The Police Surgeon

SUPPLEMENT

Vol. 25 MAY 1989

AN UNSOLVED MYSTERY.

THIS PICTURE, WITHOUT BEING PERSONAL, REMINDS US OF THE FACT THAT THE MURDERER OF MISS JOHNSON IS STILL AT LARGE.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

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

President-Elect: Dr. MYLES CLARKE, D.M.J.
Vine House, 8, Huyton Church Road, Huyton,
Merseyside, L36 5SJ
Tel: 051-480 4035 (surgery 051-733 7047/3967)

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
Tel: 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 $US20.00 per year including postage.

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.
Assistant Editor: Dr. H.B. KEAN, D.M.J.
Proof Readers: Dr, H.B. KEAN, Dr. NEVILLE DAVIS
Printers: The Bemrose Press (Michael Bemrose) Ltd.,
21, Chaser Court, Greyhound Park,
Chester CH1 4QQ Tel: Chester (0244) 390039

Front Cover: *The First Murder by Burke and Hare*

Back Cover: *Helen McDougal pouring Whiskey down The Victims Throat.*

Scenes from the murders of Burke and Hare from "Famous Crimes" (Police Budget Edition) published 1903, price One Penny.

The Police Surgeon SUPPLEMENT

Vol. 25 MAY 1989

CONTENTS

PRESIDENT'S LETTER

Your Council has not been idle since its election last May. One of the priorities was the setting up of a small editorial group to plan the preparation of the new textbook. The title — "Clinical Forensic Medicine" — makes clear our separation from forensic pathology, which has in the past dominated teaching and distorted the significance of clinical findings.

My own hopes, that we might have the book ready for sale by this year's annual conference, have proved unrealistic. A great deal of hard work has gone into the project, and I am most grateful to those contributors who have come up trumps with well written pieces delivered on time. In the interests of a fair measure of uniformity of style, I depend on their forbearance to allow cherished phrases to be altered (a number think mangled) or omitted, but it is always the editor's fate to be unloved'?

As the work has progressed, a dearth of good illustrative material has become apparent. The Association as a whole could be criticised for its persistent lack of urgency in collecting and collating the wealth of members' experience. At the spring symposium run by the Metropolitan Group in Charing Cross Hospital, Tim Manser, who formerly expended his undoubted energies in organising our conferences, produced his forms for the recording of details of sexual offence findings. On completion, these should be sent to him for entering in his computer, where (by the magic of electronics) they will become the Association's database. It is expected that analysis of this will provide Tim with useful employment in the long months when tourists do not infest that part of the country, and the rest of us, whose individual case load is limited, with reliable information which is difficult to come by in any other way. I commend this project to all members: its success will depend entirely on your enthusiasm and support.

Members are reminded that the W.G. Johnson Trust Fund has small amounts of money which are available for members who wish to pursue particular research interests. The trustees are glad to consider well thought out schemes likely to benefit clinical forensic medicine. The trustees — Ralph Summers, James Hilton and David Jenkins

— all have enormous experience of the day to day problems of the police surgeon's practice, and yet retain a grip on the areas likely to be of importance in the future. It's well worth discussing with one of them any idea buzzing around in your mind. Profits on the sale of "Clinical Forensic Medicine" will refill the Trust's coffers, another incentive to purchase the book.

By the time you read these words, the Cross Channel Conference in Antwerp will have taken place. The need to make and strengthen contacts in the rest of Europe (for we in the United Kingdom are already part!) is obvious to all who see 1992 as either threat or opportunity. What we cannot do is remain indifferent. The methods of practice encountered in the other countries which contribute to the Cross Channel conferences, the areas of expertise covered by our colleagues there, are not the same as ours. The community aspects — to our older members, the public health responsibilities of the doctor — sit strangely on forensic physicians. Yet, as those who read the current issue of *The Police Surgeon* or come to the Association's annual conference in Gourock will know, such matters were formerly just a part of the everyday work of the police doctor. It is hoped that members will approve the deletion of "of Great Britain" from the Association's title at our Annual General Meeting; will anyone propose a substitute "of Europe"?

DAVID McLAY

NEW PRESIDENT-ELECT

Dr. Michael Knight, D.M.J., will be nominated as President-Elect by Council at the Association's Annual General Meeting in Gourock, following the resignation of Myles Clarke from that office. Dr. Knight was the unanimous choice of Council.

Michael has served as area representative and is currently Hon. Treasurer.

After a short spell in the Royal Air Force studying engineering, Michael Knight qualified at Guy's Hospital Medical School in 1970. His pre-registration house jobs were in the Greenwich group of hospitals, and he then was an S.H.O. in anaesthetics back at Guy's, and subsequently moved to Ipswich, where he became anaesthetic registrar.

He then decided to move into general practice in Ipswich, and was in partnership with the late Stanley Burges. In 1972 he was appointed Deputy Force Surgeon to the Suffolk Constabulary, and became Force Surgeon following Stan's death in 1988.

Other medical interests include teaching in general practice, the use of computers in general practice, and accident rescue work. Extra-medical activities are mainly sporting, particularly golf and hockey.

He has had continued support in his police surgeon and Association activities from his wife Rosemary.

ASSOCIATION OFFICE

MINUTES OF 37th A.G.M.

Minutes of the 37th Annual General Meeting held at the Stakis Inn on The Avenue, Cardiff on 13th May 1988.

1. Apologies were received from Drs. Lawrence, Dunbar, Keavney, Mendoza, Smart and Robinson.
2. Minutes of the 36th Annual General Meeting as printed on page 26 of the Police Surgeon Supplement, volume 23, were accepted after a proposal by Dr. Veeder, seconded by Dr. Pickstock.
3. Matters arising:
   In answer to Dr. Filer, Hon. Secretary explained that the constitutional review promised at last year's AGM had not taken place because of an unexpected workload for the Hon. Secretary and other members of Council following events in Cleveland. Council had decided to give the matter priority during the current year. Suggestions were received from Dr. Ian Hamilton and Dr. Fraser Newman among others who contributed to a spirited discussion. The President reassured the meeting that all these points would be considered in the constitutional review.
4. Dr. Michael Knight presented the Hon. Treasurer's Report. The finances were in a healthy state with an excess of income over expenditure of £11,750. This was due partly to the increase in subscriptions and partly due to good housekeeping and efficiency at the office. Advice had been taken as to the best place to invest our reserve fund and it was agreed that the current Building Society account could not be bettered. Hon. Treasurer reminded those who had suggested considering putting the money in other investments that the October 1987 Stockmarket upheaval was a salutary lesson to those who wished to speculate. The Hon. Treasurer's Report was accepted after a proposal by Dr. Ralph Summers, seconded by Dr. Ludwick.
5. The Hon. Secretary's Report was accepted after a proposal by Dr. Fraser Newman, seconded by Dr. Stephen Hempling.
6. W.G. Johnston Trust: Dr. Ralph Summers reported a balance of £12,945 and announced to the meeting that the Trust Fund would support a new publication to replace The New Police Surgeon. At Council Meeting the previous day a Sub-Committee had been set up to deal with this publication. Dr. Summers also announced that a prize of £500 was offered by the Trustees for a treatise on a subject within the realm of clinical forensic medicine. Arising from this Dr. Filer suggested that in it's review of the constitution the Council should consider the appointment of an Hon. Assistant Secretary (Research). The Report was accepted after a proposal by Dr. David Jenkins, seconded by Dr. Myles Clarke.
7. Membership: Hon. Secretary reported that six deaths had occurred during the year and there had been 58 resignations many of them inspired no doubt by the subscription increase and also improved office efficiency. There were, however, 88 new members and this meant a net increase over the year of 17 members. Hon. Secretary proposed

on behalf of Council that Drs. Stanley Burges and James Hilton be elected Honorary Members. They were elected unanimously.

8. Election of Officers: Dr. David Jenkins inducted Dr. David McLay as President and as his first duty Dr. David McLay presented Dr. David Jenkins with a Past President's Jewel. The Hon. Secretary and Hon. Treasurer were re-elected and Dr. Stephen Robinson was elected as Hon. Assistant Secretary (Conference). The meeting thanked Dr. Tim Manser for his work in this field since 1983 and asked that our thanks should be passed to Mrs. Manser for her support and valuable contributions during this time.

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

   Area 1 — Dr. Raine Roberts
   Area 2 — Dr. Alistair Irvine
   Area 3 — Dr. David Kett

   The President thanked retiring Councillors, Drs. Stephen Robinson, Saul Veeder and Jeremy Smart.

10. Any other business: As matters previously notified under this section had already been discussed, the President announced that the time and date of the next meeting would be arranged by the Hon. Assistant Secretary (Conference) to take place during the Annual Conference of the Association to be held at Gourock, Nr. Glasgow, 18th-21st May, 1989.

NOTICE OF THE 38th A.G.M.

The 38th Annual General Meeting of the Association of Police Surgeons of Great Britain will be held at The Stakis Gantock Hotel, Gourock, Glasgow, at 5.30 p.m. on Friday, 19th May 1989.

AGENDA

1. Apologies
2. Minutes of the 37th Annual General Meeting
3. Matters Arising
4. Hon. Treasurer's Report
5. Hon. Secretary's Report
6. Report from W.G. Johnston Trust
7. To receive notice of deaths, resignations and to confirm new members
8. Election of Officers
9. Election of Councillors for areas 4, 5 and 6 and scrutineers of accounts
10. Hon. Secretary to propose on behalf of Council adoption of revised Constitution as circulated Volume 24 The Police Surgeon Supplement, January 1989.
11. Any other business previously notified to Hon. Secretary
12. Date, time and place of the next meeting

H. de la Haye Davies
Hon. Secretary

MEMBERSHIP LIST CHANGES

DEATHS

We regret to record the following deaths:—

Dr. B.L. Alexander, OBE	Manchester
Dr. C.W. Glassey, D.M.J.	Driffield
Dr. E.W. James	Llandudno
Dr. W.J.B. White, D.M.J.	Cardiff

NEW MEMBERS

OVERSEAS

Mr. J.G. Clement	Australia
Professor S. Cordner	Australia
Lt. Col. P.H. Lansley	West Germany
Dr. D. O'Regan	Co. Tipperary, Ireland

Area 1 (North West)

Dr. D.L. Dawson	Stockport
Dr. G.C. Fletcher	Oldham
Dr. Ruth Reed	Carlisle

Area 1a (Northern Ireland)

Dr. K. Livingstone	Markethill, Armagh

Area 2 (North East)

Dr. Norma C. Braithwaite	Consett
Dr. Heather J. Fletcher	Gosforth
Dr. P. Moffitt	East Bolton, Tyne & Wear
Dr. P.A. Pagni	Hartlepool

Area 3 (Midlands)

Dr. Elaine Charles	Shrewsbury
Dr. A.R. Dickie	Wolverhampton
Dr. R.S. Prabhu	Northampton

Area 5 (South East)

Dr. R. Bowen	West Malling
Dr. J.W. Brennan	Orpington
Dr. Malvina Harris	New Barnet
Dr. H.J. Hones	Orpington
Dr. R.I. Madar	Folkestone
Dr. A. Painter	New Barnet
Dr. M.K. Prasad	Milton Keynes
Dr. A.K. Singh	Chislehurst

Area 6 (South West)

Dr. T.S. Brown	Lytchett Matravers
Dr. Carol Jones	Tewkesbury
Dr. P.R. Strangeways	Warminster

Area 8 (Metropolitan and City)

Dr. Marion Newman	London NW6

Area 9 (Scotland)

Dr. A.J. Kondol	Darvel, Ayrshire
Dr. Katherine M. Phelan	Mauchline, Ayrshire
Dr. W. Ramsay	Darvel, Ayrshire

Associate Members

Dr. Eileen Gorman	London SE18
Dr. P.J.B. Holden	Matlock
Dr. L. Leeming-Latham	Bracknell
Dr. R.P.W. Ranawickrema	Manchester
Dr. A.S. Veeder, D.M.J.	Newcastle

Dental Associate Members

Mr. C. Bamford	London SW15
Mr. L. Ciappasrelli	Wickford, Essex
Mr. A.W. Martin	Beckenham

RESIGNATIONS

*** See Associates or Life Associates**
**** See overseas.**

Area 1 (North West)

Dr. P.E. Burke	Blackburn
Dr. M. Mendick	Liverpool
Dr. Linda Welliver	Manchester

Area 1a (Northern Ireland)

Dr. R.L. Guy	Belfast
Dr. W.A. McCartney	Ballymoney
Dr. M.G. Rowan	Lisburn

Area 2 (North East)

Dr. D.R. Barker	Batley
Dr. J.D. Lyon	Hartlepool
Dr. A.S. Veeder, D.M.J.*	Newcastle

Area 3 (Midlands)

Dr. V. Cooper	Waterhouses

Area 4 (Eastern)

Dr. P.J. P. Holden*	Matlock

Area 6 (South West)

Dr. B.V.H. Bray, D.M.J.	Guernsey

Area 7 (Wales)

Patricia R. Dryden	Barry

Area 8 (Metropolitan & City)

Dr. N.R.B. Cary	London W3
Miss Sean Kerslake	London SW2
Dr. Eileen Gorman*	London SE18
Dr. T.G.K. Mant	London

Area 9 (Scotland)

Dr. R. Nagle	Edinburgh
Dr. A.E. Pitchforth	Aberfeldy

Associate Members

Dr. R. Latham Brown (F)	Derby
Professor S. Cordner**	London
Dr. W.H. Spencer	Ashton-in-Makerfield

Dental Associate Members

Mr. J.G. Clement**	London

£500

The Trustees of the W.G. Johnston Memorial Trust Fund are offering a prize of £500 available to Members and Associate Members of the Association of Police Surgeons of Great Britain for a Treatise on Clinical Forensic Medicine, the subject to be chosen by the applicant, and approved by the Trustees.

The closing date of entry is the last day of February 1990, and the completed Treatise must be received by Dr. R.D. Summers on or before the last day of February 1990.

The name of the winning entrant will be announced at the Annual General Meeting of the Association following the closing date.

Full particulars may be obtained from:—

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

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

SEVILLE MANFIESTO CORRESPONDENCE

P.L. Towers Esq
Registrar
General Medical Council
LONDON

3 February 1989

Dear Mr. Towers,

Undergraduate Training in Forensic Medicine

I am writing at the request of the Council of the Association, which remains very concerned about undergraduate training in forensic medicine and medical jurisprudence. In particular, it is concerned that too many doctors are still graduating with an inadequate knowledge in this field.

I am sure you will have noted, as we have, that fresh impetus for this is given by the report of the Enquiry into Child Abuse in Cleveland 1987 (Cm413). This concluded that, amongst other things, lack of appropriate legal advice at case conference contributed to the crisis. It rejected the concept of professionals specialising in child abuse and recommended that a wider group of doctors should be available who 'should be prepared . . . to collect forensic evidence, compile medical evidence for care proceeding and . . . attend case conferences and (at) court'.

Your own enquiry into Basic Medical Education in 1980 reaffirmed the need for knowledge of statutory obligations of registered medical practitioners and of those aspects of legal medicine which might confront all medical practitioners (para. 65 of the Recommendations). Since that time, an influential clinical meeting involving experts from the whole of Europe has concluded that British provision in this area is the least satisfactory in the European Community. This could ultimately preclude British doctors from practicing within the EEC.

Last year you told us that the Education Committee, having enquired into the teaching given by medical schools on a number of topics, had come to the conclusion that in most Medical Schools this special area was already covered in teaching. However, you went on to say that the students' competence in this area was not always separately assessed. The Council believes that unless some degree of assessment in this area is mandatory, the topic might not be taken as seriously as it ought to be by the students and we wonder whether you could ask the Education Committee to look at this aspect again.

JOHN HAVARD
Secretary
British Medical Association

21st March, 1989.

Dear Mr. Towers,

Re: Undergraduate Training in Forensic Medicine

I know that Dr. Havard, the Secretary of the British Medical Association, has written to you on behalf of the BMA Council on the above subject.

In his letter Dr. Havard mentioned an 'influential clinical meeting involving experts from the whole of Europe' and he issues the warning in the final sentence of that paragraph 'that this could ultimately preclude British doctors from practising within the EEC'. Dr. Havard is in fact referring to the Seville Manifesto which was submitted to the Cleveland Inquiry. I enclose a copy of that Manifesto dated September 1986 when the United Kingdom was represented by Prof. Keith Mant, a forensic pathologist. Following this, our Association gave its support to the Seville Manifesto at a Council Meeting held in May 1987 and since that time its meetings have been attended by Dr. Myles Clarke who reported in the Police Surgeon Supplement, Volume 23, April 1988. I enclose a copy of this Report together with the copy of the Seville Manifesto. I can supply further copies if you wish.

My Council, especially those members who are engaged in teaching

forensic medicine and medical jurisprudence to undergraduates, know that although the lectures are well attended and students find them interesting the lack of assessment means in practice that the subject is not studied properly as in the final years of the medical course no student is going to study a subject in which he is not to be assessed as there are many other subjects he is assessed in. My Association fully supports the BMA in its demand for the proper teaching and assessment of medical students in forensic medicine and medical jurisprudence.

Yours sincerely,
Dr. H. de lá Haye Davies
Hon. Secretary
Association of Police Surgeons
of Great Britain

Dear Dr. de la Haye Davies,

Thank you for your letter of 21st March about undergraduate training in forensic medicine.

. . . I enclose a copy of my letter to Dr. Havard in reply to his of 3rd February, which will, I hope, reassure your Council that the question of the teaching and assessment of legal medicine is under active consideration by the Education Committee of this Council both in its own right and within the wider context of a review of the recommendations concerning the undergraduate medical course.

I am grateful for the trouble which you have taken in writing to me, and I am sure that the Chairman of the Education Committee will wish to show your letter to the appropriate Committee or Working Party when he is in a position to report on the results of the enquiries which have been made of medical schools.

Yours sincerely

P.L. Towers
Registrar, General Medical Council.

Dear Dr. Havard,

I am sorry that you have not been sent an earlier reply to your letter of 3rd February about undergraduate training in forensic medicine.

As I indicated in my letter of 18th May, 1988 to Mrs Webb, the Education Committee proposed to take up with medical schools later in that year a number of questions relating to the teaching and examining of legal medicine.

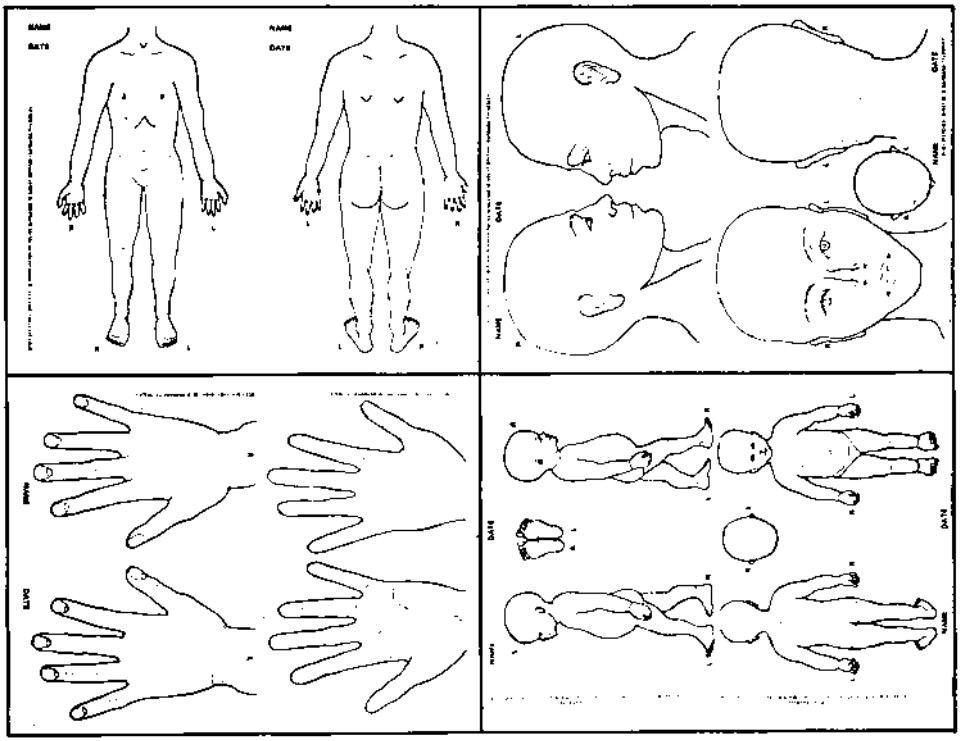
Enquiries were accordingly made of medical schools in the autumn of last year. Replies have now been received from all schools, and once these have been analysed, I expect that they will be presented to the Education Committee for consideration. Although I cannot, of course, pre-empt the decision of the Education Committee, it seems to me likely that the results of the enquiry will be referred to the Working Party which the Committee has just appointed to review the 1980 Recommendations on Basic Medical Education, with a view to promulgating new recommendations on the undergraduate medical course early in the 1990s.

Part of the Working Party's task will be to consider the numerous representations about the undergraduate curriculum received since the 1980 Recommendations were promulgated. These will include the guidelines and Recommendations of the Ad Hoc Committee for the harmonisation of the standards of legal medical teaching and practice within the EEC, considered by the Committee in February, 1987. I am sure that the Chairman of the Education Committee will also wish to show your letter to the Working Party, together with the previous correspondence from the British Medical Association.

Yours sincerely

P.L. Towers
Registrar, General Medical Council.

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.

MIXED PACK containing 9 sheets each of sheets 1-4 and 6 and 5 sheets of sheet 5 now available — £2.00 plus £1.10 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 £1.10; 2 packets £2.00; 3 or 4 packets £2.40; 5 or 6 packets £2.90.

Postage Overseas (Surface Mail)
1 packet £1.75; 2 packets £2.70; 3 or 4 packets £3.70; 5 or 6 packets £5.40.

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.

CLINICAL FORENSIC MEDICINE

In 1989, the Association of Police Surgeons of Great Britain will publish a new textbook called "CLINICAL FORENSIC MEDICINE". Intended as a replacement for the now out-dated "New Police Surgeon", "CLINICAL FORENSIC MEDICINE" will be a major reference source for the tyro and the experienced police surgeon or forensic clinician alike. It will cover most aspects of the Diploma in Medical Jurisprudence syllabus.

"CLINICAL FORENSIC MEDICINE" will be published directly by the Association, not through a publishing house and will be in a semi-hard, linen-type cover; this will enable the cost of "CLINICAL FORENSIC MEDICINE" to be kept as low as possible.

Edited by Dr. David McLay, "CLINICAL FORENSIC MEDICINE" will include:—

The Doctor's Medico-Legal Obligations Legal Systems
Facilities for Examination Arrest and Detention
Care of Prisoners Alcohol and Drugs Suicide
Drink/Driving and Associated Offences Sudden Natural Death
Drowning, Accidental Asphyxia and Electrocution
Wounding Accidents and Occupational Disease
Suspicious Death Sexual Offences Against Adults
Pregnancy Related Offences Sexual Abuse of Children
Non-Accidental Injury Examination of the Accused
Forensic Science Occupational Health
Odontology and Identification Age and Criminal Liability

Publication will be preceeded by an advertising campaign offering a pre-publication discount price. The following will receive information regarding the discount offer early in 1989:—

Members of the Association of Police Surgeons of Great Britain, the Australasian and Pacific Areas Police Medical Officers Association, the Forensic Science Society, the British Academy of Forensic Science, and the Royal Society of Medicine. Members of the following Medico-Legal Societies will also receive the discount offer — South Yorkshire, Nottinghamshire, Northern Ireland, Fylde, Merseyside, and Brimingham Medico-Legal Societies.

To be included in the discount offer mailing list, write to the Editor of the Supplement, Vine House, 8, Huyton Church Road, Huyton, Merseyside L36 5SJ, U.K.

CLINICAL FORENSIC MEDICINE

AVAILABLE 1989

Look out for the Discount Offer

TOOTHPRINTS

DISTANCE LEARNING

The British Association for Forensic Odontology is delighted to hold the annual spring meeting in conjunction with the annual conference of the police surgeons in Glasgow. The growth of the dental section of the A.P.S.G.B. is indicative of the interest of dentists, not only in forensic odontology, but also in the wider sphere of clinical forensic medicine. The title of this column does not refer to the fact that some of us have travelled a distance to attend the meeting but to the trend started by the Open University which is now making its appearance in postgraduate education. The video recorder has opened up a whole new world for educating ourselves and this is certainly recognised in dentistry. Not a month goes by without another teaching video arriving in the post, even the D.H.S.S. have joined in, their latest video, sent to every dental practice, being entitled "ALARA!" Radiation Protection in Dental practice. Included in the box is a self assessment sheet to check whether we have stayed awake during the program! Most of the videos illustrate new techniques with close up photography which is much better than peering over someone's shoulder at a postgraduate demonstration. How many times did we miss the vital point being made by the great consultant either because we could not see or because our mind wandered to other less important but more interesting things? All that is over now, the great consultant comes to the sitting room and if the point is missed we can rewind him and look again. When he gets boring we can fast forward him and, the ultimate insult, we can erase him and use the tape to record Eastenders. What's more, all these educational tapes are free. But there's more!, last month the Royal Society of Medicine registered me for a free gift to sit on the Tele. This little box will receive the "silent hours" British Medical Television including reports on the R.S.M. meetings so I can now record this and view it at a more reasonable hour. All these developments in distance learning are exciting and have tremendous potential for postgraduate study for additional qualifications. Teachers of forensic medicine and odontology must begin to consider the value of this medium.

Many doctors and dentists who would like to obtain a further qualification cannot afford to take an academic year off work, so what is available to those who are able to take a day, an evening, a week or even a few

Derek Clark, President of the British Association for Forensic Odontology

weekends throughout the year to improve our education in the forensic or related fields? Most, if not all, of the readers of this column will be fully aware of the D.M.J. training courses, so there is no need to discuss this other than to ask how much of this could be videoed?

At a recent conference on aviation emergency planning and management at the Royal Aeronautical Society videos made at the Piper Alpha oil rig disaster vividly portrayed some of the problems associated with the underwater recovery of the bodies, every picture was worth a thousand words. This was followed by the premier showing of a teaching video entitled "Are you prepared — Aircraft Accidents Contingency Planning".

The General Dental Council in a Statement of Intent on Postgraduate Education has stated that every practitioner has an ethical obligation to continue professional education for the duration of practise, relevant professional educational activities should be pursued on a regular and frequent basis and failure to do so is tantamount to an abnegation of professional responsibility.

The Diploma in Forensic Medicine now offered by Glasgow University is most likely the forerunner of things to come. This requires attendance in Glasgow for one evening a week for an academic year and covers three main topics, medicine, science and law. The course is intended for lawyers, doctors, scientists, social scientists, and others who are interested in medico-legal work and in court work and court room procedure. A dentist is undertaking the present course. Although this course is not formulated along the lines of the Open University it is intended that a package of instructions will be provided for home study eventually. Another university is known to be examining the possibility of distance learning in forensic medicine.

For those interested in law there are already degree courses available to practitioners who can spare a day, a week or the occasional weekend. The M.A. in law at Kings College, London requires attendance one day a week and currently has a forensic dentist undertaking the course as has the LL.M. at Cardiff where tuition is based on attendance for a number of weekends in Wales. Reports from our members, who have full time jobs, studying for these degress indicate that extensive reading is required. These courses may be compared to the Open University courses requiring a minimum of 16 hours study weekly and attendance at summer school. Oddly enough the O.U. does not offer a B.A. in law.

Postgraduate training in forensic odontology has been limited to the occasional attachment to a department of forensic medicine, attendance at a one day course or at longer overseas courses, the most useful being that organised by the Armed Forces Institute of Pathology in Washington DC. The Diploma in Forensic Odontology courses which ran for 4 years at the London Hospital Medical College attracted a huge number of applicants for the few places available.

The only university degree open to the dentist interested in furthering his forensic odontology education is a Ph.D. For the dentist in general practice this is a tough assignment even when a day a week and all available holiday time is spent working at it.

May be the time is right for an M.Sc in this subject with the option of full time study or part time over a longer period using audio and video tapes for home study.

DEREK CLARK

FORENSIC SCIENCE SOCIETY

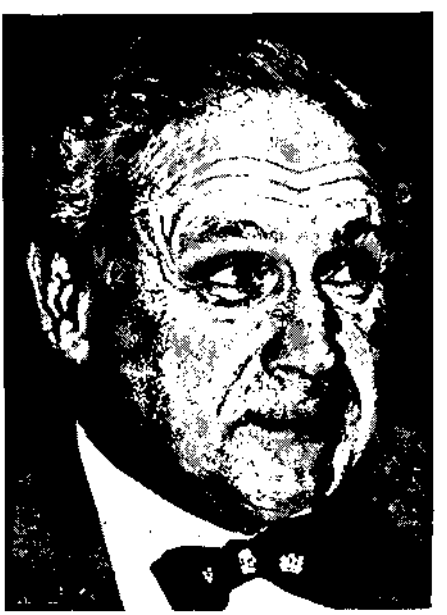
14th-15th July 1989 — YORK
AGM and Autumn Meeting. "Fire Investigation".
Further details from The Forensic Science Society, Clarke House, 18A Mount Parade, Harrogate.

FACULTY OF CLINICAL FORENSIC MEDICINE

Guest Editorial by NEVILLE DAVIES

Those readers who participated in the 3rd Cross Channel Conference in Antwerp will already be aware of an important new initiative in the area of clinical forensic medicine.

The lack of an accepted educational system of accreditation such as is possessed by other medical specialties has contributed in no small measure to difficulties in the development of our discipline and its gaining the recognition that its application merits. Equally the wide variations in standards that exist have for long given cause for concern. The Cleveland debacle has served as a stimulus for self-examination and self-criticism, and the need for reform has been brought into sharp focus.



The difficulties experienced by the constabularies in the rural areas in recruiting police surgeons must have been a major factor in the past inhibiting the Association of Chief Police Officers (ACPO) from insisting on mandatory training and assessment of the doctors working for the law enforcement agencies. Whereas the volume of work available and the reasonable income derived from it in the cities may justify the investment of effort, time and expense in preparing for and acquiring the DMJ(Clin.), it is unrealistic to expect this commitment from our rural colleagues.

This should not preclude a requirement for all police surgeons to undergo a less intensive course of instruction, both in the clinical aspects of the various conditions which they may be called upon to assess and also in the observance of police protocols as well as the collection of forensic samples. I am advised that it has now been agreed in principle by ACPO that courses should be centrally organised in order to achieve some uniformity of standards, and that attendance at such courses, for induction and for subsequent updating with recent advances, should be incorporated in the terms and conditions of service.

Coincident with this, an initiative has been launched which will have far-reaching effects on the medico-legal scene. The Royal College of Physicians

of London has agreed in principle to establish under its aegis a Faculty of Clinical Forensic Medicine with the objective of ensuring that those doctors involved in any aspect of the work — not only doctors working for the police — will have adequate basic training and that those doctors who wish to specialise in the discipline will have an opportunity to become accredited. It is envisaged that the new faculty will be organised along similar lines to the Faculty of Occupational Medicine of the Royal College of Physicians, which has done much to raise the standards of occupational medicine to enviable levels. The new faculty will set standards and define the syllabic content of educational courses, it may give or withhold approval for courses leading, in due course, to an examination for Associateship of the Faculty which it will itself conduct as a basic qualification, and it is likely that it will award Membership by thesis and Fellowship by election. The details have yet to be settled and these will require the most careful consideration. It is reassuring that the model has proved itself very successful in achieving its objectives to the benefit of both the practitioners of occupational medicine and the recipients of their activities. Clearly in the foundation of the new faculty, a 'grandfather' clause will be needed to operate for a limited period, in which the length and breadth of experience and the possession of a qualification such as the DMJ will be taken into consideration when applications for Associateship or Membership are considered.

Colleagues who serve on the appropriate committee with representatives of ACPO tell me that it is virtually certain that they will be prepared to accept Associateship of the new faculty as the basic qualification for police surgeons.

Development of the initiative cannot be rushed, but the Association of Police Surgeons and the Clinical Forensic Medicine Section of the RSM are strongly represented on the Steering Committee. The implications for 1992 and our relationships with European colleagues are also worthy of some consideration. All in all, the outlook looks better, and the Royal College of Physicians is to be congratulated on its foresight. The benefits to the profession and to society in general should be considerable and the likelihood of new "Clevelands" must be minimised.

MENTAL HEALTH AND THE FORENSIC PHYSICIAN

The 1989 Association Autumn Symposium will be held high up in the Penines at the Penine Hilton Hotel, Huddersfield, a modern hotel with first class facilities.

The programme is not yet completed but will include:

The Yorkshire Ripper — was he mad or bad?

The workings of the Mental Health Act.

Mental Subnormality.

Assessing Suicide Risk.

Contributions are also likely from a child psychiatrist, a psychiatrist on self-inflicted wounds and a contribution on assessing the value of visual identification — how good is YOUR memory for a face?

There will be plenty for accompanying persons to see. The country around Huddersfield is beautiful. Local attractions include: Holmfirth ("Last of the Summer Wine" country), Haworth (Bronte country), Huddersfield Art Gallery, Piece Hall (18th Century cloth market) Industrial Museum, and the National Museum of Working Horse. There could be after dinner entertainment — organiser David Lord sings with a Barbershop Quartet!

Further information from Drs. Lesley and David Lord, "Norwood", Skircoat Green Lane, Halifax, West Yorkshire.

APSGB Autumn Symposium
Huddersfield,
16th-17th September 1989

FORENSIC FUTURE IN VICTORIA

THE VICTORIAN INSTITUTE OF FORENSIC PATHOLOGY AND ITS ROLE IN CLINICAL FORENSIC MEDICINE

Professor STEPHEN CORDNER

The Victorian Institute of Forensic Pathology is an independent body receiving its budget from the Attorney General's Department, the department responsible for the Judiciary. The Institute is statutorily responsible for the provision of Forensic Pathology and related services in the State of Victoria and has additional teaching and research responsibilities. Its independence is highlighted by virtue of the fact that the Director is the person appointed by Monash University to its Chair of Forensic Medicine. This linkage of service and academic functions puts into practice one of the recommendations of the Royal Commission into the Chamberlain Convictions that there should be a closer relationship between forensic scientific service organisations and universities so that each can benefit from the knowledge and experience of the other. The role of the Institute in Clinical Forensic Medicine is to create an academic environment and structure to support the development of a specialty in the area.

Background

In the first half of the nineteenth century, in Victoria the storage of bodies was the legal responsibility of publicans. It was not surprising, then, that in 1860, John Wilkins, an owner of three hotels and who incidentally was the Port Surgeon, decided to lobby the government to build a mortuary. He was successful and the following year the first mortuary in Victoria was constructed in Williamstown. In 1888, an additional mortuary was built in Batman Avenue, on the river Yarra and this, with modification, remained in use until 1955 when it was demolished to make way for the swimming pool for the 1956 Olympic Games. A new Coroners Court and mortuary was built further down the river on Flinders Street. Its continued existence in recent years has come to form a carbuncle on the smooth features of the World Trade Centre.

In 1975, the State Government established a Coroners Court Review Committee which reported the following:—

> 'We wish to stress that conditions for the storage of bodies are a disgrace to the State of Victoria and that there is an urgent need for new facilities for the Coroner's Court and Mortuary . . . The conditions and staffing at the Mortuary are such that

it is inconceivable that a suitable medical graduate could be attracted to undergo training there'.

In 1981, Monash University agreed that it would establish a Chair of Forensic Medicine. In 1983, within days of his appointment as Attorney-General, the Hon Jim Kennan agreed to support the concept of an independent VIFP whose Director would be the person appointed to the Chair at Monash University, and also work to have $25,000,000 allocated for the construction of a new Coronial Services Centre in Victoria. The Schematic Design Report was approved by Cabinet in January 1985, and the $25,000,000 allocated. The contract to build was let in March, 1986, and it is expected that the building will be occupied immediately after it is opened by the Premier on July 26th this year (1988).

I would like now to outline the organization of the Victorian Institute of Forensic Pathology and its functions before looking at the physical structure of the building and its staffing.

Outline

The Institute was established by the Coroner's Act (1985) which came into effect in June, 1986. It was established as an independent corporate body receiving its budget from the Attorney-General's Department, the department responsible for the Judiciary. As mentioned above, the Director of the Institute is the person who occupies the Chair of Forensic Medicine at Monash University and this linkage is extremely important in emphasizing the independence of the Institute. Furthermore, this linkage has put into practice one of Mr. Justice Morling's recommendations in the Report of his Inquiry into the Chamberlain Convictions; that there should be a much closer relationship between forensic scientific service organizations and universities so that each can benefit from the knowledge and experience of the other more than has hitherto been the case. The governing body of the Institute is its Council whose composition is specified in Section 67(2) of the Coroners Act as

(i) State Coroner
(ii) Director of the Institute
(iii) Nominee of Council of Melbourne University
(iv) Nominee of Council of Monash University. (The Universities each nominated the Dean of their Medical Faculties)
(v) Nominee of Minister of Health
(vi) Nominee of Minister for Police and Emergency Services
(vii) Nominee of the Chief Justice (Mr Justice Phillips, Supreme Court Judge, who previously was the first Director of Public Prosecutions in Victoria. He is Chairman of the Council).
(viii) Two nominees of the Attorney-General at least one of whom is to be a member of the Royal College of Pathologists of Australia. (One of these is Professor Plueckhahn, a name I am sure that is familiar to you. He was member of the Coroner's Court Review Committee in 1975 and more than any other single person responsible for the Institute's existence).

The objects of the Institute are set out in Section 64(2) of the Act and include the following:—

1. To provide, promote and assist in the provision of forensic pathology and related services in Victoria and, as far as practicable, oversee and co-ordinate those services in Victoria. This section in practice means that we have the direct responsibility for the conduct of the 3500 Coronial autopsies in Metropolitan Melbourne and a general superintendence over the conduct of the 2000 coronial autopsies performed in the remainder of Victoria. Related services include coronial toxicology and the clinical sciences found in most major pathology laboratories: biochemistry, microbilogy, haematology and, of course, immunohaematology. (The

related services are specified in Section 66(1)(b) of the Act).

2. To promote, provide and assist in the post graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria.
   The Institute has positions for 3 trainees in forensic pathology — that is, for doctors usually 3-4 years after graduation who have already completed their initial training for a career in pathology. This enables the Institute to keep up a supply of forensic pathologists for Victoria, and in time, for Australia. Later on, I am very keen that trainees from South East Asia and the Pacific region be encouraged to come to the Institute for training.
3. To promote, provide and assist in the post graduate instruction and training of persons qualified in biological sciences in the field of toxicological and forensic science in Victoria.
   The Institute, being the Monash University Department of Forensic Medicine, is well placed to provide supervision for Masters' and Doctorates' in these areas.
4. To provide training facilities for doctors, medical undergraduates and such other persons as may be considered appropriate by the Council to assist in the proper functioning of the Institute.
   This objective relates to the Insitute's responsibility in the education of the medical profession at both undergraduate and postgraduate levels. In the western world in general and Australia in particular the medical profession is becoming increasingly subject to regulation. Much of this regulation is in areas of professional conduct that were previously in the realms of medical ethics. The proliferation of laws regarding the activities of the medical profession mean that doctors now have a greater responsibility than ever to be familiar with their duties, responsibilities and obligations. The Institute is very keen on becoming involved in this area of what amounts to continuing education in mediolegal issues for the medical profession.
5. To conduct research in the fields of forensic pathology, forensic science and associated fields as approved by the Council.

This exciting statutory function means that we can properly devote a portion of our resources to fundamental research in these areas. I will be mentioning some specific research pursuits later.

I would now like to take you on a tour of our new facility.

Structure

The Institute will be fulfilling these objectives at the new $25,000,000 Coronial Services Centre of Victoria which it shares with the State Coroner's Office. The building is in South Melbourne and it is very close to the Arts Centre and New State Theatre Complex. It is divided into three main areas:—

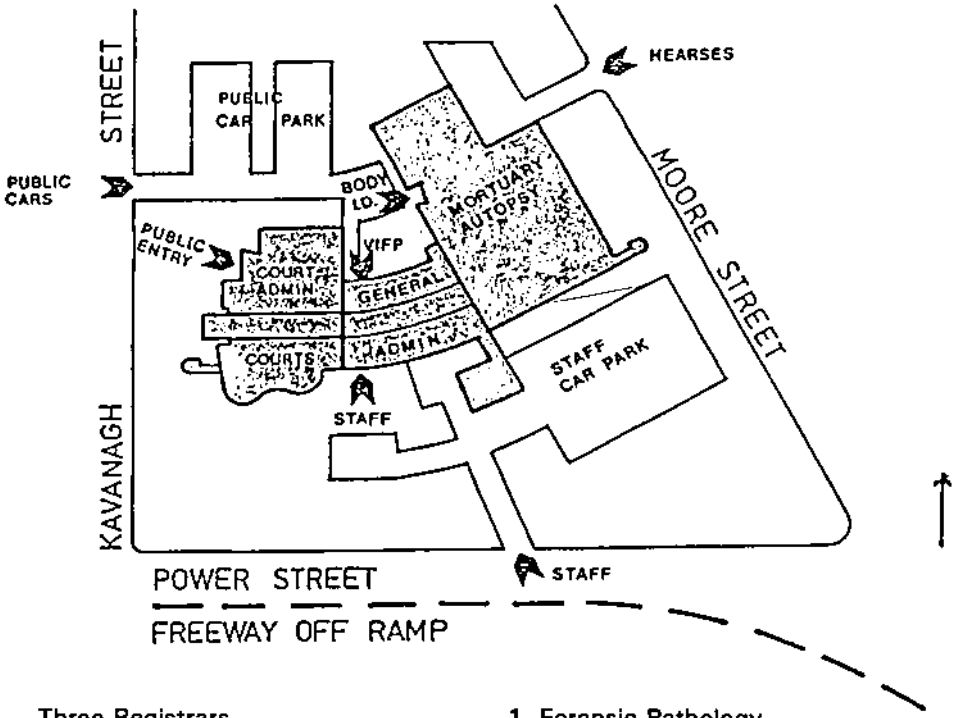
i) The State Coroner's Office including two Coroners Courts
ii) A central area which contains shared amenities on the ground floor and the Institute offices on the first floor.
iii) The mortuary area with its ancillary facilities on the ground floor and Institute laboratories on the first floor.

The floor plan opposite gives some more detail of these areas.

Staffing

The Institute has an approved head count for 37 staff as follows:—

Director/Professor
Assistant Director (Forensic Pathology)
Four Forensic Pathologists
One EFT Consultant
Sessions for —
Paediatric Pathologist
Neuropathologist
Radiologist
Forensic Odontologist



Three Registrars
Two Secretaries
Three Stenographers
Eight Forensic (Mortuary) Technicians
Assistant Director (Scientific Services)
Twelve Scientists, Technical Officers, Technical Assistants
One Chief Administrative Officer

The Institute and Clinical Forensic Medicine

I would like now to move on to a discussion of the Institute and its specific role in relation to clinical forensic medicine. The Institute is identical and synonymous with the Department of Forensic Medicine at Monash University. We are also an affiliated institution with Melbourne University. By virtue of being a Department of Forensic Medicine we have academic responsibilities which are wider than those relating simply to forensic pathology. Indeed, in my view, the field of Forensic Medicine can be divided into four areas:—

1. Forensic Pathology
2. Clincal Forensic Medicine
3. Forensic Psychiatry
4. The area of medicolegal issues, including medical ethics.

One could argue for the inclusion of a fifth area: Prison medicine.

Now it is clear that forensic medicine has lagged behind in establishing itself as a formal medical specialty, a status which I firmly believe it should have. I think there are two related reasons why clinical forensic medicine has been somewhat stunted in its academic and professional development.

The first relates to the fact that the most advanced medical specialities, in terms of their organisation and academic development are the hospital-based disciplines. These disciplines are defined by:—

1. Age, (eg paediatrics, geriatrics).
2. By procedure, (eg surgery, clincal medicine, pathology).
3. By body system, (eg gastroenterology, neurology, renal medicine).

Clinical forensic medicine is not so easily defined and this in turn has led to difficulty in coming to an understanding of what rightly belongs to the specialty; what knowledge and skills are particularly those of the specialty. This leads onto the second reason affecting the development of a specialty in Clinical Forensic Medicine. Because Universities have been so closely allied to hospitals in the development of their curricula, both undergraduate and postgraduate courses have relected the hospital based specialities. Consequently, there has been no academic environment to offer the support needed for the best practice of clinical forensic medicine.

The Institute, being the Department of Forensic Medicine at Monash University, hopes to address this problem by introducing a Master's course in Forensic Medicine. The course will be structured so that it has both relevance and appeal to the four areas of forensic medicine mentioned above. The course will be a mixture of course work and minor thesis and will require 1200 hours of study taken part-time over four years. Prerequisites for entry to this Master's course will be:—

1. Legally qualified and registered medical practitioner.
2. At least two years postgraduation.
3. Acceptance into a training programme of one of the Royal Australasian Medical Colleges.

The course will be structured as follows. All candidates will be required to take four compulsory units and to select a further four units from a total of 9 available options. In addition to the total of 8 units, the student will be required to complete a minor thesis which will represent almost half the time spent in the course. I would like to look at this course in a little more detail.

The Four Compulsory Units —

1. The law in relation to medicine. This will cover subjects such as introduction to legal process, the Australian legal system, legislation affecting medical practice, relevant criminal law, relevant insurance law and worker's compensation law, medical negligence.
2. The second compulsory unit would be entitled 'The Expert Witness'. I personally think this is an underdeveloped area in forensic medicine and that there is no cohesion in the medical profession's approach to giving evidence in the courts. As practitioners in the area of forensic medicine, we need to be much more familiar with the relevant laws of evidence, more familiar with fundamental principles of writing medico-legal reports and giving ourselves the benefit of some more court experiences. Input from judges and barristers will form part of this unit.
3. The third compulsory unit will be entitled 'Bioethics'. Topics to be covered here include the nature of science and medicine, philosophy and ethics; leading theories of ethics; doctors and patients values and rights; confidentiality and consent; life and death decision-making; ethical issues in reproductive technology; research and human experimentation; the allocation of scarce health resources; bioethics and the law. Not only has forensic medicine traditionally been responsible for the teaching of ethics in undergraduate medical courses but also forensic medicine is at the very forefront of dealing on a day-to-day basis with fundamental issues in medical ethics.
4. The fourth compulsory unit will be entitled 'Biostatistics and reseach methods in forensic medicine'. One of the main things which has hampered the progress of all branches of forensic medicine has been the absence of visible fundamental research in the subject. If forensic medicine is to advance, and if it is to develop the aura and status of a genuine specialty, then its practitioners

are going to have to become much more research oriented. That is why this compulsory unit is included and why there is a heavy dependence upon the minor thesis in the Master's Degree. This unit will provide the knowledge and skills essential for the student to design and carry out investigations of his or her own, choosing the most appropriate methods and analytical techniques. The topics will include an Introduction to Biostatistics, including measures of variability, distributions, statistical inferences, standardisation, regression and correlation; epidemiology and demography; advanced statistics, including the use of computers in problem solving.

The four optional units will be chosen from the following:—

1. Elements of forensic pathology. Topics will include sudden, unexpected deaths, accidental deaths, suicides and homicides. Principles of the interpretation of injuries, death and associated legal procedures (the certification of death and the Coroner's system); disaster victim identification; biological forensic science; comparative skeletal anatomy; forensic odontology. Obviously, this unit would not be available for these pursuing a career in forensic pathology. It is intended rather as an overview of the specialty for those involved in other areas of forensic medicine.
2. The second optional unit is entitled 'Police Procedure'. This unit will cover the organisation of the Victoria Police as a prototype of police forces in general. Powers of arrest and detention. Scene of crime investigation. The sick prisoner. Police health and stress.
3. The third optional unit is entitled 'Forensic Psychiatry and Acute Psychiatric Disorders'. As with forensic pathology, this unit will be designed to give those other than forensic psychiatrists an overview of the issues and practice of forensic psychiatry.
4. The fourth optional unit will be entitled 'Forensic Toxicology'. This will include aspects of analytical concepts, principles of pharmacokinetics, clinical toxicology, alcohol and its metabolism, licit and illicit drugs, solvent abuse and poisons.
5. The fifth optional unit will be 'The Medical Management of Cases of Sexual Assault and Violence'. Topics include the law relating to sexual offences (including rape, incest, child sexual abuse). The physically abused child, battered wives, participants in assaults. The forensic aspects of these examinations and the medical, emotional and family management of the victim afterwards.
6. The sixth optional unit would be entitled 'The Forensic Physician and Social Welfare Agencies (including crisis interventions)'. This unit will look at the interaction between forensic physicians and the various social services and also provide interested students with the opportunity to gain counselling skills.
7. The seventh optional unit will be entitled 'Road Traffic Accidents'. This will include studies of the epidemiology of such accidents, their causes, prevention, issues in community education, road trauma, alcohol and drugs.
8. The eighth optional unit will be entitled 'Issues in Prison Medical Services'. This is a much neglected area of medicine and, like clinical forensic medicine, has lacked any academic support structure. Topics to be included here will be self-induced injuries and illness, licit and illicit drugs in prison, management of behavioural and psychiatric disorders in prison, the depressed prisoner, deaths in prison, the doctor-patient relationship, special problems of women in prison.
9. The ninth optional unit will be entitled 'Medico-Legal issues'. This will deal in more detail with the areas covered in the compulsory unit was well as extending to other areas. Hence,

relevant subjects in the law of torts, contract, evidence, constitutional and administrative law will be studied.

Minor Thesis

As far as the minor thesis is concerned, approval will be required for the proposed subject by the end of the first year of the Course, by which time the thesis is to be both planned and commenced. In the area of clinical forensic medicine, research activity is quite different in a number of respects to basic scientific research in a controlled laboratory environment. Studies will tend to be difficult to organize and will take a long time to complete and the analysis and writing up phases are more complex. There will be political barriers to overcome and considerable administrative challenges since material will often be coming from more than one centre.

That then is an outline of the proposed Master's Degree in forensic medicine. It lends itself to being taken in conjunction with Training Programmes of the College of Pathologists and College of Psychiatrists. The problem it does not overcome in relation to Clinical Forensic Medicine is the provision of a training course, where suitable experience can be gained under appropriate supervision. It is to be hoped that either the College of General Practitioners, the College of Physicians or the College of Emergency Medicine will come to see this Master's Degree as an appropriate academic background to the development of a Training Course in Clinical Forensic Medicine.

Now this degree is structured obviously for those wishing to pursue a full-time career in one of the areas of forensic medicine. What about the large number of people for whom the clincial forensic medicine forms but a small part of their wider responsibilities, usually in the area of general practice? A scaled-down version of the Master's course will be constructed for a Diploma in Forensic Medicine. This will consist of three of the compulsory units to wit. The Law in Relation to Medicine, The Expert Witness and Bioethics, and three of the nine optional units. A case book will be required and there will be written and oral examinations. I would like to be able to consolidate the lectures into two blocks of four weeks so that students from interstate and perhaps the south-east Asian and Pacific Area would be able to attend.

Having now considered something of why clinical forensic medicine has had difficulty in developing specialty status and having outlined an academic development which should go some way to addressing that problem what impact will that development have on the practice of clinical forensic medicine?

In a nutshell that impact should be this. Having achieved specialty consultant status, Clincal forensic physicians must be located in an enviornment which is at arm's length from its main user, the police force. This is not because I think the police try to influence police surgeons or that there are problems with the public perception of the independence of police surgeons but more because clinical forensic physicians should be in an environment which understands their special needs. Just as the Institute of Forensic Pathology in Victoria is an independent organisation providing consultant advice to the Coroner, Police and the Courts, so too should clinical forensic physicians be placed. I would like nothing better than a Division of Clinical Forensic Medicine within the Institute whose head would have appropriate academic status within the Department of Forensic Medicine and who would be responsible for the provision of clinical forensic service for the State of Victoria as well as providing the undergraduate, postgraduate and continuing medical education in the area of Clinical Forensic Medicine.

The academic environment of the Institute would provide a continuing impetus for research in clinical forensic medicine which would have a direct, positive influence on the quality of the services provided. This development together with the Master's Degree in Forensic Medicine would be the basis of a revitalization of Clinical Forensic Medicine that in a very short time would start attracting the best graduates to its ranks.

This paper was given at the 6th Biannual Meeting of the Association of Australasian and Pacific Area Police Medical Offices, and is reproduced by kind permission of the Editor of the AAPAPMO Journal.

DIPLOMA IN MEDICAL JURISPRUDENCE

CONGRATULATIONS

The following Association members were recently successful in obtaining the Diploma in Medical Jurisprudence:

Dr. Michael T. Draisey (Newhaven)
Dr. Selwyn B. Goldthorpe (Liverpool)
Dr. Kenneth Megson (Gateshead)

One quarter of Merseysise police surgeons now have the diploma. Does any other force have a higher percentage?

CHANGES TO THE DIPLOMA

Two minor changes have been introduced in the examination for the Diploma in Medical Jurisprudence (Clinical).

In Part One, which also affects pathology candidates, the number of questions in the short answer paper has been reduced from twenty questions to fifteen.

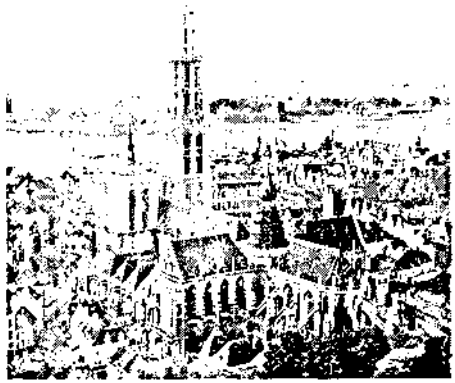
In Part Two, the first paper has had the choice of questions reduced to four or five questions (from four to six questions).

The regulations and syllabuses for the Diploma in Medical Jurisprudence may be obtained from the Registrar, Mr. D.H.C. Barrie, Apothecaries Hall, Black Friars Lane, London EC4V 6EJ.

Advice Booklet

The Association has produced an advice booklet on the Diploma for clinical candidates, which may be obtained from the Hon. Secretary or from the Editor of the Supplement (addresses on page 2).

BELGIAN BENEFICENCE



CROSS-CHANNEL CONFERENCE

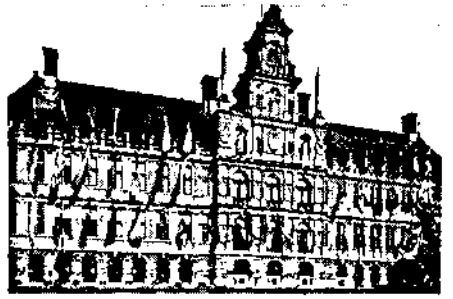
The Third Cross Channel Conference was held in the Crest Hotel, Antwerp, in April, and reaffirmed the concept established six years ago in Rotterdam. Attracting at least 160 delegates from the U.K., Belgium, Holland, France, Denmark, east and west Germany, Algeria, Hungary and Portugal, the organisers must now be considering whether the Conference should be renamed the European Conference on Clinical Forensic Medicine — the "Cross-Channel" perhaps being regarded in the future as too narrow a concept.

The Conference proper was preceded by the Centenary Celebrations of the Belgian Society of Legal Medicine, co-chairman Dr. George Brahy and Dr. Frederic Bonbled.

The first afternoon was devoted to problems in football, concentrating on the disasters at Bradford and the Heyzel Stadium: delegates were appalled to learn of yet another football disaster, this time in Sheffield, which occurred during their homeward journeys after the conference.

Dr. Lesley Lord showed again the horrific slides from the Bradford Stadium Fire, and emphasised the importance of the forensic observer at the scene of a disaster, not only to certify death, but also to assist and direct the recovery of artefacts which might help to lead to identification.

Wide awake on the front row — Hubert Cremers (Holland), Fraser Newman (Batley) and David McLay



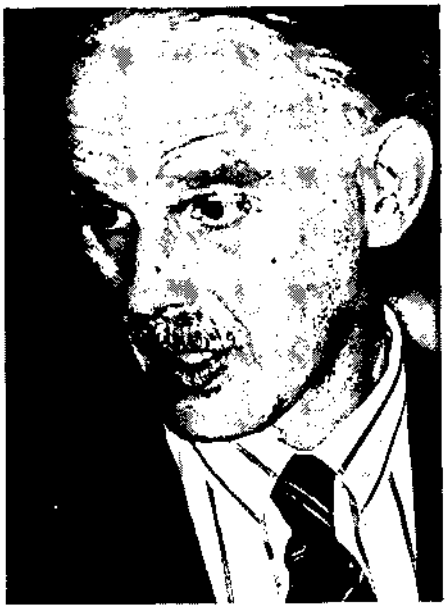
Mr. J.D. Phillips, Assistant Chief Constable to the Greater Manchester Police, explored the world of the football hooligan. He emphasised the strong tribalism that exists, and described the two principal methods to combat the hooligan — surveillance (with video cameras) and infiltration with undercover officers. Mr. Phillips also commented on the effect of alcohol, and on the organisation of hooligan gangs, who pay little attention to the actual game.

Further views on football hooliganism were expressed by Prof. Dr. Lode Walgrave of Louvain in Belgium. He adopted a perhaps more socio-scientific approach to the problem, considering that the hooligan is a person for whom everything in the past had gone wrong — short and frustrating school careers and difficulty in finding jobs. To be able to meet with others to obtain excitement which others find in work and social contacts, to be able to mobilise the police force every weekend, all this meant that the hooligan was Someone. Professor Walgrave, did not place much emphasis on the contribution of alcohol to hooliganism.

The afternoon continued on sombre lines with a viewing of video tapes made at the time of the disaster in the Heyzel Stadium, showing the collapsed wall and the crushed bodies, in addition to the rampaging Liverpool fans. Some shots were included of the vain attempts made to resuscitate the asphyxiated victims. Other contributions detailed the investigative technique into the accident, the physical signs noted which in particular indicated asphyxia, and identification procedures.

Not all the Conference functions were gloom and despondency — a get-together during the evening prior to the Conference starting was well attended. The absence of alcoholic drinks did not mar the pleasure in meeting old friends and making new acquaintances and col-

Ralph Lawrence (Derbyshire) maintains the friendly atmosphere with Ann Clarke. Maud Buijze (Holland) waits her turn.



Delgates Richard Whittington (Sutton Coldfield) and Arnold Mendoza (London)

leagues. A further reception at the Antwerp City Hall the following night was also virtually alcohol free, but this did not prevent the many attenders enjoying the tour of the remarkably ornate decorated rooms with their many pictures. Perhaps the most dramatic and sobering item on display was a map of Antwerp which showed the many hundreds of places onto which V1 and V2 rockets had fallen throughout the city during the final days of World War 2, together with a list of the casualties suffered.

Child sex abuse was the opening topic for the following morning, with Raine Roberts attracting a good house at 8.30 a.m. Raine was in good form with an excellent series of slides and punchy comments driving home the need for thoroughness and honesty. Did you know that over 20% of the children in the Cleveland sexual assault disaster did not have their genitalia inspected? The finding of something with which the examiner is not familiar should not be put down as due to sexual abuse without careful consideration — it may just be a variation on normal.

Dutch psychologist Dr. Ewald Vervaet discussed the way very young children consider themselves, illustrated by some fascinating drawings produced by the children, and this was followed by a paper on Child Pornography and Crime Rings by Dr. Ralph Lawrence from Derbyshire. This later contribution had involved international research. Ralph discussed in extraordinary depth the organisation of child paedophile rings both in the United Kingdom and in the East. Did you know that paedophile collectors can be divided into cottage collectors and commercial collectors? No doubt this paper will be published elsewhere in due course.

Dr. Gerrit van Santen and Mr. L.C. Zaal changed the subject sharply when they described the public health authority practice and the police practice respectively concerning drugs in Amsterdam. The public health action is directed towards the health problems and includes a needle exchange policy and condoms, together with education whenever possible. Methadone is available and some addicts receive methadone from one of two methadone

Professor Lessops Reys (Portugal) and Eddie Josse (London)

buses, converted to serve as mobile clinics which tour the city each day. About 20 native Dutch die each year from opiate overdosage, but about 40 visitors per year and foreigners die from overdosage.

The police regard the taking of drugs as a social problem. Action is taken at a local level if the presence of drug addicts is causing disruption for the local community. Much of the effort of the drug squad is concentrated on the import and export of drugs and the associated criminal organisations.

Following a paper on the Brussels drug policy, Michel Collard described various methods of identifying drug packages within the abdomen, including the use of X-ray, ultrasound, CT scanner and magnetic resonance. Drug smugglers anticipate this sort of investigation by using non-radio opaque material, for instance in the tying of condoms containing the drugs. Brian Lightowler explained his policy towards the treatment of drug addicts in custody; he reviewed the problems drug addicts face, and described his approach as non-prescription help — hypnosis. Hypnosis induces a relaxed state and modifies the perception — if the subject wants. Brian's technique requires considerable personal involvement, including return visits to the police station (without remuneration) for further supportive therapy. He finds considerable difficulty in assessing the results because of the drug addicts unreliability and their mobility.

Apparently alone in Europe, the Dutch have an ambivalent attitude to Euthanasia. 100-150 cases of euthanasia are reported in Holland each year, although the actual figure is believed to reach 6-8,000. Frits Buijze gave an update on his paper given at the 2nd CCC, and reminded the audience that although euthanasia occurs, it is still an illegal act, and the doctor may have to justify his actions in court. Toxicologist Donald Uges described the difficulties associated with analysis for drugs in such cases, the picture confused by the effects of terminal illness, polypharmacy, renal and liver failure, drug interaction and the accumulation of metabolites.

Ian Johnstone (Penrith) guards against Night Starvation

Margaret Bayes (Jersey)

It was very appropriate that another Belgian disaster involving British citizens should be discussed at the Conference, and this was of course the Herald of Free Enterprise tragedy, when 193 died. Dr. Jacques Timperman gave a dramatic account of the identification of the many dead. Some were identified by car keys found on them which later fitted identifiable cars; a similar method of identification was used in some cases following the Bradford Stadium fire. Dental identification played a major part, but Eddy de Valck commented that ante-mortem dental records are not always adequate or correct. Further comment on the value of personal document followed from Mr. Jan de Winne of the Belgian Gendarmerie, and the session was closed with film detailing the remarkable salvage operation.

The multinational approach to undergraduate and postgraduate education was emphasised by the slimmer, improved Barend Cohen, making good

progress after his recent serious illness, when he gave an update on the Seville Manifesto situation (see earlier Supplements and Correspondence). Neville Davies outlined the poor state of forensic education, particularly in England and Wales, and announced the initiative of the Royal College of Physicians in establishing a Faculty of Clinical Forensic Medicine (see page 00). Eddie Josse concluded the session on education by describing the new approach to academic assessment offered by the Council for National Academic Awards.

Dr. Gerard Panting of the Medical Protection Society spoke of the conflicts the forensic physician may encounter in the police station with regard to consent and confidentiality. He emphasised that the doctor must make quite clear to the police and in particular to the detainee the role the doctor is playing. Dr. Panting also made observations on the ethical problems associated with intimate searches for drugs and weapons.

Following a paper on deaths associated with sexual activity by Esha Saversaran, Ivor Doney gave one of his little gems — a transsexual who had attempted to give himself artificial breasts by injecting himself with soft paraffin wax. Unfortunately infection had followed and resulted in abscesses and sinuses which were slow to heal. The unfortunate man eventually took an overdose when his previously unsuspected transsexuality and the self administered surgery came to light.

All good conferences have a banquet, and this was no exception. The gathering was honoured by the presence of the Dutch Ambassador and the British Consul. There were of course speeches, all in English, with a contribution from A.P.S.G.B. President David McLay.

Conference organiser Guy de Roy

Much praise must go to Professor Guy de Roy, President of the Conference, for a splendidly organised meeting. I know that he spent many anxious hours in planning the meeting, and at times felt that his efforts were to be of little avail, but I have no doubt that those who attended this meeting will have so enjoyed it that they will make every effort to attend the 4th Cross Channel Conference in 1992.

9th-11th APRIL 1992
4th CROSS CHANNEL CONFERENCE
MAASTRICHT — HOLLAND

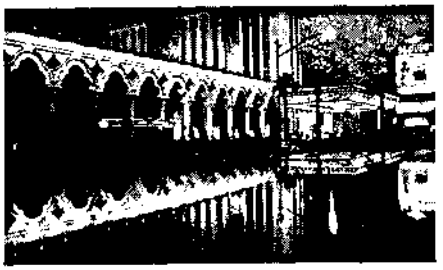
JOTTINGS FROM LAS VEGAS A SAFE CITY

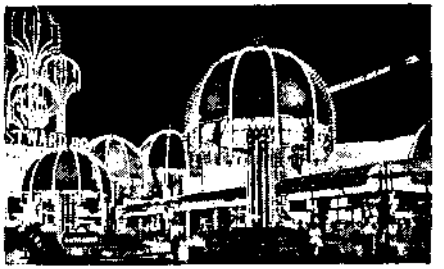
IVOR DONEY

The brash gaudy gambling city of Las Vegas has to be seen to be believed! Everybody should go there once. That's usually enough. It is a city built for entertainment, gambling and levity. Hundreds of casinos, top bands and entertainers from all over the world and bright lights galore. Millions and millions of lights. The city never sleeps. You can go to bed at night after a show, leaving the gambling tables packed with people and when you come down to breakfast in the morning, many of them are still there! The coffee must be strong to keep them all awake. Some say its so strong they don't drink it. They snort it!

Despite its artificiality however, just beyond the city itself, there are some wonderful natural scenes of sheer beauty. There are the mountains, the Grand Canyon, the Colorado river, the Hoover Dam (older generations knew it as the Boulder Dam) and surprisingly for a desert, you can drive for one hour and find yourself on snow-capped ski slopes. Nothing can detract from the magnificence of the environs.

On the face of it, Las Vegas would seem an unlikely centre for a big forensic medicine conference but all the hotels have enormous convention centres and in February, the American Academy of Forensic Sciences held its annual meeting there. It was excellent. There were over 1500 delegates and scientific papers by the hundreds. On the city's enormous floodlit signboards, advertising top shows, top dancers (and





at Caesar's Palace, top boxers, too!) there was still room to welcome the forensic science convention).

Understandably, the meeting consisted mainly of Americans, but there was a good smattering of overseas delegates too. From the United Kingdom there were Alan Curry, Derrick Pounder, Bernard Sims, Ivor Doney, Richard Shepherd. Then there was Donald Uges from Holland whilst from Australia there was Bill Tilstone, Diane Little and Bill and Pat Ryan, amongst others. Sadly, there were only two police surgeons to fly the flag for clinical forensic medicine. They were Bill and Pat Ryan. They gave three papers between them and they did them well. There were plenty of forensic pathologists giving papers but mostly it was a week for the serologists, the toxicologists, the scientists and the document examiners. One of the strongest groups was the forensic odontologists. They gave 41 papers with subjects ranging from self-defence bite marks and the dentition of Eva Braun to dental problems in rigor mortis.

Las Vegas is hot. It can get to 110 degrees but the humidity is as low as 15% and there are no mosquitos. As the coach driver said 'We like it that way. Other resorts reach 80 with humidity of 75% and all the mosquitos you can handle! That's not our scene'.

Many celebrities have lived and still live in Las Vegas. Liberace was one of them and he has left his amazing museum there. Those who can remember the film King Kong, with the giant ape holding a pretty girl in one hand on the top of the Empire State building, might be surprised to know that the girl, Fay Wray, aged 93, is still alive and resides in Las Vegas.

It was the multimillionaire recluse Howard Hughes who saw the vision of this amazing city arising from sheer desert to become world renowned. He was a quiet man. A wag once reported him as saying 'Blessed are the meek for they shall inherit the earth — but not the mineral rights'!

The city is still growing. Already under construction are two more enormous Hotels, the Excalibur (4000 rooms) and the Mirage. Oddly enough, real estate in Las Vegas is not expensive. If you feel like speculating, a 3 bedroomed house with 2 bathrooms and garage would cost around 80,000 dollars. You can get real luxury for 150,000 dollars.

The Americans are a great people. Delegates to the conference found a warmth and friendliness they will remember for a long time. President Kennedy called them a nation of immigrants and from their names that is very clear. They came from all parts of

Left to right: Pat Ryan, Ivor Doney, Derrick Pounder, and Bill Tilstone in Las Vegas

the world to settle there and names like Gonsowksi and Ubelaker are as American as Smith. There was one eye-catcher, true bred American, Dr. Zug Standing Bear a well known American forensic scientist and professor!

There were too many papers to give a full review but one or two brief matters are worth recording. 1) When taking hair samples always remember that some people trim their pubic hair (women more than men) so specimens of cut hair, if you come across them, are of great help to the hair examiner. 2) Lipstick identification from pigments is becoming more sophisticated, so specimens from the victim and from the penile shaft of the suspect, in rape cases, may be helpful. Victims don't like to admit that oral contact took place. 3) In bulimia, people get destruction of dental enamel because after binge eating they force themselves to vomit and the constant stomach acid destroys dental enamel. 4) A baby sitter, believing the mother should be made to spend more time with her baby, gave the child salt water as an emetic to frighten mum. Instead the baby died from hyper nalaemia and as ancient mariners found, there is no cure. 5) Hair grows about ½ cm per month. Hair samples therefore are very useful in cases of drug abuse if you have to prove previous ingestion against denial. GC scanning can pick up drugs. 6) Tell your local doctor friends who work in burns units that it they are giving I.V. morphine for pain, morphine levels can build up quickly to fatal amounts.

Besides these minor items there were more profound matters too. Clandestine illicit drug laboratories are growing up in all sorts of spots in the USA. Even in parked caravans. Maybe we should be looking out for them in the United Kingdom too. The perpetrators erect booby traps to warn of approaching police or investigators. Amphetamines get the 'best' results. For an outlay of 855 dollars on equipment, gangs can get a street value of 66,000 dollars overnight.

Then there was a talk about doping in sports and athletics. The famous Dr. Jongsei Park was there and spoke about the Seoul Games. There's nothing new about doping in sports. The Incas used to dope their horses with coffee and strychnine! Even in the 1965 Olympics nitroglycerine was used and sugar, coated with ether. Then later on there was the old faithful benzedrine. At the last Olympics, Dr. Park had 500 people doing spot-checks on urines. When one of his men was on to you there was no escape. He followed you everywhere for 48 hours and wouldn't take 'I can't go' for an answer.

Anyone might think a video of a bank robber at the counter wearing a balaclava and a plaid shirt anybody could buy in a clothing store, would be difficult to identify. The conference showed that photos can be blown up to count the exact pattern of stitches and the exact shape and size of the slits. On the shirts, the square pockets and cuffs are made from scraps of cloth and the pattern is often unique, as distinctive as the raider's face.

No meeting would be complete without a few of the familiar faces. Tom Noguchi was there as was Bill Eckert. Richard Walter from Michigan came, and so did John DeHaan. John's knowledge of fires and arson is breathtaking and his new book on the subject is selling well.

There was a time when Las Vegas was getting a reputation for muggings and street crap games until about 4 years ago. The coach drive, a great fan of the new Sherriff, Bill Moran, who took over at that time told everybody that Bill suddenly flooded the streets with dozens of plain clothes policement. That did it. Now visitors can stroll the Strip at 3.00 a.m. in complete safety. The tourists flocked back to the city. Las Vegas loves Bill Moran. It's a safe city.

Any academic sensations at the Meeting? Yes, one! One delegate had set out to show how bodies decompose — first discolouration, then bloating, then flies, then skeletonisation. How did he do it? He simply allowed some bodies to decompose and filmed them every few days and recorded results, flies and all. Some bodies were even buried and then dug up to see what had happened. Some had one half clothed and the other half unclothed. How on earth was he allowed to do it? He got permission all the way — first from the dead who had donated their bodies for medical research, then from the relatives, then from the coroner and finally from the academics! Wow! It certainly raised a few eyebrows.

Richard Frank was the President of this excellent Conference. It will take some beating. Las Vegas takes some beating too for convention centres, bright lights, gambling and Show Biz. If you like that sort of thing there's everything from pop music to film stars. There are even a few funnies too. Like the comedian who came on dressed like an inebriated Roman gladiator. Said he:— 'I fell out with Caesar the other night! We were in a chariot on a bumpy road', then again furtively asking the question 'You know the expression 'Caesar's wife is beyond suspicion'? he added, with a saucy leer — 'I put an end to all that!'

Las Vegas is quite a city.

BOTTOMS IN BIRMINGHAM

RSM WINTER SYMPOSIUM

The Winter Symposium of the Section of Clinical Forensic Medicine of the Royal Society of Medicine was held in the Queen Elizabeth Post-graduate Medical Centre in Edgbaston, Birmingham.

This excellent meeting was masterminded by Jeremy Smart and chaired by Neville Davis, Section President. It had its controversial moments, which was hardly surprising when the afternoon sessions included: 'Bottoms. What is normal or abnormal?' and 'Anal abuse, a retrospective study'. In spite of Cleveland, the APSGB/BPA initiative and Butler-Sloss, the debate continues.

The morning opened with Dr. Colin Paterson from the University of Dundee on Osteogenesis imperfecta. In a thoughtful paper he covered the main features of the condition:— the family history, the decreased bone density, the pale blue sclera and the joint laxity in the parents. Bruising was a well-recognised feature. In a series of 1000 cases on file, 100 cases involved accusations of child abuse. One parent had opined: 'I'm not a baby batterer but could easily have become a social-worker batterer!'

Dr. Christine Smalley, a consultant community paediatrician from Southampton, addressed the subject of 'Brittle or Battered?' She gave the differential diagnoses of fracture in infancy as follows: normal variants, accidental trauma, non-accidental trauma, osteogenesis imperfecta, copper deficiency, rickets, osteomalacia and scurvy. The predisposing factors to copper deficiency in infancy were (1) low birth weight. (2) Dietary deficiency of copper. (3) Antecedent malnutrition. (4) Peritoneal dialysis.

Dr. Stephen Chapman, a consultant radiologist at Birmingham Children's Hospital, discussed the radiology of N.A.I. He referred to the depressed occipital fracture being pathognomonic of

Dr. Christine Smalley

Dr. Raine Roberts

Mr. J.J. Corkery

abuse, and said that falls out of bed rarely produced fractures. He said the spiral tibial fracture (toddlers' fracture) was normally accidental. He also reminded us that copper deficiency produced osteoporosis and metaphysical changes.

Dr. Raine Roberts justifiably called the St. Mary's Centre her 'pride and joy', with its unrivalled amount of clinical material. She reminded the symposium of Locard's principle: every contact leaves a trace: at the scene, on the bodies and on the clothing and inside the body. Her figures shewed that in 57% of cases the assailant was unknown to the victim. 29.8% were raped in their own homes and 25.1% were raped in the street. In 11% a weapon was used. In all, 717 people had been seen in the first two years of the Centre's life and the service was offered unconditionally to anyone. Provided the examining doctor was good, kind and caring, the sex of the doctor was not important.

Dr. May Duddle, a Manchester psychiatrist, discussed the emotional sequelae of sexual assault. In one series of sexually assaulted women, 31% had had a previous sexual assault, and 11.6% had had a previous psychiatric referral. She asked 'Is there a victim mentality? Does she ask for it?' The importance of counselling victims of P.T.S. disorder was stressed. Many had nightmares, illusions, hallucinations and flashbacks. Some had anger and irritability and exaggerated startle response.

The afternoon began with a fine lecture from Mr. J.J. Corkery, a senior surgeon at the Children's Hospital, who went back to the basics of ano-rectal anatomy and function. He also referred to the common toddler anal problems, viz: mucosal prolapse, fissures, the fissure/constipation cycle and the faecal retention/overflow. A digital examination was important to check for stenosis, and he reminded us to consider always the possibility of Hirschsprung's disease and of faecal consistency problems. Also the veins engorge remarkably on defaecation and even slight pressure, with a full rectum, will produce anal dilatation.

Dr. James Phillips, a West Mercia police surgeon, used numerous excellent slides to illustrate his lecture on child sexual abuse. Unfortunately the slides were on and off too quickly for the audience to digest the data thereon! However, Dr. Phillips gave us plenty to think about. He emphasised the need for the child to be 'relaxed and in control', and in the general examination a full search for NAI, grip marks and love bites was essential. He believed in doing the medical examination before the disclosure interview. A full discussion followed.

Altogether a well-worthwhile symposium which highlighted the great value of bringing together several allied specialists — all contributing to the now well-established speciality of clinical forensic medicine.

ROBIN MOFFAT

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 meticulour 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 the 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 become 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 profes-

sional working relationship with their local police surgeon for, after all, the patient's needs are their common interest. On occasions, for example child sexual 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 victim states, categoricaly, 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 patient's property for forensic analysis should be fully informed and obtained in writing. The victim should also understand that a comprehensive medical report, occasionally containing intimate details, may be required for the judiciary.

Consent for the examination of a juvenile, especially in cases of child sexual abuse, should be obtained according to the locally 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 care order and/or a wardship of court, in which case the legal guardian will be the consentee.

Forensic Evidence

Modern forensice 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, appended are notes on sampling and a check list produced by the London Metropolitan Police.

Urgent Considerations

There are rarely occasions when consideration 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 damaged 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 decomposition 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 was 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 venerology 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 Police 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, a Principal Scientific Officer 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 April 1987.

Sampling

1. Swabs	Use plain sterile swabs. Coated swabs are not suitable. Swabs should not be placed in transport medium.
2. Bottles	*For urine samples* — use bottles containing sodium fluoride and potassium oxalate. *For preserved blook samples* — use bottles containing sodium fluoride and potassium oxalate. *For control blood samples* — use bottles containing EDTA.* *For saliva samples* — use plain bottles. *For vomit and stomach contents* — use wide necked jars or plastic containers.
3. Fragments from wounds and skin	If taken on swabs they can be packed in standard swab tubes. Otherwise pack in polythene tubes.
4. Bags	*Use paper bags for clothing.* If clothing is wet, dry at room temperature before packing. Other samples can be placed in polythene bags.

Labelling and sealing

Label each item with the following:	1. Name of patient 2. Date taken 3. Person taking sample 4. Type of sample After labelling the container or bag fasten with adhesive tape. **Bags** — turn over the top, turn over again, then fasten with tape so that nothing can fall out. **Bottles and containers** — fasten the lid then seal round the edge with tape.

Storage

Freeze	Refrigerate	Room temperature
Swabs	Blood samples*	Clothing
Saliva samples	Urine samples	Hair samples
Tampon	Vomit	
Sanitary towel	Stomach contents	
	Fragments from wounds	
	Fingernail cuttings	

Checklist of useful samples in various types of assault

	Bloody assaults	Sexual assaults	Poisonings	Gunshot wounds
Outer clothing including shoes	1. for stabholes 2. for tears and other damage 3. for bloodstains 4. for contact trace evidence such as, paint, glass, textile fibres, hairs, vegetation, soil.	As for bloody assaults. Particularly important for seminal stains	Retain any items which are vomit stained	Retain outer clothing
Underclothing	Only needed if bloodstained or damaged.	Pants essential if worn after assault. Other items if stained or damaged.	Retain any which are vomit stained.	Retain any items which are damaged.
Body samples	Swabs of blood on skin. Fragments of glass, metal, paint from wounds.	1.Skin swabs for blood, semen, saliva, faeces. 2.Internal and external vaginal and anal swabs for semen as as necessary 3.Mouth swab and saliva sample for semen if relevant.	Vomit Stomach contents Preserved blood and urine samples. Hair samples and fingernail cuttings e.g., if arsenic or heavy metal poisoning suspected.	Swabs from skin of obvious firearms/powder residues. Shot/bullet etc removed from wounds.

		4.Tampon/sanitary towel worn during assault or used directly after. 5.Preserved blood and urine samples for alcohol and/or drug analysis.
Control Samples	Combed and pulled head hair samples. Blood sample pre-transfusion	Combed and pulled head and pubic hair samples. Blood sample, saliva sample.

** This article was published before the present requirements for blood samples came into force. TWO samples of blood are now required in many cases, both taken in EDTA bottles, one for grouping being stored in a refrigerator and the second for DNA profiling being stored in a freezer.*

DECONTAMINATION OF VAGINAL INSTRUMENTS

The risks from inadequately sterilised vaginal instruments is well known. Cross infection can be avoided by using single-use instruments and appliances.

Guidance to the decontamination of instruments was issued by the Department of Health in December 1988.

Sterilisation by heat, either by high pressure steam (autoclaving) or dry heat, is the preferred method. Disinfection by boiling water or chemicals removes inactivates micro-organisms, but not necessarily resistant bacterial spores.

Boiling water can be used, but it is essential that the equipment is properly used and maintained. Cleaned instruments should be fully immersed in boiling water and air bubbles dislodged. The water should be allowed to reboil and left for at least five minutes. The sterilising unit should be washed out at the end of each day and left empty. Before reuse it should be filled with fresh water, preferably distilled or de-ionised water to prevent scaling.

Glutaraldehyde is an effective disinfectant, but should not be used with rubber or plastic articles.

Further information from Department of Health letter to Regional Medical Officers, District Medical Officers and Family Practitioner Committees EL(88) (MB) 210 and the annex to that letter.

RTA BLOOD TESTS

The extended option for drivers to provide a blood test if evidential breath tests showed levels of alcohol in breath of more than 50 micrograms has been withdrawn. Drivers may now only opt for a blood test between the legal limit of 35 micrograms and 50 micrograms alcohol per 100 millilitres breath (Section 8.6 Transport Act 1981).

Blood samples will still be required from hospital cases, in the event of evidential machine failure, or from drivers with cardio-respiratory problems or other sound medical reasons for being unable to provide a breath sample.

AS OTHERS SEE US

Nothamptonshire Police employ six divisional police surgeons, including the Principal Police Surgeon Dr. Hugh de la Haye Davies, together with six deputies.

Their work covers all aspects of medical aid to the force and falls into two categories — non-forensic work (doctoring in the police environment) and forensic work (murders, rapes, assaults etc) where the surgeon looks for medical evidence to corroborate the victim's or the assailant's story.

"Doc" Davies says it's a demanding role but also enthralling. He's been doing the job for thirty years and can remember the early days when the workload was the monthly drunk, the quarterly fatal and the occasional suicide. Police surgeons in those days were never involved in murders — the investigating officers called in the pathologist direct.

Police surgeons today are busy specialists who attend regular training sessions to equip them for their role. They also have a professional organisation — the Association of Police Surgeons of Great Britain, of which "Doc" Davies is the honorary secretary.

Hugh about to answer an urgent police call.

"Police surgeons have a lot of professional pride in their job. It's not just a matter of bringing guilty people to justice but making sure that innocent people are not wrongly arraigned", he said.

He added: "Forensic medicine is 10 per cent knowledge and 90 per cent common sense. We regard ourselves very much as part of the police team, but having said that we are independent medical practitioners and very proud of our independence.

"But what happened in Cleveland clearly demonstrates that doctors are not infallible. They do make mistakes and incidentally I would hate my police colleagues to feel that we in Northamptonshire are any different."

He stressed that officers need never be afraid to ask for advice. "They should remember they are paying for the service and make sure they get value for money".

Talking of money, "Doc" Davies urges people to keep the work rolling in. "They should remember I have a wife, five kids, two horses, two dogs, two cats, a rabbit and three goldfish to support", he said.

Reproduced from "Nene Beat", journal of the Northamptonshire Police.

The number of police surgeons may drop if the proposed GP contract is enforced.

Dr. Hugh de la Haye Davies, said the new contract could force some of Britain's 1,800 police doctors to give up the work.

GPs will be expected to build up large lists and to spend 20 hours a week in surgery, and may not find the time for police work.

Police forces which called out GPs regularly during the day were the most likely to face resignations.

The Metropolitan Police, for example, often asked GPs to attend court cases to conduct routine tasks during the day.

INTERNATIONAL ASSOCIATION OF FORENSIC SCIENCES
12th MEETING,
ADELAIDE, SOUTH AUSTRALIA.

OCTOBER 24-31, 1990.

AND

THE SECOND WORLD MEETING OF POLICE SURGEONS AND
POLICE MEDICAL OFFICERS.
AUCKLAND, NEW ZEALAND.

NOVEMBER 5-9, 1990.

Cunard Crusader World Travel, who were privileged to handle the Third World Congress on Prison Health Care, will be pleased to propose travel and accommodation arrangements for anyone wishing to attend either or both of the above meetings.

As, often, those travelling to Australia and New Zealand choose to combine their trip with other destinations than those specifically proposed, it is our intention to quote for each journey in accordance with the clients requirements. For information please contact us at the address shown at the foot of this page.

CCWT are members of ABTA, fully licensed IATA travel agents and members of the Guild of Business Travel Agents.

Membership of these various organizations does enable us to quote competitive fares and hotel rates.

We look forward to receiving your enquiry.

CUNARD CRUSADER WORLD TRAVEL LIMITED
15 COLSTON STREET
BRISTOL BS1 5AP

TELEPHONE : (0272) 277492

FAX : (0272) 264386

TELEX : 44184

THE CASE OF THE MANCHESTER SWABS

Samples of blood taken in Greater Manchester Police area under the provisions of the Road Traffic Act have apparently been extracted from drivers using non-standard swabs which contained alcohol..According to *The Independent*, more than a thousand cases were being reviewed by the Home Secretary, but *The Guardian* put the figure at more than 700.

The problem arose because swabs supplied with the Hôme Office Road Traffic Act blood sampling kits were found to have dried out, and a substitute swab apparently containing 4 per cent alcohol was used between March 1987 and December 1988, the swab being supplied "from an independent source".

The error came to light when discrepancies were noted between the analyses of breath samples and blood samples. Apparently, none of the Greater Manchester police surgeons noticed that the replacement swabs might have contained alcohol.

Linton Towelettes

Linton Towelettes have been in use for many years with Road Traffic blood sampling kits and contain cetrimide B.P. 0.5% and chlorhexidine diacetate B.P.C. 0.05% and are certified free from alcohol.

When taking blood samples from drink-driving procedures, it is advisable to record the site of venepuncture and the type of swab used in the police surgeon's records.

THE ASSOCIATION DATABASE

I hope that everyone is now aware that the collection of data for the database has started. I still have plenty of questionnaires for any other members who may wish to join in.

As I have said before, you do not have to produce hundreds of cases to take part. Consecutive cases, however few, can all contribute to the whole. Cases of SERIOUS SEXUAL ASSAULT are the ones we are interested in, whether victim or offender is examined.

If each active member of the Association were to send in just five cases, that would give over 3,000 cases to analyse.

Despite all the interest in sexual assault victims, particularly children, we also need to analyse data relating to offenders.

It is important, at a time when many individuals and organisations are realising that there is a need for basic information, that the Association is seen to be up with the leaders and not reluctantly trailing behind. We can achieve much NOW, particularly as adult victims and offenders are at present being studied less than children.

The more people that contribute, the less the load on those who make the effort. We need to obtain worthwhile numbers of cases. I appeal to members to join in, at least to contribute a minimum of five cases.

FIVE CASES WOULD BE ENOUGH IF *EVERYONE* TAKES PART!

See you in Gourock in May at the Annual Conference where I will give out more forms and be pleased to collect completed questionnaires.

TIM MANSER

For further information or questionnaires, or to return completed forms contact:

Dr. Tim Manser
Whitelears, Bridgetown Hill,
Totnes, Devon TQ9 5BN.

Telephone:
0803 863876 (Home)
0803 862671 (Surgery)

STITCHED UP IN MANCHESTER

Assistant Secretary (Conferences) Stephen Robinson has recently been at the receiving end of surgical attention in Manchester, and has spent several weeks trying not to laugh. He is making excellent progress, and there is no truth in the rumour that there have been several recounts of swabs from independent sources. He expects to be fully operational in time for the Annual Conference in Gourock.

HELP! HELP! HELP!

Volume 34 of "The Police Surgeon" for November 1988 was not printed in sufficient numbers to ensure that all our subscribers received a copy. As it happened, the subscribers who failed to receive a copy were all in Australia or Asia.

An appeal was launched for copies which once read were no longer required, and this was directed to Honorary Members, Life Associate Members and Associate Members. The response has been splendid, and nearly all those who had not seen a copy have now been supplied. Our thanks to those who so generously helped.

However, a few more copies are still required, and it would be much appreciated if those who no longer require their copies of Volume 34 "The Police Surgeon" November 1988 would forward them to the Editor of the Supplement, Vine House, 8 Huyton Church Road, Huyton, Merseyside L36 5SJ.

Old Journals

Old copies of forensic journals or forensic textbooks no longer required are from time to time requested by new members and those establishing libraries in other parts of the world. These can also be sent to the Editor of the Supplement at the above address, or given to any council member at meetings for onward transmission.

GROSS INDECENCY

A Dorset police surgeon (not an Association member) was found guilty of committing gross indecency with a hair dresser in a public toilet and was fined £200 with £30 costs, and now faces an appearance before the General Medical Council.

Vice squad officers watched the toilet at a town near Sherborne, Dorset, a well-known meeting place for homosexuals, and found the 34-year-old general practitioner committing a sexual act with the hairdresser. The doctor has resigned from his general practice.

RAPE CHARGE

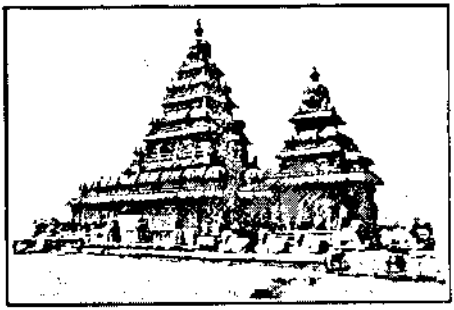
A judges unprecedented ruling that a husband can be charged with raping his wife even though they lived together has been upheld by the Scottish Court of Criminal Appeal.

In previous cases where a husband has faced charges of raping his wife, the couples have been separated at the time of the alleged offence. However, Lord Mayfield, sitting in the high court in Edinburgh, decided that the charge could also apply to husbands who still lived with their wives.

He said in his ruling: "It is clear on the authorities that rape is an aggravated form of assault, and equally clear that it is a criminal offence to assault a wife. I have come to the conclusion the crime of rape, albeit between husband and wife, cannot be treated as separate from assault".

The ruling does not apply in England and Wales.

The man was aquitted. Within one month the couple had been in the process of reconciliation and having sexual intercourse with each other. However, four months later after a bitter argument, the wife told the police her husband was seeing her against his bail conditions. She is now seeking a divorce.



INDO-PACIFIC CONGRESS

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

CONFERENCE OF A LIFETIME?

It may be too late for you to consider going to the Galapagos Islands on May 23rd (from Florida) at an all in price of US$3,175.00 ($2,790.00 for spouse), but if the pools came up you might like to consider a similar conference in the future.

Delegates will fly from Miami to Guayaquil Ecuador and fly to San Cristobeal the next door, there to board the ship "Galapagos Explorer" for a weeks tour through the Galapagos. A tourist guide/scientific lecturer will be on board to provide background information and answer all questions. Medico-legal seminars will be conducted each day dealing with "a variety of timely, relevant and practical topics".

On return to San Cristobal, delegates will fly to Quinto, capital of Ecuador, 9,000 feet up in the Andes, and will there enjoy further medico-legal seminars and sightseeing.

Further information from:
Dr. Cyril H. Wecht,
Pittsburg Institute of Legal Medicine,
1200 Centre Avenue,
Pittsburg PA15219 USA.

Anyone going on this or similar conferences is requested to provide a report (with photographs) for The Police Surgeon Supplement!

Medico-Legal Seminar, Galapagos Islands and Quito, Ecuador, 23rd May-4th June 1989.

SOUTH AMERICAN CONFERENCE

Three Conferences in one will take place in Colombia at the end of October 1989 — the second World Meeting of Legal Medicine, the fourth meeting of the Pan American Association of Forensic Sciences and the sixth Meeting of the Colombain Society of Legal Medicine and Forensic Sciences!

As might be expected, many different topics will be explored, and they will include identification, questioned documents, AIDS, homicides, suicides, child abuse and molestation.

Local tours will include sightseeing in Bogota, a visit to the famous underground Salt Cathedral carved out of salt rock and large enough for 10,000 persons and a visit to "La Clarita" Orchid Garden, with its collection of 300 varieties of orchid.

Pre and post congress tours include visits to Boyaca in the Andes, Cartagena de Indias, a fortified colonial city by the sea, famed for its beautiful beaches, and a visit to Leticia and the Amazon River.

Further details from:
Dr. Egon Lichtenberge, Carrera 13 No.7-46, Bogota, Colombia, South America, or from Dr. W.G. Eckert, P.O. Box 8282, Wichita, Kansas, U.S.A.

Fourth International Meeting of the Pan American Association of Forensic Sciences — October 30th-November 3rd 1989 Bogota.

FAGIN

The second weekend of the FAGIN course (Forensic Academy Group In the North!!) has come and gone, and feed back is that the course is highly rated by the students.

The course is for six two-day residential weekends in Manchester University residential accommodation. The emphasis is on the residential aspect, because the course organisers felt that much was to be gained from informal discussions between course tutors and students (and between delegates!) in the casual atmosphere of the bar, and this would be lost if there was a need to get home for an evening meal.

The first weekend was devoted to a variety of topics including various aspects of wounding. An essay set on "The Medico-Legal Significance of Wounds", a voluntary exercise, was completed between the first and second weekends by over 50% of the course. The current exercise involves a case study and an exercise in statement writing.

Considerable interest has already been expressed in FAGIN COURSE TWO. Although FAGIN COURSE TWO has yet to be officially constituted, Stephen Robinson already has a considerable number of names of those interested in taking part. For further information and to book a provisional place, write to:

Dr. Stephen Robinson, D.M.J.,
145 Framingham Road,
Brooklands, Sale M33 3RQ.

R.S.M. MEETINGS

10th June 1989 — LONDON
At the R.S.M. "Forensic Aspects of Sexually Transmitted Diseases."

14th October 1989 — LONDON
At the R.S.M. "Forensic Medicine and the Media". The meeting will be preceded by The Presidential Address.
Further details of meetings from Secretaries Dr. Robin Moffat, 10 Harley Street, London W1N 1AA, or Dr. Jeremy Smart, "The Lantern House", 22 Beaks Hill Road, Kings Norton, Birmingham B38 8BG.

The Royal Society of Medicine awards annually the Baron C ver Heyden de Lancey Prize to the Fellow of the Society adjudged to have done most to further the link between Medicine and Law.

ANTIPODEAN DELIGHTS

Late spring in the U.K. currently seems like late winter, and thoughts willingly turn to warmer climes, away from the stresses of yet more calls to heroin addicts at 3.00 a.m. and proposed "improvements" to the National Health Service.

International Association of Forensic Sciences

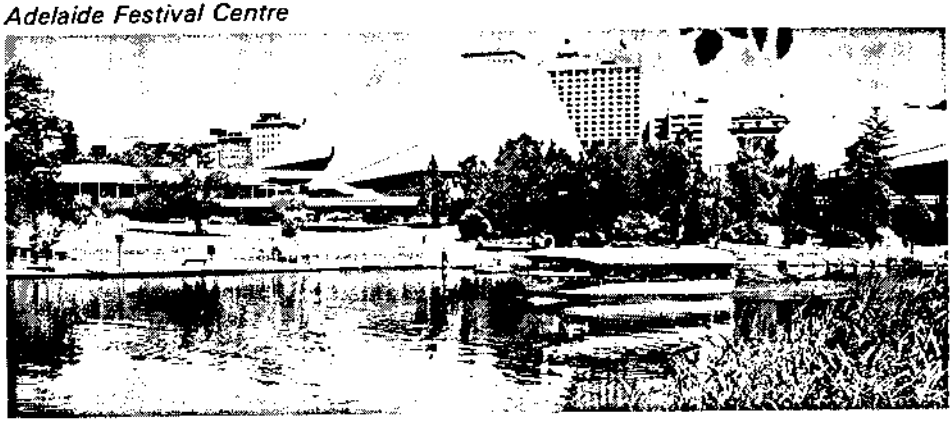
The first venue to consider is Adelaide, South Australia, claimed to be the last moderately contented metropolis on earth! The new purpose built Adelaide Convention Centre will be home to the 12th triennial meeting of the International Association of Forensic Sciences.

If you think that IAFS meetings are leisurely gatherings, then you are in for a shock — it is IMPOSSIBLE to go to all the lectures and sessions — there are too many concurrent happenings. Bored with your own subject? — there will be plenty of fascinating talks to titillate your forensic taste buds. Choose from: Anthropology, Ballistics, Marks and Fingerprints, Blood Stains and Body Fluids, Chemical Criminalistics, Clinical Medicine and Psychiatry, Crime Scene Examination Evaluation, Fires and Explosions, Hairs and Fibres, Illicit Drugs, Law, Management and Computers, Odontology, Paternity and Individualisation, Pathology, Questioned Documents, Toxicology, and Victimology and Criminology.

Not enough to interest you? Then try "FOSSICKINGS", the session which accommodates all those papers which don't fit elsewhere, and fit Ivor Doney's hallowed criterion "I Always Wanted to Give a Paper on. . ." Under Ivor's guidance, the IAWTGAPO sessions played to packed houses at past IAFS meetings.

To FOSSICK is to seek gold here and there in old working sites, or to steal gold from another's claim. It is apparently derived from an English dialect word "fussick", to potter about or "fussock" to bustle here and there. Fossicking is a polite phrase used instead of "buggering about", a source of much clinical forensic medicine employment, particularly in the north-east.

Adelaide Festival Centre



More in the next issue of the Supplement. In the meantime, start work on your paper, and get on the mailing list by writing to IAFS 1990, P.O. Box 753, Northwood, South Australia 5067, Australia.

IAFS Meeting, Adelaide, South Australia, 24th-31st October 1990.

WORLD POLICE MEDICAL OFFICERS

1990 CONFERENCE

2nd World meeting of Police Surgeons

Avid readers of this column will recall that in January, the precise venue had yet to be decided. Now all can be revealed, and the venue is the Convention Centre, Sheraton Auckland Hotel, in New Zealand's North Island. This meeting will be combined with the Seventh Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers.

The combined meeting will have particular international appeal for doctors and others who work with police agencies in a number of roles, including medical care of the police, forensic medicine both clinical and pathology, forensic psychiatry, psychology and dentistry.

The initial programme includes sexual assault, forensic photography, training programmes for police medical officers (police surgeons), steroid abuse, and a holistic approach to police health welfare. Fuller details will be available later. Full details will also be available of the social programme.

Delegates proposing to go to New Zealand should leave themselves a week or two (or a month or two) to go touring — it's a fabulous country.

Further details from Dr. W. Daniels, Conference Secretary, P.O. Box 28-306, Remuera, Auckland, New Zealand.

2nd World Meeting of Police Surgeons, Auckland, New Zealand, November 4th-9th 1990.

AUSTRALASIAN & PACIFIC AREA POLICE MEDICAL OFFICERS

ON THE DISPOSAL OF THE DEAD

By Robert Esler,
Surgeon to the Ulster Hospital for Children, Belfast

Mr. President — The object of this paper is practical. The introduction I desire to make somewhat historical. The intimate connection and the frequent contact of the medical man with that state called death may be considered a sufficient reason for taking a general survey, and at the same time for looking somewhat critically at this subject — a subject which, I am bound to say, is shunned rather than studied by the great mass of mankind — the only exception perhaps being that of the profession to which it is our privilege to belong. Ever since the patriarchal expression, "bury my dead out of my sight", it has been the custom of all ages to give effect to the same feeling in some form or other. The ravages of decay and the decomposition of organic matter make it imperative that the dead body be disposed of in such a way as will at once satisfy the respect and affection of friends, and prevent the imperial laws of organic change in its alteration of living into dead matter becoming an offence, or sowing anew the seeds of contagion and death.

In the oldest history to which we have access we learn that the original method of disposal was *interment,* and it is a somewhat curious circumstance that since the days of Abraham we have not made much improvement, if any; and however for a time other methods have been adopted, civilised peoples, at least, have gone back to the old plan, and *bury* their dead; and even to the buying of the field and the possession of a freehold in "God's acre", the Abrahamic spirit and independence is strong amongst us in this nineteenth century.

The method to which we are referring, and with which custom has made us familiar, is repulsive to the natural affection which binds mankind in families, and it is not difficult to conceive of a case in which strong feeling prompted a desire to retain the presence and outward form of some patriarchal father, heroic leader, or tender friend, and called forth the marvellous skills of the Eastern physician who introduced the process of *embalming,* for which Egypt must ever stand so famous. But there are other and I believe the true reasons why embalming was adopted by the Egyptians, and that was to preserve the body as a receptacle for the soul, when according to their doctrines it should return to earth after having completed its cycle of *three,* or according to some of *ten* thousand years. The art was practised at least 2000 B.C. The record runs that "Joseph commanded his servants the physicians to embalm his father, and the physicians embalmed Israel".

The method adopted was this:— If a male, the corpse was at once committed to the undertaker's; if a female, it was retained at home till decomposition had set in.

There was an embalming officer of low class, whose premises were situated in the cemeteries. He was called the *"Paraschistes",* or flank incisor. His duty was to open a line on the left side below the ribs, which had been previously marked by a scribe. This he did with an Ethiopian stone or flint. He was then pelted with stones and pursued with curses. Another embalming officer then proceeded to remove the viscera, with the exception of the heart and kidneys; the brain was extracted by another embalmer by means of a

This paper is taken from the Transactions of the Ulster Medical Society for the session 1877-1878. Robert Elser was President of the Metropolitan Police Surgeons Association 1914.

crooked instrument through the nose. In this state the body was ready for future operations, which depended on the sum to be expended on the task.

Three methods prevailed. The first was practised only by the wealthy, and consisted in passing peculiar drugs through the nostrils into the skull. The abdomen was rinsed out with palm wine, filled with costly spices, and the wound stitched up. The mummy was then steeped in natron for seventy days, wrapped up in linen cemented with gum, and set upright in a wooden coffin against the side of the tomb.

Herodotus mentions that the Ethiopians placed their mummies in glass coffins, but none of them have ever been discovered.

This process cost a silver talent, or about £725 of our money.

The second process was like the first in removing the brain. The viscera was injected with cedar oil, and the corpse soaked in a solution of natron for seventy days, which brought away the soft portions, and left only the skin and bones. This method cost a mina, value £243 English. The third method was for the poorer classes. The body was washed in myrrh and salted seventy days. The cost was only a trifle. One author states that a common cost of embalming was £108. The body was often kept at home and not sent to the cemeteries, and was produced occasionally at festive entertainments to recall to the guests the transient lot of humanity.

In the fifteenth and sixteenth centuries of the Christian era mummies were used for drugs and other medicinal purposes, as well as nostrums against disease.

In embalming the Persians employed wax, and the Assyrians used honey. Alexander the Great was preserved in both wax and honey.

During the present century the discovery of the preservative powers of aluminia, arsenic, zinc, and the corrosive sublimate, enables the student of medicine to cheaply and simply embalm the body for a short period for anatomical purposes. The latest cases of embalming recorded are those of King Victor Emmanuel of Italy and Pope Pius IX.

In addition to burial and embalming, a third method is *incremation*. This was practised and is still a custom in Eastern lands. It is the universal custom among the Hindus. Their practice is for those who are rich enough to procure wood to make a funeral pile on the beach or river's bank. On this the corpse is placed. The heir or chief mourner, followed by a procession of relatives, walk round the mound seven times. When the leader applies his torch, all the followers in succession follow his example. Where the people are too poor to purchase wood, they provide cow manure, which is dried in the sun, and serves the purpose admirably. They do not preserve the ashes or put them into urns, but all is allowed to remain until blown away by the first wind, or washed by the rains into the surrounding sand or earth.

The body of Saul and also of his sons were burned, and it is supposed that in their case this method was adopted on account of the advanced state of decomposition of the corpses.

In Greece, in Etruria, and in the north of Europe, this method was practised simultaneously with burial. The tombs of these countries are said to be rich in art, much of it going to the adornment of the urns in which the ashes were deposited, and there can be little doubt that the urn as a decoration of our modern cemeteries is borrowed from this custom. The incineration of the body and the preservation of the ashes in urns is said to have come in with the bronze period, as previous to that the bodies were buried in stone coffins. Among the Jews the custom prevailed of having their sepulchres hewn out of the solid rock, the opening to which was enclosed by a circular stone running in a groove.

There is almost no subject so deeply interesting to the living as the thoughts and associations connected with the dead; and it has been remarked that there is nothing so distinctive of the character of a people as the way in

which they dispose of their dead. Heathen or half-civilised people permit the remains of the dead to lie unburied or strewn about on the surface of the earth, and I am enabled to show you a sketch of the method in which the aboriginal tribes of Australia deposit the remains of their friends on a platform of branches out of the reach of the native dogs. They have not the implements of husbandry wherewith to dig a grave, and even if they had, I am inclined to think they are too lazy to perform the rite. However, that is their mode of disposal.

The Parsees of India have enclosures built, called "towers of silence", where they lay out their dead naked and exposed to vultures; and I have been told by a resident in India that he has passed by these towers of silence when on the lee side of the enclosure the vultures were congregated and luxuriating in the foul gases which emanated from within. No civilised nation would allow their friends, and scarcely their enemies, to remain unburied, and the greatest contempt with which an enemy can be treated is to meet the fate of Jehoiakim — "He shall be buried with the burial of an ass, drawn and cast forth beyond the gates".

A notion has prevailed at all times that the dead might require some of those things in which they indulged in life, and so it has been a custom to put into the coffin various articles. The Chinese enclose tapers and slippers as needful helps in the flowery spirit land to which they are committing their dead. Another of their customs is to adorn their cemeteries with a profusion of tapers, which they light up after a funeral. The late notorious Mormon prophet, Brigham Young, was not quite sure of his bodily peace even after death, for he left express instructions in his will to leave room in his coffin in which to turn.

The disposal of the dead at sea is made a necessity to prevent decomposition, otherwise there is a disposition, where at all practicable, to convey the dead to land; yet a sea burial is one of the least objectionable, and, indeed, in many respects the most desirable of all methods. There seems to be a fitness in committing the body, with its mysteries of resurrection, to the mysterious ocean, with its unfathomed bottom, far-reaching and unexplored shores; and there is no funeral solemnity comparable to that rite of committing earth to water.

A person while living has the power of disposing of the body after death, and I recently read of a case where an American lady left her body to her physician, asking him to honour his sactum with her bones.

The expenses connected with death have always been very considerable — sometimes, indeed, enormous; and some of the grandest buildings in the world are monuments and tombs, of which the pyramids are a striking example..

Churches became burying places in this way:— If a church was dedicated to a saint, the bones of that saint were, if possible, deposited near the altar; and so great was the desire to be buried near these saints that men of piety or rank or riches obtained a burying-place in the churches. This practice became extended and originated churchyards. As towns increased in population, the churchyards became overcrowded, and on sanitary principles many of them have been closed up. The laws regulating burial date so late as 1853 for England and 1855 for Scotland.

In England the parishioners have a common law right to bury in the churchyard, but the body must not be interred in an iron coffin or vault. To interrupt a clergyman in reading a burial service or to consipire to prevent burial is an indictable offence.

There used to be a popular notion that to permit a funeral to pass over private property constituted it a public right of way. Such an opinion is founded on error, but it is a privilege of persons going to or coming from a funeral to be exempted from toll. Persons found *felo de se* used to be buried at a cross-road corner with a stake through their body, but this barbarous mode was abolished in the reign of George IV, and the law directs that their bodies shall be buried

without ignominy, privately in a churchyard, between the hours of nine and twelve o'clock at night.

While on the subject of burial, I cannot pass by burial societies without some notice, and that chiefly in the way of condemnation. The object is to provide money to pay for burial after death, and is confined to the lower classes. It often happens that paupers in the union are being paid for by friends outside who claim them when dead, and obtain the money on which to have a funeral carousal; but a worse feature is the insurance of infants, and in my duties in connextion with one of the charities of this town I am often painfully conscious of the burial money acting as a balm in no small degree to the bereft parents. From the judgements I have formed of the effect of the working of these societies, I am strongly of opinion that they should be discountenanced.

We have seen, in this necessarily brief survey of the practice of disposal of the dead, that *burial* is the custom among those who believe in a resurrection, and at present Christians, Jews, and Mohammedans adopt it. *Embalming* was practised by those whose faith led them to look for a return of the soul to earth, while *burning* and various other methods characterised those who had no definite creed on this important subject.

In coming now to the funeral rites and customs of disposal of the dead in our own country, we find the forms varying with the faith of the deceased, the locality to which they belonged, and the rank of life in which they have moved.

On the Continent and in England the coffin is generally made of wood, covered with cloth; or sometimes of polished oak. This is borne in a hearse gloomily draped with nodding plumes and unmeaning carvings. This is followed by a number of mourning carriages, all drawn by black horses. In England it is not uncommon to see the hearse preceded by a class of undertaker's men, called "gumpheon men", who are the bearers of a pole with a knot of crape on the top. These are supposed to clear the way. In Scotland the funeral ceremony is simple, and although the Scotch used to give expensive entertainments to the guests, the practice is becoming less observed every year.

Let us now see how things are done in the Emerald Isle. Most of us have seen an Irish wake — I mean a real country wake. When any one dies, the clock is stopped, or at least the striking weight is taken off, and the face covered with a clean white linen cloth, as is also the dresser, the table, and chest of drawers. There is a plentiful supply laid in to provide for several days, eating and drinking, with tobacco, whiskey, and clay pipes in abundance. The neighbours assemble after their work, and often sit the night through. All who smoke help themselves without let or hindrance, but the whiskey is disposed of in a somewhat different fashion. At regular intervals during the night there is a large brew of punch prepared by some one in charge of the hospitalities. This is distributed in doses estimated to be fit for full-grown persons, and in this way a wake extending over two or three nights becomes an expensive affair. On the morning of the funeral the whiskey bottle and biscuits are freely passed among the assembled friends. It is gratifying to know that in many districts these customs are rapidly disappearing, as from such habits scenes often arose which were anything but edifying. The practice pursued among the rich is different, and instead of sitting around the corpse in the fashion of a wake, the body is locked up over night, when the family retire to rest. It was this practice which enabled servants to dispose of the bodies of their late masters in the time of Burke and Hare, when the resurrection men were driven to adopt any device in order to obtain subjects for the dissection rooms.

Black is the colour which is almost universally recognised as the proper expression of mourning, and crepe as the material which most correctly suits the mourner. And at funerals, in some parts, there is a profusion of black crepe worn, not only by the relatives but by their

hangers-on, dependents, clergymen, and doctors. In the north of Ireland, and, indeed, in Ireland generally, both the colour and the material have been superseded — the colour being white and the material linen. So that white linen for shoulder-scarves and hat-bands is the prevailing custom among us. This change is said to have been brought about in order to encourage the staple trade of Ulster, which is linen.

A practice has long prevailed among the landed aristocracy of giving perquisites to their dependents on the death of a member of the family. And on the death of a landlord, this sometimes takes the form of a new shirt, or the making of one, to every tenant, which is worn at the funeral as a shoulder-scarf; while all coachmen and cabdrivers are provided with the making of a shirt-front, which is worn as a weeper round the hat.

Now let us take one of our modern funerals, and what do we find? Perhaps, on the whole, the proportion of expenditure in connection with sepulture is in keeping with the means at command; but, often, it is enormously beyond it. In our towns it is rare to find that the old practice of wakes, tobacco and whiskey, is looked upon as a necessary accompaniment of death. And among sensible people the practice of gratuities is disappearing, and we could wish this were entirely abolished, especially as the recipients include clergymen and members of the medical profession. Cabdrivers need not refuse weepers, as, indeed, I find them seldom refuse anything, unless it be their proper fare. But why clergymen and doctors should be classed with cabmen, and singled out as the objects of gratuity in the material for a new shirt, has been to me somewhat puzzling. That the custom was introduced and has been continued in order to compensate clergymen who have been shamefully underpaid as a class, I do not doubt. And that doctors came in on the same plea, we may easily suppose. And, just lately, I have learned that it is a practice among a certain class of the population to give their clergymen an equivalent for a shoulder-scarf, estimated at three half-crowns, in which event an old scarf is worn at the funeral. And, at least, one medical man in Belfast has been offered, more than once, the money, in case he preferred it to the linen. He, however, declined to receive either. I have known of families being plunged deeply in debt as the result of extravagant funerals. Let the people in their lifetime add something to their pew-rent and give their ministers a fair support; and let them pay their doctors' fees in reasonable time; but let not a custom such as I have been describing be continued in our midst — for this is a custom which, I think, would be more honoured in the breach than in the observance. Because one happens to be the clergyman or the physician to a deceased person is no reason, in my opinion, why he should allow himself to be made a mute, a gumpheon man, or a walking advertisement through the crowded streets of a town, in order to cater to a love of vanity and display.

I have reason to believe that not a few medical men are dissatisfied with the present custom of wearing shoulder-scarves. Were clergymen only to refuse to receive and hang them on their pulpits, and were this Society to pass a resolution, or even come to an understanding, that none of its members should receive or wear them, this remaining token of feudal times must speedily be banished from our midst, so that our dead might be buried in a decent, becoming, and unostentatious manner.

Thus far I have avoided the advocacy of any particular method of disposal of the dead, so that a concluding line on this point may close this paper. Our faith will not permit us, in this country, ever to revert to the Egyptian custom of embalming; nor do we think it desirable even by the presence of the preserved body to recal to our own or the notice of others the transient state of humanity. The lession is written all around us. Cremation will never do for Christendom, which is indoctrinated with the hope of a resurrection. Our faith and our firesides alike rebel at the idea. Heathen

customs may do for heathen countries, but must ultimately yield to civilisation. Therefore, burial alone remains to be, as it is, practised in these lands. There is a fitness in committing "earth to earth", nor can we hinder it, if we would. I lately read of the stone coffin of one of the Saxon Kings being opened. His jewels, which were buried with him, were there unaltered and uninjured, but of the King there remained only a handful of dust.

The direction in which I should like to indicate a change would be, not in the better preservation of the body, but rather to dispense with vaults and coffins of stone, lead, or other strong material, and to adopt the method which has been advocated by Mr. Seymour Haden, in *The Times*, of making the shell of light material or wickerwork, ornamented, if you will, and made pleasant to the eye with flowers — fit emblems of man's sojourn here — so that we might not even try to hinder the great and immutable laws of Nature exercising their inalienable right to the legacy: "Dust thou art and unto dust shalt thou return".

At the conclusion of his paper Dr. Esler gave notice he would move — "That, believing the custom of wearing shoulder-scarves by medical men at funerals to be objectionable, we resolve, as far as we can, to discountenance the practice".

FIRST FOR A HUNDRED YEARS

Published earlier this year was "Inleiding tot de Forensische Geneeskunde" — "Introduction to Forensic Medicine". This five-hundred page plus textbook is edited by B.A.J. Cohen, D.J. van Lammeren and H.J. Leliefeld, and is the first textbook on forensic medicine in the Dutch language for one hundred years.

This major undertaking encompasses contributions from 33 authors. U.K. contributors include Professor J.M. Cameron and Professor A. Watson.

The book is divided into nine sections plus an introduction. The sections include a history of forensic medicine, matters concerning the dead, criminal violence, forensic odontology, drivers and psychotrophic agents, the defendant or accused (rights, cautions, body searches), problems relating to aliens, co-operation between the police, the justice department and doctors, and organisation and recent developments in forensic medicine in Holland and Europe.

This book was published with a small print run and has already sold out. There are plans for a second edition.

The need for a readily available source of reference for police surgeons is one which is well recognised in the U.K., and the difficulties in getting a book of this sort on to the bookshelves are legion. The editors are to be congratulated on their stamina!

There are points on which a non-Dutch speaking critic can comment. The most important is the lack of an index. A handbook must be easy to refer to, and an index is a must. Secondly the contribution on History occupies ten percent of the book, and includes 91 references. In a handbook introduction to forensic medicine, I think at least part of the space devoted to history could have usefully been used elsewhere.

Illustrations are line drawings, which have reproduced well, and black and white photographs, which on the whole have not reproduced so well, possibly because the originals were colour prints or slides.

In the meantime, there is no truth in the rumour that editor Barend Cohen is planning to steal a march of the A.P.S.G.B. by publishing an English Edition — is there?

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

11th May 1989 — LONDON
Joint Meeting between the Forensic Science Society and the British Academy of Forensic Sciences. 'Medical and Scientific Evidence in Shootings and Armed Robberies', to be held at the McMorran Hall, City of London Police, Wood Street, London EC2. Further meeting on 25th May. Further details from the Forensic Science Society, Clarke House, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX.

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, Framlingham Road, Brooklands, Sale M33 3RQ.

25th May 1989 — LONDON
As for 11th May

10th June 1989 — LONDON
Meeting of the Clinical Forensic Medicine Section of The Royal Society of Medicine, to be held at the R.S.M. 'Forensic Aspects of Sexually Transmitted Diseases'.
Further details from Dr. Robin Moffat, 10, Harley Street, London W1N 1AA.

1st-2nd July 1989 — MANCHESTER
FAGIN COURSE ONE.
Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale, M33 3RQ. See page 00.

14th-15th July 1989 — YORK
Summer meeting of the Forensic Science Society.
Further details from The Forensic Science Society, 18Am Mount Parade, Harrogate, HG1 1BX.

16th-21st July — LONDON
Second International Conference on Health, Law and Ethics. Logan Hall, University of London. Organised by the American Society of Law and Medicine, and the Commonwealth Lawyers and Medical Associations.

16th-17th September 1989 — HUDDERSFIELD
Association of Police Surgeons' Autumn Symposium — 'Mental Health and the Forensic Physician'. Topics will include assessing suicide risk, mental handicap and crime, murder and psychiatric assessment. To be held at the Pennine Hilton National, Ainley Top, Huddersfield (close to M62).
Further details from Drs. Lesley and David Lord, 'Norwood', Skircoat Green Lane, Halifax, West Yorkshire. See page 00.

30th September-1st October 1989 — MANCHESTER
FAGIN COURSE ONE.
Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale, M33 3RQ. See page 00.

10th-12th October 1989 — BIRMINGHAM
International Aviation Emergency Management Conference to be held at East Midlands Airport, which will include all Medico-Legal Subjects. There will be an extensive exhibition. Further details from Mr. Christopher Kenyon, O.B.E. 132 Freston Road, London W10. Tel: 01-229 1257.

14th October 1989 — LONDON
Meeting of the Clinical Forensic Medicine Section of the Royal Society of Medicine, to be held at the R.S.M. 'Forensice Medicine and the Media'. The meeting will be preceded by The Presidential Address.
Further details from Dr. Robin Moffat, 10, Harley Street, London W1N 1AA.

October 1989 — LEEDS
One day course for police surgeons.
Further details from the Department of Forensic Medicine, Clinical Sciences Building, St. James's University Hosptial, Leeds 9.

3rd-4th November 1989 — HARROGATE
Forensic Science Society AGM and Autumn Meeting. 'Fire Investigation'.
Further details from The Forensic Science Society, 18A, Mount Parade, Harrogate HG1 1BX.

13th-14th January 1990 — MANCHESTER
FAGIN COURSE ONE.
Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale, M33 3RQ. See page 00.

24th-25th March 1990 — MANCHESTER
FAGIN COURSE ONE.
Further details from Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ. See Page 00

18th-20th May 1990 — PETERBOROUGH
Association of Police Surgeons Annual Conference, Swallow Hotel, Peterborough.
Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale, M33 3RQ.

1990 — MANCHESTER
Association of Police Surgeons Autumn Symposium
Further details from Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ.

May 1991 — TORQUAY
Association of Police Surgeons Annual Conference, Palace Hotel, Torquay.
Further details from Dr. Stephen Robinson, 145, Framingham Road, Brooklands, Sale, M33 3RQ.

1991 — IPSWICH
Association of Police Surgeons Autumn Symposium, Ipswich.
Further details from Dr. M. Knight, 11, Tuddenham Road, Ipswich, Suffolk.

9th-11th April 1992 — HOLLAND
4th Cross Channel Conference to be held in Maastricht, Holland. See Overseas Section.

INTERNATIONAL MEETINGS

23rd May-4th June 1989 — ECUDOR AND GALAPAGOS ISLANDS
Medico-Legal Seminar organised by Dr. Cyril H. Wecht of the Pittsburg Institute of Legal Medicine, 1200 Centre Avenue, Pittsburg PA 15219. See page 00

26th-30th July 1989 — MEXICO
Fifth World Congress of Victimology, to be held at the Princess Resort, Acapulco, Mexico.
Further information from World Congress, 2333, North Vernon Street, Arlington, VA 22207, USA. See page 00

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 Salai, Myapore, Madras — 600004, India. See page 00

13th-18th October 1989 — UNITED STATES
Annual Meeting of the National Association of Medical Examiners, to be held at the Sun Dial Beach and Tennis Resourt, Sannibel Island, Florida.
Further details from N.A.M.E. Office, St. Louis University Medical School, Pathology Department, 1402 S. Grand Boulevard, St. Louis, MO63104, U.S.A.

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 U.S.A. 60611.

30th October-3rd 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, U.S.A. See page 00

13th-18th November 1989 — CUBA
Fifth congress of the Latin American Associaiton of Legal Medicine and Medical Deontology, including the 12th Cuban Meeting of Legal Medicien and the 1st International Colloquium on Forensic Psychiatry, to be held at the Havana International Conference Centre.
Further details from Palacio de las Convenciones, Apartado 16046, La Habana, Cuba.

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, Colorodo Springs, CO 80910, U.S.A.

24th-31st October 1990 — AUSTRALIA
12th International Meeting of the International Association of Forensic Sciences will be held in Adelaide, South Australia. Theme — 'Towards a Professional Profession'.
Further information from IAFS 1990, PO Box 753, Norwood, South Australia. See page 00

4th-9th November 1990 — NEW ZEALAND
The Seventh Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers AND the Second World Meeting of Police Surgeons and Police Medical Officers, to be held in the Sheraton Auckland Hotel, Auckland, New Zealand.
Further details from the Conference Secretary, Dr. W. Daniels, P.O. Box 28-306, Remuera, Auckland, New Zealand, or to Dr. R.C. Bartley, 139, Mountain Road, Epsom, Auckland, New Zealand. See page 00

9th-11th April 1992 — HOLLAND
4th Cross Channel Conference to be held in Maastricht, Holland. Further information from Dr. Frits Buijze, 8 Quales van Uffordlaan, 6721 HS, Bennekom, Holland.

MEDICO-LEGAL SOCIETIES

THE MEDICO-LEGAL SOCIETY

President: Dr. J.D.K. Burton, CBE, MBBS, FFARCS

Thursday, 11th May, 1989
8.00 p.m. **Annual General Meeting**
8.15 p.m. 'The Bamber Case'
Dr. I.D. Craig, Police Surgeon, Essex Police

Wednesday, 14th June, 1989
Annual Dinner
Royal College of Surgeons

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,
1 Finsbury Avenue,
London EC2M 2PJ.

FYLDE MEDICO-LEGAL SOCIETY

President: Mr. Michael Wren-Hilton

Meetings will be held at the Royal Lytham & St. Annes Golf Club at 7.30 for 8.00 p.m. Formal dress.
Further details from:—
Mr. M.S. Cornah,
4 forest Gate,
Blackpool FY3 9AW

MERSEYSIDE MEDICO-LEGAL SOCIETY

President: Mr. Kenneth Anderson

Meetings are held in the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool 3, commencing at 8.00 p.m.
Further details from:—
Dr. Alan Canter,
Hon. Secretary,
Merseyside Medico-Legal Society,
Crofton,
The Serpentine South,
Blundellsands L23 6UQ
Tel: 051-924 2897

BIRMINGHAM MEDICO-LEGAL SOCIETY

President: Dr. Richard M. Whittington

Friday, 5th May, 1989
Annual Dinner (Botanical Gardens, Edgbaston)
Address by Rt. Hon. Sir Stephen Brown, President of the Family Division
Annual Summer Event to be confirmed

All meetings are held at the Haworth Lecture Theatre of Birmingham University at 7.45 p.m., preceded by a buffet supper 6.30-7.30 p.m. at Staff House of the Birmingham University, unless otherwise stated.
Further information from:—
The Hon. Secretary,
Birmingham Medico-Legal Society,
Universal Conference Consultants,
17 Salisbury Road,
Moseley,
Birmingham B13 8JS

BRISTOL MEDICO-LEGAL SOCIETY

President: His Honour Judge John Da Cunha

Thursday, 11th May, 1989
Members' Papers

The meetings will be held in the School of Nursing, Bristol Royal Infirmary at 8.00 p.m. and 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.

MEDICO-LEGAL SOCIETIES

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

President: Mr. Fergus McCartan, BA, LLB

All meetings are held in the Ulster Medical Society Rooms, Medical Biology Centre, City Hospital, Belfast.
Membership enquiries should be directed to:—
Dr. Elizabeth McClatchey,
Hon. Secretary,
Northern Ireland Medico-Legal Society,
40 Green Road,
Belfast BT5 6JT.

MANCHESTER AND DISTRICT MEDICO-LEGAL SOCIETY

President: Dr. C.A.K. Bird

All meetings will be held in the Hayworth Banqueting Suite, The Refectory, Manchester University, Oxford Road, Manchester. Bar facilities available from 5.30 p.m.-6.15 p.m. with a two-course dinner between 6.15 p.m. and 7.15 p.m. The formal meeting will commence at 7.30 p.m. and conclude at approximately 9.00 p.m. Further details from:
Mr. Peter M. Lakin,
Hon. Secretary,
c/o Pannone Blackburn,
123 Deansgate,
Manchester M3 2BU.

NOTTINGHAMSHIRE MEDICO-LEGAL SOCIETY

President: Professor E.M. Symonds

Meetings will be held at AMI Park Hospital, Sherwood Lodge Drive, Arnold, Nottingham NG5 8RX at 7.30 p.m.
Further information from:—
Mrs M.A.R. Boyd,
Hon. Secretary,
Nottinghamshire Medico-Legal Society,
c/o AMI Park Hospital,
Sherwood Lodge Drive,
Arnold,
Notts. HG5 8PX.

SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

President: Dr. Peter Jones

Friday, 19th May 1989
ANNUAL DINNER, Cutler's Hall, Sheffield.

Meetings will be held at 8.00 for 8.15 p.m. at the Medico-Legal Centre, Watery Street, Sheffield 3.

Further information from:—
Mr. Arthur Kaufman,
Medical Secretary,
Children's Hospital,
Sheffield.
Tel: 0742 761111

or

Mr. John Pickering,
Legal Secretary,
Irwin Mitchell,
Sheffield.
Tel: 0742 721002

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

President: Mr. Stuart Brown

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.

FAGIN MEETINGS IN MANCHESTER COURSE ONE

1st-2nd July 1989
30th September-1st October 1989
13th-14th January 1990
24th-25th March 1990

Further details from Dr. Stephen Robinson, 145 Framingham Road, Brooklands, Sale, M33 3RQ. See page 00.

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 changes 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	Merseyside	W.D.S. McLay	Glasow
I. Craig, DMJ (PP)	Witham, Essex	S.P. Robinson, DMJ	Cheshire
H. de la Haye Davies, DMJ	Northampton	R. Sarvesvaran, DMJ	Surrey
N. Davies	London N.11	C.J. Smart, DMJ	Birmingham
D. Jenkins (PP)	London	R.D. Summers, OBE, DMJ(PP)(F)	London
H. Jones	Prestatyn	A.S. Veeder, DMJ	Newcastle
M.A. Knight, DMJ	Ipswich		

HONORARY MEMBERS

Dr. E.C.A. Bott	London	Prof. J.K. Mason	Edinburgh
Prof. D.A.L. Bowen, DMJ	Charing Cross	Prof. A.K. Mant	London
Prof. J.M. Cameron	London	The Lord John Richardson	London
Dr. M.H. Hall	Preston	Dr. R.D. Summers, OBE, DMJ(PP)(F)	London
Rev. Dr. W. Hedgcock	Oxfordshire	Dr. W.M. Thomas(PP)	Preston
Dr. J. Hilton, DMJ(PP)	Norwich	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. T.K. Marshall, CBE	Belfast		

OVERSEAS

A.A.E. Abbas	State of Bahrain	A.K. Mohungoo	Mauritius
S.G. Abu	Bendal State, Nigeria	I. Nicholson	Australia
P.S.L. Beh	Hong Kong	D. O'Regan	Ireland
F. Buijze	Holland	N. Patel, DMJ	Zambia
J.G. Clement	London E1	C. Pathmanathan, DMJ	State of Brunei
B.A.J. Cohen, DMJ	Holland	N. Pearson, DMJ	New Zealand
S.M. Cordner	Australia	Esther D. Phillips	Israel
H.T.P. Cremners	Holland	B.Y.A. Rahman	Malaysia
W.L. Daniels	New Zealand	D.L. Ranson, DMJ (Path)	Australia
N. Doornbos	Holland	P. Roberge	Ottowa, Canada
M.A. Elfawal	Saudi Arabia	R.A. Rockerbie	Burnaby, Canada
M.B. Garg	Zambia	M.D. Schwartz	Israel
J.A. Grogan	Canada	J.E. Simon, DMJ	New Zealand
Sheila Hamilton	Australia	T.J. Stamps	Zimbabwe
P.H. Lansley	West Germany	J.E. Trotter	Australia
W.C. Li	Hong Kong	A.B. Yusof	Malaysia
F. Metz	Holland		

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
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
Moyna Clark	Carlisle
Geraldine Davies	Kendal
D.L. Dawson	Stockport
J.G. Deighton	West Timperley
T.M. Doran	Wigan
G. Drouet	Cockermouth
G.C. Fletcher	Oldham
D.M. Fox	Didsbury
H.E. Godfrey	Cheadle
S.B. Goldthorpe, DMJ	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. Hussain	Bebington
A. Hutton	Stalybridge
M.S. Irvine	Preston
Eva M. Jacobs	Manchester
Sylvia Jason	Liverpool
I.M. Johnstone	Penrith
H.B. Kean, DMJ	Liverpool
I.M.S. Kerss	Carlisle
M.A. Khan	Liverpool
M. Kirwan, DMJ	Liverpool
A. Krishna	Winsford
M.S. Kukula	Worsley
B.K.W. Lightowler, DMJ	Stockport
A. Macgillivray	Mellor
K.S. Kackenzie	Oldham
D.G. Mechie	Lancaster
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
Ruth Reed	Carlisle
Raine E.I. Roberts, DMJ	Manchester
Madeleine Robinson	Manchester
A.S. Russell	St. Helens
M.J.R. Ryan	Lancashire
B. Scroggie	Carlisle
A.K. Singhal	Liverpool
E. Tierney	Greater 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

J.D. Boyd	Enniskillen
P.T.K. Brown	Belfast
B. Bryans	Ballycrochan
R. Burns	Ballymoney
N.D. Chauhan	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
D.F. Duke	Antrim
J.B. Dunn	Larne
B.J. Farnan	Newtonabbey
G.H.G. Gould	Newtonabbey
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
D.K. Kapur	Antrim
M.T.A. Kemp	Omagh
N.B. Kerrin	Enniskillen
K. Livingstone	Markethill, Armagh
A.K. Maini	Belfast
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
R.M. Nairn	Culmore, Derry
P.A. Nicol	Belfast
D. Nutt	Castlerock
H.R. Ormonde	Lisburn
I.S. Palin	Londonderry
R.J. Patton	Antrim
G.W. Rainey	Belfast
N.A. Rainey	Greenisland
E.N. Shannon	Londonderry
B.A. Sheils	Londonderry
Hazel Silberry	Castlerock
Laura Small	Newtownabbey
E.M. Smith	Hillsborough
J.E. Smythe	Cookstown
C.H. Stewart	Randalstown
P.J. Ward, M.B.E.	Newry
C.S. Wilson	Lurgan
J. Wilson	Carrickfergus
M. Wilson	Portadown
R.H. Wray	Magherafelt

AREA 2 (North East)
Council Member: A.S. Veeder, D.M.J., Newcastle-upon-Tyne

S.M. Amin	Barnsley
W.J. Beeby	Middlesborough
Y.R. Bhimpuria	Rotherham
D. Bhuyan	Huddersfield
P.J.W. Bolt	Hartlepool
D.H. Bottomley	Durham
B.S. Brewster	Settle
Norma C. Braithwaite	Consett
J.G.E. Bruce	Selby
P.G. Burrell	Hartlepool
R. Carr	Blyth
G.A. Crouch	Harrogate
D.R. Deacon	Hull
P.J. Dennis	Skipton
G.C. D'Silva	Cramlington
Victoria Evans	Leeds
G.S. Everson	Sheffield
Heather J. Fletcher	Gosforth
E.J. Flynn	Consett
P. Gardner	Northumberland
M.E. George	Seaham, Co. Durham
W.J. Glass, D.M.J.	Newcastle-upon-Tyne
R.J. Givans	Harrogate
P.K. Goel	Rotherham
N. Gold	Helmsley
J.K. Gosnold	Hull
W.C.J. Gray	York
D. Hazseltine	Doncaster
C.S. Hargreaves	Sunderland
O.D.E. Herbert	Newcastle-upon-Tyne
Lindsay Herrington	Newcastle-upon-Tyne
E.M. Higgins	Hartlepool
J.G. Hillman	Bridlington
Bertha F. Huckvale	Melton
A.J. Irvine, D.M.J.	Cleveland
M.T. Johnson	Pontefract
B. Kapur	Maltby
H.A. Khan	Hartlepool
D.T. Lord	Halifax
Lesley Lord, D.M.J.	Halifax
J.H. Loose	Hull
T.B.G. Lowe	Berwick-on-Tweed
J.H. Marr	Middlesborough
A.K. Marsden	Wakefield
M.D. Matuck	Wakefield
K. Megson, DMJ	Gateshead
M. McKendrick	Northumberland
A.E. Meek	Beverley
P. Moffitt	East Bolton
T. Moore, D.M.J.	Sheffield
R. Murphy	Whitley Bay
M. Naseem	Leeds
J.F.M. Newman	Batley
P.A. Pagni	Hartlepool
P.H. Pawson	Belford
M. Quassim	Chester-le-Street
I.M. Quest	Leeds
K. Ravi	Leeds
J.G. Shores	Hull
Margaret C. Staniforth	Sheffield
Alison K.G. Strang	Saltburn by the Sea
J.A. Sykes	Batley
G.K. Taylor	Gateshead
H. Ullah	Huddersfield
C.W. Verity	Tadcaster
T.A. Wadrop	Middlesborough
Diana M. Wetherill	Desbury
K.M. Wood	Huddersfield
T.W. Yellowley	Wylam

A.R.M.

Hugh Davies, Association Hon. Secretary, will be attending the Annual Representatives Meeting of the British Medical Association in July, keeping an eye on Association interests.

He will be speaking to the motion — "This meeting calls for the establishment of Places of Safety (Detoxification Centres) for police detainees who are the victims of alcohol or drug abuse and whose condition renders police custody unsuitable and reference to hospital inappropriate".

A.P.S.G.B. MEETINGS 1989

16th-17th September 1989 — HUDDERSFIELD

Autumn Symposium — "Mental Health and the Forensic Physician". Topics will include assessing suicide risk, mental handicap and crime, murder and psychiatric assessment. To be held at the Penine Hilton National, Ainley Top, Huddersfield (close to M62). Further details from Drs. Lesley and David Lord, "Northwood", Skircoat Green Lane, Halifax, West Yorkshire. See page 00.

NO RESPONSIBILITY IS ACCEPTED FOR THE ACCURACY OF MEETING DETAILS, AND DELEGATES MUST OBTAIN FURTHER INFORMATION FROM CONFERENCE ORGANISERS.

VIEWS EXPRESSED IN THE SUPPLEMENT ARE NOT NECESSARILY THOSE OF THE ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN.

AREA 3 (Midlands)
Council Member: C.J. Smart, D.M.J., Birmingham

M. Allbeson	Penkridge
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
Elaine Charles	Shrewsbury
D.J.G. Chitnis	Birmingham
R.N. Davies	Kenilworth
A.R. Dickie	Wolverhampton
R.K. Dutta	Coventry
K.L.H. Flynn	Nuneaton
P.J. Franklin, D.M.J.	Stoke-on-Trent
V.C. Gandi	Burton-on-Trent
S.E. Grant	Warley
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
T.P. Jotangia	Coventry
J. Keeling Roberts	Wem
D.W. Kett, D.M.J.	Birmingham
R.S. Kumar	Sutton Coldfield
A.J. Laidlaw	Worcester
K. Laidlaw	Worcester
I.W. Lawrence	Shropshire
C.H. Lisk	Newport
M. Lowe, D.M.J.	Shrewsbury
A.S. Meredith	Malvern
S.K. Merotra	Brierley Hill
H. McCollum	Penkridge
P.C. Miller	Kenilworth
P.J. Morris	Evesham
J.P. Paw	Walsall
J.A. Phillips	Bromsgrove
R.S. Prabhu	Northampton
R. Pratap	Chesterfield
K.S. Rajah	Birmingham
L.S. Ratnam, D.M.J. (Clin et Path)	Birmingham
S. Ravindran	Wolverhampton
D.K. Roy	Stourbridge
S. Saikia	Solihull
P.R. Shaeena, D.M.J.	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: G.F. Birch, D.M.J., Lincoln

R.P. Archer	Leicester
R. Au-Yong	Leicester
S. Badcock	Ipswich
M.M. Bhowmik	Derby
M.H. Bletcher, D.M.J.	Derby
T.K. Burley	Peterborough
D.F. Burton	Daventry
J.F. Casky	Peterborough
N.G.I. Cawdry	Cambridge
T.R. Chandran	Sutton-in-Ashfield
J. Ciappara	Northampton
R.J. Collins	Ipswich
D. Connan, D.M.J.	Huntingdon
C. Corbyn	Mansfield
T.R. Cowan	Kettering
S.A. Cox	Nottingham
D.D. Cracknell, M.B.E.	Huntingdon
T.F.C. Dibble	Kettering
G. Dillon	Spalding
P. Duckworth	Norwich
J.R. Freeman	Derby
W.G.H. Gamble	Sleaford
P.J. Gordon	Wellingborough
J.J. Hamill	Leicester
A. Harrow	Worksop
A.L. Heath	Kings Lynn
A. Houston	Northampton
V.S. Iyer	Peterborough
P.J. Keavney	Nottingham
I.A. Khan	Worksop
T.K. Khong	Leicester
R.A. Lawrence, O.B.E., D.M.J.	Alfreton
J. Lines	Wisbech
J.V. Mitchell	Stamford
N.C. Modi	Corby
R. Morris	Bedford
C.M. Moss	Guilsborough
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
F.W. Sturton	Workshop
T.H. Warrender	March
M.J.H.B. Waas	Workshop
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
R. Bowen	West Malling
J.W. Brennan	Orpington
J.H.M. Buckley	Westcliff-on-Sea
A.G. Bundy	Dover
Pauline A. Carrick	Bishops Stortford
R.T. Casson	Drayton
D. Chastell	Broadstairs
B. Christopher	East Grinstead
J.D. Clark	Dunstable
N.M. Cole, DMJ	Hellingley
E. Comber	Chessington
S.A. Coulter	Farnborough
J.C. Cummins	Havant
M.T. Darlinson	Wokingham
A.D. Dean	Orsett
R. Diggle	Newbury
S.R. Domoney	Brighton
M.H. Draisey, DMJ	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
C.A.V. Goodchild	Southend-on-Sea
G. Gover	Horsham
R. Gray	Brighton
H. Hammersley	Oxford
C. Harris	Maidstone
Malvina Harris	New Barnet
D. P. Hart	Bedford
S.M. Hempling, DMJ	Hove
S.C. Hicks	Highworth
A.C.C. Hildrey	Braintree
D.M. Hoare	Chichester
H.J. Hones	Orpington
C.A. Hood	Princes Risborough
V. Kaplan	Ruislip
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. Albans
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
R.I. Madar	Folkestone
M.P. Madigan	Dunstable
A.B. Malik	Gillingham
J.C. Malkin	Southampton
V. Mansueto	Chatham
J. Marriott	Andover
H.J. Misson	Chelmsford
E.M. Moult	Horsham
I.T. Nash	Kent
A.V. Nirgude	Reading
J.H. Nodder	Hemel Hempstead
A. Painter	New Barnet
Jacqueline H. Pickin	Little Bookham
Colette Pickstock	Portsmouth
M.K. Prasad	Milton Keynes
M.D. Quereshi	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
F.E.V. Roberts	Aston Abbotts
T.E. Roberts, DMJ	Basingstoke
Deborah J. Rogers	Banstead
J.E. Routh	Crowborough
D. Sales	Haywards Heath
S. Shackman	Northwood, Middlesex
R. Shanks	Northfleet
J.H.S. Sichel	Oxford
A.K. Singh	Chislehurst
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
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
J.A.G. Williams	Banbury
Mary Wilson	High Wycombe
R.M. Young	Dorking
T.G. Zutshi	London W1

AREA 6 (South West)
Council Member: R. Bunting, DMJ, Bristol

H.S. Badve	Illogan, Redruth
W.R.I. Barrie	Taunton
Gillian Belsey	Bideford
A.J. Blunt	Weymouth
D.D. Bodley-Scott	Lymington
T.S. Brown	Lytchett Matravers
J. Cawood	Yeovil
A. Chapman	Tewkesbury
K.J. Clapton, DMJ	Plympton
K.A.Clark	Salisbury
P.B. Clark	Bristol
P. Densham, DMJ	Torquay
I.E. Doney, DMJ	Bristol
N. Fisher	Torquay
J.E. Flood	Devizes
D.M. Garratt	Warminster
M.N. Hirons	Bournemouth
R.N. Hodges	Cheltenham
R.F. Hunt	Bideford
Helen M. Jago	Bridgewater
A.J.S. James	Gloucester
Carol Jones	Tewkesbury
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
J.W. New	Devizes
G.A. Norfolk	Bristol
P.A.G. Payne	Bristol
D.B. Penwarden	Honiton
D. Poulton	Bournemouth
K. Pritchard	Gloucester
H.I. Rein	Poole
A.M. Rigby	Tewkesbury
M.E. Robertson	Salisbury
G.H. Smerdon	Liskeard
A.K. Smeeton	Bristol
P.R. Strangeways	Warminster
M. Sutherland	Devon
J.C. Twomey	Okehampton
M.R. Watts	Bristol
H.P. Williams	Trowbridge

Channel Isles

Margaret Bayes	Jersey
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
Gail Aldord	Pontypridd
R.G. Baldwin	Risca, Gwent
R.T. Baron	Porth
C.J. Beech	Newport
D.J. Bowen	Holyhead
V.S. Chandran	Merthyr Tydfil
B.M. Cronin	Swansea
E.J.J.Davies	Corwen
J.V. Davies	Pembroke
A.D. Earlam	Bwlchgwyn, Wrexham
R. Gilmore	Llandudno
G.W. Griffiths	Holyhead
J.D. Harries	Newtown
W. Harris	Pontypridd
P. Hawkins	Chepstow
R.J. Hilton	Cwmbran, Gwent
F.W. Humphreys, DMJ	Colwyn Bay
M.G. Jeffries	Betws-y-Coed
D.M. Jenkins	Neath
C.D.V. Jones	Pontypridd
P.A. Knoyle	Cardiff
A.P. Lees	Cardiff
A.M. Lindsay	Carmarthen
N.J. Lupini	Llanelli
S.G. Lush	Cardiff
J.B. Lloyd	Aberystwyth
B.A. Mali	Portdinorwic
K. Nookaraju	Ebbw Vale
O.C. Parry-Jones	Anglesey
A.S. Parsons	Penylan, Cardiff
S. Pateman	Wattsville
J. Plumb	Abergavenny
F.I. Powell, DMJ	Carmarthen
A.C. Pugh	Cwmbran, Gwent
N. Sartori	Swansea
A.K. Sinha	Swansea
W.G. Strawbrige	Pontypridd
D.D. Thomas	Aberdare
O.G. Thomas	Ystrad Mynach
W.C. Thomas	Llanelli
I.S. Toor	Pontypridd
M.W. Watson, DMJ	Cardiff
R.J. Yorke	Ebbw Vale

AREA 8 (Metropolitan & City)
Council Member: N. Davis, London N11

R.T. Amin	London E11
Rosalind Andrew	Southall, Middlesex
A.W.H. Bain	Beckenham
A.J. Barratt	New Maldon
J.M. Barnett	London N3
J.F. Bray	South Croydon
C.E. Brownsdon	London SE21
S.J. Carne, DMJ	London S12
S.M.T. Chan, DMJ	Ewell, Surrey
S. Chatterji	London NW9
A.M. Clark	London SW8
J.W. Comper	Orpington
D.G. Craig, DMJ	Blackheath
F. Cramer, DMJ	London SE6
J. Curley	London
R.T. Dattani	London E8
P.J. Dean	London E9
P.C. Drennan	Ashford
P.S. Durston	London SE5
Gisella Ferraris	Woolwich
D.S. Filer	London W6
N.L. Fraser	London W2
D. Goldman	Bromley
P.G. Green	London SW17
K. Gupta	London E8
A. Haidar	London N11
M.J. Heath	Surrey
J.D. Hendley	Middlesex
J. Henry	London E8
S.C. Hora	Daggenham
Josephine B. Howitt	Carshalton
D.A.T. Jackson, DMJ	London W2
P.G. Jerreat, DMJ(Path)	London E3
S.E. Josse, OBE, DMJ	London
P.M. Keane	London N3
D. Keys	Bow
K.J. Koppel	London W12
S. Lazarus	Ilford
S. Lewis	London SW18
A.J. Lyons, DMJ	Surbiton
J. Mangion, DMJ	London W3
V.M. Markose	Epsom Downs
A.G. McCullagh	London SE10
A. Mendoza	London
M.V. Meyer	London E9
K.G. Mistry	South Ruislip
F.A.W.C. Mo	London WC2
R.J.R. Moffat	South Croydon
M.R. Moore	Weybridge
C.H.F. Morrish	Sittingbourne
I.R. Muir, DMJ	London N21
M.A. Muhairez	Hillingdon
L.A. Natham	Banstead
Marion Newman	London NW6
M.F. O'Halloran	London N6
G.D.S. Pallawela	Kenton
F. Patuck	Barnet
Christine A.M. Pickard	London W2
G.M. Preston	London SE5
A.E. Pruss	Ilford
A.S. Rayan	Wanstead
Clare Roden	London
A.M. Rowell	London SE5
D.I. Rubenstein	Woodford Green
B.G. Simms, BDS	London E1
B.K. Sinha	London E11
I.R. Sinha	Ilford
J.Smallshaw	Banstead
S. Solomon	London WC1
P.J. Southall	London W6
S. Steinberg	London N11
C. Sudhaker	South Croydon
H.J.W. Thomas	Barnet
Patricia Thrower	London NW4
Phyllis Turvill, DMJ	London NW3
P. Vanezis, DMJ	London E1
Clare Vaughan	London SE5
Bridget A. Wadsworth	London N20
I.E. West, DMJ (Path)	London
Susan E. West	Chingford
D.M. Wilks	Chiswick
M. Woodliff	Ealing
S. Yogadeva	London E14
L.J.F. Youlten	London SE

AREA 9 (Scotland)
Council Member: C.S.S. MacKelvie, Glasgow

D.P. Andeson	Kinross
J. Bain	Dundee
G. Boyd	Glasgow
R.H. Brown	Bothwell
A. Busuttil	Edinburgh
J.G. Carruthers	Kilnarnock
A. Crookston	Stenhousemuir
J.N. Davis	Stornoway
J.P. Deans	Thurso
R. Dickie	Stornoway
J.W. Donnelly	Glasgow
R.C. Dowell	Alloway, Ayr
P.R.S. Duffus, DMJ	Aberdeen
D.S. Dummer	Midlothian
J.A. Dunbar, DMJ	Dundee
G.S. Dyker	East Kilbride
C.G.M. Fernie	Bothwell
D.E. Fraser	Dyce
G. Fraser	Glasgow
J.G. Gourley	Glasgow
G.E. Greig	Kirkcaldy
A.S. Harper	Alexandria
G.B. Hutchinson	Dumfries
B.D. Keighley	Balfron
A.J. Kondol	Darvel, Ayrshire
Carolyn M. Linton	Ayr
R. Lynch	Kilwinning
S. Lyndon	Dundee
N.J. Maconald	Aviemore
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
D.P. McNaught	Glasgow
Lorna M. McPhail	Gask, Nr. Crieff
Sheena Milne	Edinburgh
J.A.S. Mitchell	Dundee
Jill Murie	Lanark
J.G. Murty	Glasgow
D.C. Nandy	Muirkirk
M. O'Keefe	Bothwell, Glasgow
D. Paul	Wick
S.S. Parker	Larkhall
M.L. Peacock	Dumbarton
J.L. Penny	Crieff
Katherine Phelan	Mauchline, Ayrshire
N.M. Piercy	Montrose
D. Pounder	Dundee
M.A. Pratt	Aberdeen
W. Ramsay	Darvel, Ayrshire
G.B. Rhind	Aberdeen
R. Robertson	Kirkcaldy
R. Rodger, DMJ	Hamilton
D.A. Rorie	Dundee
W. Scott Simpson	Edinburgh
A.D. Smith	Inverness
K. Sorooshian	Glasgow
J.G. Stevenson	Dumbarton
K.S. Stewart	Stirling
I. Stuart	Arbroath
Catherine Thompson	Stenhousemuir
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, D.M.J.	Eccleshall
J.D. Busfield	Hull
M.B. Clyne	Southall
M.St.J.U. Cosgrave, D.M.J.(PP)	Gateshead
L.M. Craig	Argyll
A.P. Curtin	Cheltenham
H.R. Dickman	Lincoln
W.A. Eakins	Belfast
H. Fidler	Bramhall
J.O. Fitzgerald	Wallsend
M. Glanvill, D.M.J.	Chard
H.R. Gray	Gravesend
J.F.A. Harbison, D.M.J.	Dublin
A.G. Hick	Stockport
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
G.A. Lawrenson, O.B.E.	Lytham St. Annes
H.W. Lees	Lancashire
A.B. Lishman	Burnley
F.E. Lodge	Wisbech
S.J. Lundie	Nottingham
D.P. Martin	Doncaster
A.S. Mitchell	St. Austell
R.P. Parkinson	Waltham Abbey
T.D. Parsons	Aylesbury
J.R. Partridge	Dorking
D. Parton	Slough
D. Paul, D.M.J.	London
A.N. Redfern, D.M.J.	Louth
D.E. Robertson	Cheshire
C. Rotman, D.M.J.	Watford
J.E. Ryner	Lancashire
D. Sandilands, D.M.J.	Birmingham
F.S. Shepherd	Weybridge
W.B.G. Simmonds, D.M.J.	London
J.C.F. Crombie-Smith	Lauder
S.E. Jonston-Smith	Blackburn
G.R. Staley(F)	Hull
L. Stone	Hove
Hannah Striesow	London E7
S.W. Taylor	Bristol
W.J. Turney	Penzance
C.D. Walker	London SE9
A.S. Wallace, D.M.J.	Salisbury
R.M. Whittington, D.M.J.	Sutton Coldfield

ASSOCIATE MEMBERS

P.R. Acland, D.M.J. (Path)	Birmingham
L. Al-Alousi	Glasgow
B.L. Alexander, O.B.E.	Manchester
B. Bendkowski	Westcliff-on-Sea
W.H. Bexon	Durham
J.P. Bush, A.M., D.M.J.	Hindhead
P.C. Chaudhury	Rawtenstall
C. Clark	London
A.F. Crick	Northfleet
A.B. Cross, O.B.E.	Solihull
N. Cummins	Hartlepool
B.T. Davis	Birmingham
G.S. Duncan	Saltash, Cornwall

ASSOCIATE MEMBERS continued

G.C.A. Fernando	Dundee
R.H. Foxton, M.B.E.,D.M.J.	Flixborough
Eileen Gorman	London SE18
G.J. Grainger	London SW4
M. Green, D.M.J. (Clin et Path)	Leeds
C.G. Hall	Colchester
J.M. Hall, D.M.J.	Leicester
K. Hardinge	Manchester
P.J.P. Holden	Matlock
P.R.S. Johnson	Worcester
A.M.P. Kellam	Cardiff
A. Khallaf	Rhondda
B. Knight, D.M.J.	Cardiff
L. Leeming-Latham	Bracknell
J. Lewis	North Lancing
J. Malone	Dublin
P.A. Meagher, D.M.J.	Peterborough
D.S. Northcott	Newbury
D. Osborne, D.M.J.	Solihull
G. Panting, D.M.J.	St. Albans
P.J.T. Pearson	Banstead
Gillian Penton, D.M.J.	Leicester
W. Phillips	Whitely Bay
R.P.W. Ranawickrema	Manchester
P.K. Schutte, D.M.J.	Amersham
I.A.P. Smythe-Wood	London SW11
B. Somasunderam	Cheadle Hulme
J.G. Steward	St. Leonards-on-Sea
N. Stoy	Banstead
Glenna Thomas	Cardiff
J.M. Torry, D.M.J.	Wigan
Priscilla Turnbull	Edinburgh
J.S. Lilburn Watson	London E11

DENTAL ASSOCIATE MEMBERS

C. Bamford	London SW15
D.H. Clark	Bishops Stortford
L. Ciapparelli	Wickford, Essex
P. Coleman	Godalming
T.R. Fifield	Basingstoke
D.C. Foulds	Ringmer, Essex
Linda Goldman	London
R. Goulden	London W1
J.T. Griffin	Southampton
P.E. Hughes	Gillingham, Kent
D. Jackson	Newcastle
Vivinne Levy	London E14
A.W. Martin	Beckenham
M. Midda	Bristol
I.K. Pett	Herne Bay
A.F.V. Pitter	Bath
J.G. Ritchie	Brentwood
J.S. Robson	Glastonbury
S. Sampton	Brighton
R.D. Simper	Birmingham
A. Strachan	Cambridge
J.K. Wade	Leigh-on-Sea
A.M. Walker	Bromsgrove

A matter for concern

We the undersigned, who haven't actually read this letter, would like to express our total abhorence and condemnation of the vicious media smear campaign against a totally dedicated and professional colleague, i.e. Dr Marietta Higgs, the distinguished anal reflexologist.

Unlike Bell and the so-called parents of Cleveland, we are in a position to know the full facts about the appalling epidemic of child abuse which is raging unchecked throughout our society.

We are doctors and we are fully qualified to write letters to the *Guardian* on medical issues, particularly when the wife of a mate of ours asks us to sign her round-robin on behalf of her husband's colleague, Dr Higgs, who is about to be unjustifiably hauled through the courts by herself.

Medical confidentiality prevents us from revealing the evidence which we have very properly not been allowed to see. But it is an undeniable fact, in our view, that well over 100 per cent of all children in Cleveland were personally abused by Bell and the police and the fascist media, at least that's what Mrs Wyatt says, and she should know, because her husband worked very closely with Dr Higgs and it is absolutely disgusting that in a supposedly free society a truly dedicated and caring person like Dr Higgs should have to go into hiding because their life is threatened by crazed ignorant bigots who are still living in the Middle Ages.

Mrs Wyatt,

pp the Cleveland Eleven.

PS: Since reading the above, most of us are very embarrassed. We believe that the figure of 102 per cent may be a slight statistical exaggeration. But the basic point stands, ie that our colleague is in deep doo-doo and it could be our turn next.

Reprinted from 'Private Eye' by kind permission of the Editor.

DECOYED AND DRUGGED.

HOW A BRILLIANT, BUT IMPULSIVE, YOUNG BURLESQUE ARTISTE WAS LED ASTRAY BY TWO MEN AND ULTIMATELY CHLOROFORMED AND ROBBED.