be coded, with very limtied access to the codes. I would hope that cases would be forthcoming from Pathologists as well as Police Surgeons, for to lose those offences where death resulted would bias the figures away from the most serious cases.

Having a home computer with sufficient capacity, and a friendly programmer who is working on a suitable database program to achieve all we would need, I would like to set up a National Database. I would carry out the colletion and analysis of the data, with the help of others to oversee the work, and to improve on my lowly standard of authorship which is evident in this piece. We need the weight of numbers behind us. The actual mechanics of doing it will be discussed at the Council meeting in Cardiff, and then perhaps in the Conference itself. This piece may give others food for thought and provoke suggestions that I have not considered. If each active member sent two cases for one year that would represent 1200 cases!

TIM MANSER

FORENSIC SCIENCE SOCIETY

8th-9th April 1988 — BRISTOL
Forensic Science Society Spring Meeting, held jointly with the British Association of Odontology. To be held at Baddock College, Bristol.

30th June 1988 — LONDON
Joint Meeting, British Academy of Forensic Sciences and Forensic Science Society. "DNA Profiling". 6.00 p.m. New Scotland Yard. Details from Dr. F. Lewington, MPFSL, 109 Lambeth Road, London SE1 7LP.

22nd-23rd July 1988 — YORK
Forensic Science Society Summer Meeting. "Scene Examination and Investigation", to be held at the College of Ripon and York St. John, York.

4th-5th November 1988 — GUILDFORD
Forensic Science Society AGM and Autumn Meeting. "Burglary" at Police HQ, Mount Browne, Guildford.

Further information from the Forensic Science Society, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX.

BRITISH ACADEMY OF FORENSIC SCIENCES

20th April 1988 — LONDON
The Lund Lecture — "Is Consent Really Necessary?" Speaker: Rt. Hon. Sir Roger Ormrod. To be given at the Law Society, 113 Chancery Lane, London WC2. Details from Mr. P. Pimm, Kingsley Napley, 107-115 Long Acre, London WC2E 9PT.

26th May 1988
British Academy of Forensic Science AGM.

30th June 1988 — LONDON
Joint Meeting, British Academy of Forensic Sciences and Forensic Science Society. "DNA Profiling". 6.00 p.m. New Scotland Yard. Details from Dr. F. Lewington, MPFSL, 109 Lambeth Road, London SE1 7LP.

A mother with 15 children placed an advertisement in a South African newspaper thanking doctors who gave her husband a vasectomy.

BOOK REVIEWS

THE SCIENTIFIC INVESTIGATION OF CRIME

by Stuart S. King
Published by Forensic Science Services Ltd.

Dr. Kind has been connected with crime investigation for over thirty five years. For six years he directed the Home Office Forensic Science Central Research Establishment.

He bring a wealth of knowledge and experience to a book which aims to provide a coherent picture of crime investigation.

The early chapters provide an overall general view of crime investigation. Techniques are listed and described. The concept of "Frame" — the specification of previous behaviour of suspects to the crime incident, are introduced and then enlarged upon in later chapters.

The value of memory, reason, intuition, and crime patterns are evaluated in Chapter 2. Later chapters discuss files and data preservation, the collection of evidence and discrimination factors.

In the second half of the book Dr. Kind is more specific. Type of evidence, transfer of information, assessment of priorities, system design and the role of the specialist are all discussed.

Details of crime investigation include primary and secondary evidence. Ballistics, blood and body fluids, drugs and poisons, documents and handwriting, paint, glass, fibre, footwear marks and tyre marks.

Dr. Kind then describes his experience as a member of the Advisory Team set up in November 1980 to assist the Chief Constable of the West Yorkshire Metropolitan Police in the examination of the investigations into the 'Yorkshire Ripper' crimes.

Dr. Kind suggests that some reputations in the scientific investigation of crimes have been built on oesoteric research rather than case work and he pleads for more involvement in actual crime investigation. He believes there is a need for good managers and for entrepreneurs who may have more diverse methods of investigation and reasoning.

I found early chapters difficult to follow and I am not quite sure who they are aimed at. There is a frequent underlining of words in the text, so frequent that any emphasis the underlining is meant to support is lost. The place of some diagrams and pictures away from the relevant text causes irritating turning of pages.

I believe that the reading, and especially the re-reading, of this book will make people think of the way in which they approach their investigations in a larger context than formerly and this can only be of benefit to all investigators.

H.B.K.

HISTORY OF THE POLICE SURGEON

It is appropriate that the Association's latest publication, 'History of the Police Surgeon', should have been written by Ralph Summers, who had more than 50 years practical years as a Police Surgeon and received the O.B.E. for his work. He also has first hand experience, which enables him to chronicle the entire history of the Association of Police Surgeons of Great Britain and more than half of the Metropolitan Police Surgeons Association. The parent Metropolitan Association was founded in 1888: Ralph used to accompany his Police Surgeon father from the time he was 18 in 1918.

It will undoubtedly come as a surprise to Police Surgeons, who have recently joined the Association, to learn that records exist for the first appointment of a 'Superintending Surgeon' as far back as 1830 and before that a Medical Officer was appointed in 1805 to examine

Dr. Ralph Summers, O.B.E.

recruits and give medical attention to the Mounted Bow Street Patrol.

The author then goes on to detail many of the events of importance, which have had a significant effect on the present structure of the Police Surgeon Service. In view of the present stress on educational requirements for Police Surgeons, it is appropriate that Ralph should conclude this fascinating book with a resume of the educational aims of the Association.

An interesting omission has been Ralph Summers failure to mention the development of assault examination suites or indeed of the increasing role played by women Police Surgeons.

Events involving Police Surgeons are currently progressing rapidly. The Cleveland Inquiry may well add a substantial new section to the history of the Police Surgeon.

This excellent short book should be on every Police Surgeon's shelf and can be obtained from the Association Secretary or the Editor of the Supplement, price £1.75 post free.

UNDER THE INFLUENCE

The following notes were devised jointly by the Alcohol and Road Accidents Committee of the British Medical Association and the Association of Police Surgeons of Great Britain as a guide for doctors examining drivers suspected of being under the influence of alcohol. Although the notes date from prior to the "Breathalyser" era, they are as valid now when undertaking a "Section 5" examination.

1. These notes are intended to serve as a guide for the examining practitioner. Fuller details will be found in the publication *Recognition of Intoxication* (revised edition, 1958) issued by the British Medical Association.

2. The doctor is NOT to make notes on this card. It has in fact been so designed as to prevent this being done.

3. Consent to the medical examination must first be obtained from the accused person. If consent is refused the doctor should observe the behaviour, etc., of the accused and record his observations.

4. At the examination not more than two police officers should be present. In Scotland no other person should be present unless the accused is a female.

5. Full notes of the examination should be made at the time on a separate sheet of paper and retained by the doctor to refresh his memory if and when he is called to evidence in court.

6. A full clinical examination of all the systems *is essential* in all cases. If it appears that the condition of the accused person is due to illness or injury which necessitates admission to hospital, the doctor should arrange this as soon as possible, with the co-operation of the station officer.

7. Examination of the body fluids is not essential in every case. The findings cannot assist the doctor in forming his conclusions at the time of his examination, but they may be useful as additional evidence at subsequent court proceedings. Urine serves the desired purpose and has the advantage that samples are easy to collect.

Note date time of *commencement* and *end* of examination.

TAKE SHORT HISTORY	Enquire particularly about fits, blackouts, diabetes, whether under medical treatment, any injury at or near time of arrest. Ask when food, drink or medicine was last taken, and note its type and quantity.
GENERAL BEHAVIOUR	Note deportment, state of dress, presence and character of any vomit, soiling of clothes by incontinence.
SPEECH	Note whether slow, slurring or repetitive. Do not ask tongue twisters.
MEMORY AND MENTAL ALERTNESS	Note accused person's ability to pull himself together and concentrate. Ask such questions as day of week, time of day (noting actual time). Obtain history of events prior to arrest and ask where he intended to go.

EXAMINATION

Pulse — Rate and character at COMMENCEMENT and END of examination.

Temperature — Recorded in axilla, **State of skin** — Dry, moist, flushed or pale.

Mouth — Tongue furred, clean, dry or moist. Note state of teeth and presence of absence of artificial teeth. **Breath** — Character of respiration. Smell of alcohol or other substances(s).

Eyes — State of conjunctivae. Note if artificial eye or contact lens is worn. **Pupils** — Note if equal, dilated or contracted. Reaction to ordinary light and to bright torch light. **Eye movements** — Presence of lateral nystagmus.

Ears — Note acuity of hearing, presence of wax or discharge, state of drums.

Romberg test and gait — Note manner of walking turning. It is not advisable to test on white line.

Reflexes — Knee and ankle reflexes should be tested.

Muscular co-ordination — Note correctness or otherwise of order of removal of clothing, speed and manner of reclothing and buttoning up. Tests which are not unduly difficult, such as finger/nose, finger/finger, or of everyday occurrence, such as picking objects from the floor, key in lock, lighting a cigarette, counting sum of money are useful.

Handwriting — Ask accused to copy a piece of newsprint and to sign his name. Ask him to read back what he has written. Ask him to read back the newsprint. If he normally wears glasses, see that he is wearing them for the test. Retain the specimen of writing and the piece of newsprint, as they may have to be produced at any subsequent court proceedings.

Urine — The accused person's consent for the collection of a specimen of his urine MUST be obtained. The sample should be passed, in the presence of a witness, into a single bottle supplied to the police by a forensic laboratory. The specimen should then be divided into three parts by pouring it into three smaller bottles (also supplied by the laboratory) and sealed in the presence of the accused. One of the smaller bottles should be given to him and the other two sent by the police to an approved laboratory, where one will be used for the estimation of its alcohol content and the other retained for the use of the court in any subsequent proceedings.

Opinion — Inform accused of your opinion and note his reply verbatim.

Certificate A certificate in the following terms should be given to the police:

" I hereby certify that on *(date)* .....

I examined A..... B..... at .....

..... between the hours of ..... a.m./p.m. and ..... a.m./p.m. and I am of the opinion that he was/was not during that period under the influence of alcohol/drugs to such an extent as to be incapable of having proper control of a motor vehicle/pedal cycle on the highway. He is/is not fit to be detained.

Signed .....

Address .....

.....

Date .....

BIRTH of a NEW SECTION
Forensic Aspects of Fitness

A very special obstetric event took place in London in January 1988. The Royal Society of Medicine gave birth to its 35th child — an infant known as the Clinical Forensic Medicine section, — to go with the other 34 sections in the Society. How was the birth?

It was a well planned conception, its delivery was conspicuous, the infant's contours are sturdy and its future looks great. And why was it born at all?

It came into being to advance the knowledge and practice of the subject, already holding high national and international status, and to set guidelines for is planned future. It had a great start at its Inaugural Meeting at the R.S.M. as part of the January symposium of the A.P.S.G.B. (organised, as always, by the Metropolitan Branch).

It was open by Sir Gordon Robson, President of the Royal Society of Medicine himself. Dressed in his spectacular ceremonial gown, he gave an air of elegance and opulence to the occasion and his own genuine enthusiasm for the new section was obvious. Miss Margaret Pereira CBE, representing the Home Office followed him with her particular welcome ad ghe genial and robust MP for Chipping Barnett, Mr. Sydney Chapman completed the trio.

Dr. Neville Davis, President of the new Section then outlined the statues and hopes for the new infant and the stage was set for a memorable day. The Inaugural Address turned out be a clarion call for action from American guest speaker Dr. Cyril Wecht from Pittsburgh. He is a doctor, a lawyer, a professor, and a writer all rolled into one dynamic ball of fire. He's well known to International Forensic audiences and his speech showed why. Robin Moffat seized the opportunity to book him when he heard him at the recent World Congress in Wichita. Eloquent, persuasive, forceful, devastating in his arguments, his oration took his audience right through the history of forensic medicine from its earliest time. He pointed out that although the interface between medicine and the law is there for everybody to see, the Universities and academics seem reluctant to acknowledge it. Less teaching about fascinating and historical minutiae and more about the way medico-legal ignorance is pushing up medical defence fees would benefit everybody.

Then came his kick in the pants that clinical forensic medicine needs. It will only get proper respect at home and abroad if it establishes high academic standards, clear parameters of qualification and professional discipline. That, he hoped, was what the new section was all about.

There's one thing about Cyril. If you're a Chairman trying to keep speakers in order and on time, you've got your hands full with C.W. His strength is that nobody notices time when they're listening to him. Every minute is an experience.

Special reference must be made to the venue for this January conference. It was held in the newly refurbished Royal Society of Medicine Impressive and magnificent, tastefully and delicately decorated, it captivates you the moment you step inside. The Library is superb and immense. The lecture rooms are luxurious and confortable and the acoustics the best you'll get anywhere.

At the R.S.A., Miss Margaret Pereira, C.B.E., who has recently retired as Controller of the Forensic Science Service.

Are there no criticisms at all? Oddly enough, yet! If you need the toilets in a hurry you'll never make it. Not only a long way off, they are difficult to find too.

The R.S.M. is also a dream hotel in the centre of London and cheaper than any classy country manor. Surgeons from the provinces who think it is economic to doss down in their children's cramped bed-sit when they visit London or if they own some small cold flat in Pimlico thinking they're saving money, they should think again. It's false economy. One night spent at the luxurious RSM would prove the point for ever!

Consultant Dr. M. Rufus Compton from St George's Hospital gave a good paper at on Head Injuries. Illustrated with graphic slides, his message was a simple one. Head injuiries should go to Hospital! Hospitals might shudder at the prospect of police surgeons emptying their cells into the accident departments but he wouldn't budge from his advice. 'Police surgeons do have difficult decisions to make. Rather you than me. When the danger signs are there nobody will support you for ignoring them'.

Sir John Wickerson, past President of the Law Society, giving some good tips on how to present evidence in Court. His best advice has simply to write good reports, the chances are then you will not be called. If you do have to go, the next best tip is to keep your cool when all around you are losing theirs. That is what impresses juries. Sir John also felt that where expert medical witnesses are concerned there is something to be said for both sides meeting beforehand to sort out the things they agree upon.

Then valuable court time need only be used for fair argument about their differences.

Nearly 200 delegates turned up for the day's event. There were old timers, there were new faces, there were people from other disciplines. Amongst them were two happy faces. Those of two new DMJ successes — Stephen Chan from Ewell and Lesley Lord from Halifax. Lesley is only the fourth lady DMJ in the history of the APSGB. Three cheers for her. There are rumours that her husband David, a recently appointed police surgeon, may take the exam too one day. If he does, the Lords would be the first ever 'husband and wife DMJs' in the Association.

Experienced old timers attending new meetings may tend to be blasé and say the've heard it all before. They should be grateful for their knowledge. It was a joy to see so many first timers at this conference and they loved every word of it. Such people are the important ones. It is they who must make sure that in a few years time they too can be saying they've heard it all before.

James Dunbar gave an update on the drink driving research. James's intellectual stature increases every time he speaks. His work and his writings have won him international acclaim. Little wonder therefore that at this London meeting, Mr Peter Bottomley, Under Secretary for Space for Roads and Transport was there to hear him. James

Dr. James Dunbar

wants Random Testing and favours a 50mgm/100ml B.A. limit. They may be a long time coming.

Stress in the Police Force was the subject for another well known speaker, Mr Michael Bennett, Chairman of the Police Federation in London. He spoke with feeling born from experience. Policemen don't get tensed up about their work, the risks, the physical violence — they know that's their job. It's the frustrations within the Force, the unwarranted criticisms outside the Force, promotion prospects, lenient sentences that cause the problems. When you're responsible to the Force, the Government, the Public and the Press, all with different standards, you can't please everybody. The policeman's lot is not an easy one. Michael's new Welfare Workers are offering a shoulder to lean on.

On the social side, there was a Friday night pre-conference dinner at the R.S.M. It was convivial and enchanting and at least made colourful by the elegant finery of the long suffering wives. Why is it that men are too lazy to dress up for such auspicious occasions whilst expecting their ladies to carry delicate and expensive dresses crushed in suitcases all around the country? A bit of self discipline, however irksome, is good for the soul! Little wonder the girls found their men a drab lot and spent the Saturday well away from them. They said they were exploring the Galleries of the Metropolis but one suspects there were a few clandestine visits to the winter fashion sales of the famous stores as well!

The last speaker on the Saturday afternoon was, like Cyril Wecht, another internationally known forensic figure. Outspoken City of London Coroner, Dr David Paul, one of the first of the post war police surgeons, took the rostrum to hammer home a few hard facts. Never afraid to say what he thinks, always with a witty flourish so that nobody takes offence, he reiterated the main message of the conference. Experience as a police surgeon is invaluable but if clinical forensic medicine is to be consolidated as a true discipline, the time has now come for proper training, strict goals and true professionalism. Dr Frances Lewington received a well deserved tribute for her hard work in promoting all these things.

So much for the birth of the new infant. Where does it go from here? Surely it must aim to attract other disciplines and become part of the Royal Society as a whole. Such people as community physicians spring to mind so do paediatricians and defence union doctors. There's a place for doctor/lawyers and prison medical officers, indeed anyone interested in medico-legal matters. The subject matter for meetings will therefore need to be chosen with them in mind. The new clinical forensic section should not be simply another meeting around for APSGB.

Finally must come the thanks. Events like the January meeting don't just happen. A lot of people have to do a lot of work to get them going.

Two people must be singled out. Neville Davis (President of the Section) and Robin Moffat (Hon. Secretary) possess that old fashioned attitude to

Dr. Robin Moffat

hard work -- they don't mind doing it! Few can imagine how many weeks of planning and organising they have spent in bringing it about. They should be well pleased with the result. Everybody else was!

Just before the curtain goes down, Miss Ashton and Beryl Moffat deserves a little hug too!

IVOR DONEY

President Elect Dr. David McLay

MUSEUMS

Ripon Prison and Police Museum
St. Marygate, Ripon.
Telephone Ripon (9765) 3706
Open May to September, Tuesday to Sunday, 1.30 p.m. to 4.30 p.m. Curator Dr. J.K. Whitehead.

The Prison Service Museum
H.M. Prison Service College, Kewbold Revel, Rugby, Warwickshire CV23 OTN. This museum is currently open for educational visits by prior arrangement with the curator, Dr. Peter Davies.

Cosfield Police Collection
Kings Head, Cosfield, Nr. Halstead, Essex.
Telephone Halstead (9787) 472803
Open during licensed hours all year round.
A unique private collection of 3000 police related items from around the world.

CORRESPONDENCE

From the Reverend Dr. Walter Hedgcock, M.D., Honorary Member, Oxfordshire.

DRINK AND DRIVING

Sir,

I am nearly 79, and drive often and carefully. At times I get lifts from grandchildren and their friends in the 18-24 age group, and who drive well and do not drink and drive.

Their views on drinking and driving are interesting. Some of their contemporaries, they say, believe the legally permitted maximum blood alcohol limit implies that it is also a safety limit, and before it is reached a generous quantity can be drunk with impunity.

My grandchildren and their friends feel there is a need for far clearer warning, and some who have been 'abundantly refreshed' setting out to hit the road, also suggest an anonymous 'drink drive' police telephone line. Its very existance, it seems to me, could be salutary; also as the 'child line' has protected children at risk from abuse, so a 'drink drive' line could protect innocent users.

As a start may I suggest a card for very general distribution bearing a notice roughly in the following terms —

DO NOT DRINK **AND THEN** DRIVE.
DRINKING **ALWAYS** MAKES DRIVING **DANGEROUS.**
DANGEROUS DRIVING **KILLS.**
DO NOT DRINK **AND THEN** DRIVE.

Yours sincerely,
Walter Hedgcock

DRUG ADDICTS IN CUSTODY

The following letter was sent to Dr. Jenkins by the Chief Medical Officer to the Metropolitan Police, Dr. E.C.A. Bott, regarding the prescribing of Methadone to prisoners in custody. Further information is also availble in the Supplement for May 1987 (Vol. 22, page 64-71, 'Drug Addicts in Custody').

Metropolitan Police Office
Medical Branch

Dear David,

Prescribing of Methadone and Similar 'Heavy' Drugs in Police Custody

Following representations from some of your colleagues, and having taken appropriate advice, and had discussions with some of your colleagues, I wish you, please, to abide by the following requests.

I do not wish Methadone prescribed bo B11 prisoners held in Police custody under any circumstances. I am satisfied that this is unlikely to involve any serious medical emergencies, but in the unlikely or rare event of a prisoner becoming ill, then he should be treated as all prisoners are treated at present and transferred to hospital.

I am sure you understand that I do not wish in any way to interfere with clinical judgement and prescribing, and although I believe it is best in general to continue the prescribing policy of the first police surgeon to assess the prisoner, obviously your clinical judgement is paramount, and you will naturally prescribe any minor tranquillisers and so on that, in your judgement, you feel necessary.

I am sure you will agree with me that there can be no indication whatever for treating non-B11 prisoners with Methadone and heavy drugs, and therefoe I request that you do not do this either.

Yours sincerely,
Ted.

INEPT EXAMINERS

March 1988

Dear Sir,

I attended a Crown Court recently, in the North of England. I listened to a rape case with some interest, particularly as several doctors were involved.

The complainant was examined by a lady doctor, who gave her evidence in an exemplary manner, and who appeared to have conducted a thorough and satisfactory examination, and to have taken the appropriate samples.

One of the two defendants was examined by a male doctor. When he entered the witness box, he was asked if he had examined the defendant, and he replied that he supposed that he had. When questioned as to this curious answer, it transpired that the doctor kept no notes of his examination, and relied on his statement made directly after the examination. His examination had been limited to the inspection of some marks on the defendant's back first noted by the investigating detective sergeant. He had not kept a copy of his statement.

It further transpired that the clothing of both defendants had been taken for forensic examination, but no "intimate" samples had been taken from either defendant, and the second defendant had not been medically examined. The clothing was returned to the defendants without examination, and no forensic examination of any items was made.

It appears to me that both the male doctor and the police investigation were scandalously inept and incompetent.

Until this trial, I believed that the police and medical investigation of sexual offences had become more sophisticated. I now see I was in error. It was evident to me that there was a grave risk of injustice both to the complainant and the defendants by the low standards of those involved in the investigation.

What is your Association doing about this matter?

Desmond Beckett
(Details supplied)

The Editor writes —

I agree wholeheartedly with your comments. A very serious situation appears to exist in this police area. The police investigation in this case appears to have been of a low standards, but apart from commenting on it, the Association can do little else.

The lady doctor concerned cannot be criticised for her part in this case.

The male doctor is not a member of the Association of Police Surgeons.It is quite clear that he has no knowledge of the proper way to record details of forensic examinations. He also has no knowledge of what is required in the examination of possible defendants of serious sexual offences. His incompetence might have prejudiced the outcome of this trial.

This case is yet another clear indicator for the need for *compulsory* training of all police surgeons, to which I would add compulsory membership of the Association until the D.M.J. was obtained. Until police forces insist on minimum standards, then this sort of situation will continue to recur.

Experiences of a London Divisional Surgeon 1891

Robert Esler M.D.

This article first appeared in the Transactions of the Ulster Medical Society. Dr Esler was a member of the Metropolitan Police Surgeons and became its President in 1914. This is perhaps the earliest article concerning the work of the police surgeon.

The conclusion at which one arrives on any subject contemplated in this vast metropolis depends very much on the point of view from which it is seen. The wide area known as London — now the County of London — with its miles of streets, hundreds of thousands of houses, and millions of inhabitants presents a series of studies such as are nowhere else to be found at one focus on the face of the globe. London is the seat of government, the centre of civilization, wealth, and fashion. It is also the axis about which revolves the concentrated essence of all that makes for misery and despair. In it are seen the evidences of magnificent wealth and appalling poverty.

Look at it from St Paul's Cathedral! the survey extends far into the adjacent counties of Middlesex, Surrey, and Kent, into each of which the builder is rapidly making his way in order to find breathing space for the teeming millions of the metropolis. At the base of Wren's great monument lies the mile of London known as 'The City', having a municipal government of its own, with the Lord Mayor as chief, and exercising a power on the 'powers that be' not only in this kingdom, but in all the kingdoms of this world. It is, perhaps, the most independent and the most conservative government in existence at present. When Napoleon the third wished to find a model and an example for establishing the Pope in Rome he sent ambassadors to study the constitution of the City of London. It is truly a government within a government. Here are the great banking establishments of the world, with the 'Old Lady of Threadneedle Street' as queen supreme. Without the Bank of England the finances of today would soon get into a tangle.

The City of London is not residential to any great extent, it containly only some 50,000 inhabitants who sleep within its old buried walls. Yet, in the day time hundreds of thousands find employment and remuneration in the closely built and highly rented offices, warehouses, and banks within the jurisdiction of the 80 city guilds which regulate its affairs municipal.

The object of this paper is to look at London chiefly from a medical point of view, and hence the city is not the most interesting part. A large revenue is obtained, no doubt, from the city by medical men in various ways. Medical officers of health, of Insurance Companies, & c. But for the happy hunting ground we must go west of Charing Cross. Charing Cross is the pivot of London. East of it — and the farther east beyond the city — the population is poor, while west, but only within a limited range, the people are rich. Cavendish Square and Harley Street fairly represent two guinea consultations. City consultations may be put down at one guinea, or even half that amount. While due east or even south the doctor's tariff is only 6d.

Within the four mile radius there are mixed practices where 2/6 and 3/6 are the charges for a visit and medicine. Outside this radius, in suburbs like Sydenham or Hampstead, 5/- will represent the medical fee. Almost all doctors and surgeons in general practice send out their own medicines, the physic being covered by the visiting fee. But I am asked what about the 6d. men! They too supply medicine, and make money at the price. Some of them do very well indeed. I know one man whose practice consists mainly of club patients and 6d. fees who has two horses and many carriages.

One day last week I called on another 6d. man to earn a guinea in consultation, and found him at 12 o'clock noon not quite through his morning's work. His apparent earnings for that morning, which lay on his desk, were about 30/-. He told me that he had seen as many as 200 patients some days during the influenza epidemic; but this man is an exception. He is a popular man in a populous district — a man of a good deal of experience, and a great deal of common sense. There are many men who would gladly take 6d. but don't get the chance. Since I have been here I have seen at least a dozen try and fail.

Medical practices, like business, in London varies immensely according to the locality or even the street in which it is situated. Some men located at the centre, like Sir Andrew Clark or Sir Wm. MacCormac, belong emphatically to all London, and indeed to all the world; but lesser men are confined to their own locality for their living and their reputation.

Convenience is studied very much in general practice, yet connections once made are kept up even at considerable distances. Let me describe the parish in which I reside and some of my own personal impressions as an example of a good class general practice, for outside one's own experience little is known of what goes on in London.

Camberwell parish has a population of 260,000, lies SE, and is approached from any of the half-dozen bridges which span the Thames. Abutting it on the east lies Rotherhithe and Hatcham, and on the west are Brixton, Dulwich, and Brockley; while south lies New Cross. My practice, while chiefly confined to Peckham, extends to all these surrounding parishes, especially New Cross, Brockley, and Dulwich. The main artery of commerce runs through Peckham, Camberwell, and Lambeth from Kent and Surrey, via New Cross into the City and West End. This line defines pretty accurately the east and west of the SE district, and passes through what was a royal manor in early Norman times. Peckham was given by Henry I, to his grandson, Robert of Gloucester, but it was confiscated by the treason of the Duke of Buckingham in the reign of Henry VIII.

In early days Peckham Park was a Royal preserve, and was stocked with deer. Now it is the centre of the Irish colony. Close by was the birthplace of Joseph Chamberlain, Robert Browning, and Professor Jowett; and here resided at various periods Ruskin, Jerrold, Tom Hood, Eliza Cook, Wordsworth, Pope, and Goldsmith.

Lemon groves were planted here. The house in which I live is called 'Lemon House', this was the manor house of the estate. (Although the name is cut on the gate pillars, I have dropped the appellation, the lemon trees being no longer in evidence).

On the west side of the main thoroughfare patients are generally of a good class of city men, while on the river side the population is largely working people. The following manufactories are situate in this area:— Eno's Fruit Salts, Willcox & Gibb's Sewing Machines, Stubb's Safes and Locks, Mellin's Food, & c.

In this area costermongers abound, and lodging-houses are numerous. Thieves, housebreakers, bookmakers, and other variety of scoundrel are abundant, and furnish employment to the police and detective force.

Of my personal experience in the west district I need not give any details as it does not differ materially from a similar district in Belfast, unless it be in the greater variety of persons and nationalities, and also in the large number of civil servants and persons employed under the Crown. I happen at present to have on my list no fewer than four detective inspectors and one superintendent of Scotland Yard — most interesting men, full of information about all kinds and conditions of men. One of them has just brought Mr Hastings, MP, to justice and five years' penal servitude, another has his pigeon holes full of information about a gentleman of double identity, not unknown in East Belfast. This same man was for years in constant attendance on Mr Trevelyan and other ministers of the Crown.

Most of my novel experience comes from my connection with the police, as divisional surgeon to the P. Division. The appointment is one much appreciated not only for the fees which are considerable, but for the position attached to it locally, and the publicity consequent thereon. The range and variety of one's work as a Divisional Surgeon is considerable. Inquests, dog bites, decisions as to drunkenness, Criminal Act investigations, cutthroats, hanging, and poisoning form a rather formidable list.

A Divisional Surgeon in London has many opportunities of studying the domestic and social, as well as the prison side of character. Just as I am writing this paper two cases of sudden death with post-mortem examination and inquests occur.

Case I. — A.H.G. _____, aged 45 years, a clerk in a large publishing house, was found dead in his house at 2 o'clock a.m. He had been out at a meeting in the evening, went home and had supper, then to bed, got up about 12 o'clock. His wife missed him about2, and on search found him lying dead in the kitchen. A post-mortem revealed congestion of the lungs, 68½ oz., and a weak heart; but the interest in his case centred on his brain, which weighed 62½ oz. and was the highest type of brain I have ever seen. I called upon his wife, and learned that in youth he had no education, could neither read nor write at 20. When she first knew him she taught him, and they were married when he was 22. He was literally self-educated and pushed on to his late position, evidently a considerable improvement in the intervening years. I asked, 'Was he a clever man?' 'Well not clever as far as being highly educated was concerned, but possessed great natural powers'. A man who knew him well told me that he considered him a really able man, and that he possessed the greatest store of ready wit he ever met. This man leaves a widow and ten children unprovided for.

Case II — Was an old Crimean soldier, aged 64. He had held on his way until an atrophied lung, a diseased liver, and a fatty heart (23½ oz.) finished the work commenced at Sevastopol 38 years ago.

I may say of inquests in London that what strikes one is the business-like expedition with which a coroner and jury get through their work. No superfluous questions are asked. While salient points are brought out quickly. All are business men in a hurry, yet doing their duty faithfully and well.

My conceptions of housebreakers and thieves in London have been rudely shaken by my experience. 'Bill Sykes', 'The Artful Dodger', and 'Charlie Bates' must surely have improved with the School Board and compulsory education, if a few cases I came across lately are a fair sample of the whole. The notorious Charles Peace — who was quite a swell — resided not far from here, in a house abutting the railway line. From his own garden he got on the rails, and from them dropped into the rear premises of his victims, and thus for years eluded the police.

I have seen a few men of the Charles Peace type. The first was arrested by two plain clothes and one uniform constable at *five minutes past ten* o'clock on a summer evening. He had ordered a 'box opener' of a very special make and strength at an implement maker's. He had got several made previously, only not quite so strong. The police had information of the transaction, and watched the premises. At 8 o'clock a small well-dressed man called for and paid for the tool. He went into a tramcar, the constables took the top. He changed his route, the constables did the same. Leaving Lambeth at 8 o'clock they all rode and walked until at 10 o'clock at Clapham Station the 'suspect' took a ticket and went on the platform, the detectives went on the platform without tickets. At 10.5 there was an incoming train in front of which the man threw away his 'jemmy' and jumped across the line, the three police followed. One tripped on a signal wire, the other two in hot pursuit followed the burglar up the railway bank, over a fence, and into a garden, and then hare and hound fashion the pursued and his

three pursuers crossed the fences of 17 gardens; the capture was made in the 17th garden. This was one of the most accomplished and the most dangerous burglars in London — so said Detective White. He had committed the famous Kensington Post Office burglary and many others. He was a handsome, smart, gentlemanly man of good address, aged 27. He got 7 years. The Common Sergeant (Sir W. Charley) who tried the case asked in great simplicity why they did not take him at 8 o'clock. 'Oh my lord, we could only arrest him *by night,* and night for burglars commences at 10 o'clock. It is only unlawful to carry housebreaking implements by night'. 'Oh! yes! of course! very clever. I will commend you to your superior officer'.

I was sent for to the station one afternoon last summer to dress the head of a 'gentleman', who had a scalp wound inflicted by a youth of 17 under the following circumstances. A resident of Queen's Road and his son went out for a walk, leaving no one in the house and locked the front door, on their return they met the prisoner coming out of the house with a handbag. The owner accosted him, when he threw away the bag into the front garden, and bolted; the son, who was at the gate, struck him over the head knocking off his hat and inflicting a wound. In hot pursuit the trio turned a corner, when the burglar ran an easy prey into the arms of a police constable. 'Let me go you fool, I am in pursuit of a thief'. 'All right, but we'll go together'. The constable held on to his man, and lodged him in the station when I was sent for. The bag contained about £50 worth of jewellery and watches. This man was well dressed, of gentlemanly appearance and demeanour. He came from the North of London. Nothing was known of his previous character. *Six months' hard.*

Case 3 was brought into the station while I was present on a Sunday evening. From the man's style and get up, his heavy white moustache and military air, he could not rank much below *a general,* I suppose when he did anything but steal he would call himself a *general* dealer. He was found illegally on premises *by night* with housebreaking implements, to wit, a jemmy, a knife, a candle, and a box of matches. When paraded in the morning before going into 'Black Maria' he stood at attention — not military attention, but that of a convict. He was, no doubt, an old hand, but the police had no record of him; and the magistrate, being I suppose in a happy and forgiving state of mind after his Sunday's devotions, gave him the benefit of the doubt. (I would have given him six months). His case was that a young woman took him into the house — she being, he supposed, 'no better than she should be'.

Not one of these men, nor of hundreds of others who are well known burglars, would give the slightest indication of their calling to the general public.

Another class of character one meets sometimes, is the racecourse thief, the dishonest bookmaker, the 'welcher'. A gang of five came into my hands some months ago for wounds and bruises inflicted on each other. 'A benefit' night was given at a local theatre for the widow and children of some 'friend', known in sporting circles. The actors and auditors were supplemented from various parts of the metropolis. At the conclusion of the performance, when the settlement was proceeding the thieves fell out, and each punished the other, with the result that there were charges and counter charges. Each, as I dressed his wounds, gave me a 'true and full account' of the transaction, and *he* alone of all the lot was a truly honest man and a philanthropist. There were about a dozen besides the five, who hailed from Tottenham Court Road. All were well-dressed men of polished manners. There was plenty of money among them. One planked £50 as security for his friends appearance next morning, but the inspector preferred the man to the money. Three of the number took a 'four-wheeler' off the stand to drive home, the first left at his own corner, six miles from here, the second ditto, and the third man 'bolted', leaving poor 'Cabby' to trudge home his tired nag as best he could. I had to appear in

court. The magistrate fined them each £5, *i.e.*, the five prisoners. A Scotland yard inspector told me that there were no more polished scoundrels in London than this same lot. They were really swell mobsmen, and looked it too, just the kind of men who occasionally visit the provinces 'to buy horses for Her Majesty's Army'.

Occasionally illness, accident, or death requires my attendance at one of the common lodging houses. It would take too much of your time to listen to the Dickens like scenes which one may see in a London lodging-house, but this I know that the inspector will not go himself, nor let me go, without an officer in uniform to accompany us. Such are some of the experiences of a Divisional Surgeon in London.

There are a few privileges associated with the appointment, *i.e.*, unchallenged entry to Scotland Yard, privileged places in the House of Commons, and special protection if you want it.

London has for me many attractions, and very many advantages. It has also some disadvantages. I miss your Medical Meetings — the Medical Societies of London are four miles distant — and I miss my many old friends. I have no Dill, nor Whitla, nor M'Kenzie to interchange ideas with, nor have I any hospital work nor students' classes to prepare for; but I have in exchange a remunerative practice, good health, a happy home, and am a citizen of no mean city.

LEGAL ASPECTS OF MEDICAL PRACTICE

The University College, Cardiff, in collaboration with the University of Wales College of Medicine, is offering a Masters of Laws degree (LL.M.) to graduates who are qualified in medicine, dentistry, pharmacy or nursing, or who have served for a substantial period of time within the National Health Service administration. The course adviser is Professor Bernard Knight.

The course will cover a wide range of issues relating to medicine and health care and the legal concepts which are the basis of many aspects of medical practice.

The course will last two years, and is based on a series of nine weekend seminars (residence compulsory) held at a Cardiff hotel. Each student will be required to submit a piece of written work four weeks in advance of all but the first seminar, and this will be marked and returned during the first session of the next seminar to enable course tutors to discuss matters arising from students' work.

At the conclusion of the formal teaching and assessment, candidates will be expected to submit a dissertation of not more than 20,000 words.

The course is designed not only to provide factual knowledge of the legal aspects of medicine, but also to develop a critical approach to the existing legal structure and the operation of its rules within society.

Further information from:—
The Dean of the Faculty of Law, University College, Cardiff CF1 1XL

OPINIONS EXPRESSED IN THE POLICE SURGEON SUPPLEMENT ARE NOT NECESSARILY THOSE OF THE ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

AUTUMN IN BELGIUM

The XIVth Congress of the International Academy of Legal Medicine and Social Medicine will be held in Liege, Belgium, in September 1988. It will also be the fiftieth anniversary of the Academy.

Particular attention will be paid to:—

1. post mortem delay and thanatochemistry
2. Medico-legal entomology
3. The rights of the patient
4. neuropsychiatry and medico-legal expertise
5. Compensation for bodily injury

In addition there will be sessions of free communications grouped according to key-words, and poster exhibition and sessions dealing with present-day medico-legal and criminological problems. The official languages of the Academy are English and French with simultaneous translation for the plenary sessions.

The Congress venue is the Liege Congress Hall. Considerable attention is being paid to the planning of the social programme.

11-16th September 1988: International Academy of Legal Medicine and Social Medicine, Belgium.

CHINA

The International Congress on Forensic Sciences promises to be of great interest. Organised by the Forensic Medicine Association of China, the plenary lectures will include Timing of Wounds by Professor J. Raekallio of Finland, and DNA Profiling by Professor I. Ishiyama and Dr. A.J. Jeffreys.

The overseas organising committee includes Professors Eckert, Cameron, Chao, Salgado and Ferris. Pre and post-congress tours have been arranged.

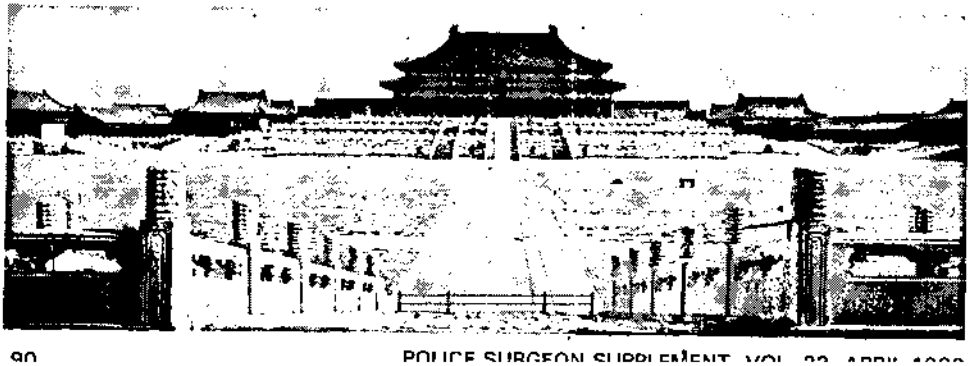
Topics will include:—

Forensic Pathology
Forensic Odontology
Toxicology
Criminalistics
Paternity cases
Injuries
Hair/Fibre
Firearm/Tool mark
Education/Training
Forensic Anthropology
Forensic Psychiatry
Clinical Forensic Medicine
Crime Scene Investigation
Road accidents
Fire/Explosion accidents
Fingerprint/Document
Body Fluid
Statistics

Conference Venue

To the Western Visitor, Beijing offers a representative look at China. It is a wonderful city of all ages as certified by numerous travellers.

Beijing has a long history of over 3,000 years. Great Wall, the Imperial Palace, and numerous architectual wonders constitute a most comprehensive and intimate record of the glamour of the Middle Kingdom. Many scenic spots, religious sites (temples, church, mosques . . .) and historical monuments are worth exploring.



Beijing people are courteous and friendly. This is one of the many cultural inheritance down from Confucius that survived the change of time.

Today, Beijing is still bubbling with life and energy and also acts as the political centre of China, as it has always been in the past 800 years.

She is also a flourishing metropolis, the vigorous pioneer in China's modernization drive. Progress and tradition blend into a harmony that is peculiar to China, or, to Beijing.

4th-7th September 1988: International Congress on Forensic Sciences, Beijing (Peking). Address details — see page 101.

THE ROYAL SOCIETY OF MEDICINE

Section of Clinical Forensic Medicine

President: Dr. Neville Davis

Honorary Secretaries: Dr. Robin Moffat, Dr. Jeremy Smart.

Membership of the Section of Clinical Forensic Medicine is open to all who are Fellows of the Royal Society of Medicine.

Facilities of the Royal Society include first class residential accommodation, an excellent restaurant, splended accommodation for receptions and meetings, and a world renown research library. It is situated in the centre of London, within a short distance of Oxford Street and two underground stations.

Further details from:—
The Social and Information Secretary,
The Royal Society of Medicine,
1 Wimpole Street,
London W1M 8AE

INDO-PACIFIC CONGRESS

The Third Indo-Pacific Congress on Legal Medicine and Forensic Sciences will be held in Madras, India in 1989.

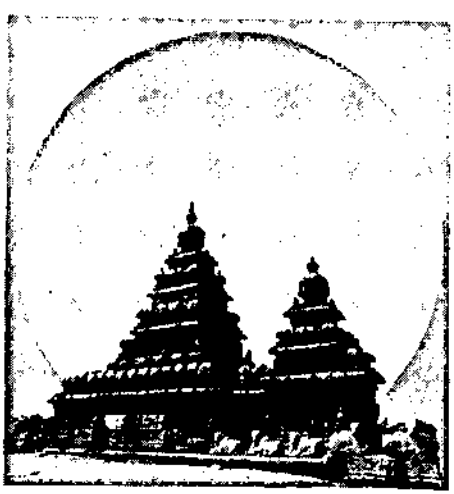
Madras is the capital city of Tamil Nadu, the southernmost state of India. Although one of the most modern of states, Tamil Nadu retains its old world charm. It is a land which has seen the rise and fall of many kingdoms, each leaving behind incredible cultural treasures.

Tamil Nadu is inexpensive, with accommodation to suit every pocket and taste.

The Congress language is English. There will be a full social programme for accompanying persons, including tours of the saree making central Kancheepuram, and an exposition of Indian cuisine. There will also be dancing displays by internationally reputed artistes from all States of India every evening.

Further details from INDPAC Congress, 'Forensic House', 30A Kamarajar Salai, Mylapore, Madras — 600 004, India.

8th-12th September 1989, Third Indo-Pacific Congress on Legal Medicine and Forensic Sciences.



AUSTRALIAN DUO

Surgeons at the Casino

An hour's drive from Brisbane is the Gold Cost. The week after the Forensic Science meeting in Brisbane, the 6th Biennial Meeting of the Association of Australasian and Pacific Area Police Medical oficers is being held in the Conrad International Hotel and Jupiters Casino.

It could be interesting — Bill Ryan writes:—

Our 6th Biennial Conference at Broadbeach, Queensland will feature a wide range of topics relevant to Police Surgeons work.

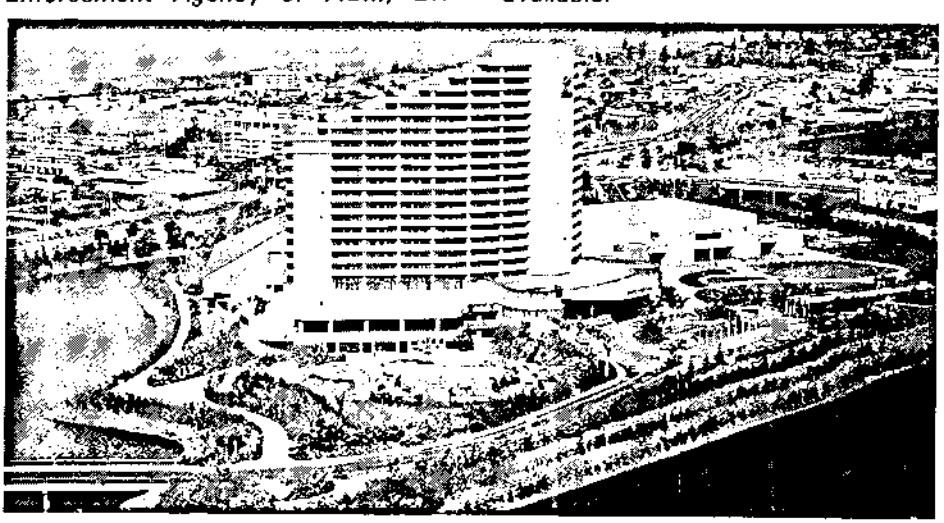
Guest speakers include Prof. T. Marshall, Belfast; Richard Frant — Drug Enforcement Agency of F.B.I.; Dr. James Reese, Spiral Agent of F.B.I., Washington; Professor David Bowen, U.K.; Sgt. G. Ford, N.Z. Police; Dr. S. Burges, U.K. Police Surgeon; Richard Walter, Psychologist — Corrective Services, Michigan, U.S.A.

An extensive session on the Presentation and management of a case of sexual assault from investigation to the Court Room will be presented by the Victorian contingent.

Thursday morning will be devoted to a review of the aggressive activities of Australian stingers, biters, reptiles, along with drowning and the resuscitation thereof, and is of some interest. Professor John Pearn is conducting this.

Care of policemen, Consideration of the Police Surgeon as an expert witness and other contributed papers, e.g. weapons safety, are also included.

Attendance fees are $A275 for delegates, $A200 for accompanying persons. This includes all but the visit to Expo which is $A40 per head. This latter must be reserved early with registration and no refunds will be available.



Great news that the I.A.F.S. have nominated Adelaide for 1990 and the 2nd World meeting of Police Surgeons and Police Medical Officers will approximate it — at Christchurch!! Wow!

There is a choice of accommodation. The conference venue is the Conrad International Hotel and Jupiters Casino, a five star hotel with a tremedous range of facilities. The Beachcomber Quality Inn is a few kilometers from the conference venue, is close to the beach, and offers good quality family accommodation at reasonable prices. A shuttle bus operates stopping at both hotels.

Optional extras include an overnight tour of the Great Barrier Reef, a revue 'Galaxies — a Journey beyond Starz' — a new multi-million dollar extravaganza in the Conrad International Showroom, and a full day trip to World Expo 88.

Further details from The Conference Secretary, Dr W. Ryan, P.O. Box 267, Nowra, New South Wales 2540, Australia.

29th May-3rd June 1988: A.A.P.A.P.M.O. Conference, Gold Coast, Queensland.

NB: Make your air booking to Australia without delay.

Forensic Science Symposium

The tenth Australian Forensic Science Symposium is being held at the Gateway Hotel, Brisbane, in May. The Theme is 'Forensic Evidence in the Age of Technology'.

Overseas speakers have been selected on the basis of the excellence of their research at the frontiers of forensic science. Topics will include crime scene investigation, forensic biology, forensic odontology, forensic pathology, illicit drugs, and police sciences.

The Gateway Hotel is situated near the centre of Brisbane and is within walking distance of Expo 88 and other tourist attractions. The hotel has a heated swimming pool, an exercise room and sauna. A full social programme has been arranged.

Brisbane is the sunniest capital in Australia, with an average of 7.5 hours of sunshine per day. In the Australian late autumn, the average maximuum temperature is 22°C, minimum 12°C.

Further details from Miss C. Mitchell, Assistant Secretary AIFSS, Laboratory of Microbiology and Pathology, GPO Box 495, Brisbane, Q 4001, Australia.

23-27th May 1988: 10th Forensic Science Symposium, Brisbane.

CONFERENCE 1988

You will have received your conference programme and booking form for this year's Conference in Cardiff. This is the first year of an experiment in having the Conference over a long weekend. I do not know what the delegates will think of this change, so we will all find out at Cardiff. The decision made at the end of the Conference will decide whether future conferences are held at weekends or during the week. Please come and see and help decide which format we will follow.

We have I hope a varied programme. I also hope that people will come for the events of Thursday evening.

As we become increasingly professional, attendance at these conferences becomes increasingly important. I hope to see many of you in Cardiff.

TIM MANSER

When police stopped a car which raced passed a halt sign at Euskircken, West Germany, they found a man of 84 at the wheel.

'Don't tell my mother I borrowed her car,' he begged. She turned out to be 101.

DARWEN SURGEON

I wonder how the method of appointing Police Surgeons (in Non-Metropolitan districts) has changed in the last 30 years?

Almost 30 years ago I was 'asked' to beocme police surgeon at Darwen (pop 30,000), a sub division of Lancashire County Police. The request was made by the Chief Inspector (who had tried to interest two other G.P.'s first!)

The previous police surgeon neither liked the job or being a G.P. and had left the district!

The Chief Inspector knew I had long complained of the absence in 'Civvy Street' of the intense corporate loyalty which had been such a feature of all in an infantry batallion fighting in N.W. Europe. He suggested I would find much of a similar feeling in the police force.

My forensic 'knowledge' was limited to a few pre-war lectures by Dr. Roche Lynch — the premier Home Office Forensic Pathologist of the time — at St. Mary's Hospital in London. Plus over 1,000 casualties in 'my' batallion in Europe . . . including three cases of garotting of sentries, all showing the peculiar, unexpected, rise in body temperature post mortem. But Roche-Lynch was not a good lecturer and his subject was never a question in finals, so really I had to buy copies of Taylor's Medical Jurisprudence, Vols. I and II!!

There was NO 'Practical Police Surgeon' until 1969 and certainly NO 'New Police Surgeon' until shortly before my retirement in 1978!

But my luck was in because we had a very experienced station sergeant who 'knew it all'! In 1959 the commonest call out for the police surgeon was either for 'drunk-in-charge' or 'drunken driving' and remember this was before the breathalyser or even taking of blood or urine for analysis. Everything was decided on the police

evidence and the police surgeon's evidence following the taking of the 'History' and 'Clinical Examination'. Sgt. Wilson's best advice to me was 'Think every case is going to end up at Quarter Sessions following a 'Not Guilty' plea and do *every* test ever thought of. If you leave out even one, the defending barrister is bound to 'explode' with surprise that you left it out as 'everyone knows it is an essential part of the exam'!

So a proper clinical exam had to follow a proper medical history e.g. Diabetics seldom 'volunteered' the fact in the police station. The the 'Tests' often produced a Catch 22 situation. 'Reading a newspaper', 'Spelling simple words', doing 'simple' additions depended on estimating an accused's intelligence, education etc. Leave any of those out and the defending barrister

would pounce. Ask them and the same barrister would claim he was poor speller or he 'wrote down his bridge scores'! (You might have asked 'Can you add up 5,7, & 6 in your head?)

Getting an accused to stand up, plus the Romberg Test and 'fore-finger to nose' and walking a straight line were all 'essential tests'!

However, the really deciding factor was not whether the accused 'failed' miserably but the composition of the jury at Quarter Sessions! It too often depended on how many licencees, how many other drivers who often drank were on the always predominatly male jurors. There were too often amazing 'Not Guilty' verdicts that pressure came from all sides for some method of calculating the blood alcohol (or urine alcohol) accurately.

Of course, there were many other cases of prisoners sick or injured in cells, sudden deaths, suspicious deaths — here Sgt. Wilson was the first person to warn me, always to turn over a body in bed to make sure there 'aint a knife there'!

But I also got great help from the many Home Office Pathologists from Bolton, Southport and even Liverpool then and later.

However, the two greatest morale boosters occured only 3 months after I was appointed. First a telephone invitation from Dr. Bill Thomas of Preston to join the A.P.S.G.B. and almost simultaneously the Chief Constable of Blackburn (the County Borough of Blackburn then had its own Police Force), invited me to take over as their Police Surgeon in addition to Darwen. This meant that the population involved increased to 150,000 since the whole of the Blackburn Division of Lancashire County Police (of which Darwen was a sub-division), had also previously been added to my duties. So for 20 years I acted alone except for a period of about eighteen months when I had two deputies, but one moved away and the other resigned, finding night work not his forte.

I was therefore fortunate (?) to work throughout the greatest period of change (up to the introduction of the 'Intoximtere'!) and including the loss of County Borough Forces — amalgamated into the County Force. This latter was something of a mixed blessing — undoubtedly many improvements, but something of the intense local pride and loyalty (of the Infantry Bn.) in the small County Borough Force was lost.

I was involved in the investigation of over 40 alleged murders (including one garrotting), almost 200 alleged rapes and many unusual investigations of a type not unusally involving a police surgeon. Also I was one of many members of the Association who took part in the only strike we ever had (and for which I had great support from my police forces), but it did result in greatly increasing our fees to a realistic amount and ensuring that the B.M.A. then saw that these fees were adjusted annually.

I enjoyed the work and the camaraderie but have to admit that fairly frequent attendance at Magistrates Courts, Quarter Sessions and Crown Courts at Lancaster, Preston and Manchester made for difficultiues in my work as a G.P. and other committments.

BILL LEES

Two policemen with their prisoner found themselves locked out of the police station in Preston, Lancashire, by an electronic door.

The prisoner had his bag of housebreaking tools with him, so the officers asked to pick the lock. Within seconds the prisoner had the police station door open.

Worthing GPs have been reminded to answer all questions on cremation certificates after a pacemaker exploded during a cremation.

ON THE BEAT

with DAVID JENKINS

JOHN PRESTON takes the pulse of London Crime

'If you don't take your trousers down then these two policemen will have to do it for you'. It's two o'clock on a Friday morning and Dr. David Jenkins is half-way through his 24 hour shift as a police surgeon.

The man hanging grimly onto his trousers is suspected of having drugs on him. He is in his early twenties and sits hunched up on the bed in his cell.

'You dirty old poofter', he mutters at Jenkins, though without much conviction.

Not long afterwards, when faced with being forcibly debagged by two officers, he consents to take his own trousers down. There's nothing there that shouldn't be there. 'Such a lot of fuss about nothing', says Jenkins, washing his hands.

Disaster

On duty since four o'clock the previous afternoon, Jenkins is showing no sign of flagging, despite an unbroken run of calls and recurring trouble with his carphone. 'The Batphone's gone dead again', he cries, 'What a disaster'.

Of the 90 police surgeons on the Met's books, less than a tenth are on call at any one time. Tonight, Jenkins is the only doctor covering six police stations from West End Central in Saville Row to Limehouse. It's his second 24 hour shift that week. 'You get used to it after a while', he says. 'After all, I've been doing it for almost 30 years'.

Just to confuse matters, police surgeons are neither surgeons, nor members of the police. They are GPs in NHS practices, seconded to the police to deal with everything from drunks to sex offenders.

In Leman Street Police Station in Wapping, they're holding a drunk who hit his ex-wife and bit his teenage daughter on the chest on the first anniversary of his divorce.

'The usual sort of story', says the police officer. 'Round here almost all the crime is drink-related'.

The man continues to claim that his ex-wife hit him first with a cricket bat. He jerks about, shifting his weight from one foot to the other and rolling his shoulders. 'I swear I didn't hit her', he says.

Jenkins looks at him quizzically 'The Virgin Mary must have come down and done it then', he says. The man looks faintly hopeful. He doesn't appear to have heard of the Virgin Mary.

'Sordid, isn't it?' says Jenkins, trying to read his radio-pager in the gloom outside. 'I've noticed a change in the pattern of crime since I started the job. The level of violence is clearly on the increase.

'In fact, if crimes like rape and child abuse carry on increasing at the rate they are at the moment we will have to have more police surgeons. The workload is going up all the time and it's getting worse'.

Jenkins heads off to Hackney for his second child abuse case of the day. The first was a 14 year old rent boy who refused to be examined. 'Nasty little piece of work', says Jenkins. 'He'll end up dead in Epping Forest I shouldn't wonder'.

This time an 11-year-old girl is suspected of having been abused. She also turns out to be mentally handicapped. After examining her, Jenkins advises that she be detained in hospital.

Murder

'People think you become hardened after a while, but it's not true. I still see things that shock me. Particularly the abuse of children and women who have been beaten up.

'Things like murder and grievous bodily harm don't bother me anymore though. A bad suicide will upset me. You think of the mental trauma the person must have gone through.

The bane of the police surgeon's life, particularly in the West End, is drug addiction. There is some divergence of opinion here as to how addicts should be treated.

Jenkins is of the school that believes addicts can be left to stew for up to 12 hours without a fix.

'When I first started with addicts in the Fifties we used to run round sticking them full of heroin. Now I give them a mild sedative at most and something to relieve stomach cramps'.

A call comes through from Limehouse. Jenkins has to try and gauge the age of a boy who claims to be 17. The police officers there don't believe him.

The boy was pulled in while driving his drunken mother and father home. They were out cold on the back seat while he was trying to reach the pedals in the front.

'I'm 17', insists the boy doggedly in a high unbroken voice. He looks like a stage urchin in an oil-stained jacket and torn trousers.

Outside his parents sit on a bench, leaning against one another and staring at the floor. The boy finally admits that he's only 14. His parents told him to drive them home from the pub after they got too drunk to stand up.

And so it goes on. An unemployed kitchen porter who's been found drunk in charge of a push bike, another couple of drunks up for assault in Bow Street.

Tedium

A relentless catalogue of accidents, misdemeanours and acts of brutality that sends Jenkins criss-crossing back and forth across London. 'It's a pretty average night', he says.

Maybe so, but it's still enough to send the uninitiated flying into the arms of the Temperance Society.

For Jenkins it all comes as a relief from the 'boredom and tedium' of most NHS work. 'When I qualified as a doctor I joined a practice that did police work', he ways.

'I wasn't very happy with the idea to begin with. The doctor in charge told me that if I stuck it out for a year, I'd probably get to enjoy it. Oddly enough, he was right'.

This article first appeared in *The London Evening Standard* and is reproduced by kind permission of the Editor.

FORENSIC MEDICAL EXAMINER

With effect from 1st January 1988, police surgeons in the Metropolitan area are to be known as 'Forensic Medical Examiners'.

What's in a name? that which we call a rose by any other name would smell as sweet. (Romeo and Juliet)

WATER SKIING CHAMPIONS

Dr. Raine Roberts, Manchester, has retained her title as Slalom Water Ski Champion in Group 3 (over 50). Her medically qualified daughter has retained her British Open Championship.

Dr. Roberts was unable to practise for her event because she was involved in Cleveland.

MEDICO-LEGAL SOCIETIES

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: Mr. Fergus McCartan

Tuesday, 23rd February, 1988
'The Mediaeval Coroner'
Professor Bernard Knight, University of Wales.

Saturday, 19th March, 1988
ANNUAL DINNER, Culloden Hotel, Craigavad, 7.30 for 8 p.m.

All meetings are held at the Ulster Medical Rooms, Medical Biology Centre, Belfast City Hospital, at 8.0 p.m. unless stated otherwise. Attendance at meetings is limited to members of the Society and their guests.

Membership enquiries should be directed to:—
Dr. Elizabeth McClatchey,
Honorary Secretary,
Northern Ireland Medico—Legal Society,
40 Green Road,
Belfast BT5 6JT.

SOUTH-YORKSHIRE MEDICO-LEGAL SOCIETY

February 1988
'The Future of Diminished Responsibility'
Professor E. Griew, University of Nottingham.

March 1988
'Police Use and Control of Firearms'
Mr. R. Hatfield, Chief Constable of Nottingham.

April 1988
'The Moors Murders Re-visited'
Professor David Gee, University of Leeds.
Annual General Meeting.

May 1988
ANNUAL DINNER
The Cutler's Hall, Sheffield.

Meetings are held at the Medico-Legal Centre, Watery Street, Sheffield 3, commencing at 8 p.m. Further information from:—
Mr. J. Pickering,
Irwin Mitchell,
St. Peter's House,
Hartshead,
Sheffield 1.
or
Mr. A. Kaufman,
Sheffield Children's Hospital,
Western Bank,
Sheffield S10 2TH

THE MEDICO-LEGAL SOCIETY

President: His Honour Judge J.A. Baker

Thursday, 11th Febuary, 1988
'Confessions — Their Reliability'
Mr. Robin Simpson Q.C.

Thursday, 10th March, 1988
Details to be announced.

Thursday, 14th April, 1988
'Law and Medicine — A Scottish Viewpoint'
Mr. Robert H. Dickson, Sheriff of South Strathclyde, Dumfries and Galloway at Airdrie.

Thursday, 12th May, 1988
8 p.m. Annual General Meeting
'Anaesthesia — The Report on Perio—operative Deaths'
Dr. J. N. Lunn, Reader in Anaesthetics at University Hospital of Wales.

Thursday, 9th June, 1988
Annual Dinner, Gray's Inn.

Unless stated, meetings will be held at 8.15 p.m. at the Royal Society of Medicine, Wimpole Street, London W.1.
Further information from:—
The Legal Secretary,
Miss E. Pygott,
The Medico-Legal Society
1 Finsbury Avenue,
London ECM 2PJ.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

President: Dr. S. Sivaloganathan, D.M.J.

Wednesday, 3rd February, 1988
Joint Meeting with the Leeds Division of B.M.A. Dr. Jane Wynne
'Child abuse — new problems'

Wednesday, 2nd March, 1988
Mr. T. Michael Napier, President of South Yorks Medico-Legal Society.
'Responding to the medico-legal needs of victims of disasters'.

Saturday, 19th March, 1988
Annual Banquet.

Meetings will be held at 8.30 p.m. at the Littlewood Hall, The General Infirmary, Leeds. Further information from:—
Mr. R.E. Collins, Hon. Secretary,
Fox Hayes,
Bank House,
150 Roundhay Road,
Leeds LS8 5LD.

MEDICO-LEGAL SOCIETIES

MERSEYSIDE MEDICO-LEGAL SOCIETY

President. Miss Betty Behn

Wednesday, 10th February, 1988
Annual Dinner, St. George's Hotel.

Wednesday, 23rd March, 1988
'The Doctor & the Law'
Dr. J. Burns.

Meetings are held in the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool 3, commencing at 8.00 p.m.
Further details from:—
Dr. M. Clarke,
Hon. Secretary, MMLS,
24 High Street, Liverpool 15.

President: Dr. C.A.K. Bird

Sunday, 12th June, 1988
Lunchtime Summer Gathering
Arley Hall, Cheshire.

Meetings are held in the Technical Lecture Theatre at the Manchester Royal Infirmary at 7.30 p.m. prompt. Drinks and a meal for those interested are in the Main Boardroom of the Manchester Royal Infirmary at 5.30 p.m. for 6.00 p.m.
For further information please contact:—
Mr. A.R. Taylor,
Hon. Secretary,
c/o 8th Floor,
Sunlight House,
Quay Street,
MANCHESTER M60 3LU

FYLDE MEDICO-LEGAL SOCIETY

Chairman: Mr. Michael Wren-Hilton

Wednesday, 23rd March, 1988
Dr. P.D.B. Clarke, Director, Forensic Science Laboratory, Euxton.
'The Home Office Forensic Service'

Meetings will be held at the Royal Lytham & St. Annes Golf Club at 7.30 for 8 p.m.
Further details from:—
Mr. M.S. Cornah,
4 Forest Gate,
Blackpool.

BRISTOL MEDICO-LEGAL SOCIETY

President: Dr. Ivor Doney

Friday, 26th February, 1988

ANNUAL DINNER, Banqueting Room, Council House, Bristol.

Thursday, 26th March, 1988
'Strange Tales from Canada and Australia'
Professor Derrick Pounder, Department of Forensic Medicine, Dundee Royal Infirmary.

Thursday, 19th May, 1988
Members' Papers.

The meetings will be held in the School of Nursing, Bristol Royal Infirmary, at 8.0 p.m. A buffet supper will be available from 6.30 p.m.
Further details from:—
Hon. Legal Secretary,
Malcolm Cotterill,
Guildhall Chambers,
23 Broad Street,
BRISTOL BS1 2HG.
or
Hon. Medical Secretary,
Hugh Roberts, FRCS,
Martindale,
Bridwater Road,
Winscombe,
Avon BS25 1NN.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

Saturday, 19th 1988
ANNUAL DINNER
7.30 p.m. for 8.00 p.m. at Culloden Hotel, Craigavad.

All meetings are held at the Ulster Medical Rooms, Medical Biology Centre, Belfast City Hospital, at 8.00 p.m. unless stated otherwise. Attendance at meetings is limited to members of the Society and their guests.
Membership enquiries should be directed to:—
Dr Elizabeth McClatchey,
Honorary Secretary,
Northern Ireland Medico-Legal Society,
40, Green Road,
Belfast BT5 6JT

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

8th-9th April 1988 — BRISTOL
Forensic Science Society Spring Meeting, held jointly with the British Association of Odontology. To be held at Baddock College, Bristol.
Further information from the Forensic Science Society, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX

20th April 1988 — LONDON
British Academy of Forensic Sciences — The Lund Lecture — "Is Consent Really Necessary?" Speaker: Rt. Hon. Sir Roger Ormrod.
To be given at the Law Society, 113, Chancery Lane, London WC2.
Details from Mr. P. Pimm, Kinglsey Napley, 107-115 Long Acre, London WC2E 9PT

12th — 15th May 1988 — CARDIFF
A.P.S.G.B. Annual Conference, to be held in Cardiff, Wales.
Venue — The Stalkis Inn on the Avenue, Cardiff.
Further details from Dr. Tim Manser, Whitelears, Bridgetown Hill, Totnes, Devon.
see page 93.

26th May 1988
British Academy of Forensic Science AGM

30th June 1988 — LONDON
Joint Meeting, British Academy of Forensic Science and Forensic Science Society. "DNA Profiling". 6.0 p.m. New Scotland Yard.
Details from Dr. F. Lewington, MPFSL, 109, Lambeth Road, London SE1 7LP

22nd-23rd July 1988 — YORK
Forensic Science Society Summer Meeting. "Scene Examination and Investigation", to be held at the College of Ripon and York St. John, York.
Further information from the Forensic Science Society, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX

4th-5th November 1988 — GUILDFORD
Forensic Science Society AGM and Autumn Meeting. "Burglary" at Police HQ, Mount Browne, Guildford.
Further information from the Forensic Science Society, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX

23rd-25th September 1988 — MANCHESTER
A.P.S.G.B. Autumn Symposium — "Sex and the Forensic Physician", to be held at Owens Park, University of Manchester.
Further details from Dr. Stephen Robinson, 277, Manchester Road, West Timperley, Altrincham, Cheshire WA14 5PQ

UNITED KINGDOM MEETINGS

21st January 1989 — LONDON
Metropolitan Group Winter Symposium, to be held at Charing Cross Hospital, London.
Further details from Dr. David Filer, Warwick Lodge, Warwick Dene, Ealing, London W5.

13th-15th April 1989 — BELGIUM
Third Cross Channel Conference.
See International Section

18th-21st May 1989 — GLASGOW
Association of Police Surgeons Annual Conference, to be held at the Stakis Gantock Hotel, Gourock, Glasgow.
Further details from Dr. Stephen Robinson, 145, Framington Road, Brooklands, Sale M33 3RQ

INTERNATIONAL MEETINGS

23rd-27th May 1988 — AUSTRALIA
10th Australian International Forensic Science Symposium. To be held at the Gateway Hotel, Brisbane, Queensland, Australia.
Details from Mr. N. Raward, Scientific Section, Queensland Police Department, G.P.O. Box 1440, Brisbane Q 4001, Australia. See page 92.

24th-28th May, 1988 — YUGOSLAVIA
11th World Congress of the International Association for Accident and Traffic Medicine.
Further information from IAATM, Institute of Public Health, Sarengradska 3, Yu41000, Zagreb, Yugoslavia.

29th May — 3rd June 1988 — AUSTRALIA
Sixth Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers.
Conrad International Hotel, Broadbeach, Gold Coast, Queensland.
Further details from Dr. Edward Ogden, Honorary Secretary, A.A.P.A.P.M.O., Boronia Medical Centre, 152, Boronia Road Boronia, Victoria, Australia, or from Dr. K.J. Morrison, Chief Government Medical Officer, 51, Herschel Street, Brisbane, 4000, Australia. See page 92.

16th-18th June 1988 — SWEDEN
Scandinavian Meeting of Forensic Medicine. Inquiries to Congress Secretary Regionsjukhuset, S-58185, Linkoping, Sweden.

DATES FOR YOUR DIARY

INTERNATIONAL MEETINGS

24th-25th June 1988 — IRISH REPUBLIC
Forensic Science Society Meeting, to be held at St. Partricks College, Drumcondra, Dublin. "Dead Men Do Tell Tales — the Scientific Investigation of Suspicious Deaths".
Further information from the Forensic Science Society, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX

27th-30th June 1988 — NETHERLANDS
25th TIAFT Meeting — International Congress on Forensic Toxicology. To be held at the Golden Tulip Hotel, Groningen.
Further details from Dr. Donald R.A. Uges, Chairman, University Hospital Groningen, P.O. Box 30.001, NL—9700RB Groningen,The Netherlands.

21st-25th August 1988 — CZECHOSLOVAKIA
VIIIth World Congress on Medical Law, to be held at the Palace of Culture, Prague. The main topics will be Medical Law in a Changing Society, Liability, Medical Law and Human Rights, Human Reproduction, and Teaching Medical Law and Ethics. Simultaneous translation will be provided in English, French and German.
Further information Czechoslovak Medical Society J.E. Purkyne, "VIIIth World Congress on Medical Law", tr. Vitezneho unora 31 (P.O. Box 88), 120 26 Praha, Czechoslovakia.

31st August — 2nd September 1988 — BELGIUM
International Congreses on Applied Criminology. Venue: University of Gent. Topics: Organised Crime; Terrorism; Mass-Disasters; International Collaboration.
Further details from Prof. Dr. R. Dierkens, International Congress on Applied Criminology, Apotheekstraat 5, B-9000, Gent, Belgium. See page 89.

4th-7th September 1988 — CHINA
International Congress on Forensic Sciences, to be held in Beijing (Peking), China. Conference language English.
Further enquiries to China Express Congress Ltd., 1201-2 Energy Plaza, 92, Granville Road, Tsimshatsui East, Kowloon, Hong Kong, or to Office of International Congress on Forensic Sciences, No.64, West Chang An Avenue, Beijing, China. See page 90.

4th-9th September 1988 — GERMANY
10th International Congress on Criminology, to be held in Hamburg, West Germany. Information from HMC Congress Organisation, 10th International Congress on Criminology, P.O. Box 30 24 80, D-2000 Hamburg 36. Federal Republic of Germany.

INTERNATIONAL MEETINGS

11th-16th September 1988 — BELGIUM
14th International Congress and 50th Anniversary of the International Academy of Legal Medicine and Social Medicine. To be held at the Faculty of Law, University of Liege, Belgium.
Further details from Dr. Georges Brahy, Institut de Medecine Legale, Rue Dos Fanchon, 39, B-4020 Liege, Belgium.
See page 89.

20th-25th February 1989 — UNITED STATES
Annual Meeting of the American Academy of Forensic Sciences, to be held in Las Vegas, Nevada.
Further details from AAFS, 225 South Academy Boulevard, Colorada Springs, CO 80910, U.S.A.

13th-15 April 1989 — BELGIUM
3rd Cross Channel Conference.
To be held in Antwerp, Belgium.
Further information from Prof. Dr. Guy de Roy, Kardinaal Mercierlei 32, 2600 Berghem, Belgium.

8th — 12th September 1989 — INDIA
3rd Indo-Pacific Congress on Legal Medicine and Forensic Sciences, to be held in Madras.
Further information from INDPAC, Congress "Forensic House", 30A Kamarajar Salal, Myapore, Madras-600004, India.

24th-27th October 1989 — UNITED STATES
11th International Conference on Alcohol, Drugs and Traffic Safety. Ambassador West Hotel, Chicago, Illinois, U.S.A.
Further information from Mr. Al Lauersdorf, National Safety Council, 44, North Michigan Avenue, Chicago, IL 60611, U.S.A.

November 1989 — COLOMBIA
Fourth International Meeting of the Pan American Association of Forensic Sciences, to be held in Bogota, Colombia — theme "The Sciences and Justice". Topics will include identification, questioned documents, AIDS, homicides, suicides, child abuse and molestation.
Further details from Dr. Egon Lichtenberge, Carrera 11A 96-26, Bogota, Colombia, or from Dr. W.g. Eckert, P.O. Box 8282, Wichita, Kansas 67208, U.S.A.

DATES FOR YOUR DIARY

INTERNATIONAL MEETINGS

24-31st October 1990 — AUSTRALIA
12th International Meeting of the International Association of Forensic Sciences will be held in Adelaide, South Australia. Further information from Dr. W. Tilstone, Forensic Sciences Centre, 21, Divett Place, Adelaide, SA-5000, Australia.

November 1990 — NEW ZEALAND
2nd World Meeting of Police Surgeons and Police Medical Officers, Christchurch, New Zealand. (Provisional)

19th-24th February 1990 — UNITED STATES
Annual Meeting of the American Academy of Forensic Sciences, to be held in Cincinnati, Ohio.
Further details from AAFS, 225 South Academy Boulevard, Colorado Springs, CO 80910, U.S.A.

QUIZ ANSWERS

1. 1951 (2 points)
2. Locard (2 points)
3. Mary Rogerson (2 points): Mary (1 point)
4. 12 inches (2 points): 11 to 13 inches (1 point)
5. 9% (2 points): 8 or 10% (1 point)
6. Cherry Red or Pink (2 points)
7. 1. Temperature at death (1 point)
   2. The clothing or covering of the body (1 point)
   3. The environmental temperature (1 point)
   4. The medium in which the body is found which may or may not have been constant. (1 point)
   5. Flow of medium over the body. (1 point)
   6. Condition of the body e.g. fat content. (1 point)
8. Galton, Henry. (1 point for each): Herschel (1 point)
9. Any (2 points)
10. a. Nearest Relative, Social Worker, and Doctor
    b. Yes (1 point each)
11. 77% (2points): 75 to 80 (1 point)
12. Mr. Drummond, Sir Robert Peel (1 point for each)
13. 80 and 35 (1 point for each)
14. Arsenic in Cocoa (1 point for each)
15. Inspector (2 points)
16. The Peyote Cactus. Peyote (1 point): Cactus (1 point)
17. Ricin. Castor Oil Beans. (1 point for each)
18. A Leg (2 points) (it was amputated)
19. a. Drachma. b. Escudo. c. Peseta (1 point for each)
20. The Mowbraths (2 points)
21. 560 days (2 points): 520 to 600 (1 point)
22. He died. (2 points)
23. a. 1/3 or 6.25p (2 points): near miss (1 point)
    b. 2/6 or 12.5p (2 points): near miss (1 point)
    c. 13/7/6 or 13-37.5p (2 points): near miss (1 point)
24. Knitting (2 points)
25. Carl Faberge (2 points)
26. Smetana (2 points)
27. Chicken and Chocolate (1 point for each)
28. Six (2 points)
29. A Ship (wooden frames) (2 points)
30. Police Surgeon (2 points)

What does Ralph Summers want to do with £500 on page 71?

MEMBERSHIP LIST

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

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

F = Founder Member
PP = Past President

COUNCIL MEMBERS

G.F. Birch, DMJ	Lincoln	T.I. Manser, DMJ	Totnes
R. Bunting, DMJ	Bristol	C.S.S. MacKelvie	Glasgow
M.D.B. Clarke, DMJ	Liverpool	W.D.S. McLay	Glasgow
I. Craig, DMJ (PP)	Witham, Essex	S.P. Robinson, DMJ	Cheshire
H. de la Haye Davies, DMJ	Northampton	R. Sarvesvaran, DMJ	Surrey
N. Davis	London N11	C.J. Smart, DMJ	Birmingham
P. Jago, DMJ	Alloa	J.H.H. Stewart	Randalstown
D. Jenkins	London	R.D. Summers, OBE., DMJ (F) (PP)	London
H. Jones	Prestatyn	A.S. Veeder, DMJ	Newcastle-upon-Tyne
M.A.Knight, DMJ	Ipswich		

HONORARY MEMBERS

Dr. E.C.A. Bott	London	Prof. A.K. Mant	London
Prof. D.A.L. Bowen, DMJ	Charing Cross Hospital	The Lord John Richardson	London
Prof. J.M. Cameron, DMJ	London	Dr. R.D. Summers, OBE, DMJ, (F) (PP)	London
Dr. M.H. Hall	Preston	Dr. W.M. Thomas (PP)	Preston
Rev. Dr. W. Hedgcock	Windsor	Prof. A. Usher, OBE, DMJ	Sheffield
Dr. I.F.B. Johnston, DMJ	Knaresborough	Dr. R.L. Williams, CBE	London
Dr. F. Lewington	London	Dr. Peter Wilson	London
Prof. J.K. Mason	Edinburgh		

OVERSEAS

A.A.E. Abbas	State of Bahrain	I. Nicholson	Australia
S.G. Abu	Bendal State, Nigeria	N. Patel, DMJ	Zambia
F. Buijze	Holland	C. Pathmanathan, DMJ	State of Brunei
J.P. Bush, AM, DMJ	Australia	N. Pearson, DMJ	New Zealand
B.A.J. Cohen, DMJ	Holland	Esther D. Phillips	Israel
H.T.P. Cremers	Holland	B.Y.A. Rahman	Malaysia
W.L. Daniels	New Zealand	D.L. Ranson DMJ (Path)	Australia
N. Doornbos	Holland	P. Roberge	Ottawa, Canada
M.A. Elfawal	Saudi Arabia	R.A. Rockerbie	Burnaby, Canada
M.B. Garg	Zambia	M.D. Schwartz	Israel
D.A.L. Gibson	Australia	J.E. Simon, DMJ	New Zealand
J.A. Grogan	Canada	T.J. Stamps	Zimbabwe
Sheila Hamilton	Hong Kong	J.E. Trotter	Australia
F. Metz	Holland	A.B. Yusof	Malaysia
A.K. Mohungoo	Mauritius		

AREA 1 (North West)
Council Member: S.P. Robinson, DMJ, Cheshire.

Marguerite Ackroyd	Great Harwood
Gillian Appleton	Nantwich
R. Barr	Penrith
D. Brooks	Manchester
G. Burgess, DMJ	Cheshire
P.E. Burke	Blackburn
A.C. Butler	Workington
A.K. Canter	Liverpool
J. Caprio	Stockport
J.T. Caramitsos	Burnley
S.M.D. Charles-Jones	Upton-by--Chester
V.E. Cheridjian	Upton, Wirral
R.D. Choudhury, DMJ	Bolton
J.G. Deighton	West Timperley
T.M. Doran	Wigan
C. Drouet	Cockermouth
D.M. Fox	Didsbury
H.E. Godfrey	Cheadle
S.B. Goldthorpe	Liverpool
D. Gore	Bury
M.A. Gouda	Skelmersdale
R.F.E. Harrington	Lytham
P.A. Harrison	Isle of Man
Linda Hawkesford	Chester
W.T. Hunter	Ravenglass
A. Hutton	Stalybridge
M.S. Irvine	Preston
E.M. Jacobs	Manchester
Sylvia Jayson	Liverpool
I.M. Johnstone	Penrith
H.B. Keen, DMJ	Liverpool
I.M.S.Kerss	Carlisle
M.A. Khan	Liverpool
M. Kirwan, DMJ	Liverpool
A. Krishna	Winsford
M.S. Kukula	Worlsey
B.K.W. Lightowler, DMJ	Stockport
A. Macgillivray	Mellor
K.S. Mackenzie	Oldham
D.G. Mechie	Lancaster
M. Mendick	Liverpool
R. Messing, DMJ	Liverpool
P.J.M. Milroy	Frodsham
Janet E. Napier	Warrington
M.J.S. Page	Poulton-le-Fylde
B. Ponda	Winsford
Z.A. Qureshi	Nelson
R.H. Ritson	Douglas I.O.M.
R.E.I. Roberts, DMJ	Manchester
Madeleine Robinson	Manchester
A.S. Russell	Manchester
M.J.R. Ryan	Lancashire
B. Scroggie	Carlisle
E. Tierney	Gt. Manchester
L. Tragen	Birkenhead
R.B. Vaidya	Barrow-in--Furness
J.W. Veitch	Egremont
Linda Welliver	Saddleworth
R.P.B. Whitefoot	Altrincham
A. Whiteside	Cleveleys, Lancs
C. Wilson	Barrow-in--Furness

AREA 1a (Northern Ireland)
Council Member: J.H.H. Stewart, Randalstown

R.J. Barr	Ballymoney
J.D. Boyd	Enniskillen
B. Bryans	Ballycrochan
R. Burns	Ballymoney
N.D. Chauham	Londonderry
J. Crane, DMJ	Belfast
A.J. Cromie	Belfast
W.E. St. C. Crosbie	Bangor
B. Cupples	Banbridge
A.J.J. Darrah	Newtonabbey
W.R. Dick	Ballymena
J.B. Dunn	Larne
B.J. Farnan	Newtownabbey
J.G. Flynn	Ballymoney
J.S. Garvin	Armagh
C.H.G. Gould	Newtonabbey
R.L. Guy	Belfast
I.F. Hamilton	Belfast
D. Harper	Jordanstown
R.T.S. Harrison	Co. Down
R.B. Irwin	Belfast
J.C. Jefferson	Belfast
J.E. Johnston	Ballymoney
M.T.A. Kemp	Omagh
N.B. Kerrin	Enniskillen
C.W.D. Knipe	Armagh
A.K. Maini	Belfast
W.A. McCartney	Ballymoney
M. McCavert	Omagh
Elizabeth R. McClatchey,OBE	Belfast
P. McConnell	Craigavon
M. McKnight	Newry, Co.Down
M. McVerry	Rostrevor
P. Megarity	Holywood
H. Montgomery	Coleraine
C.K. Munro	Londonderry
D. Nutt	Castlerock
H.R. Ormonde	Lisburn
I.S. Palin	Londonderry
G.W. Rainey	Belfast
N.A. Rainey	Greenisland
G. Rowan	Lisburn
E.N. Shannon	Londonderry
B.A. Sheils	Londonderry
Hazel Siberry	Castlerock
Laura Small	Newtonabbey
E.M. Smith	Hillsborough
J.E. Smythe	Cookstown
C.H. Stewart	Randalstown
W.R. Thompson	Lurgan
P.J. Ward, MBE	Newry
C.S. Wilson	Lurgan
J. Wilson	Carrickfergus
M. Wilson	Portadown
R.H. Wray	Magherafelt

AREA 2 (North East)
Council Member: A.S. Veeder, DMJ, Newcastle-upon-Tyne

S.M. Amin	Barnsley	H.A. Khan	Hartlepool
D.R. Barker	Batley	D.T. Lord	Halifax
W.J. Beeby	Middlesborough	Lesley Lord,DMJ	Halifax
Y.R. Bhimpuria	Rotherham	J.H. Loose	Hull
D. Bhuyan	Huddersfield	T.B.G. Lowe	Berwick-on--Tweed
P.J.W. Bolt	Hartlepool		
D.H. Bottomley	Durham	J.D. Lyon	Hartlepool
B.S. Brewster	Settle	J.H. Marr	Middlesborough
J.G.E. Bruce	Selby	A.K. Marsden	Wakefield
R. Carr	Blyth	M.D. Matuck	Wakefield
G.A. Crouch	Harrogate	K. Megson	Gateshead
D.R. Deacon	Hull	M. McKendrick	Northumberland
P.J. Dennis	Skipton	A.E. Meek	Beverley
G.C. D'Silva	Cramlington	T. Moore, DMJ	Sheffield
G.S. Everson	Sheffield	R. Murphy	Whitley Bay
E.J. Flynn	Consett	M. Naseem	Leeds
P. Gardner	Northumberland	J.F.M. Newman	Batley
M.E. George	Seaham, Co. Durham	P.H. Pawson	Belford
		M. Quasim	Chester-le--Street
W.J. Glass, DMJ	Newcastle-on-Tyne	I.M. Quest	Leeds
		K. Ravi	Leeds
R.J. Givans	Harrogate	J.V. Sedcole	Leeds
P.K. Goel	Rotherham	C.P. Shinn	Leeds
N. Gold	Helmsley	J.G. Shores	Hull
J.K. Gosnold	Hull	Margaret C. Staniforth	Sheffield
W.C.J. Gray	York	J.A. Sykes	Batley
D. Hazseltine	Doncaster	G.K. Taylor	Gateshead
C.S. Hargreaves	Sunderland	C.W. Verity	Tadcaster
O.D.E. Herbert	Newcastle-on-Tyne	T.A. Wadrop	Middlesborough
		Diana M. Wetherill	Dewsbury
E.M. Higgins	Hartlepool	K.M. Wood	Huddersfield
J.G. Hillman	Bridlington	T.W. Yellowley	Hylam
Bertha F. Huckvale	Melton		
A.J. Irvine, DMJ	Cleveland		
B. Kapur	Maltby		

Postcard posted in Blackpool 10th August 1912

AREA 3 (Midlands)
Council Member: C. J. Smart, DMJ, Birmingham

M. Allbeson	Pekridge
R.D. Antani	Walsall
Elaine Archibald	Kenilworth
L.E. Arundell	Birmingham
C. Bate	Birmingham
A. Bremner	Market Drayton
C.J. Bruton	Birmingham
V. Sandra Calderwood	Birmingham
D.J.G. Chitnis	Birmingham
V. Cooper	Waterhouses
R.N. Davies	Kenilworth
K.S. Dick	Newcastle, Staffs
R.K. Dutta	Coventry
P.J. Franklin, DMJ	Stoke-on-Trent
V.C. Gandhi	Burton-on-Trent
S.E. Grant	Warley
J.S. Grenville	Derby
S.K. Gupta	Newcastle-under-Lyme
G.T. Haysey	Market Drayton
K.K.A. Hofheinz	Smethwick
F. Horsley	Wolverhampton
R. Horton	Burton-on-Trent
J.C. Jones	Bransford
J. Keeling Roberts	Wem
D.W. Kett, DMJ	Birmingham
R.S. Kumar	Sutton Colfield
A.J. Laidlaw	Worcester
K. Laidlaw	Worchester
W. Lawrence	Shropshire
C.H. Lisk	Newport
M. Lowe, DMJ	Shrewsbury
S.M. Merotra	Brierley Hill
H. McCollum	Penkridge
P.C. Miller	Kenilworth
P.J. Morris	Evesham
J.P. Paw	Walsall
J.A. Phillips	Bromsgrove
K.S. Rajah	Birmingham
L.S. Ratnam, DMJ (Clin et Path)	Birmingham
S. Ravindran	Wolverhampton
D.K. Roy	Stourbridge
S. Saikia	Solihull
P.R. Shaeena, DMJ	Coventry
Z.A. Shaikh	Tipton
S.V. Sharma	Bilston
D. Sheppard	Newcastle-under-Lyme
W.N. Stirling	Newcastle, Staffs.
W.R. Sullivan	Kenilworth
M.S. Swani	Birmingham
D.H. Targett	Birmingham
E.I. Taylor	Birmingham
D.J. Weddell	Birmingham
P.T. Wong	West Bromwich

AREA 4 (Eastern)
Council Member: C.G. Birch, DMJ, Lincoln

R.P. Archer	Leicester
R. Au-Yong	Leicester
S. Badcock	Ipswich
M.H. Bletcher, DMJ	Derby
S.H. Burges, DMJ (PP)	Ipswich
T.K. Burley	Peterborough
D.F. Burton	Daventry
J.F. Caskey	Peterborough
T.R. Chandran	Sutton-in-Ashfield
J. Ciappara	Northampton
R.J. Collins	Ipswich
D. Connan, DMJ	Huntingdon
C. Corbyn	Mansfield
T.R. Cowan	Kettering
S.A. Cox	Nottingham
D.W. Cracknell, MBE	Huntingdon
T.F.C. Dibble	Kettering
G. Dillon	Spalding
P. Duckworth	Norwich
P.A. Eckstein	Cambridge
J.R. Freeman	Derby
W.G.H. Gamble	Sleaford
P.J. Gordon	Wellingborough
J.J. Hammill	Leicester
A. Harrow	Worsop
B. Haynow	Sudbury
A.L. Heath	Kings Lynn
P.J.P. Holden	Matlock
A. Houston	Northampton
V.S. Iyer	Peterborough
P.J. Keavney	Nottingham
I. A. Khan	Worksop
T.K. Khong	Leicester
R.A. Lawrence, OBE, DMJ	Alfreton
J. Lines	Wisbech
J.V. Mitchell	Stamford
N.C. Modi	Corby
R. Morris	Bedford
C.M. Moss	Guilsborough
J. Nelson, DMJ	Nottingham
D. Noble	Heanor
H. O'Neill	Norwich
R.J. Paget	Nottingham
A.W. Parry	Nottingham
A.J. Penkethman	Ipswich
C.K. Rao	Northampton
Ann M. Saywood	Ripley
D.L. Scawn	Corby
R.E. Scott	Bury St. Edmunds
Robyn Scott	Nottingham
M.P. Shanks	Leicester
N.R. Sharmacharja	Worksop
E.M. Skinner	West Hallam
J.L. Skinner, OBE, DMJ	Ilkeston
R.J. Smeeton	Leicester
E.W. Sturton	Worksop
T.H. Warrender	March
M.J.H.B. Waas	Worksop
I.F. Wall	Orlingbury
R.J. Williams	Thetford

AREA 5 (South East)
Council Member: R. Sarvesvaran, DMJ, Surrey

D.F.W. Adey	Southampton
N.D. Arnott	Sevenoaks
U. Aron	Tidebrook
C.G. Bale	Dorking
L.A.A. Barbour	Guildford
Jean Barker	Maidenhead
Margaret Birtwistle	Leatherhead
J.J. Bourke	Woking
J.L. Bowen	Dover
J.H.M. Buckley	Westcliffe-on-Sea
A.G. Bundy	Dover
R.T. Casson	Drayton
D. Chastell	Broadstairs
B. Christopher	East Grinstead
J.D. Clark	Dunstable
N.M. Cole, DMJ	Hellingley
E. Comber	Chessington
A.G. Cope	High Wycombe
S.A. Coulter	Farnborough
J.C. Cummins	Havant
M.T. Darlison	Wokingham
W.H. Davis	Banbury
A.D. Dean	Orsett
R. Diggle	Newbury
S.R. Domoney	Brighton
M.H. Draisey	Seaforth
P.K. Durkin	Clacton-on-Sea
A.M. Easton	Gt. Bookham
C.J. Eaton	Saffron Walden
D.C. Egerton	Liss
Gillian Fargher	Maidstone
R.J. Farrow	Clacton-on-Sea
Diana Ferguson	Oxford
R.A. Ferns	Lewes
G.S. Flack	Wye
K.D. Forsyth	Oxford
R. Foster	Oxford
A.J. Fraser	Windsor
E. Gancz	Bexley
D. Geewater	Sandwich
G. Gover	Horsham
R. Gray	Brighton
H. Hammersley	Oxford
C. Harris	Maidstone
D.P. Hart	Bedford
S.M. Hempling, DMJ	Hove
S.C. Hicks	Highworth
A.C.C. Hildrey	Braintree
D.M. Hoare	Chichester
C.A. Hood	Princes Risborough
A.V. Karia	Bletchley
M.J. Keen	Watford
A.G. Kelpie	Southampton
J.A. Khan	Coulsdon
A.O.C. Knight	Southampton
R.M.P. Kumar	Newport
D.A. Lamont	Colchester
J.W. Latham	St. Alband
D.A. Lawrence	Dartford
R.A. Lewin	Bishop's Stortford
J. Llewellyn	Essex
Z. Ludwig	St. Leonards-on-Sea
C.D. Lund, DMJ	Welwyn Garden City
M.P. Madigan	Dunstable
A.B. Malik	Gillingham
J.C. Malkin	Southampton
V. Mansueto	Chatham
J. Marriott	Andover
H.J. Missen	Chelmsford
E.M. Moult	Horsham
I.T. Nash	Kent
A.V. Nirgude	Reading
J.H. Nodder	Hemel Hempstead
Colette Pickstock	Portsmouth
M.D. Qureshi	Gillingham
S.P. Rajah	Northfleet
T.Y. Rajbee	Hastings
R.N. Reidy	High Wycombe
R.J. Rew, DMJ	Eastbourne
R.H. Reynolds	Crawley
L.A. Rigg-Milner	Corrington
T.E. Roberts, DMJ	Basingstoke
I.R.S. Robertson	Fetcham
J.E. Routh	Crowborough
D. Sales	Haywards Heath
S. Shackman	Northwood, Middlesex
R. Shanks	Northfleet
J.H.S. Sichel	Oxford
P.N. Singh	Sittingbourne
P.C. Smart	Farnborough
Alison D. Smith	Shoreham-by-Sea
L. Smith	Brize Norton
P. Snell	Colchester
J.D. Spink	Marlow
D.P. Starbuck	Lancing
T.W. Story	Chelmsford
R.A. Stroud	Pangbourne
S. Syed	Rochester
G.C.M. Third	Fareham
P.G. Thomas	Swindon
J.M. Thompson	Rochester
P.T.F. Tierney	Lancing
R.G. Titley	Shoreham-on-Sea
P.J.H. Tooley, DMJ	Twyford
J. Walsh	Rustington
R.D. Watson	Newbury
J. Weston	Essex
Mary Wilson	High Wycombe
D.G. Yetman	Southampton
R.M. Young	Dorking
T.G. Zutshi	London W1

AREA 6 (South West)
Council Member: R. Bunting, DMJ, Bristol

H.S. Badve	Illogan, Redruth	J.W. New	Devizes
W.R.I. Barrie	Taunton	P.A.G. Payne	Bristol
Gillian Belsey	Bideford	D.B. Penwarden	Honiton
A.J. Blunt	Weymouth	W.R. Phillips, DMJ	Bristol
D.D. Bodley-Scott	Lymington	D.N. Philpott	Redruth
J. Cawood	Yeovil	D. Poulton	Bournemouth
A. Chapman	Tewkesbury	K. Pritchard	Gloucester
K.J. Clapton, DMJ	Plympton	H.I. Rein	Poole
K.A. Clark	Salisbury	A.M. Rigby	Tewkesbury
P. Densham, DMJ	Torquay	M.E. Robertson	Salisbury
I.E. Doney, DMJ	Bristol	G.H. Smerdon	Liskeard
N. Fisher	Torquay	A.K. Smeeton	Bristol
J.E. Flood	Devizes	M. Sutherland	Devon
D.M. Garratt	Warminster	J.C. Twomey	Okehampton
M.N. Hirons	Bournemouth	M.R. Watts	Bristol
R.N. Hodges	Cheltenham	H.P. Williams	Trowbridge
R.F. Hunt	Bideford		
Helen M. Jago	Bridgewater		
A.J.S. James	Gloucester		
P.J. King	Chippenham		
N. Kippax	Glastonbury		
R.G. Lambert	Bristol		
A. Latham	Fremington		
P.A. Leech	Minehead		
S.A. Macoustra	Swindon		
R.D. Martin	Newquay		
J.C. Merry	Exeter		
P.J. Money	Trowbridge		

Channel Isles

Margaret Bayes	Jersey
B.V.H. Bray, DMJ	Guernsey
M.B. Holmes	Jersey
G. Lewellin	Jersey
Miriam Noel	Jersey
B.P. Webber	Guernsey

AREA 7 (Wales)
Council Member: H. Jones, Prestatyn

L.S. Addicott, DMJ	Glamorgan	P.A. Knoyle	Cardiff
Gail Alford	Pontypridd	A.P. Lees	Cardiff
R.G. Baldwin	Risca, Gwent	A.M. Lindsay	Carmarthen
R.T. Baron	Porth	N.J. Lupini	Llanelli
C.J. Beech	Newport	S.G. Lush	Cardiff
D.J. Bowen	Holyhead	J.B. Lloyd	Aberystwyth
V.S. Chandran	Merthyr Tydfil	B.A. Mali	Portdinorwic
B.M. Cronin	Swansea	K. Nookaraju	Ebbw Vale
E.J.J. Davies	Corwen	O.C. Parry-Jones	Anglesey
J.V. Davies	Pembroke	S. Pateman	Wattsville
Patricia R. Dryden	Barry	J. Plumb	Abergavenny
A.D. Earlam	Bwlchgwyn, Wrexham	F.I. Powell, DMJ	Carmarthen
		A.C. Pugh	Cwmbran, Gwent
R. Gilmore	Llandudno	N. Sartori	Swansea
G.W. Griffiths	Holyhead	A.K. Sinha	Swansea
J.D. Harries	Newtown	W.G. Strawbridge	Pontypridd
W. Harris	Pontypridd	D.D. Thomas	Aberdare
P. Hawkins	Chepstow	O.G. Thomas	Ystrad Mynach
R.J. Hilton	Cwmbran, Gwent	W.C. Thomas	Llanelli
		I.S. Toor	Pontypridd
M. Hopkin-Thomas	Carmarthen	M.W. Watson, DMJ	Cardiff
F.W. Humphreys, DMJ	Colwyn Bay	R.J. Yorke	Ebbw Vale
M.G. Jeffries	Betws-y-Coed		
C.D.V. Jones	Pontypridd		

AREA 8 (Metropolitan & City)
Council Member: N. Davies, London N11

Rosalind Andrew	Southall, Middx	A.J. Lyons, DMJ	Surbiton
A.W.H. Bain	Beckenham	J. Magion, DMJ	London W3
A.J. Barratt	New Maldon	G.T.K. Mant	London SE21
J.M. Barnett	London N3	V.M. Markose	Epsom Downs
J.F. Bray	South Croydon	C.D. May	London SE9
C.E. Brownsdon	London SE21	A. Mendoza, DMJ	London
S.J. Carne, CBE	London S12	M.V. Meyer	London E9
N.R.B. Cary	London W3	K.G. Mistry	South Ruislip
S.M.T. Chan, DMJ	Ewell, Surrey	R.J.R. Moffat	South Croydon
S. Chatterji	London NW9	M.R. Moore	Weybridge
A.M. Clark	London SW8	C.H.F. Morrish	Sittingbourne
J.W. Comper	Orpington	I.S. Muir, DMJ	London N21
D.G. Craig, DMJ	Blackheath	M.A. Muhairez	Hillingdon
F. Cramer, DMJ	London SE6	L.A. Nathan	Banstead
J. Curley	London	M.F.O'Halloran	London N6
R.T. Dattani	London E8	G.D.S. Pallawela	Kenton
P.J. Dean	London E9	F. Patuck	Barnet
P.C. Drennan	Ashford	G.M. Preston	London SE5
P.S. Durston	London SE5	A.E. Pruss	Ilford
Gisella Ferraris	Woolwich	A.S. Rayan	Wanstead
D.S. Filer	London W6	Clare Roden	London
N.L. Frazer	London W2	D.I. Rubenstein	Woodford Green
D. Goldman	Bromley		
Eileen Gorman	London SE18	B.G. Sims, BDS	London E1
P.G. Green	London SW17	B.K. Sinha	London E11
K. Gupta	London E8	I.R. Sinha	Ilford
A. Haidar	London N11	J. Smallshaw	Banstead
M.J. Heath	Surrey	S. Solomon	London WC1
J.D. Hendley	Middlesex	T.H. Staunton	London E18
J. Henry	London E8	C. Sudhaker	South Croydon
S.C. Hora	Dagenham	H.J.W. Thomas	Barnet
D.A.T. Jackson, DMJ	London W2	Phyllis Turvill, DMJ	London NW3
P.G. Jerreat, DMJ (Path)	London E3	P. Vanezis, DMJ	London E1
S.E. Josse, OBE, DMJ	London	Clare Vaughan	London SE5
P.M. Keane	London N3	Bridget A. Wadsworth	London N20
Sian Kerslake	London SW2	I.E. West, DMJ (Path)	London
D. Keys	Bow	Susan E. West	Chingford
J.I. Koppel	London W12	D.M. Wilks	Chiswick
S. Lazarus	Ilford	M. Woodliff	Ealing
S.Lewis	London SW18	S. Yogadeva	London E14
		L.J.F. Youlten	London SE

AREA 9 (Scotland)
Council Member: C.S.S. MacKelvie, Glasgow

D.P. Anderson	Kinross	G.S. Dyker	East Kilbridge
J. Bain	Dundee	D.E. Fraser	Dyce
G. Boyd	Glasgow	G. Fraser	Glasgow
R.H. Brown	Bothwell	J.C. Gourlay	Glasgow
A. Busuttie	Edinburgh	R.L. Grant	Falkirk
J.G. Carruthers	Kilmarnock	G.E. Greig	Kirkcaldy
J.N. Davis	Stornoway	A.S. Harper	Alexandria
J.P. Deans	Thurso	G.B. Hutchinson	Dumfries
R. Dickie	Stornoway	B.D. Keighley	Balfron
J.W. Donnelly	Glasgow	Carolyn M. Linton	Ayr
R.C. Dowell	Alloway, Ayr	R. Lynch	Kilwinning
P.R.S. Duffus, DMJ	Aberdeen	S. Lyndon	Dundee
D.S. Dummer	Midlothian	N.J. Macdonald	Aviemore
J.A. Dunbar, DMJ	Dundee	G.K. Macdonald-Hall	Kirkcaldy

AREA 9 (Scotland) continued

P.A.P. Mackenzie	Bridge of Earn
N.M. Maclean, DMJ	Clydebank
D.C. Marshall, DMJ	Dundee
R.W.Y. Martin	Brechin
S.W. Martin	Ayr
J.G. Mather	Glasgow
P.L. McNaught	Glasgow
L.M. McPhail	Gask, Nr. Crief
Sheena Milne	Edinburgh
J.A.S. Mitchell	Dundee
Jill Murie	Lanark
J.G. Murty	Glasgow
R. Nagle	Edinburgh
D.C. Nandy	Muirkirk
M. O'Keefe	Bothwell, Glasgow
D. Paul	Wick
S.S. Parker	Larkhall
M.L. Peacock	Dumbarton
J.L. Penny	Crieff
N.M. Piercy	Montrose
A.E. Pitchforth	Aberfeldy
D. Pounder	Dundee
M.A. Pratt	Aberdeen
G.B. Rhind	Aberdeen
R. Rodger, DMJ	Hamilton
D.A. Rorie	Dundee
W. Scott Simpson	Edinburgh
M.W. Smillie	Falkirk
A.D. Smith	Inverness
K. Sorooshian	Glasgow
J.G. Stevenson	Dumbarton
K.S. Stewart	Stirling
I. Stuart	Arbroath
N.W. Wallace	Edinburgh
J.P. Weir	Glasgow
A.N. Weston, DMJ	Aberdeen
J.J. Young	Paisley
M. Zaki	Glasgow

LIFE ASSOCIATE MEMBERS

J.K. Adamson	Northumberland
D.L. Bennett	Ilford
T.S. Blaiklock (F)	Morpeth
M.G. Bridger	Southampton
D.P. Brown, DMJ	Eccleshall
J.D. Busfield	Hull
M.B. Clyne	Southall
M. St. J.U. Cosgrave, DMJ (PP)	Gateshead
L.M. Craig	Argyll
A.P. Curtin	Cheltenham
H.R. Dickman	Lincoln
W.A. Eakins	Belfast
H. Fidler	Bramhall
J.O. Fitzgerald	Waltsend
G.W. Fowler	Otley
H.J. Gilbert	Gosforth
M. Glanvill, DMJ	Chard
H.R. Gray	Gravesend
J.F.A. Harbison, DMJ	Dublin
A.G. Hick	Stockport
J. Hilton, DMJ	Norwich
J.L. Hine	Isle of Ely
P. Hopkins (F)	London NW3
G. Hoyle	Cheltenham
D.A. Ireland (F) (PP)	Shrewsbury
P.N. Jarvis	Bletchley
T.G. Kennedy	Larne
T.C.T. Killen	Larne
G.A. Lawrenson, OBE	Lytham St. Annes
H.W. Lees	Lancashire
A.B. Lishman	Burnley
F.E. Lodge	Wisbech
S.J. Lundie	Nottingham
D.R. Martin	Doncaster
J.D. McFadyen	Stirling
A.S. Mitchell	St. Austell
R.P. Parkinson	Waltham Abbey
T.D. Parsons	Aylesbury
J.R. Partridge	Dorking
D. Paton	Slough
D. Paul, DMJ	London
A.N. Redfern, DMJ	Louth
D.E. Robertson	Cheshire
C. Rotman, DMJ	Watford
J.E. Ryner	Lancashire
D. Sandilands, DMJ	Birmingham
F.S. Shepherd	Weybridge
W.B.G. Simmonds, DMJ	London
J.C.F. Crombie-Smith	Lauder
S.E. Johnston-Smith	Blackburn
G.R. Staley (F)	Hull
L. Stone	Hove
Hannah Streisow	London E7
S.W. Taylor	Bristol
W.J. Turney	Penzance
C.D. Walker	London SE9
A.S. Wallace, DMJ	Salisbury
W.J.B. White, DMJ	Cardiff
R.M. Whittington, DMJ	Sutton Coldfield

ASSOCIATE MEMBERS

P.R. Acland, DMJ (Path)	Birmingham
L. Al-Alousi	Glasgow
B.L. Alexander, OBE	Manchester
B. Bendkowski	Westcliff-on-Sea
W.H. Bexon	Durham
R. Latham Brown (F)	Derby
P.C. Chaudhury	Rawtenstall
C. Clark	London
J.C. Corbett	Wellingborough
S.M. Cordner	London
A.F. Crick	Northfleet
A.B. Cross, OBE	Solihull
N. Cummins	Hartlepool
B.T. Davis	Birmingham
G.S. Duncan	Saltash, Cornwall
R.H. Foxton, MBE, DMJ	Flixborough
C.W. Glassey, DMJ	Beverley
G.J. Grainger	London SW4
M. Green, DMJ (Clin et Path)	Leeds
C.B. Hall	Colchester
J.M. Hall, DMJ	Leicester
K. Hardinge	Manchester
E.W. James	Llandudno
P.R.S. Johnson	Worcester
A.M.P. Kellam	Cardiff
A. Khallaf	Rhondda
Prof. B. Knight, DMJ	Cardiff
J. Lewis	North Lancing
J. Malone	Dublin
T.P. McCarthy	Sudbury
P.A. Meagher, DMJ	Co.Roscommon, Ireland
J.K. Murphy, DMJ	Peterborough
D. Osborne, DMJ	West Glamorgan
S.P.S. Oswald, DMJ	Solihull
G. Panting, DMJ	St. Albans
P.J.T. Pearson	Banstead
Gillian Penton, DMJ	Leicester
W. Phillips	Whitley Bay
J. Prentice	Keighley
P.K. Schutte, DMJ	Amersham
I.A.P. Smythe-Wood	London SW11
W.H. Spencer	Ashton-in-Makerfield
J.G. Stewart	St.Leonards-on-Sea
N. Stoy	Banstead
Glenna Thomas	Cardiff
J.M. Torry, DMJ	Wigan
P.E. Turnbill	Dundee
J.S. Lilburn Watson	London E11

DENTAL ASSOCIATE MEMBERS

D.H. Clark	Bishops Stortford
J.G. Clement	London E1
P. Coleman	Godalming
T.R. Fifield	Basingstoke
Linda Goldman	London
R. Goulden	London W1
J.T. Griffin	Southampton
P.E. Hughes	Gillingham, Kent
D. Jackson	Newcastle-upon-Tyne
Vivienne Levy	London E14
M. Midda	Bristol
I.K. Pett	Herne Bay
A.F.V. Pitter	Bath
J.G. Ritchie	Brentwood
S. Sampson	Brighton
R.D. Simper	Birmingham
B. Somasunderarm	Cheadle Hulme
J.K. Wade	Leigh-on-Sea
A.M. Walker	Bromsgrove

'A quiet night on the beat!'