Testament

of me *Joseph Spencer* of Snoship in the County of Lancaster *I hereby nominate and appoint* my nephew Joseph Spencer of Old ...

...tion **Executors** of this my Will but of the first money that comes into their ... they conduct my funeral in the same manner as that of my late dear Wife ... to my nephew Thomas Weed Heaton and that they also pay all necessary ... *and bequeath* in trust to my Executors my freehold house and shop situate ... convenient after my death they sell the same either by Public Auction or ... things belonging to me excepting my wearing apparel it is my wish money ... and made known to all parties concerned that are in England and *I also* ... sufficient title conveyance and discharge to the purchaser of any freehold estate and ... application or none application of such purchase money *I also order and direct* ... her in Bank or in the hands of any other person or persons *I give and* ... stating *I also give and bequeath* to my Cousin Dorothy Haigh of Oldham ... to the Reverend Arthur Sharples of Snoship the sum of Twenty Guineas ... all my Wearing apparel not including my Buffalo robe *I now order* ... into twenty four equal parts or shares to be apportioned in the following manner ... of Old Trafford one part or share also to my nephew John Atkinson Spencer ... near Manchester one part or share. Also to my niece Elizabeth Spencer ... Spencer one part or share in trust for Spencer Westcott the only child of my ... County of Chester to be paid with its accumulations to my second nephew William ... to my nephew James Wilson the son of my late sister Sarah his wife ... my nephew Wilson one part or share. Also to my nephew Joseph Spencer Wilson ... share *I also give and bequeath* to my brother Eli Spencer of Everton near ... distribution takes place then it is my will and mind that one half of these five ... in trust for the benefit of James the son of my brother Eli to be ...

The Police Surgeon

SUPPLEMENT

Vol. 18 APRIL 1985

Three and witnessed this and for this last Will and Testament by the ... request in his presence and in the presence of each other witnessed the same ... Snoship.

... Lancaster Registry on the 7th December 1871 by ...

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

President: Dr. Ian Craig, D.M.J.
2, West Square, Maldon, Essex. Tel: 0621 52845

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

Hon. Secretary: Dr. HUGH de la HAYE DAVIES, D.M.J.

Hon. Treasurer: Dr. DAVID JENKINS

ASSOCIATION OFFICE: Creaton House, Creaton, Nr. Northampton, NN6 8ND.
Telephone: 060-124 722 Office Hours: 2–6 p.m. Mon.–Fri.

ASSOCIATION PUBLICATIONS

THE POLICE SURGEON

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

Editor: Dr. DAVID McLAY,
Chief Medical Officer, Strathclyde Police Headquarters,
173 Pitt Street, Glasgow, G2 4JS.

RAPE

The latest Association publication, in association with the W.G. Johnston Memorial Trust Fund. "A clear description of the medical examiner's duty when confronted with a case of alleged rape". From the Association Office price £8.50 (non-members p&p 50p). See page 9.

THE POLICE SURGEON SUPPLEMENT

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

Editor: Dr. MYLES CLARKE, D.M.J.,
Vine House, Huyton Church Road,
Huyton, Nr. Liverpool, L36 5SJ.
Telephone: 051-489 5256.

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

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

Cover: Will dated 1868

The Police Surgeon SUPPLEMENT

Vol. 18 APRIL 1985

CONTENTS

PRESIDENT'S LETTER

The difficulty of producing a Newsletter, apart from trying to make the contents original and of interest, is that production must precede publication by weeks if not months, so that by the time it is read, events may so have overtaken me that some of the material may have become very old hat. I tend to write about problems as they come to me so please forgive me if as you read this you come to find that I have already been proved wrong — or who knows? perhaps even right.

I can't recall a time in which so many ethical, moral and medico-legal problems have faced us, both as Police Surgeons and as family doctors — foetal experimentation, transplant surgery, contraception for the under 16s, abortion advice for the same age group, intimate body searches, the pitfalls of giving evidence — or of withholding it, limited drug lists, the problems associated with increasing drug adddiction, particularly to heroin and cocaine. The list seems unending and although some of the problems do not affect us directly as Police Surgeons I believe that as an Association we are earning an increasing respect from fellow professionals in the police force, in the courts and elsewhere and that in all matters touching on medecine and the law we should hold an opinion and be prepared to let it be heard. One problem that is likely to remain unresolved for some time is that of underage contraception, in the wake of what has come to be known as "The Gillick Judgement". Mrs. Gillick and her supporters have hailed this as a triumph for decency, common sense and family life, but they pay little regard to the problems which they have created. Doctors are permitted to prescribe contraception "in an emergency" but no attempt is made to define what constitutes an emergency. The General Medical Council has refused to do so stating that each doctor must establish this for himself, while Mrs. Gillick has promised to bring a prosecution against any doctor who prescribes in a situation which she herself does not regard as an emergency. Are we to anticipate a modern Alec Bourne test case to resolve the question? Some of our colleagues, notably Dr. Arnold Elliott and Dr. Lotte

Newman have already come forward and expressed their views and their resolve to place the interests of the girls first. Should not we as an Association be equally forthright?

A situation in which we might well be involved concerns post-coital contraception. As the law stands it will be illegal to prescribe the pill for this purpose for a girl of 15 who has had intercourse either with or without her consent, without first obtaining parental agreement. There are many obvious circumstances in which it would be difficult or inappropriate to obtain this. The fear is that the denial of contraceptive advice and of post-coital contraception will result in the birth of a baby to the under-age mother and presumably if after delivery she is still under-age and therefore unable to give consent to the treatment of herself or her own child the baby will have to be taken into immediate care. We await the result of the Appeal to the House of Lords with interest and apprehension. If as seems likely, the judgement confirms that a child under the age of 16 is unable to give consent to any form of medical treatment then it is to be hoped that changes can be made to the law to avoid the tragic and disastrous consequences of this judgment.

Alan Clift Affair

Following the International Conference at Oxford at which reference was made in several papers to "The Alan Clift Affair" a number of members have expressed disquiet over the possibility of inadvertently withholding information of importance to the court because it is not brought out in examination or in cross-examination. As one member put it "am I to be put in the position on the one hand of being charged with contempt if I try to introduce evidence for which I have not been asked, and on the other hand of finding myself disgraced and discredited for withholding it?" He has a point. What can the expert witness do when obliged to answer a question "Yes or No" knowing that such a reply will be misleading or incomplete. Refusal to reply is likely to incur the wrath of the Bench. It is suggested that a safer method is to reply "The primary answer to that question is yes but . . ." Whether he would then be permitted to qualify will depend on the response of the court. If he is not then at least he will have been seen to have tried. As one speaker at Oxford reminded us "the expert witness is expected to be 'on tap', not 'on top' and it is the lawyer who controls the evidence". Inevitably at times we will be forced to walk a tightrope and all one can plead for is more pre-trial conference with Counsel. One suggestion, not to be taken seriously was that the witness should add the words "if you promise to let me" to the oath.

Intimate Body Searches

One highly contentious matter which I'm sure will still not be wholly resolved by the time we go to Cheltenham is the question of the intimate body search. I'm sure that when the Police and the Criminal Evidence Bill was first published Police Surgeons were almost unanimous in expressing their abhorrence and rejection of the concept of intimate search without consent. However evidence shows that concealment of drugs within the body cavities is now the favourite method of smuggling and many of us are coming round to the view that there must be times when natural scruples will be outweighed by the overriding Public Good. My own views were considerably influenced by the speakers from the H.M. Customs and Excise who addressed the excellent Metropolitan Symposium in January. This will no doubt be reported in detail elsewhere but perhaps I may be permitted to quote just two examples used to illustrate the extent of the problem to which they refer as "swallowing and stuffing". The record amount recovered after swallowing was 1 ½ kilos of heroin contained in condoms, the record number of which

in one man was 760. As to the preference for awaiting emergence per via naturalis, one suspect was able to hold out for 19 days and had to be discharged with his load intact — in all senses. When the Bill comes law in January 1986 there will as I understand it be safeguards as to the place and circumstances under which the search can be carried out. It will not be permitted except in a proper place such as a doctor's surgery or hospital clinic, it will have to be authorised by a Police Officer not below the rank of Superintendent and it will only be carried out by a senior designated Police Surgeon. Incidentally two Surgeons (not Association members) approached me after hearing this and complained that this was yet another step towards a two tier system of Police Surgeons, to which I responded "Yes and why not". There is nothing to stop a surgeon on the lower rank from graduating to the higher if he is prepared to devote the time and effort to acquire the necessary expertise in all branches of Clinical Forensic Medicine and preferably the D.M.J. which is increasingly being recognised by the law as an indication of professionalism and expertise.

These are only a few of the matters which members have raised with me in the past months. I am grateful to them for doing so and urge the membership to continue to call upon their council members, the secretariat or myself on matters which cause them concern.

Visits and Meetings

It has been my pleasure during the past year to attend Police Surgeons meetings in other areas and I am always very happy to do so. I visited the Thames Valley Force in November and gave talks on child abuse, fitness to be detained and the Mental Health Act. This was part of a symposium organised by the Police Surgeons in cooperation with the C.I.D. and the Aldermaston Laboratory. The programme included papers by members of the C.I.D. and laboratory staff and an illustrated talk on cases of particular forensic interest by Iain West.

On the following day they paid a visit to the Aldermaston Laboratory. This meeting was well organised and well attended. I was made most welcome and thoroughly enjoyed my visit. In February I visited the Kent Force at Ashford for another joint meeting of Surgeons and C.I.D. Steven Hempling gave an excellent lecture on the use of Ultra-violet photography in which he has become an acknowledged expert. Once again I was given an excellent reception and am happy to say several of those attending have applied to join the Association.

Just a few days before I sent this letter to be typed I attended our own meeting with the Essex C.I.D. A very strong interest is being shown by the Essex Police in furthering the forensic education of its surgeons and in this they have been given a great deal of help and advice from, amongst others, Francis Lewington who, although we in Essex now work with Huntingdon Laboratory, retains her local interest. We have discussed the subject of training at length and we hope to hold regular sessions in the future both for established surgeons and for younger doctors who have expressed an interest in becoming Police Surgeons. This includes several lady examiners (prospective) who came forward when an invitation was extended in response to the recommendation that experienced lady Surgeons should be available for the examination of victims of sexual offences. Unfortunately, it is apparently never possible to achieve an attendance of more than 50% at these meetings. My own view is that attendance should by compulsory under terms of service as should membership of the Association. Alas I doubt whether this will come to pass.

An interesting point raised in discussion after a paper given by a police officer on the Report and Statement by the Police Surgeon concerning the publication of the address of victims particularly in the case of sexual

offences. It is the view of the Essex Police that this is undesirable and that it should not appear even in the Police Surgeons report. The reason for this is the increasing danger of harassment of victims should their address become known. One doctor pointed out and correctly, that in the specimen report in the New Police Surgeon, the address of the alleged rape victim was included. I pointed out that this book was published in 1978 and at that time harassment of victims was not regarded as a problem. However if as appears to be the case circumstances have changed then we must change our views and omit the address. This is a subject for discussion at Cheltenham.

Finally, I must make it clear that the opinions expressed here are my own and do not necessarily reflect the views of the Association. For this I make no apology — after all if you can't preach your own gospel when you get to be President — when can you?

See you at Cheltenham.

On 9th December I attended a concert in Clacton-on-Sea in aid of the P.C. Brian Bishop Appeal Fund.

Brian Bishop was 37 years old, married with a 10 year old son and had served with the Essex Police Force for nearly 22 years. He was a popular man with public and colleagues alike, who set himself the highest standards and achieved them.

On 22nd August 1984 he was critically injured following an armed robbery and he died in St. Bartholomew's Hospital, London, 5 days later. During the past few weeks a police officer in Kent, while on enquiries, was stabbed to death; another Police Officer in London was stabbed by a petty thief and required transfusion of 120 pints of blood to save his life. At the time of writing he is still on the critical list; a memorial to W.P.C. Fletcher, shot and killed outside the Libyan Embassy, has been unveiled; a member of the Royal Ulster Constabulary was shot to death while leaving church accompanied by his children, and just two days ago nine R.U.C. officers were killed in an I.R.A. attack on a Police Station.

As Police Surgeons we are justly proud of our independence and impartiality. We represent truth and justice, and it is our function to assist the court in matters medico-legal. It is also our function to assist the Police in the detection of crime and many of us as family doctors look after police officers and their families. As an Association we extend our deepest sympathy to the families and colleagues of those who have lost their lives in the execution of their duty and at the same time we acknowledge the debt society owes to our Police Force and pledge our continued help and support to those with whom we are proud to serve.

IAN CRAIG

METROPOLITAN POLICE FORENSIC SCIENCE LABORATORY
1935 1985
50th ANNIVERSARY

ANNIVERSARY

The Metropolitan Police Forensic Science Laboratory, Director Ray Williams, celebrates its 50th anniversary this year.

The MetLab was originally set up in 1935 in Hendon, North London, in a converted aircraft hanger. Since then it has moved three times; first to Whitehall in 1948, to Holborn in 1965, and most recently to its present home in Lambeth, South London in 1974.

More than 200 scientists are employed in the Laboratory; all are civilian employees of the Metropolitan Police. Each year material from nearly 30,000 cases is examined. In 1984, drugs accounted for 11,501 cases.

During the recent Open Days, demonstrations were held in many departments.

BOOKSHELF

Two books on the examination of sexual assault victims are now available, and are of value to police surgeons, casualty officers, general practitioners, paediatricians, child psychiatrists and psychologists, police officers, lawyers, social workers and all those concerned in the management of sexual assault victims of all ages.

RAPE

Published by the Association of Police Surgeons of Great Britain (available from the Hon. Secretary at £8.50 — non-members £9.00), this book gives authoritive guidance on the examination of the sexual assault victim. Chapters include the Examination Room and Equipment, the Clinical Examination, After Care, and a review of sexual assault examination kits. The procedure at present used in the United Kingdom is critically reviewed.

Writing on "Rape", Professor Bernard Knight says, "As both a very practical working manual and a stimulus to rethinking how the creaking mechanism (of victim management) might be improved in Britain, this new book is of considerable value to everyone concerned with this distressing topic". He also describes "Rape" as "an excellent survey of current practice in the medical investigation of sexual assaults".

Police Review said, "Concise, factual and explicit, it is a book which no senior detective should miss the opportunity of obtaining — if only to remind himself what the competent police surgeon can produce by way of evidence. If your police surgeon is not as experienced as those contributing to the book you could do worse than provide him or her with a copy".

Copies are obtainable from APSGB, Creaton House, Creaton, Nr. Northampton NN6 8ND.

CHILD SEXUAL ABUSE WITHIN THE FAMILY

This handbook, produced by the Ciba Foundation at £5.95, provides invaluable guidance on the actions that may be taken by different groups of professionals involved in the management of sexually abused children and their families.

The contributors, all professionals who have been involved in working with problems of child abuse and child sexual abuse, present views on the definition of this form of abuse, summarize the characteristics of families, look at the ways in which sexual abuse in the family presents to professionals, and consider the management of cases. Consideration is given to the detailed planning at each phase of the intervention — the phases of suspicion, ascertainment, investigation, and planning therapeutic management — and to the means and difficulties that different professionals are likely to meet. Examples of a variety of actual treatment approaches now being used in different parts of the country and by different agencies are given, together with details of resources that are available to assist the child, adult, family and professionals who need someone for advice and support.

Edited by Dr. Ruth Porter, the 16 contributors include Detective Superintendent John Bissett and Dr. Hugh de la Haye Davies.

For further information, write to Promotion Department, Tavistock Publications, 11, New Fetter Lane, London EC4P 4EE.

Teaching Film

A video-film based on "Child Sexual Abuse within the Family" has been produced by the Visual Display Unit of the University of Leeds, producer Peter Coltman, as a teaching aid for paediatricians and others concerned with this problem. It is hoped that in due course, a copy of this video-film will be available on loan to members from the Association of Police Surgeons.

ASSOCIATION OFFICE

DEATHS

We regret to record the following deaths:—

Dr. A.C. Blair O.B.E. (Life Associate) Glasgow

Professor Arthur Holland (Honorary Member) Glasgow

Dr. A.J. Weightman, Northallerton

NEW MEMBERS

Area 1 (North West)

D.M. Fox	Didsbury, Manchester
P.A. Harrison	Isle of Man
M.S. Irvine	Preston
R. Messing	Liverpool
H.R. Ritson	Douglas, Isle of Man

Area 1a (Northern Ireland)

J.D. Boyd	Enniskillen
N.B. Kerrin	Enniskillen
M. McKnight	Newry, Co. Down

Area 2 (North East)

J.G. Hillman	Bridlington
K. Megson	Gateshead
M. Naseem	Leeds

Area 4 (Eastern)

B. Hayhow	Sudbury
T.K. Khong	Leicester

Area 6 (South West)

A.J.S. James	Gloucester
K. Pritchard	Gloucester

Area 7 (Wales)

R.T. Baron	Porth

Area 8 (Metropolitan & City)

N.R.B. Cary	London W3
V.M. Markose	Epsom Downs
M.F. O'Halloran	London N6
S. Yogadeva	London E14

Area 9 (Scotland)

S.K. Adgei	East Kilbride
M. O'Keefe	Bothwell, Glasgow
M.L. Peacock	Dumbarton
J.G. Stevenson	Dumbarton
K.S. Stewart	Stirling
A.N. Weston	Aberdeen

Associate Members

F.H. Brown	Northampton
T.P. McCarthy	Sudbury
M. Midda, B.D.S.	Bristol

RESIGNATIONS

Area 6 (South West)

A.J. Jordan	Minehead

Area 8 (Metropolitan & City)

Lesley Phillimore	London

ERRORS OMISSIONS AND AMENDMENTS

Area 3 (Midlands)

Dr. R.E. Steel	Worcester

Area 8 (Metropolitan & City)

Dr. I.S. Muir, D.M.J.	London N21

Associate Members

Dr. M. Green, D.M.J.	Leeds

ANNUAL CONFERENCE CHELTENHAM 13th-17th May 1985

ASSOCIATION EMBLEMS

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

1. **Aide-Memoires** — documents for recording notes made at the time of forensic medical incidents . . . . . packets of 50 . . . . . £2.50
   Postage charge on Aide-Memoires 95p (one packet), £1.67 (two packets).
2. **Sexual Assault Leaflets.** Packets of 100 . . . . . £2.50
   Postage 94p (one packet), £1.57 (two packets).
3. **Key Fob** with the crest in chrome and blue enamelled metal £1.00
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.
AN ATLAS OF NON-ACCIDENTAL INJURIES IN CHILDREN £3.50, non-members £4.50.

Office Address:	Office hours:
CREATON HOUSE, CREATON, NORTHAMPTON, NN6 8ND.	2.00 — 6.00 p.m. Monday—Friday Telephone: (Creaton) 060-124 722

AIDS

A number of police forces have made enquiries regarding precautions to be taken when dealing with suspected AIDS cases (Acquired Immune Deficiency Syndrome).

The high risk groups are homosexuals, intravenous drug abusers and haemophiliacs.

The precautions required are those taken when dealing with suspected Hepatitis B cases, particularly with regard to contact with saliva, blood or dead bodies.

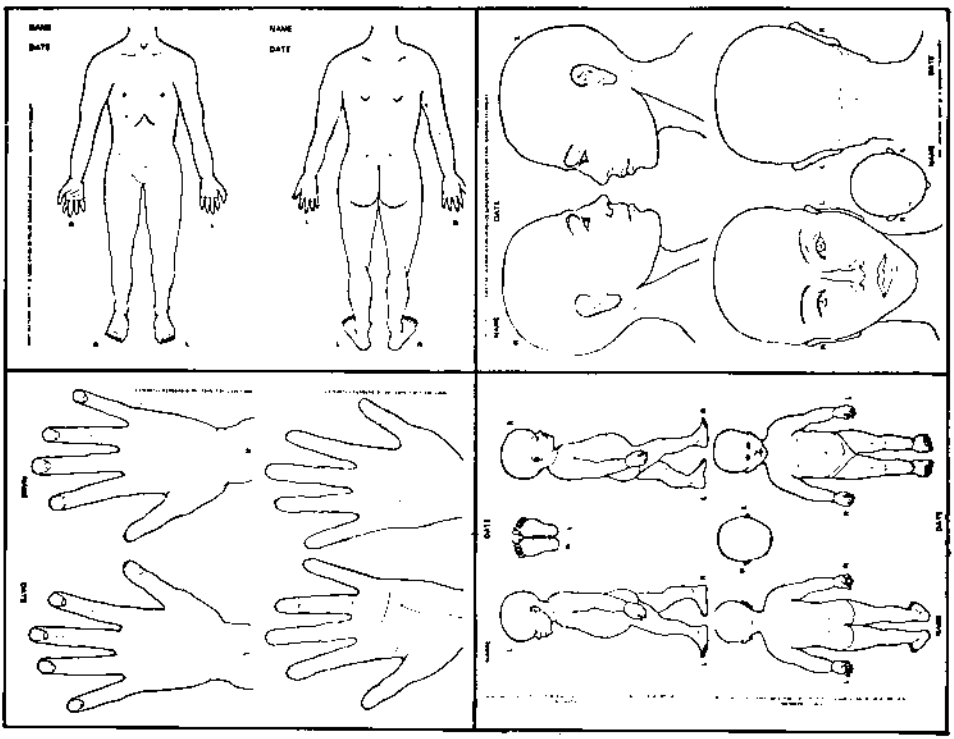
1. Mouth to Mouth Resuscitation
If resuscitation is required, it is recommended that a Portex Resusciade, which has a non-return valve, be used.

2. Breath Test Devices
All mouthpieces, whether the test is in a police station or on the street, should be wrapped and disposed of immediately after use. If the officer administrating the test has broken skin (even minor cuts or scratches) the officer should wear disposable gloves when handling the mouthpiece.

3. Handling Blood or Bodies
Direct skin contact with blood, saliva or bodies should be avoided wherever possible; disposable gloves should be worn if necessary. If direct skin contact occurs, the affected skin should be washed as soon as possible.

4. General
The danger from AIDS and hepatitis is minimal, provided normal hygiene precautions are followed. Any person who feels that he or she may have been exposed to infection should seek medical advice.

ETCHESBODYSKETCHESBODYSKE



(Not illustrated – sheet 2 and sheet 5)

A series of body sketches for recording injuries, marks, etc. are now available. They 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.

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

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

ASSOCIATION EVIDENCE ON DRUG ADDICTS TO THE SOCIAL SERVICE COMMITTEE, HOUSE OF COMMONS

Introduction

1. The Association membership comprises doctors nearly all in practice as family doctors who have a special interest in clinical forensic medicine and many who after post graduate study have obtained the Diploma in Medical Jurisprudence.

2. Our membership is unique among members of the medical profession in having first hand experience in dealing not only with drug addicts in our role as family doctors but also we are invariably called to see drug addicts detained in police custody. These persons may be detained either because of offences involving drugs or because of offences arising out of their drug misusing. For example, robbery, driving offences and various crimes of violence.

3. The Police Surgeon has a role involving the following aspects:—
   (a) As a doctor with specialised knowledge of the affects of drug misuse who has to certify that the person is fit to be detained and also in many cases, fit to be interviewed or give a statement.
   (b) As a liaison officer between the disciplines of Medicine, Law, Social Services and other agencies.
   (c) As a competent witness to present proper relevant evidence to Courts of Law, and also if necessary withstand cross examination on his evidence and opinions.

4. Although our members are unanimous in experiencing an increase in their involvement with drug cases, we have no readily available statistics to produce at this moment in time but hopefully the police and other agencies may be able to provide statistical evidence as to the extent of drug misuse with particular reference to suggest means of prevention and control but some of our comments on prisoners in custody may provide colateral evidence to the views of other agencies. It is a general impression among our members that whilst cannabis abuse has remained at a fairly constant level over the years, hard drugs are rocketing. The cocaine sniffers are fast increasing in numbers whilst the heroin addicts have increased phenomenally. Most addicts who claim to be on a maintenance dose invariably claim to be on a much higher dosage than they need as their way of life is such that by selling part of their legally obtainable supplies, they are able to generate a considerable tax free income. In general, all addicts are pushers in order to finance their life-style and if they are unable to do so then they resort to crime, especially theft and burglary in order to continue with their way of life. All detained drug addicts invariably claim withdrawal symptoms but most do not exhibit symptoms during the relatively short time they are in detention in police stations. It is general policy while addicts are detained in police stations not to provide hard drugs for any symptoms they exhibit. Largactil and tranquilizers are offered usually in liquid form, but these are usually declined.

Generally speaking addicts are detained for relatively short periods in police stations either being released after a day or two or else being transferred to a remand prison. When the addict goes to prison he will be able to, in most circumstances, continue with drug abuse. While we appreciate the difficulties for the prison authorities with the present state of overcrowding especially in local prisons, it is common knowledge among addicts that drugs are available. Because prisoners are only in a police station for a short time, we feel that a police station is not the place to commence "controlled detoxification". In my own personal capacity as Principal Police Surgeon to the Northamptonshire Police, I drew up guidelines for doctors, either police surgeons or visiting general practitioners (but rarely do these addicts have a regular doctor and if they do he does not wish to attend them while they are in the police station) and these guidelines are enclosed with this evidence (see page). Any guidelines which are issued to our members take account that circumstances alter cases and in the final analysis the action taken by the doctor depends on his clinical judgement when he has examined the patient and considered all the factors surrounding the case.

THE POLICE SURGEON AS A LIAISON OFFICER

1. The Police Surgeon is unique in having a "foot in both camps" with respect to the professionals of both Medicine and the Law. He is also in a position to liaise with other agencies such as Social Services, the probation service, Housing Department, Samaritans, etc.
2. He is able to receive information of a confidential nature from medical colleagues and using his knowledge of medical ethics able to communicate properly with other agencies. In local areas the Police Surgeon who is invariably a well known local practitioner can be utilized as a medical liaison officer in any local schemes aimed either at preventing drug abuse or in the rehabilitation of addicts. Many of our members serve on committees and carry out liaison work in their own local community.

I am prepared to attend the House of Commons and give verbal evidence to the Committee if this would be helpful.

H. de la Haye Davies

COUNCIL MEMBERSHIP

Full details of Council Membership appeared on pages 14 and 15 of the Police Surgeon Supplement, Volume 17, December 1984.

The Council Members for the following areas retire at the Annual General Meeting:—

Area 1 (North West) Dr. Z.A. Qureshi
Area 2 (North East) Dr. A.J. Irvine
Area 3 (Midlands) Dr. C.J. Smart

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

Finance and General Purposes Subcommittee: President, Hon. Secretary, Hon. Treasurer, Drs. M. Clarke, D. Filer, T. Manser.

Ethical Subcommittee: President, Hon. Secretary, Hon. Treasurer, Drs. S. Burges, N. Davis, A. Irvine, S. Hempling.

Educational Subcommittee: President, Hon. Secretary, Hon. Treasurer, Drs. J. Bain, S. Burges, M. Clarke, J. Dunbar, D. Filer, J. Hilton.

MINUTES OF THE 33rd ANNUAL GENERAL MEETING HELD AT PEEBLES HOTEL HYDRO WEDNESDAY 23rd MAY 1984

The meeting commenced at 5.30 pm.

Apologies

1. Hon. Secretary reported 23 apologies.

2. The minutes of the 32nd Annual General Meeting were received and approved nem com after a proposal by Ralph Lawrence seconded by Dr. Ivor Doney.

3. There were no matters arising.

4. **The Hon. Secretary's report** was received which showed a nett gain of 11 full members during the year despite an expected reduction in workload due to the use of the Intoximeter machines. The report mentioned an expected increased in workload if and when the Police and Criminal Evidence Bill became Law. The report drew attention to the improved liaison with the Association of Chief Police Officers and the Hon. Secretary had accepted the invitation to join the A.C.P.O. sub-committee for the training of police surgeons. Although there had only been one Council meeting during the year the Financial and General Purposes committee members had carried out the day to day work of the Association having held two meetings during the year and having frequent telephone conversations between themselves at the instigation of the Hon. Secretary and President.

   Hon. Secretary also reported on the Education and Research sub-committee discussions with a view to establishing a home-based learning course. The work of the Association is detailed in the report and also in the Police Surgeon Supplement continues to increase. The report was accepted nem con after a proposal by Dr. Qureshi seconded by Dr. Myles Clarke.

5. **Hon. Treasurer's report.** Dr. David Jenkins presented the Hon. Treasurer's report. The Association was in a stable position with over £22,000 invested in the Building Society, there having been an increase in income over expenditure during the year of over £9,000. This was largely due to good housekeeping in the office, a reduction in full Council meetings and delegation of work to sub-committees resulting in economies.

   The Hon. Treasurer on behalf of Council suggested that a block Accident Insurance for Accident cover for all full members be taken out with the Cornhill Insurance Company who had offered favourable terms (£5 per head). The President addressed the meeting in support of the Hon. Treasurer's proposal. He explained that such cover would apply only to fully paid up members. This would act as an incentive to encourage members to pay their dues on the due date, preferably by Banker's order thus saving work at the office; it would also act as an added bonus in recuriting new members.

   The Hon. Treasurer's report was accepted. Following a proposal by Dr. Alistair Irvine, seconded by Dr. Ian Craig, the Hon. Treasurer was instructed to arrange immediate Insurance Cover with the Cornhill Insurance Company.

6. **Report of the W.G. Johnston Trust** was presented by Dr. S. Burges in the unavoidable absence of Dr. Ralph Summers. The Trust had a healthy balance of £7,500. A decision had been taken not to reprint "The New Police Surgeon". Instead a series of up-dating monographs would be printed. Work was already in progress on the first monograph on Sexual Offences which it was hoped would be on sale at the I.A.F.S. meeting in Oxford, September 1984.

7. Hon. Secretary reported six deaths during the year and a minutes silence was observed by the meeting. Hon. Secretary reported he had received 27 resignations during the year and 55 new members were confirmed.

8. **Election of Officers.** Dr. Ian Craig was inducted as President and presented the Immediate Past President Dr. James Hilton with his Past President's badge. He then proposed that the Hon. Treasurer, the Hon. Secretary, the Hon. Assistant Secretary and the Editor be re-elected. This was seconded by Dr. James Hilton and in the absence of any further nominations these officers were elected nem con. On behalf of Council the Hon. Secretary proposed that Dr. David Jenkins be elected President Elect, which was accepted unanimously. On behalf of Council (no nominations having been received from the regions) the following members were nominated to represent the regions where Councillors were retiring under the three year rule. Area No. 7 (Wales) Dr. R.J. Yorke: Area No. 8 (Metropolitan and City Group) Dr. D. Filer: Area No. 9 (Scotland) Dr. J. Bain. Retiring Councillors were thanked by the President for their service during three very active years. Drs. Doney and Crosbie were elected by acclaim as scrutineers of the accounts.

9. **Any other business.** It was proposed by Dr. Robinson, seconded by Dr. Hunt after considerable discussion that "Council should consider in the case of a group Practice partnership undertaking Police work there would be a reduction of the membership fee for second and subsequent members". The proposal was heavily defeated.

   Dr. Duncan proposed seconded by Dr. Lees that Council should consider and make representations if necessary to the Home Office and A.C.P.O. in the important matter of the proper medical supervision of Police personnel including regular medical examinations.

   There being no other business the meeting concluded with instructions to the Assistant Hon. Secretary to arrange the next Annual general Meeting during the week of the Annual Conference 1985 at the Golden Valley Hotel, Cheltenham, between the 12th-17th May.

BROADMOOR VISIT

REPORT BY IAN CRAIG

In May 1984 with a group of fellow members of the Medico-Legal Society I visited Broadmoor Special Hospital and while I don't for one moment claim, on the strength of one visit to be competent to paint a comprhehesive picture of how the hospital functions, I think it is worthwhile passing on my impression. Not a few of our clients end up there and I feel that we should be aware of what happens to them. I personally found the visit well worthwhile and several misapprehensions I had before going were quickly dispelled.

The Criminal Lunatic Asylum Act was passed in 1860 authorising the building of a special Criminal Lunatic Asylum for the care and treatment of criminal lunatics. The events that lead to the introduction of this Bill occurred when an ex-soldier named Hafield who had suffered head wounds and brain damage in the war raised a gun and fired it in the direction of King George III in the belief that he had a divine mission to save the country and the world and that in order to do this he had to forfeit his life. He believed it immoral to take his own life so he decided that the state should take it for him, an action he felt they must take if he committed such a dastardly crime as shooting the King — even although the King himself was mad. Incidentally it seems clear that he had no intention of killing the King. He was arrested and put on trial for treason and murder but it was quite clear that he was hopelessly insane and the judge directed that he be found not guilty by reason of insanity and that he be committed to Bethlem. The law of the land did not provide for his retention there, so retrospective legislation was pushed through Parliament, the Criminal Lunatic Act of 1800 became law and Hadfield was detained in Bethlem where he died half a century later.

This was the beginning of the concept of the Criminal Lunatic and as the number of these individuals in Bethlem and other Hospitals grew so did the concern at the mixing of the mad and the bad and the Act of 1860 was passed.

Broadmoor Today

Broadmoor Hospital was built and by 1863 the first of the patients was being admitted. A marked contrast to the delays likely to occur in this age of technology. It was the first hospital of its kind and from the beginning it was known as a hospital, not a prison, and its Officers were doctors and nurses not warders.

What of Broadmoor today? The hospital is set in 420 acres of pleasant meadow and pasture land, the front of the main building with its long, broad terrace looking out over open countryside and the land in front sloping downwards so that the high retaining wall at the bottom of the hill looks quite small and not at all prison-like. On the other hand the approach by car from the village of Crowthorne, although passing through pleasant gardens and groups of small buildings, partly administrative and partly staff quarters, leads to tall forbidding brick walls with manned closed doors, leaving no doubt to the absolute security of the hospital.

At the time of my visit there were 580 in-patients — 470 men and 110 women. Approximately 70 patients are discharged each year, the majority to district hospitals. Very few are discharged directly home but no figures

were available as to the number who went home from the district hospital. Some of those discharged go to medium secure units where the maximum stay is 18 months and from where they move on to the district hospitals or in some cases return to Broadmoor. It is estimated that fewer than 1% of the discharged patients commit major crime but many drift into minor crime, possibly because of the difficulty they experience in obtaining legitimate employment. It is not uncommon for former patients to return to Broadmoor requesting re-admission having found themselves unable to cope with outside. They are not re-admitted solely on their own request.

Of the admissions approximately 80% are on restricted order usually from the Crown Court or unfit to plead and 20% are unrestricted of whom 10% are non-offenders. The commonest diagnosis is paranoid schizophrenia.

Staffing

The staff of the hospital consists of 7 consultants, 4 Associate Specialists (General Practitioners), 2 Registrars on rotation, 1 lecturer and 4 part time psychotherapists. While it was admitted that not all patients were seen regularly by a doctor and that in some cases a patient may not be seen routinely for as much as a year, it is claimed that any patient requesting to be seen by a doctor is seen.

The nursing staff, both male and female, appeared caring and competent while maintaining a firm discipline when necessary. With the majority of the patients whom we saw the relationship between them and the nursing staff was friendly and informal. As far as the more uncomformative and unpredictable patients were concerned the staff were under no illusion as to potential hazards, but from our discussions it was clear that they were well trained in coping with difficult situations. One male sister spoke scornfully of a mental hospital which had transferred a patient to Broadmoor as unmanageable "just because he belted a night nurse in the eye".

Discipline is largely maintained by the use of privilege, awarded for good behaviour and withdrawn for bad. Privilege includes having own radio, having a single room, permission to move freely about the grounds. In the intensive care wards patients have single rooms through necessity for their own protection or more rarely for the protection of others. It is on the parole wards that the single room is a privilege and these rooms are cheerful and well furnished whereas those in intensive care are bare, sparsely furnished and safe.

One of the dangers of the intensive care ward especially to the women is self-mutilation which is sometimes of a horrific character, eye gouging being not uncommon. Despite this, it was noticable that in the dining room metal knives and forks were in use, and apparently this has not lead to any problem although a careful count is always made after meals and sometimes a utensil is found to have gone astray.

As already mentioned paranoid schizophrenia is the commonest diagnosis and as this is often episodic and well controlled most of the patients appear to be perfectly ordinary people and in the day rooms and work rooms we were able to chat to them in a normal and relaxed way. It is a sobering thought that despite this apparent normality, in some patients the actions for which they have been committed to Broadmoor are such as to preclude their ever being released into the community.

Ward Accommodation

There are four types of wards. The admission or assessment ward where all patients go on admission, usually for about 3 months. From here they may be moved to an intensive care ward where there is 24 hour a day surveillance or to a long-stay or chronic ward. Those who have shown themselves trustworthy

and reliable will graduate to the Parole wards where they have excellent day and recreation rooms with snooker tables, table tennis, television and so on and where they can begin to qualify for the reward of privilege. Education is available to those who want it and can benefit from it and covers the whole range from primary to Open University degree. Instruction is available in cabinet making, television, leather work and tailoring. Television repair is most useful as it is not unusual for a boot through the screen to greet an unsatisfactory programme.

All patients have a bank account but are not permitted to handle money, all transactions in the canteen being by the use of tokens. Where an account exceeds £200 the patient is encouraged to invest the money outside and is given expert advice. Each patient receives two full sets of clothes on admission some of it made in the hospital tailoring shop and some bought in the nearby town on shopping expeditions by trusted parole patients accompanied by staff. There is no uniform.

Treatment

As far as treatment is concerned it is hospital policy to withdraw all drugs on admission unless there are pressing reasons for not doing so. A significant number do not require renewal of drug treatment and others are found to be on the wrong treatment and improve on correction. Surgery is never used and E.C.T. rarely.

An interesting point that emerged during discussion with the staff was that there is no victimisation of patients who have been committed to Broadmoor for sexual offences even for offences against children. Each patient regards the other's particular defect as his own affair and whether he or she is a rapist, arsonist or murderer makes no difference to them or the way they are treated by the general hospital population. Even the Yorkshire Ripper appears to be on free association which is in marked contrast to the enforced segregation necessary for his safety while in prison.

Discipline is obviously strict when called for but perhaps was best summed up by a female Sister who when asked about discipline told us that she had been educated in a Convent and that the discipline there had been much more severe than in Broadmoor.

Its true that I spent only one day at the Hospital and obviously there were areas which I did not see, but the overall impression was of an efficiently run unit with caring and dedicated staff and of responsive and industrious patients. I thoroughly recommend to anyone who has the opportunity to visit to do so. You will find it both interesting and rewarding.

IAN CRAIG

GLACÉ PRESIDENTS?

A Plymouth, Devon, painter attracted the attention of the City's Environmental Health Officer when he refused to hand over the body of a dead tramp so that the Health Authority could give him a decent British burial. Mr. Robert Lenkiewicz wanted the body, that of dead tramp Edwin McKenzie, embalmed, coated in acrylic and displayed naked in his library as a memento mori and a reminder of life's great mysteries. Mr. Lenkiewicz foresaw Mr. McKenzie's future as 'Something like a large paper-weight'.

Maybe there is something in this. Perhaps this is the solution of what to do with retiring Presidents.

AIDS AUTOPSIES

The Government's Dangerous Pathogen Advisory Committee advised against the performance of routine postmortems on AIDS victims. If a postmortem is essential, staff should be told of the risks beforehand, and it should be carried out under carefully controlled conditions.

THE PEOPLE WHO BELIEVED THEY'D NEVER GET HOOKED

The following articles first appeared in "The Listener", and appear by kind permission of the Editor. Heroin addiction has reached epidemic proportions in Britain; already there are at least 50,000 victims. Below, we look at the heroin problem from three points of view: the grower's, the pushers and the policeman's.

First, Liz Donnelly writes about her visit to Pakistan, the country of origin or staging-post of 60 per cent of the heroin entering Britain. She travelled to the North-West Frontier to look at an international project aimed at stopping the growing of opium (from which heroin is made). The British Government contributes a million pounds — is it achieving results? There follows an interview with two pushers who are themselves addicts. Finally a police officer writes about his experiences with heroin addicts and their families.

THE GROWER

The Dir district behind steep, rugged mountains, was until ten years ago a separate state with its own nawab. Back in the days of the Raj the British left the local Pathan tribes pretty much to themselves and today the Pakistan government admits that communications are so bad that it has proved impossible to enforce the law in much of the district. So farmers who depend on opium as their only cash crop have carried on growing it, even though since 1979 this has been illegal. Last year the area produced about 12 tonnes of opium, enough to make over a tonne of heroin, which would more than supply all Britain's addicts for a year. The farmers sell their crop at what is called the 'farm-gate price' of around £30 a kilo. When converted into heroin and transported to Britain the same quantity would fetch more than £700 — a mark-up of 2,000 per cent.

For the Dir district farmer the opium poppy is the ideal crop: the soil, the terrain and the climate suit it perfectly; small quantities of opium are valuable and easy to transport in areas where there are no roads; and it can be stored easily. A farmer will often bury any surplus supply and keep it as a nest-egg for a rainy day.

Now the organisers of the project, which is based on a survey by Hunting Technical Services, a Hertfordshire firm, are striving to counteract the attractions of growing opium poppies by providing irrigation where possible, enabling some farmers to switch over to cash crops of sugarcane and tobacco. But much of the land is impossible to irrigate and those who farm it will suffer financially with the loss of the opium crop, so they will be shown how to increase their yield of wheat and maize by using better seed and more efficient farming methods. Finally, the project organisers hope to lessen the pain for the farming community by building roads, introducing electricity and providing training to enable people to create small cottage industries.

A similar project was carried out in the Buner valley, also in the North-West Frontier Province. Here, the Pakistan government claims to have completely eradicated poppy cultivation. The Pakistan Narcotics Control Board says that this was achieved by helping to provide alternatives and then strictly enforcing the law. In the early stages of the Buner project a number of farmers were sent to prison for the poppy-planting season and crops were burnt. Sher Zarda, who farms in this valley, explained that although his cash income had dropped by 75 per cent he stopped growing opium poppies because the authorities threatened him with imprisonment.

Since 1979, when opium production reached a peak of over 8,000 tonnes, the Pakistan government claims to have reduced output to about 45 tonnes, a figure which is confirmed by the United Nations Fund for Drug Abuse Control and United States officials. But some reliable sources are very sceptical about these figures. If the opium crop had been cut back so dramatically, the price would have been

increased and availability would have been reduced. Neither of these things has happened. In part, this could be explained by the unknown, but probably very large, quantity of opium which is grown just across the border, in Afghanistan, and this area is impossible to police. So, however much money Western governments spend on crop substitution in Pakistan, they will not succeed in cutting back heroin supplies unless the Afghan opium is prevented from reaching the West, mostly through Pakistan.

The Americans have sent ten narcotics agents to Pakistan, and the British, the Scandinavians, the Germans and the Australians each have one. Their brief is to liaise with the local law enforcement agencies and to collect information which will lead to arrests, preferably when the heroin reaches its destination in Europe or in the United Statees of America. But they face a difficult task.

'In Pakistan everything is forbidden but everything is possible', I was told when I arrived, and smuggling has become a way of life. For example, in the bazaar of Peshawar you can see practically every make of television set, video recorder, stereo and washing-machine, all sold, it was explained to me, without import tax. And if lorryloads of VCRs can be smuggled, it must be child's play to transport heroin.

Policemen in this part of the world earn less than £100 a month, not enough for them to provide for themselves and their families. So corruption has become endemic. Rumours abound about senior officials and have even been mentioned in one of the main national newspapers in spite of the fact that the press is forbidden to criticise the military government. When I tackled the chairman of the Pakistan Narcotics Control Board, Mr Mairaj Hussain, on the question of corruption he categorically denied that it existed. But in light of the fact that more heroin must travel along the roads than on those of almost anywhere else in the world his statement was less than convincing.

But it would be unfair to suggest that the authorities in Pakistan were not serious about tackling the heroin problem. Before the invasion of Afghanistan and the revolution in Iran, they told me, heroin was unknown in their country. But the dealers moved in, set up laboratories to convert opium into heroin and now they have more than 100,000 addicts of their own. It should perhaps be added that five years ago the Pakistan government introduced the prohibition of alcohol — as one man cynically put it: 'Today the rich drink whisky and the poor take heroin'.

So is Britain's contribution to the Dir project and to law enforcement a waste of money? A United Nations official in Islamabad said in reply to a similar question: 'Can you afford not to spend the money?' Certainly British heroin addicts are not finding it any easier to get their fix since the project started.

THE PUSHER

How long have you been on drugs?

JOHN: About seven years now. I started just smoking a bit of pot. Then about three and a half years ago I started smoking heroin. There was that much of it about, it just seemed like everybody was smoking it. So I started smoking heroin, and it's been that ever since.

Chris, when did you start selling heroin?

CHRIS: First, I'd like to say that I think that most people who smoke heroin would admit that at some time in their lives they've had to sell heroin, because that's the way it works. I've been doing it full-time for about three or four years now. I first started buying ounces and selling half-ounces and quarter ounces, but I went down on my luck, smoked too much heroin, and now it's just the grams. We buy a gram, divide it into 14 or 15 £5 wraps and what's left over we smoke ourselves. That's how we keep our habit going.

Have you made any money out of pushing heroin?

CHRIS: You couldn't make money out of pushing heroin unless you didn't smoke it yourself. You just keep your habit going, just sell enough. However much you sell that's however much you smoke.

JOHN: When I first started, I was buying ounces and selling grams and making quite a few bob. But, as time goes by, your habit just explodes — you can go from smoking a £5 bag a day to smoking three to four

grams a day. That could happen in the space of a month. So any money you have put away, you just smoke the lot. You always end up broke.

John, tell me about the phyiscal effects of heroin.

JOHN: I suppose one of the main effects is weight-loss — you just completely lose your appetite. At the moment, I've got an extremely bad chest. I feel as though I've just run up the stairs — wheezing and out of breath. And you're for ever coughing up phlegm. As for sex, it just goes out the window once you're into the heroin; you just completely lose your need for a woman. And even if you do have sex, you can't have a climax, it just becomes a non-event. Heroin rots your teeth, it kills you generally.

Chris, tell me about your experience of physical effects.

CHRIS: When you first start smoking you vomit a lot — anything you eat you just vomit back up again straightaway and, as John said, you lose your appetite anyway. All you seem to need to get you through the day is your heroin. First thing you think of in the morning is your heroin and the last thing you think of at night is your heroin. There are also changes in your personality. I mean, I'd do things for money for heroin that once I would never have dreamt of doing — stealing, shoplifting, burglary, anything, it doesn't matter what it is. You'll even rob your mother and father. Personally, I haven't stooped that low, but most of my friends have. Then there's the lying. Your whole life's a lie. From the time you wake up in the morning until you go to bed you are just telling one lie after another to con people, to get money. Heroin completely changes a person to a totally different person, a bad person.

I've tried to give up heroin. I've been in jail, come out and got back on it. There just doesn't seem to be any way I can give up. If you walk into a doctor's surgery and say you're a junkie, they think that all you've come for is to get as much drugs off them as you possibly can and probably sell it to buy heroin. Even when you do genuinely want help, you're just turned away.

What do people round here think of dope pushers?

CHRIS: Oh, they don't like them. Quite a few have been beaten up or had their windows smashed. You always get a lot of abuse and when they look at you it is as killers of their sons and daughters.

But aren't you killing their sons and daughters?

JOHN: Yeh, I suppose I am, like.

CHRIS: No, they're killing themselves. They're killing themselves the way we are.

JOHN: I don't twist anyone's arm to buy it. I'm just trapped, like everybody else. You know, there isn't any one of them who wouldn't sell it, given the opportunity. You've got to do something. You either steal or you sell heroin, one of the two.

CHRIS: I know quite a few people who snatch handbags to get their money. I'd sooner sell heroin than go out mugging old ladies.

Do you feel guilty selling it?

JOHN: I always feel guilty. People think you do it by choice. Nobody does it by choice except the dealers who don't smoke it, the ones who are making all the money. I do it because if I didn't do this, I'd be out robbing. I don't want to rob any more because I don't want to go to prison again. But you've got to have it. I've woken up in the morning and I've started crying because from the second you open your eyes it's like someone dropping a ton of bricks on you: 'Where am I going to get the money? I've got to have it, where am I gonna get the money?' People think that they'll never get addicted. Everybody they know is addicted to heroin and they'll sit down, smoke it and they'll honestly believe that they won't get addicted. They might not for as long as a year, but, in the end, they'll be smoking it every day and not be able to stop.

The questioner in the above conversation was Paul Hamann.

THE POLICEMAN

I joined the police force in 1971, served as a uniform foot patrol officer, mobile uniform patrol officer, plainclothes (Vice Squad) and detective investigating crime. I was posted to the Drug Squad in the late Seventies, working from the Merseyside Police Headquarters.

When I started in the Drug Squad, the whole drug scene revolved around 'pot' (cannabis). There were only about six

people on the Wirral who were using opiates, which were usually the proceeds of burglaries at chemist shops and, as a result, the detection of the robbers was fairly easy. Then the whole scene started to change. Searching houses for cannabis, I started to find pieces of silver foil with burn traces on them. The people in these houses were not looking after themselves: not washing or eating; a lot were developing scabs on their faces. The heroin problem was here . . .

One case that will live with me for the rest of my life was just a routine raid on a house in search of heroin. I went to an address together with another detective and a policewoman. I knocked on the front door of the house and was allowed in by the male occupant. It was approximately 12 noon. I could see from his demeanour that he was under the influence of some drug. Having gained entry, we found his wife in bed, in a similar state to him. After identifying ourselves to them we started to search the premises, which consisted of two bedrooms, a lounge and a bathroom and toilet. Unfortunately for me, I chose one of the bedrooms which appeared to be not in use. I entered the room and was immediately confronted with a smell that cannot be described. The windows had been sealed with a tape, in a feeble effort to stop draughts. On the window ledge lay a number of dead flies, all of whom at some time had had to suffer in the stench of the filth. The room was so full of rubbish that it was near-impossible to search. I heard a noise coming from one of the corners.

In a cot was a baby. Aged eight months, she was lying on her back attempting to position the teat on a sauce bottle, which contained cold tea, into her mouth. She was wearing what I can only describe as a loincloth over her lower parts. I reached into the cot to pick her up and saw that her little arms appeared to have no strength in them, making me think that they were broken. There was a large bruise on her face. Her nappy, if that's what you could call it, had obviously not been changed for some considerable time and, not surprisingly, there was a dreadful stench in the room. The excuse given for the bruising to her face was that she was a very active child who thrashed about in her cot. I immediately took the child to a local hospital and she was taken into care. The doctors told me the reason for the lack of strength in the child was lack of love, having rarely been lifted out of the cot or ever received the cuddles a baby normally receives.

It is my experience that the majority of people who go on heroin will eventually start pushing the drug so as to satisfy their onw habit, for the cost of the drug increases as the habit gets worse. Thus you have the wide social range of pushers. But they all have one thing in common: they are partners in the conspiracy to kill, if they didn't sell the drug, the importer would have no outlet for his illicit trade. As fast as you eliminate one pusher, another takes his place, usually a friend of the person who has been taken out of circulation, attracted by the vast profits to be made.

When people start experimenting in using heroin, they do not seem to appreciate that not only are they harming themselves, even killing themselves, they cause so much suffering to others. Take, for example, the young lad still living at home with his parents, who starts selling heroin from home. The poor parents, happy at how popular their child is with all the people who call at the house each evening, then have their front door smashed open by police officers, who, in some cases, have only 15 to 20 seconds to make an entry before the evidence is flushed down a toilet.

I once executed a search warrant at an address on the Wirral in what could be classed as a very respectable area. The house was occupied by a couple and their son, a man in his earlier thirties, unmarried and with his own, very profitable business. We found a fairly substantial amount of heroin, arrested the son and then waited for callers at the house who had come to purchase heroin from him. While searching the house I noticed photographs of him with top golfers, receiving awards for his golfing achievements but I found no golf clubs. I asked him if he kept them at the golf club. No, he said, he had sold them to buy heroin. Then he told me his story. He had been at a Christmas party with a number of other young people from his area. During the evening he had quite a few drinks. He then

noticed that a lot of the girls appeared to enjoy the company of the same couple of lads. He decided to join these lads, who were spending most of their time in the kitchen. It was there that he was given his first lesson in 'chasing the dragon', which he soon caught and, as a consequence, started the ruination of his life.

At first he could afford his habit, but within a very short time he had developed a habit which was costing him in excess of £225 a day. He showed me bank statements, building society books and post office books, each of which, eight months earlier, had shown substantial sums to his credit. He also produced letters demanding that he make some effort to pay off bank overdrafts or face the consequences of court appearances. As he had now lost his business and his habit had got progressively worse, he had resorted to supplying heroin to others in an effort to afford his own habit. A sad, but not uncommon case.

Detective Constable Brandon Farrell, who wrote the above article, and the two pushers, 'John' and 'Chris', took part in 'Real Lives — Pushers' on BBC1 in January 1985. The producer was Paul Hamann.

DRUG ADDICTS IN POLICE STATIONS

The following notes were prepared by Dr. Hugh de la Haye Davies for the guidance of doctors at police stations in his force area.

(1) **As a general principle** no addict should be given any drugs of addiction while in custody (in any case it is illegal for heroin or morphine to be given to an addict except by a doctor holding a Home Office Licence — but at times it may rarely be necessary to administer methadone).

(2) The decision to administer methadone is a clinical one to be left to the discretion of the doctor but station sergeants should bring this notice forward to any doctor visiting a drug addict, particularly if the doctor is not the usual Divisional surgeon.

(3) The following suggestions for guidance of medical officers have been evolved as a result of close liaison with the officers of the drug squad over the past several years. I am willing to advise any doctor any time but in my absence any experienced officer of the drug squad is competent to advise or assist any doctor unfamiliar with the problem.

(a) Many withdrawal symptoms are simulated by addicts.

(b) Addicts are unreliable in their account of their own drug requirements.

(c) Acute withdrawal of narcotics is rarely fatal and unless the addict is really ill from withdrawal symptoms it is not usually necessary to suppress the symptoms. If possible the history and drug dosage may be obtained from the patients General Practitioner, Hospital or Home Office drugs branch. It is the doctor's responsibility to notify this department of the

addict's name, sex, address, date of birth, drug, of/or drugs of addiction, within seven days of the doctor seeing the patient, this should be done even if the addict is already registered and has been seen by another doctor except a partner, assistant or locum, of the examining doctor. During the length of time a prisoner is in custody is it not necessary usually to give medication but if the prisoner is transferred to prison the prison medical authorities should be notified by the doctor of his medical condition.

The Home Office Drugs Branch is at 50, Queen Anne's Gate, London SW1H 9At. Enquiries can be made between 9.00 a.m. and 5.00 p.m., by patient's surname:—

A-F 01-213 5141
G-L 01-213 4274
M-P & S 01-213 6083
T-Z, Q & R 01-213 6695

(d) If it becomes generally known that methadone is given at police stations then many addicts will deliberately fake withdrawal symptoms or even commit minor offences in order to be detained and have an "extra fix".

(e) Despite the foregoing if an addict **has not been charged** and wishes to inject **his own** supply then subject to paragraph 4 below he should be allowed to do so at the discretion of the station sergeant after consultation with the doctor.

(f) Withdrawal symptoms from acute withdrawal of barbituates can lead to epileptiform attacks which can be fatal. In such cases it is of course permissible and proper to give a short acting barbituate.

(g) Withdrawal symptoms from narcotics and halucinogens often show psychotic reactions of a schizoid pattern. If the prisoner is disturbed, disorientated or aggressive, Largactil or Sparine injections often give relief.

(h) Any unconscious patient should be moved to hospital immediately without waiting for a doctor and first aid treatment should aim at keeping a clear airway and avoiding the inhalation of vomit by putting the patient in the ¾ semi-prone position.

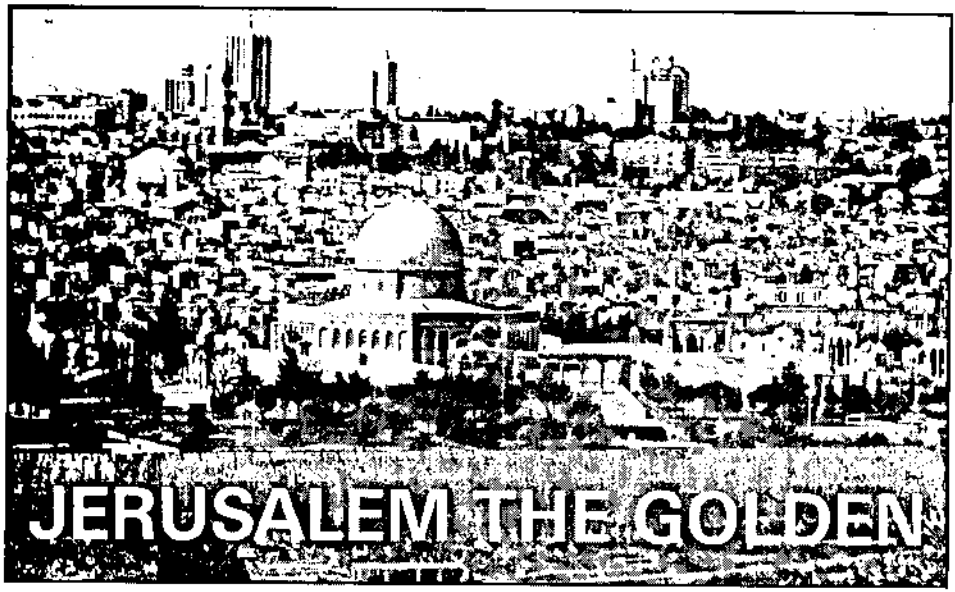
(i) A toxic psychosis as a result of the drugs or withdrawal may necessitate compulsory admission to a mental hospital under the Mental Health Act.

STATEMENTS FROM PRISONERS KNOWN TO BE DRUG ADDICTS

(4) If there is any suggestion that a prisoner giving a statement is suffering from the effects of drugs or drug withdrawal then the police surgeon should not only certify that he is fit to be detained but also that he is both mentally and physically fit to give a voluntary statement and is not under duress as a result of his drug dependency. It must be for the doctor also to ensure that drugs have not been promised or threatened to be withheld depending on whether or not the prisoner gives a statement. The doctor should pay particular attention to this aspect of the case, make proper records and if necessary be prepared to present the evidence in court if the admissability of the statement is in dispute.

BODY SEARCH HAZARD?

A Greek Orthodox nun was arrested in Kenya for smuggling into the country a hive containing more than 6,000 bees, concealed under her habit.



Combining business with pleasure is one of the delights of attending any international congress. A.P.S.G.B. members visiting Jerusalem for the IDENTA 85 forensic meeting in February experienced an exciting mixture of overt holiness and occult violence. On one hand there was the awesome delight and sanctity of the Holy Land, and on the other a clandestine struggle against terrorism in a modern society. The forensic implications are obvious.

A year or so ago, the Israelis were criticised for attacking the P.L.O. in Lebanon; the Israelis see it as having struck the greatest blow ever against world wide terrorism. The Israelis found evidence of massive training programmes for dozens of extremist groups from the world over. Little wonder that the conference was directed towards the establishment of law and order beyond the confines of the local police station.

INDENTA 85 attracted delegates from 26 countries with several from United Kingdoim forensic establishments. The Association was represented by Drs. David Filer, Bert Kean and Ivor Doney. Security was strict.

Opening the congress Mr. H. Bar-Lev, MK, Israeli Minister of Police, claimed that anti-terrorist campaigns must be aggressive. Terrorists do not recognise national borders, and therefore all countries must unite and fight the terrorist groups through organisations such as Interpol.

The highlight of the meeting was the forensic report on the forged Hitler Diaries, presented by W. Steinke and M. Hecker, of the Handwriting Laboratory, Wiesbaden, Germany. Two of the diaries were passed around the audience. Some of the white paper used had not been manufactured before 1955; sometimes the eagle's head faced the wrong way. Typed labels on documents purporting to span several years were typed on the same typewriter at about the same time. Chloride ions in an ink stroke migrate towards the periphery of the stroke with the passage of time; the migration noted in the diaries showed that they could not have been written in Hitler's time.

Despite the forensic evidence, there

are still those who believe the diaries to be genuine.

Israeli forensic laboratories have developed a series of aerosol sprays for the detection of cannabis, TNT, and iron. A suspect who has handled a grenade leaves his prints on the grenade, and traces of iron remain on the suspect's hands. The sprays are used as screening tests, and require laboratory confirmation.

There are no police surgeons in Israel. Sexual assault victims are taken to hospital gynaecology departments, where the duty doctor is supplied with a kit and instructions. Dr. Bert Kean (Liverpool) gave two papers on aspects of the work of U.K. surgeons, including our methods of sexual assault investigation, which provoked some lively discussion.

Psychologists are teaching Israeli police officers how to ask questions in an orderly manner to get more helpful results. They also advise police on how to select and present mug shots for witnesses to look at in the most effective manner.

Delegates found time to slip away from the Congress to fulfill such dreams as visiting Bethlehem, having a dip in the Dead Sea, visiting the wall of Jericho and the fabulous Israeli Museum, or browsing around the Old City of Jerusalem.

It is a country of surprises. Within 15 minutes of Jerusalem, there are unbelievable scenes of ancient Biblical history with Bedouin families living in tented simplicity in almost desert scrubland. However, despite the wealth of tourist attractions, IDENTA 85 organisers had made few arrangements for accompanying persons.

The use of the polygraph (lie-detector) was enthusiastically supported by Charles Dyer, Special Agent from Washington's Department of the Treasury. He claimed that the polygraph brought to light many other crimes not under investigation at the time of an offence, and said that in his experience, the innocent were never wrongly trapped.

Voice spectography was championed by Y. Tobin from Israel, but some delegates felt that its usefulness had not progressed over the years.

Dr. M. Rogev (Tel Hashomer, Israel) a former police surgeon now a pathologist, introduced identification using X-rays of frontal and maxillary sinuses; it is probable that recruits joining the Israeli forces will have sinus X-rays filed for identification purposes.

The Congress was a great social success, with receptions, private parties and banquets, lubricated with deliciously mysterious Israeli wines. The hymn describes "Jerusalem the golden,

Blot on the Waterscape — Ivor Doney afloat in the Dead Sea.

with milk and honey blest" — Jerusalem is the gem of Israel. It is in the tiny shops and alleyways, the charming colourful bazaars and the secret business goings on at street corners of the city that the tourist discovers the true meaning of serendipity.

IVOR DONEY

And Bert Kean Writes

The Congress subjects were:

- The Techniques for Criminal Identification.
- Counter Terrorism Methods.

The emphasis on terrorism was illustrated by the appearance of the Conference entrance hall which was packed with terrorist weapons and equipment, photographs and details of the victims of terrorist attacks. There were numerous exhibitions illustrating counter-terrorist security equipment and protective clothing.

Following the opening speeches some 74 papers were presented over the 4 days of the Conference. The Israeli speakers, who were in the majority, concentrated on terrorism in all its apects. The most effective paper on terrorist activity was delivered by James Wallace from the Northern Ireland Forensic Laboratory. His quiet, lucid, and well-illustrated presentation was most effective and one was made fully aware of the number of dead and wounded as a result of terrorist activity in Northern Ireland and the measures taken by the Laboratory to identify the firearms used.

A speaker from Syracuse University, U.S.A., gave a paper entitled "The Psycholinguistic Theory — Applications of decision theory in threat evaluation". This paper described computerised analyses of vocabulary and phrasing of threatening and ransom demand letters. In this analysis the decision as to whether the writer was bluffing or not was made. As far as I could gather the results were inconclusive. Ivor Doney asked his usual pertinent question: How long does it take to reach a decision of whether the threat is real or not? The answer: If we go into the immediate emergency mode we can reach a decision in one hour. "Immediate Emergency Mode" means I understood "in a hurry".

There were two excellent papers about the Hitler Diaries forgery, and Ivor Doney has discussed these in his report.

We were both rather overwhelmed by the number of papers on the Polygraph and on hypnotic techniques, and it is interesting that both the U.S.A. and Israel find these procedures are valuable.

Dr. Joseph Almog gave an interesting account of the development by the Israeli Police of field kits for forensic diagnosis. The kits do not require Scientists, can be carried out anywhere, and can be performed before the evidence has deteriorated. The four kits described were:

E.T.K. (Explosive Testing Kit)
B.T.K. (Bullethole Testing Kit)
Ferroprint (Firearm imprints on the hands of suspects)
Nomark (Long lasting invisible markings on objects and persons)

These kits appeared to have great potentiality.

In two papers I discussed the role of the Clinical/Forensic Specialist as exemplified by the Police Surgeon in the U.K., and demonstrated the use of the Home Office Sexual Offence Kit. A system for evidence collection from sexual assault victims was described by Dr. Meurbach of the Israeli Police Laboratory. Victims in Israel are examined in hospital by a Gynaecologist or Paediatrician with the aid of Sex Crime Evidence collection kits. Kits are similar to, but less comprehensive than, those used in the U.K.

Question: Who examines the Suspect? As far as I could gather they were rarely examined and I did not discover how convictions, on forensic evidence grounds anyway, were secured.

I believe there is now some interest in Israel in the training of Doctors for specialisation in medical-legal work, but I am afraid it will be some time before

formal instruction to both graduate and undergraduate on Forensic/Clinical work will be arranged.

United Kingdom delegates spoke on the assessment of glass fragment evidence and data from fibres in case work. The Home Office Forensic Service Science Computer and the H.O.C.R.E. Forensic Literature Retrieval systems were described.

Ivor Doney has mentioned other discussions in his report. He presented a paper on the help in identification of the dead that can be secured by accurate records of foot charting by Chirpodists.

Visits were made to the Criminal Identification Division at the Israeli National Police Headquarters and to the Evidence Technicians Section.

The last session of the Conference was given over to a field demonstration by specially trained anti-terrorist Police. The techniques for the elimination of terrorists amongst their hostages by special small-arms experts and by snipers was demonstrated. Anti-riot equipment was shown.

Social events included a get-together reception, a visit to the Israel National Museum, followed by an excellent buffet and a farewell banquet. There appeared to be a lack of arrangements for accompanying persons during the Conference, but I understand that the Israeli Police arranged extensive excursions for those who remained in Jerusalem following the Conference.

A large number of subjects was discussed at the Conference. A few of these are mentioned. Unfortunately, the abstract book contained no cross-references with the programme, and identification of lectures was made a little difficult.

The weather conditions in Israel during the Conference were unusually bad. Two days in succession about 4" of snow fell and there was frequent rain and blizzard conditions. Most overseas delegates had not brought suitable clothing and had come prepared to enjoy the usual sunshine and good weather. One must say however that the rainfall was sorely needed in Israel, the winter rainfall had been very low until then.

Identa-'85 was not the largest of Conferences, but I think the Association of Police Surgeon members who attended, Ivor Doney, David Fowler and myself, felt the journey had been worthwhile.

N.B. In Israel all the Forensic Scientists and specialised personnel, e.g. handwriting experts, psychologists, and even secretaries, are members of the Police Force and have a Police Force rank. Whilst there are obviously independent forensic experts there is no equivalent to the U.K. Home Office Forensic Laboratory establishment.

H.B. KEAN

BLIND DRUNK

A Chesapeake, Virginia, policeman stopped a weaving car, expecting to find a drunken driver. He was right, but the 24-year old driver was also blind, having lost his sight at the age of 12.

D.M.J. SUCCESS

Congratulations to Dr. David Kett, of Moseley, Birmingham, on obtaining the Diploma in Medical Jurisprudence.

CONSISTENT REGIMES IN DETENTION CENTRES

Introduction

1. On 24 July 1984 the Home Secretary announced the publication of a report by the Prison Department Young Offender Psychology Unit evaluating the experiment with tougher regimes in certain detention centres, and a programme of work to conclude the tougher regimes experiment and establish a consistent regime for the whole detention centre system. The new regime will come into operation on 6 March 1985. This note outlines the new regime, with particular reference to those areas which have been under review.

2. The aims of a detention centre, as defined in the Detention Centre Rules 1983, are

> "to provide a disciplined daily routine; to provide work, education and other activities of a kind that will assist offenders to acquire or develop personal resources and aptitudes; to encourage offenders to accept responsibility; and to help them with their return to the community in co-operation with the services responsible for supervision."

Work includes concrete moulding, market gardening, commercial greenhouse production, kitchen labour, cleaning, building maintenance and care of grounds and gardens. For those of compulsory school age there is at least 15 hours' education per week; and remedial, maintenance, social and personal education is provided for other inmates. There is an average of one hour's physical education each day.

3. The aim of the programme announced by the Home Secretary has been to ensure that detention centres, operating within the Detention Centre Rules 1983, provide a well defined, structured, purposive and balanced regime appropriate for offenders for whom the courts have concluded that there is no alternative to a short period in custody.

Structure of regime

(i) Initial two week programme

4. As envisaged in the Home Secretary's announcement, a key feature of the regime will be a brisk and structured initial two week programme. This will build on the confirmation in the evaluation of the tougher regimes experiment of the importance of the impact on inmates of the first few days of the sentence, and also on the incorporation into their regimes by all detention centres in May 1983 of an initial two week programme. The initial two week programme will provide a complete short purposive regime for those serving the shortest sentences and at the same time a structured introduction to the sentence for those serving longer terms. It will include the following particular features:—

a) The work carried out by inmates in the first two weeks will be basic and demanding. Examples of such work are cleaning and servicing the centre. Inmates will not normally be eligible during this period for training courses.

b) There will be greater emphasis on parades and inspections. Weight will be given to their importance in promoting the high standards of cleanliness, tidiness, discipline and personal effort expected of inmates, and in introducing them to such standards in a systematic way at the beginning of sentence. Standard setting generally will be a key part of the initial two week programme.

c) Association and privileges will be minimal. Their scope may be marginally widened in the second week to provide incentives for short-termers.

d) Where local circumstances permit this to be done from within existing resources, rising time or lights out or both will be earlier than for inmates who have completed their first two weeks.

e) The tempo for inmates in the first two weeks will be particularly brisk.

f) Staff will continue to pay particular attention to the needs of inmates during this period. They are aware that the early days of sentence can be a traumatic time for inmates, and that it is important to identify and take account of inmates' needs, abilities and problems as swiftly as possible after reception. As before, reception and induction procedures will be conscientiously and professionally carried out, and staff will take an interest in the well-being and progress of inmates and adopt a firm but fair approach.

g) As before, every newly received inmate will have a thorough initial medical examination, and this will normally take place within 24 hours of arrival. Reception medical examinations will take full account of the demands of the regime. The possibility of transferring an unfit inmate from an establishment operating the experimental regime to one which is not will no longer be applicable. But it will continue to be possible to restrict or adapt regime activities in accordance with the Medical Officer's guidance in the case of an inmate who is or becomes unfit for the normal regime; and, where necessary, to arrange for an inmate to be placed in a hospital within or outside the penal system for investigation, observation or treatment.

Structure of regime

(ii) The sentence as a whole

5. Looking at the sentence as a whole, for the areas which have been under review the new regime will operate as follows:—

a) Eligibility for increased association, increased privileges, the less basic types of work and any outside activities will as far as local circumstances permit be subject to staged increases in scope during the course of sentence; will be clearly dependent on effort and good conduct; and will be tied as closely as possible to the grade system. Governors are able to alter inmates' grades under Detention Centre Rule 8(2), and reduction in grade may be imposed for an offence against discipline.

b) Emphasis will be placed on demanding work (with inmates in their first two weeks generally carrying out the most basic tasks.) The disruptive effects on work of numerous timetable changes in the course of the day will be avoided as far as possible. In the establishments which previously operated the tougher regimes experiment the opportunity will be taken to improve the continuity of work.

c) The education requirements under the Detention Centre Rules will continue to be met. The curriculum will make provision for initial educational assessment and for remedial, maintenance, social and personal education in keeping with the regime.

d) Inmates will spend an average of an hour each weekday on physical education. In addition, provision will be made for evening and weekend physical education, and for remedial physical activity for inmates who need it.

e) Parades and inspections will be carried out throughout the sentence (with greater emphasis

during the initial two week programme.) There will be smart movement from activity to activity, but no separate drill sessions.

f) The tempo of the regime will be purposeful throughout sentence (and particularly brisk during the first two weeks.)

Other areas of the regime

6. Areas which will not be changed as part of the introduction of the new regime include entitlements to letters and visits, the pay scheme, the arrangements relating to offences against discipline, and medical and spiritual care. The arrangements for throughcare (including preparation for release) introduced in conjunction with the May 1983 changes in the sentencing structure will contiue unchanged, and the interest taken by staff in inmates as individuals and in their welfare will continue to be of central importance throughout sentence.

NOTES FOR POLICE SURGEONS

These guidance notes take the place of those published in the Supplement Vol. 16 May 1984 p. 41, to take account of the fact that, as from 6 March 1985, all detention centres will operate a consistent regime. Under the Criminal Justice Act 1982 the detention centre order is intended to provide a distinct form of short custodial sentence for male young offenders aged under 21 years. There are two types of detention centre — junior centres for young male offenders aged 14 and under 17 years of age; and senior centres for those aged 17 and under 21. There are none for young women and girls. Where a court considers that a custodial sentence is unavoidable for a male young offender, it may pass a detention centre order for any period between 21 days and four months. With full remission this will result in two to 11 weeks in custody. If the court considers that the offender is unsuitable for a detention centre on account of either his mental or physical condition it may not impose a detention centre order but (if the person is aged 15 or over) can instead pass a short sentence of youth custody. If the reason for exclusion from a detention centre was the offender's mental condition, the court is required to certify this fact on the warrant of commitment under the youth custody sentence which is imposed instead.

Medical Services in Detention Centres

3. Every detention centre has a medical officer, who is usually a local general practitioner acting part-time. Each centre has a small sick bay staffed by one or two hospital officers trained in basic nursing skills or by a registered nurse. The medical officer has full access to NHS hospitals for specialist advice and support and may also call upon the supervising senior or principal medical officer in the area for advice.

Criteria for Fitness

Physical

4. To carry out the normal range of activities an offender must be physically fit. Any person with a marked physical disability or long-term illness should be excluded. This will be appropriate if the disability or illness is such as to be likely to

a) prevent the offender from participating in the regime;

b) interrupt his participation in the regime (e.g. because he needs frequent medical attention); or

c) cause a deterioration in his health, phyiscal or mental.

For example, a person would not be able to participate if he had recently suffered a bone fracture. Blindness or very poor vision in one eye would also be a contraindication. Patients suffering from chronic illnesses such as diabetes, mellitus or epilepsy are suitable only if their condition is well controlled, and it must be remembered that the intensive activity experienced in the first two weeks of the regime might have a

destabilising effect. Asthmatics on the other had will generally respond well to a detention centre regime. Because most detention centre inmates sleep in dormitories those with infectious diseases should be excluded, but those with scabies or other verminous infections or with venereal disease can be accepted.

Mental

5. Young men with mental illness, severe emotional disorder or mental subnormality are not suitable. Those who are likely to exhibit an especially adverse reaction to stress, and those who are particularly prone to histrionics or self-injury, should likewise be excluded. Narcotic addicts are unsuitable but "soft" drug users usually respond well in detention centres. The same criteria should be employed as for physical health.

Further Information

6. If a police surgeon is in doubt about an offender's suitability, he should communicate either with the medical officer of the centre concerned or with its supervising senior medical officer/principal medical officer. A directory of the detention centres and supervising medical officers appeared in The Police Surgeon Supplement Vol. 16 May 1984 p. 43.

BITTER BYTE

A 23 year old lorry driver was imprisoned in San Jose, California for stealing video games. A trustee working in the jail office, he began to play with the prison computer. He learned how to break the machines' codes, hook up to the inmates' records and switch his release date so that he could be home in time for Christmas.

However, whilst bragging to a cell mate, he was overheard by a guard, and his scheme foiled. He plans to give up lorry driving for computer work.

OBITUARY

ARTHUR HARLAND

Professor William Arthur Harland, Honorary Member of the Association of Police Surgeons of Great Britain, died in Glasgow on 9th January 1985. He was 58.

He was educated at Methodist College and Queen's University, Belfast. For the last ten years, Arthur had been Regius Professor of Forensic Medicine at Glasgow University. During the early eighties, in addition to the Headship of the Department, he was Senior Consultant to the Scottish Crown Office on forensic medicine matters, and was also Dean of the Faculty of Law.

In particular, Arthur Harland had a gift for teaching. In addition to initiating an expansion of service teaching at the University, he was responsible for teaching honours courses, extremely popular with law students. He also introduced post-graduate courses in forensic science and toxicology.

Arthur Harland was a strong supporter of the Association; he spoke at a number of Associaton meetings, including the 1984 Peebles Annual Conference. His contributions to Forensic Medicine will be missed.

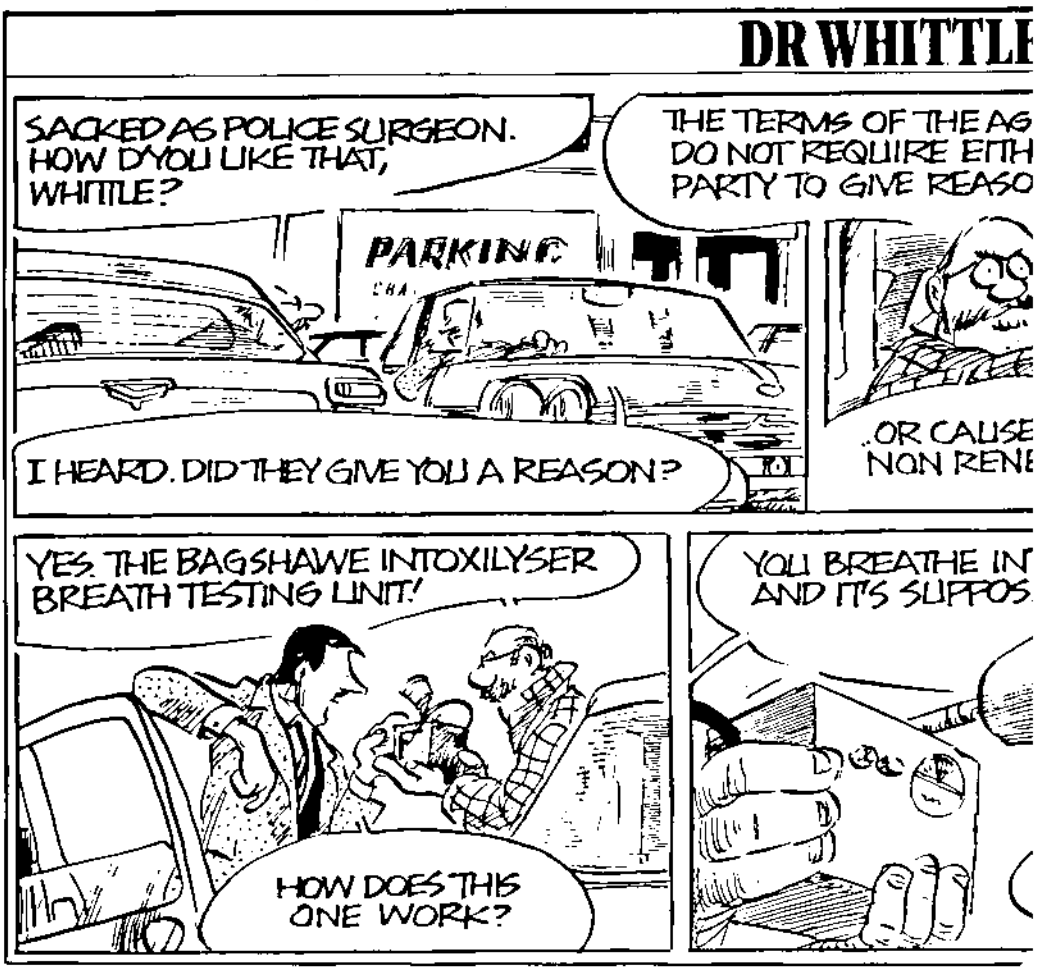
DABBLING AMATEUR J.P.s

A police prosecution appeal to the Queen's Bench Divisional Court against a decision by Colchester magistrates in July 1983 to acquit a man on a drink-driving charge after they considered medical evidence without benefit of expert advice, was upheld last December.

The driver was found to have 53 microgrammes of alcohol per 100 millilitres breath. The magistrates dismissed the case after they studied an extract from a copy of the British Medical Journal which they concluded proved that a pint of beer consumed after the man stopped driving had put him over the limit.

Lord Justice Goff said "The case before us provides a most vivid illustration of the need for guidance to prevent magistrates struggling with the unequal task of themselves interpreting scientific documents without the aid of those qualified to interpret them.

"It shows vividly the dangers of laymen and those not scientifically qualified dabbling as amateurs in science — and that applies to all of us".



UNDERSTANDABLE

A chain of Dutch schools has ordered pupils to destroy their rock records by the Rolling Stones, the Beetles and others because they allegedly contained "satanic messages".

INFINITE LOVE

A Montreal Police sergeant told a court he was bitten by a nun belonging to the Apostles of Infinite Love sect when he tried to arrest her for soliciting donations without a permit.

RE-UNITED!

A torn-off ear was pushed through the letter box of a Salford, Greater Manchester, night club. The police took it to hospital, where the owner arrived a few minutes later. The ear and owner were surgically re-united.

FINE

People caught digging for snails in the central Ghanaian town of Sareph will be fined a sheep and a bottle of the local alcoholic brew. Snail digging is ruining the farmland.

BY BILL TIDY By kind permission of the Editor of General Practitioner and the artist.

JAPANESE CONGRESS

Speakers at the 10th Congress of the International Association for Accident and Traffic Medicine, to be held in Tokyo this May, include James Dunbar on the Tayside Safe Driving Project, and Keith Mant on "Milestones in Fatal Road Accident Prevention".

A 26 year old unemployed man was banned driving for five years, with fines totalling £550, after admitting 81 motoring offences. He has already been banned three times since 1980.

His present offences include: 18 for having no MoT certificate; 16 for no insurance; 15 for no driving licence; nine for defective tyres; five for inefficient brakes; eight for no tax; two for defective lights; one for defective headlamp; two for defective exhaust; one for failing to produce registration documents; one for false tax disc; one for missing number plate; one for defective windscreen wiper; and one for defective speedometer.

FORENSIC DENTIST'S ASSOCIATION

The British Association for Forensic Odontology (President Dr. J.K. Holt, secretary Mr. J.G. Ritchie, "Woodside", Navestock Side, Brentwood, Essex) held a practical exercise in Mass Disaster Identification at the London Hospital Medical School in March. The programme included lectures and practical demonstrations.

A book — "Forensic Odontology — its Scope and History" — edited by Ian R. Hill, Elso Free et al, is available either from Ian Hill or from Alan Clift Associates, 39, Witley Avenue, Solihul B91 3JD, price £8.00. The book outlines important historical cases which have defined the development of Forensic Odontology. There is an extensive bibliography. Copies of the book will be available at the Annual Conference.

Copies will be available at the Annual Conference.

POLICE SURGEON TRAINING

The Association continues to liaise with the Association of Chief Police Officers with regard to future training of police surgeons, and the discussions are proceeding satisfactorily.

In one police force area, certain requirements have been identified which will enable newly appointed police surgeons to gain sufficient knowledge to undertake basic duties.

* A visit to force Headquarters, with a tour of Departments and the Control Room.
* Attachment to the Scenes of Crime Department, with demonstrations of techniques and discussions.
* A visit to the local Forensic Science Laboratory.
* Legal visits to the Crown Court and Magistrates Courts, with discussions with Prosecuting Solicitors on legal matters, the writing of reports, presentation of cases, and the role of the witness.
* Attachement to the Coroner of his Officer, with discussions and attendance at inquests.
* Attachment to the Police Women's Department with discussions on the Specialist Sections, particularly in relation to Sexual Offences and child abuse.
* Attachment to the N.S.P.C.C. special unit, with attendance at meetings of the Area Review Committee and case conferences in respect of child abuse.
* Attachment to the Drug Squad.

POLICE SURGEONS DO IT

"Police Surgeons do it with Consent". "Police Surgeons do it at 3.00 a.m.". Any other suggestions?

The Department of Environment has recommended that the amount spent by councils on cemetries and crematoria should be calculated not per head of living persons, but by the number who die. This is "felt to provide an improved measure of demand".

SEXUAL OFFENCES

The medical investigation of sexual assaults continues to attract regular attention in the press, and rightly so.

One aspect has been the sex of the examining doctor. The Medical Women's Federation working party on rape and sexual assault has been carrying out an intensive survey during the last two years, and will be reporting later this year. It is believed that it will recommend the recruitment of more women police surgeons.

In some areas, no women doctors are available to undertake sexual assault examinations; in Scotland there are no women police surgeons. Dr. James Dunbar commented that it was virtually impossible to recruit women police surgeons north of the border. "Most female medical graduates are not keen to be running around seeing sexual assault cases in the middle of the night, and that is when they happen", he said.

In some areas, there are rotas of women doctors who undertake sexual assault examinations, but concern has been expressed that they lack general experience and expertise in forensic work. To some extent this has been overcome in Northumbria, where such a rota exists; in addition to the examining doctor, a police surgeon is also present.

A number of police forces including the Metropolitan Police and Merseyside Police have undertaken training programmes for police officers, particularly women, in the particular problems of sexual assault investigation, with emphasis on the handling of alleged rape victims.

Examination Suites

The facilities for the examination of sexual assault victims has been criticised in the past. Police Surgeons who have visited Sexual Assault Examination Suites, particularly in Australia and New Zealand, realise that the facilities in the United Kingdom lag far behind the best facilities available elsewhere in the world.

The Metropolitan Police now propose to open "Victim Examination Suites" at strategic places throughout the Metropolitan area, and eventually it is hoped that there will be nine suites.

The first of the suites will be opened in Hendon. Details are difficult to obtain, but it is believed that the suites will include a shower, and that the paintwork will be pastel shades rather than clinical white.

Reading: "Investigating Rape, a New Approach for Police", by Detective Inspector Ian Blair, published by Groom Helm in association with The Police Foundation, price £14.95.

METROPOLITAN CONTRACT

Some details of the proposed new contract for the Metropolitan Police Surgeons have become available; the contract is awaiting the Home Secretary's ratification. Provincial forces reviewing contracts for their police surgeons will look to the new Metropolitan contract for guidance.

Clauses will include —

* All police surgeons will have to sign the Official Secrets Act.
* Police surgeons' contracts will end at 60 instead of 65. After 60, contracts will be renewed on an annual basis.

* The police commissioner will have the power to dismiss a police surgeon with 12 months notice if there is a service reorganisation. In this event, the surgeon will be compensated for each year of service up to a maximum of one year's fees.
* Police surgeons will undertake to do no more or less than a fair share of the work available.
* Police surgeons will be able to undertake defence work outside their police areas.

STUDENT ELECTIVE

In 1984, medical student Joanne Bailey spent an elective of several weeks attached principally to Dr. Hugh de la Haye Davies.

During her attachment with Dr. Davies, Joanne was able to study all aspects of police surgeon work, including the medical needs of prisoners, the examination of victims and suspects of crime, non-accidental injury in children, sudden death and the examination of police recruits and other employees of the medical service.

Thanks to the courtesy of Mr. Buck, Chief Constable of Northamptonshire Police, Joanne was able to spend time in a number of police departments including the Scenes of Crime Department, the Drug Squad, and the Traffic Division. She also spent time with the Force Welfare Officer, and commented on the advantages to the Force of such an officer.

Joanne also attended the Association's Annual Conference in Peebles, visited the Magistrates and Juvenile courts and spent a day at the Coroner's Office. When she was not attached to the various departments, or with Dr. Davies, she spent her time at the Accident and Emergency Department of Northampton General Hospital, under consultant Dr. Daniels.

Reading through her elective report, it was evident that Joanne received more training in Forensic Medicine than most police surgeons on initial appointment.

A 33 year old unemployed man was told in January at Highbury, London, Magistrates Court that he had achieved at 169 microgrammes the highest breath alcohol to have come before the Court. He was sent to prison for a month and disqualified from driving for five years. He lodged notice of appeal against sentence.

POLICE SURGEON SAVAGED

An elderly police surgeon, who wishes to remain anonymous, was savagely attacked by a dog whilst in Admiral Street Police Station, Toxteth, Merseyside, this month.

When interviewed, he was still shocked from the brutal onslaught. "It was quite unprovoked. I had just examined a patient when the dog went for me. It was so sudden that police officers standing by were unable to help me. They were so surprised that they burst out laughing, no doubt a hysterical reaction. Afterwards, they offered to send for a doctor to examine my injuries".

The police surgeon said he was preparing reports for the Chairperson of the Police Committee, the Liverpool 8 Defence Committee, and Mr. Michael Meacher.

A claim will be sent to the A.P.S.G.B. insurance company.

Police later said that the dog had been taken into custody, but had escaped through the cell bars. The public were warned to approach the animal as it was armed with a full set of teeth. It was described as an 8-inch hairy chihuahua.

DESMOND BECKETT

Telephone numbers of the

NATIONAL POISONS INFORMATION SERVICE CENTRES

Belfast	**0232 40503**
Cardiff	**0222 492233**
Dublin	**0001 74 5588**
Edinburgh	**031 229 2477**
London	**01 407 7600***

These centres share a common data base and operate 24 hours a day.

Information is usually given by non-medical personnel, but a medical opinion can always be obtained, and there may be facilities for transfer of the patient.

* *laboratory analysis available.*

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

IVOR DONEY ?JOKES?

Prisoner's tribute to his Police Surgeon — "He was a good doctor. He would always give you something to get you better — even if it killed you".

Old Elizabethan music hall notice — "If any joke be hissed or clapped it will be treated as an encore and the said joke put up again". (Reference to Ivor's ancestors?)

Then there was the impercunious Police Surgeon who was so poor he bought a new bathroom but couldn't afford a bidet. He had to do hand stands under the shower.

Police Surgeon: "Sergeant, this illegal immigrant is suffering from yaws!"
Sergeant: "What's yaws?"
Police Surgeon: "Thank you, I'll have a double gin".

Police Surgeon punters coming home empty-handed from the Races — "I backed that horse to win, I should have backed it to live".

"My horse started at 20 to 1. It didn't get back in until a quarter-to-four".

"I asked if I could have a photo-finish of my horse passing the post. They presented me with an oil painting".

COMPUTER ERROR!

The address labels are now being printed by computer. Errors are inevitable. Please notify the Hon. Secretary or the Editor of the Supplement of errors or omissions of the postal code.

MEDICO-LEGAL SOCIETIES

BRISTOL MEDICO-LEGAL SOCIETY

Thursday, 16th May, 1985
Members Papers

Friday, 5th July, 1985
Summer Social Gathering.

The meetings are held in the School of Nursing at the Bristol Royal at 8.00 p.m. and a buffet supper will be available from 6.30 p.m. Further details from:—
Mr. P.H. Roberts,
Hon. Medical Secretary,
Martindale,
Bridgwater Road,
Winscombe, Avon BS25 1NN.

LEEDS AND WEST RIDING MEDICO-LEGAL SOCIETY

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

Application for membership of the Society should be made to:—
Mr. J. Fairhurst,
30 Parks Square, Leeds 1.

THE SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY

April 1985
ANNUAL GENERAL MEETING
"Screening for Sick Doctors"
Dr. Philip Connell, Physician in Psychological Medicine, Bethlem Royal Hospital and The Maudsley Hospital.

May 1985
ANNUAL DINNER

Meetings are held at 8.00 p.m. for 8.15 p.m. at the Medico-legal Centre, Watery Street, Sheffield 3.

Applications for membership should be made to:—
Mr. John Pickering,
Legal Secretary,
Irwin Mitchell & Co., Belgrave House,
Bank Street, Sheffield S1 1WE.
or to:—
The Medical Secretary,
Arthur Kaufman,
Children's Hospital, Sheffield 10.

Even the best of fleas go to the dogs.

THE MANCHESTER & DISTRICT MEDICO-LEGAL SOCIETY

All meetings are held in the Midland Hotel, Manchester at 7.30 p.m.

For further information please write to:—
Mr. A.R. Taylor,
Hon. Secretary,
Chester House,
Boyer Street,
Manchester M16 0RN.

NORTHERN IRELAND MEDICO-LEGAL SOCIETY

All meetings are held at the Ulster Medical Rooms, Medical Biology Centre, Belfast City Hospital, at 8.00 p.m. unless otherwise stated. Attendance at meetings is limited to members of the Society and their guests.

Membership enquiries should be directed to:—
Dr. Elizabeth McClatchey,
Honorary Secretary,
40 Green Road,
Belfast BT5 6JT.

MERSEYSIDE MEDICO-LEGAL SOCIETY

Wednesday, 8th May, 1985
ANNUAL DINNER
to be held at the Lyceum, Liverpool.

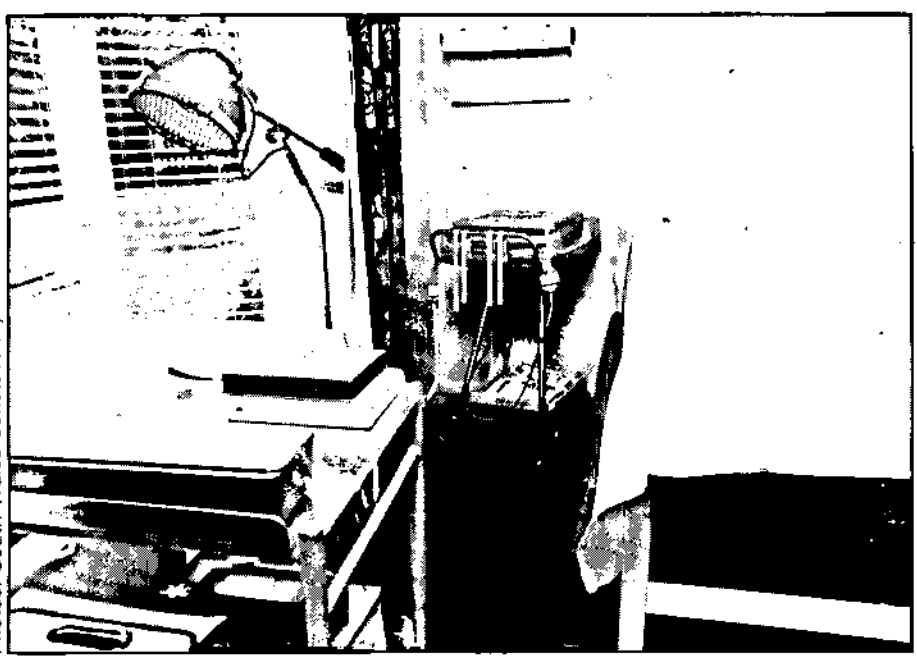
Meetings are held in the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool 3 commencing at 8.00 p.m.

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

POLICE OCCUPATIONAL MEDICINE

In June 1983 matters medical for the South Wales Police Force took a new and hopefully a forward thinking direction, for it was then that their Occupational Health Unit began to function.

The person appointed to fulfil this role of Physician was Dr Alan Lees, a member of the Association, a native of West Yorkshire, who went to school in Oldham, Lancashire, did National Service in aircrew with the Royal Air Force and subsequently trained for medicine at Guys Hospital, London. After qualifying in 1959, Dr Lees took up Anaesthetics but his fascination with aircraft led to his being appointed Medical Officer at London's Heathrow Airport. He was subsequently transferred to the Civil Aviation Authority headquarters where in 1977 he set up and ran their Central London Medical



Photos: South Wales Constabulary

Centre to which all aspiring professional pilots came to be examined for medical fitness prior to training and issue of a licence.

1980 saw Dr Lees back in the classroom, being offered a sabbatical year he took the course of the Master of Science in Occupational Medicine at the London School of Hygiene and Tropical Medicine and obtained the degree.

Prior to taking up his appointment in South Wales, Dr Lees was a self-employed Occupational Physician and also a Police Surgeon with the Thames Valley Police Force.

The Occupational Health Unit is housed at Police Headquarters in Bridgend and occupies a former police house which is adjacent to the main building but not connected to it physically. This may at first seem rather unnecessary but as this is a new and unique service for the police Dr Lees feels this is of great importance. If the two were physically linked it may be felt by clients that the Occupational Health Unit was a tool of management. Dr Lees feels he has built up a good rapport both with serving officers and top management which hopefully will produce a healthier police force.

Currently the Unit is staffed by Dr Lees, an occupational health trained nursing sister, whose background is local hospitals and local industry and is a native of South Wales, and a personal secretary.

What of the work being carried out by the Unit at the present time? This involves examination of potential recruits for both the force and its civilian counterpart, monitoring sickness absence, assessing fitness to return to duty following injury, accident or illness, and if not fit advising on premature ill health retirement. In addition the environment is monitored as to its effect on health, performance in such tasks as control rooms with visual display units, traffic units, underwater search units. For the future a health education programme is being planned as are voluntary non-invasion screening procedures on all staff. In view of the geography of the area this will be

achieved by equipping a police caravan and taking the service to the client.

Hopefully if and when financial constraints are less stringent it is hoped the service will expand. Also it is hoped other forces will set up such services. On this point Dr Lees feels any appointments should be of a salaried nature and not fee earning, preferably full time and personnel selected who have received training in Occupational Health. Although recognising the work done in the past by police surgeons, Dr Lees feels there is a world of difference in attendance at a police station in the dark hours and the establishment of a healthy police force and he would not like to see this facet of police life being used as a substitute for the financial loss due to changes in breathalyser procedures.

It is the aim of the unique (it is so far the only one of its kind in the UK) Unit to make sure that police officers are both medically and mentally fit to cope with the demands that we in society require and expect.

IVOR DONEY REPORTS ON

BRISTOL SYMPOSIUM

Passers-by at scenes of serious crime in the future in the Avon and Somerset police area will be forgiven if they feel like saying "'Ello, 'ello, 'ello! Wot 'ave we 'ere?" Instead of groups of uniformed policemen, all will be dressed in disposable white siren suits. It is part of a scheme for preventing personnel introducing to the scene fibres, dirt and other pieces of trace evidence from their shoes and clothing.

Police surgeons, too, will have to don space gear, over their suits, before they are allowed to approach a body; the suits were issued at the local annual symposium in November 1984.

Association members who attended the first Cross Channel Conference in Rotterdam will recall that Commissioner J. Blaauw complained about what he called the "T.E.D.U." — "Trace Evidence Demolition Units" — at scenes of crime. "T.E.D.U." are spare policemen, camera men and even doctors standing around in the wrong places. Commissioner Blaauw would appreciate the new suits.

The 1984 symposium was held at Kings Weston House, the Police Training School in Bristol, a beautifully decorated and furnished Manor House.

The Chief Constable, Mr. R.F. Broome, opened the meeting and welcomed the goodly numbers of surgeons attending.

It was an opportunity for everybody to express their views informally; Stan Burges reminded the police that the doctors must have complete freedom on the examination of detainees, and must not be instructed by the police or

Ivor models the Siren Suit

laboratories in the manner in which their clinical judgement is exercised. Detective Chief Superintendent Alan Elliott reminded police surgeons that the Courts demand to see their notes and records, and therefore unproven or unsupportable methods could be challenged, and might even thwart justice.

Mr. P. Prescott gave a fascinating talk on firearms, and pointed out what a lethal weapon an airgun could be. Forensic psychiatrist Dr. J. Hamilton from Broadmoor spoke on the new Mental Health Act; the problem of whether epilepsy is a mental illness within the meaning of the Act is likely cause trouble in the years ahead.

Dr. J. Berry spoke on Sudden Infant Death Syndrome, and summed up with the comment that despite the many years of research, the death rate from S.I.D.S. remains unaltered.

A reminder not to accept the obvious came from Alan Elliott. He described a case of apparent suicide from a cut throat, complete with tentative wounds, accepted as suicide by the doctors and other police officers. A grimy fingerprint on the victim's door niggled Alan; on further investigation, the print turned out to belong to a local rapist, now doing time for murder.

Stan Burges in his paper "Doctors and the Police — towards a greater understanding", put confidentiality and consent into proper perspective. Stan was impressed with the fine liaison which exists between Avon and Somerset Constabulary and their police surgeons.

Chairman of the symposium was Senior Force Surgeon Roger Philips. He closed the meeting with a paper which reminded us of the hazards of mistaking illness for malingering in police stations, and he gave some excellent tips for managing the sick in custody.

IVOR DONEY

"HONEY, HAVE A SNIFF ON ME"

In the trade, drug smugglers who indulge in "internal concealment" are referred to as "stuffers" and "swallowers" — inelegant but descriptive.

Delegates to the Association's London Winter Symposium at the London Hospital Medical school heard of the tricks of the trade from top Customs officials.

"Swallowers" put drugs in rubber condoms or the severed fingers from rubber gloves, and it is not unusual for a person to swallow twenty at a time. The record so far is 761; there were small quantities of drugs in each container, but he eventually passed 136 the first day, 400 the second and the remainder on the third!

The "stuffers", with a flair for the artistic, put the drugs in coloured balloons when they insert them into whatever available orifice.

Custom Officers have high powers. They can stop, search and examine anyone they wish, and their powers will not be altered by new legislation. Usually, a suspect is detained with two

officers in attendance until the drugs pass through. Careful observation is essential — smugglers have been known to reswallow!

Customs officials have a sober attitude towards intimate searches without consent, despite recent hysterical outcries. Forced searching is almost unheard of, and with patience and time, most people can be persuaded to co-operate.

Police Surgeons will have to get used to seeing increasing numbers of addicts, particularly heroin users and cocaine sniffers; cannabis abuse has remained fairly constant.

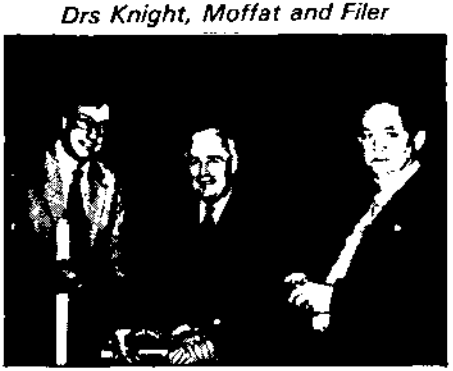
Mr. P.H. Connolly, Senior Investigation Officer, explained some of the difficulties of stopping drugs at source. Crop substitution is being tried, but many countries will not co-operate.

Seizure during transportation is at present the most rewarding. Relying on international intelligence contacts, pedlars can be watched through a number of countries until their eventual arrest.

The illicit drug industry is the most profitable business the world has ever known — to many, the difference between poverty and riches. Chief Investigating Officer Mr. M.J. Newsom illustrated the profitability thus — a kilo of heroin will gain £2,000 for its producer at the North-West frontier. Near Delhi, the kilo is worth £4,000. It will cost a U.K. importer £25,000, but the street value will be £110,000.

Most of the 70 or more members attending the meeting were from the Metropolitan area, but there were some enthusiasts from the provinces, such as Helen Jago from Bridgewater and Alistair Irvine from Cleveland. All credit to organiser David Jenkins; the Association were fortunate to have the help of the Forensic Department at the London Hospital and of Bernie Sims the Forensic Odontologist for arranging the venue. Coroner Charles Clark (Essex) chaired the meeting, and ran it exactly to time.

Drs Knight, Moffat and Filer



Clinical aspects of drug addiction were admirably given by Dr. John Henry, from Guy's Hospital Poisons Unit. The first rule for the police surgeon when called to a police station to see an addict is to ignore all the shouting, screaming and vitriolics — they mean nothing. The surgeon must rely on clinical acumen and decide if there are true physical signs of withdrawal. A heart rending plea for drugs, however eloquent, can be ignored if there are no signs.

Overdosage with near coma may be recognised by pin-point pupils and respiratory distress. Once adequate respiration has been established, give Naloxone, a wonderful antidote to opiate overdosage.

Withdrawal symptoms may be recognised —

8-12 hours	lachrimation and rhinorrhoea
13-20 hours	restlessness and sleeplessness
20-30 hours	goose flesh, dilated pupils, tremor, twitching, weakness
36-72 hours	rigors, abdominal cramps, diarrhoea, sweating

Diazepam and thioridazine are useful in treatment, and a surprise one was propanolol for tremor — but use it with care.

Another point Dr. Henry made was that people who dealt with drug addicts on a large scale should be aware of the hepatitis risk and should be immunised.

As always with meeting such as this, discussions continued outside the lec-

ture hall into the bar and into the dining room, and there were many experienced surgeons to answer questions — President Ian Craig, past President Stan Burges, David Jackson, Robin Moffat and David Filer to mention but a few. A thoroughly useful symposium.

In the evening, Neville Davis, Eddie Josse and David Filer had arranged a superb private party at the famous Wine Cellar of the Cafe Royal — a right merry occasion it was. Unfortunately Neville was unable to attend because of a family bereavement.

Despite the rising popuarity of hard drugs, it was clear that police surgeons were sticking to simple alcohol. After all, with so many stuffers and swallowers about, who wants to buy a sniff of cocaine? You don't know where it's been!

IVOR DONEY

THE PRISON MEDICAL ASSOCIATION

When you heave a sigh of relief on a Monday morning that the rebellious recidivist or the demanding junkie you have had to deal with all weekend goes to court, spare a thought for the Prison Medical Officer who has to take on his care.

Until three years ago, Prison Medical Officers were relatively unknown and worked in isolation. Then dynamic and energetic Dr. Peter Trafford, from Horfield Gaol, formed with colleagues the Prison Medical Association, based loosely on the Association of Police Surgeons.

Initially viewed with some apprehension by the authorities, the Prison Medical Association is now accepted and its views sought regarding proposed legislation.

The Association held its Annual Dinner in February; guest speakers were Lord Justice Lawton and Dr. T. Bewley, President of the Royal College of Psychiatrists. Ivor Doney represented the Association of Police Surgeons.

Prior to the Dinner, the President, Dr. D.O. Topp, spoke of the poor medical attention received by prisoners in earlier days. In the Middle Ages, prisoners were housed in the Palace of Bridewell, and given the most degrading jobs. There was some improvement with the introduction of Houses of Correction, but there was no professional care and disease was rife.

It was not until 1816 when a Surgeon and Physician was appointed to the newly built Millbank Prison. However, cholera and other epidemics flourished, and it was a poor start for prison medical services.

In 1842, Dr. Campbell was appointed to Pentonville, and wrote a treatise on "Convicts and Prisons". Good medical care was by now becoming an essential part of prison life. Specialised care became available at certain prisons for the tubercular and the mentally ill, but it was not until 1962 that Grendon Underwood prison opened with the aim of rehabilitating psychiatric cases who were more mentally disturbed than criminal.

The Prison Medical Association, intent on providing good medical care and the recognition of its members, will be a forceful and significant organisation. The first journal is taking shape, and some members are contemplating taking the D.M.J.

IVOR DONEY

Two prison medical officers successfully sat the first part of the D.M.J. this April.

FREE SCRIPTS FOR POLICE TO END?

Labour MP Eric Deakins described as "insupportable in a democratic society" the exemption of police officers of all ranks from prescription and dental treatment charges.

Police officers have been exempt from prescription charges since the inception of the National Health Service in 1948. This continued the practice of free medical treatment as part of police employment which was available before 1948.

ASSOCIATION MEETINGS

Annual Conference

The 34th Annual Conference (13th-18th May 1985) will be held in the luxurious modern Golden Valley Hotel, Cheltenham, the exterior of which will be familiar to those who watch "Crossroads"! Conference Secretary Tim Manser has improved on the format of past years, and an entertaining programme is promised. In addition to 14 Association speakers, the nine visiting speakers will include Mr. L.A.G. Soper, Chief Constable, Professor Bernard Knight, and Mr. Charles Irving, M.P. (Have we had an M.P. speaker at Conference before?).

Topics vary from glue sniffing and forensic photography to the Mental Health Act, sexual assaults, polythene bags and fitness to plead. Tours include a visit to the Worcester Royal Porcelain Factory, and a guided tour of Cheltenham.

Autumn Symposium

Roger Hunt hopes that the meeting to be held 4th-6th October 1985 will go with a bang! It will be devoted to many aspects of firearms; the topic may be familiar to those in Northern Ireland, but the increasing use of firearms in Great Britain means that we must be aware of the problems before we encounter them.

The meeting will be held at the Burrant House Hotel, Northam, Bideford, North Devon. North Devon is beautiful at all times of the year, but as Roger is planning to hold an open air demonstration, wellingtons, anoracks, and warm clothing are advised.

Cross Channel Conference

The 1986 Annual Conference will be combined with the second Cross Channel Conference. Organised by Tim Manser, Barend Cohen (Holland), and Jacques Timperman (Belgium), the meeting will be held at the Kensington Close Hotel. Topics will include the investigation of sexual offences, alcohol and driving, forensic psychiatry, child abuse, drug abuse and new techniques.

Further information on the above meetings may be obtained from (Annual Conference and Cross Channel Conference) — Dr. Tim Manser, Whitlears, Bridgetown Hill, Totnes TQ9 5BN, or (Autumn Symposium) — Dr. Roger Hunt, Brownscombe Farm, Huntshaw, Torrington, North Devon.

ONE DAY COURSE FOR POLICE SURGEONS

The second one day course for practising and aspiring Police Surgeons will be held in the Lecture Theatre, Clinical Sciences Building, St. James's University Hospital, Leeds on Friday, 7th June 1985, commencing at 9.30 a.m.

Organised by Professor David Gee, the morning session will be devoted to aspects of drug misuse. Speakers will include Inspector Taylor from the Drugs Squad, Mr. M. Watson from the Forensic Science Laboratory, and Dr. R. Badcock will discuss the psychiatric aspects. The Police Surgeon's role will be described by Dr. S.E. Josse.

The afternoon will be devoted to considering non-accidental injury to children. The classical picture will be described by Dr. C.S. Livingstone, and more obscure non-accidental injuries by Dr. C. Hobbs. Mr. R. Jackson, of the N.S.P.C.C. will discuss the aftercare of injured children.

The first course held in 1984 attracted so many delegates that the meeting had to be moved to a larger hall. The second course promises to be equally successful.

A fee of £5.00 is payable to cover the cost of luncheon and refreshments. Applications should be made to: Mr. F. Moran, Senior Administrative Assistant, Postgraduate Dean's Office, Littlewood Hall, Leeds General Infirmary, Leeds LS1 3EX.

The course has been recognised for Section 63 expenses.

BUDAPEST

The thirteenth Congress of The International Academy of Legal Medicine and Social Medicine will be held in Budapest, 16th to 20th September 1985, in The Hotel Duna.

Hungary's capital city, Budapest, is a city with two distinct parts, Buda and Pest. Buda is on the mountainous forrested side of the Danube while Pest extends on the flat lands. At Budapest the Danube encircles the beautiful Margaret Island, a recreational centre with swimming pools, tennis courts, gardens and fountains.

The two parts of the City along the shores of the Danube are dominated by two large groups of buildings: Buda Castle and the Fishermans Bastion on the castle hill in Buda and the neo-gothic Parliament Building on the Pest side.

Budapest has suffered major damage in almost every century but has always ben able to arise anew. It is generally regarded as being the most beautiful of the European capitals.

A full social programme has been arranged for accompanying persons and some social activities have been arranged for the delegates.

Conference topics will include the folowing:

Medical legal proofs, tests, examinations and analyses in cases of sudden death of cardio vascular origin.

Medical co-operation and insurances.

Medical ethics and expertises.

Medical legal psychiatry.

Traffic medicine.

Disputed paternity cases.

Problems of medical criminalistics.

Legal toxicology.

Suicide.

Free communications.

The registration fee for delegates is US$300 and for accompanying persons US$200, and the fees may be paid in the Sterling equivalent. The improvement in the value of Sterling will be of considerable interest to delegates from the U.K. — a number of Association members are planning to attend.

Further details from Professor Somogyi, Semmelweis Medical School, Department of Forensic Medicine, Budapest 8 Ulloi UT 93, Hungary.

SRI LANKA CONGRESS

The second Indo-Pacific Congress on Legal Medicine and Forensic Sciences will be held at the Hotel Lanka Oberoi, Colombo, Sri Lanka 14th-18th August 1986. The Congress will be opened at the Bandaranaika Memorial Interational Conference Hall by His Excellency J.R. Jayewardena, the President of Sri Lanka.

Topics will include Recent Advances, the Teaching of Forensic Medicine and Forensic Sciences, Toxicology, Pesticide Poisoning, Serology, Hairs and Fibres, Document Examination, Mass Disaster Investigation, Road Traffic Accidents, Clinical Forensic Medicine, Forensic Psychiatry, Drug and Alcohol Abuse, Ballistics, International Terrorism, Forensic Odontology, Child Abuse, Human Rights, the Law and recent Medical Advances, Abortion, Expert Evidence, and Fire and Explosion Investigation.

The social programme will include the Inaugural Ceremony, the Congress Banquet, a cultural pageant by the National Dance Ensemble and tours to wild life sanctuaries, 2000 year old cities, historic temples, the City of Gems and palm fringed golden beaches.

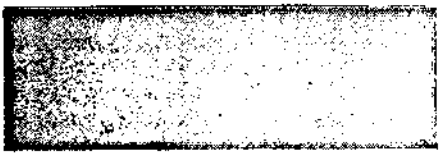
Registration fees: delegates before

21.12.85 US$225.00, 1.1.86-30.6.86 US$275.00, late registrations US$300.00; accompanying persons before 31.12.85 US$75.00 and thereafter US$100.00. The registration fee includes the banquet, pageant and other social events.

A remarkable concession for accommodation at the Congress Hotel has been obtained — the cost per room for single *or* double occupancy will be US$40.00. The cost for breakfast, lunch and dinner will be US$16.00 per person, US$11.00 for breakfast and dinner, and US$5.00 for breakfast only.

It is hoped to arrange concessionary air-fares for delegates.

Further details from the Congress Secretariat, P.O. Box 869, 111 Francis Road, Colombo 10, Sri Lanka.



IVOR DONEY FOR PRESIDENT!

Bristolian Police Surgeon Ivor Doney is to be President of the First World Meeting of Police Surgeons, to be held 10th-14th August 1985, at the Holiday Inn Plaza, Wichita, Kansas, U.S.A.

This programme will coincide with the International Meeting of the Pan-American Association of Forensic Sciences, whose themes will include programmes on International Terrorism, investigation of Serial Murders, problems of International Drug Trafficing, and problems of Missing Persons and their Identification.

Papers for the First World Meeting of Police Surgeons lasting 15 minutes on any interesting case or on any aspect of police work or forensic matters will be welcome.

Further details from:—
Dr. Ivor Doney, "Hazeldene", Hazel Avenue, Green Chapel Lane, Bristol BS6 6UD, England, or from Secretariat, Dr. William Eckert, P.O. Box 8282, Wichita, Kansas, U.S.A.

INTERNATIONAL CONFERENCE ON FORENSIC PAEDIATRIC PATHOLOGY

The first International Conference on Forensic Paediatric Pathology will be held June 10th-13th 1985, at Brown University, Providence, Rhode Island, U.S.A.

The Conference will include state-of-the-art presentations by invited experts as well as plenary sessions and a mock trial.

The Conference will integrate medical, ethical and legal aspects of sudden infant death, child abuse, accidents, poisoning and suicide. Papers on "Childhood Homicide and Identification Procedures", "Argentina's Missing Children", foetal diagnosis and "Baby Doe" regulations will be included.

The meeting will be of interest to police surgeons, paediatricians, pathologists, medical examiners,

attorneys, allied health professionals, and child advocates.

The registration fee for Physicians is US$350.00. Accommodation is available at the Providence Marriott Hotel at US$55.00 per night.

Social activities will include a tour of the Kennedy Summer Home and an old-fashioned New England Clambake in the grounds of Hammersmith Farm.

Further information from Dr. W.Q. Sturner, 48, Orms Street, Providence, Rhode Island 02904, U.S.A.

WHO DUN IT?
CRIME INVESTIGATION:
FACT & FICTION

The Forensic Science Society's first Crime Writers Symposium will be held at the mysterious Old Swan Hotel in darkest Harrogate, starting Friday 26th April, and continuing, if there are survivors, until Sunday 28th April. Novelists and crime writers will be subjected to specialist attention from pathologists Bernard Knight, Michael Green and Alan Usher. Scientists Ray Williams, Russell Stockdale, Stuart Kind and Tony Moffat will inspect the suspicious items. Policeman Jim Sewell and Lawyer Alistair Brownlie will point accusing fingers. Agatha Christie will not be forgotten.

A reliable witness overheard Alan Usher saying, "I have been in this business for a quarter of a century. I have yet to do my first country house murder, with a post-mortem in the stables, spending the whole weekend sitting around while the butler brings you champagne, with the denouement in the library on the Sunday evening".

That is, until the weekend of Friday, 26th April.

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

A.A.P.A.P.M.O.

Come to sunny Sydney, Australia for the biennial conference

FEBRUARY 8th to 14th 1986

and discover the ASSOCIATION OF AUSTRALASIAN AND PACIFIC AREA POLICE MEDICAL OFFICERS

For Information

Dr. Peter Bush
Russell St. Police Complex
MELBOURNE, VIC., 3000

Dr. Bill Ryan
Box 267, P.O. Nowra, N.S.W. 2541

Local Reps.: Dr. S. Burgess, Ipswich
Dr. I. Doney, Bristol

Iranian authorities are using a new machine for cutting off thieves' fingers in accordance with Islamic law, the Tehran newspaper "Kayhan" reports. It was used at the Qasr prison, Tehran, on four thieves, each of whom had four fingers of his right hand removed.

THE HARLEY STREET MYSTERY*

By Dr. PERCY B. SPURGIN

My father, who was Divisional Surgeon of Police in this district for 47 years — a record of service, by the way — died recently, and, while sorting out his papers, I came across some which I thought might make an interesting subject for a meeting of this Society.

My late father had preserved his full notes of several celebrated cases, and among them were those concerning what was known as "The Harley Street Mystery".

About 50 years ago — to be exact, on 3rd June, 1880 — all London, and particularly this immediate neighbourhood, was excited by a startling discovery in one of the cellars of a house in Harley Street.

It appears that some 18 months before the occupant of the house, who had lived there for some 19 to 20 years, had his attention drawn by his butler to a very unpleasant smell whch came from one of the vaults under the pavement. He employed workmen to relay the drains, from which the smell appeared to emanate, and for a short time it was thought that this had been effective.

After a time, however, the odour in the basement was still more apparent, and became almost unbearable, so that the footman whose job it was to clean the boots in the cellar, one day called the butler's attention to it and the latter determined to find out the cause if possible.

In the cellar referred to was a large galvanised iron cistern, supported on a brick staging and in the space beneath the cistern and some distance away was a barrel standing on its end — the upperpart of this was filed with old bottles, gallipots, etc.

With considerable difficulty the barrel was brought forward, when suddenly the butler cried out, "There's somebody in here", and directly afterwards came upon the body of a human being, which had been forced into the barrel, the nether extremities being uppermost. One arm only was visible, and the knees were drawn up and appeared to be pressed into the abdomen. The body was much decomposed.

The police were sent for, and shortly after the discovery my father was in attendance, and later on Mr. Bond, one of the Home Office experts, arrived. After a careful preliminary investigation, the barrel covered and sealed, was removed to the mortuary for further examination.

Little evidence was given at the opening day of the inquest, which was adjourned for further police inquiries. At the adjourned inquest some interesting evidence was given.

(1) The householder knew nothing beyond the complaints of smell and his efforts to remedy it.
(2) The butler — Spendlove — had been in the place for some 18 months, and the footman — Tinapp — for nearly two years. Both were men of excellent character.
(3) The rest of the staff were females.
(4) A caretaker, Woodroffee, with his wife and son, had for the past six years taken charge of the house every autumn, in the family's absence, and had noticed nothing unusual.

We will leave out for the present any other servants previously employed, and return to this point later.

I will now read my father's report, which is somewhat longer than the usual kind, but is, to my mind, much more interesting, and is as follows:

* *A paper read before the Medico-Legal Society on 23rd April, 1931. Mr. Bernard Campion, K.C., in the chair and first published in the Medico-Legal Journal*

I beg to submit the following report of my examination and observations in reference to the body of a woman found in a cellar at Harley Street on 3rd June, 1880. I visited the house about noon that day, and was shown in a cellar in the front area a cask containing human remains. One end of the cask had been removed by Inspector Lucas, and I was informed that the other end did not exist, but that the top had been filled up with bottles, etc.

To the boards which had formed the end of the cask some human hair, of a dark brown colour, was attached; this hair was in no part more than six inches in length, and appeared to be cut at its ends. Embedded in the hair were some small portions of chloride of lime.

The portions of the body at this time apparent were the head and shoulders, and I was informed that the cask had been reversed in position in order to see these parts. I had the cask replaced in its original position, and the knees were then seen to be uppermost. I found that the legs were covered with the remains of stockings, and were gartered above the knees with elastic garters having metal buckles.

I later made a further examination, in company with Mr. Bond after which the cask was sealed and removed to the mortuary.

I was present when the cellar was cleared out and its contents investigated. A knife (an ordinary table knife), 2 old pokers, some pieces of cording rope, 2 small pieces of rag, and a portion of stocking were placed in my possession, and I have since carefully examined them.

On June 4th I made an examination of the body in conjunction with Mr. Bond, and on June 6th I made a further examination, in conjunction with Mr. Pepper. The result of these examinations is as follows:

Position of Body in the Cask. The head was downwards and doubled backwards to the right. The right arm flexed and doubled over the right breast, the hand being partly closed. The left arm was also flexed and placed behind the body so that the hand touched the loins, and this hand was also partly closed. The thighs were bent backwards, so that with a bending of the back an arched position was formed, and the legs were doubled backwards so that the heels touched the buttocks; the feet were crossed by reason of the left leg crossing over the right.

Garments. Over the breast and body were the remains of a cotton chemise, of coarse texture and of common rough make. This garment extended over the whole of the upper part of the body in patches — portions being adherent to the tissues and removable, other portions having rotted away. The largest portion, which was chiefly over the chest and sides, I have since examined more carefully, and will refer to later. This garment was covered in parts with yellow mould.

Round the buttocks and thighs were the remains of drawers of a coarse, cheap make, and over the abdomen the band of these existed entire, and, with a portion of the garment attached, was removed. The right leg was removed entire, and was found to be edged with embroidery. On the legs were the remains of cotton stockings of coarse texture fastened with elastic garters. No shoes or boots were on the feet.

No ornaments of any kind were found on the body except a common red glass bead, which was embedded in the tissues of the neck at the angle of the right lower jaw.

Condition of the Body. The entire body was much decomposed and in part dried and mummified. It was covered with a substance which, by testing, I find to be chloride of lime. The face was much decomposed and quite unrecognisable; the mouth was partly open, and the tissues around it were decayed.

Teeth. All teeth were present in the lower jaw, except the right wisdom tooth, which had not developed. In the upper jaw there were only 11 teeth; these were the 3 left molars, the 2 canines and 4 incisors, and the 2nd and 3rd molars on the right side, the wisdom tooth being carious. The front teeth are peculiar in shape — short and flattened at the ends. In regard to those missing in the left upper jaw, there were no sockets, the bone being thin and shrunken, showing that these teeth have been missing for some length of time; but on the right side the front margin of the sockets is absent — the sockets exist, and these teeth had therefore been very recently removed, and with a certain amount of violence. No foreign body in the mouth or throat. No marks of injury on neck.

Scalp. The only portion of hair remaining is a small tuft on top of head, in which are two or three white or grey hairs. The hair in this tuft is about 1¼ in. in length and is cut.

Height. The body measured 55 inches. The foot measured 7¾ inches.

Marks of Violence. In front of and below the left shoulder the tissues were decayed and ragged. At the lower part of this decayed area, between the 4th and 5th ribs, and in a line drawn downwards from the junction of the outer and middle ⅓ of clavicle, is an opening communicating with the chest cavity. Only the lower edge of this opening exists entire — its margin is somewhat rounded — its measurement is 1 inch across, and its direction downwards and inwards. On removing the front of the chest wall the cartilages of the ribs have to be cut through except those above this opening on the left side, and of these the 2nd, 3rd and 4th ribs are found already separated from their cartilages, the first rib being still attached.

Below and around this opening the tissues within are discoloured, apparently by effused blood; this discoloration is very marked between the under surface of the manuna and the upper surface of the pectoral muscles, between the under surface of these muscles and the ribs and below the ribs, so that the upper ⅓ of the thoracic cavity on this side is discoloured throughout; the discolouration exists downwards from the opening for 4 in., and measures 6 in. across.

Within the chest cavity it is limited downwards by a band of adhesion — the result of an old pleurisy — which divides the upper part of the chest cavity on this side from the lower part, at the level of the 6th rib.

No discoloration of this sort exists in any part of the tissues or in the chest cavity on the right side.

Spine. One curve, with convexity to left, entered throughout; the bodies of the vertebrae are of equal depth each side. The 6th and 7th cervical vertebrae are fractured, and their spurious processes broken off.

The skull showed no mark of injury.

The symphysis pubis was not ossified.

Abdominal contents normal. Heart and pericardium normal.

Cartilages of larynx ossified.

Mandibular angle very nearly a right angle.

Examination of Knife, Pokers and Rope. Microscopical examination revealed no evidence of blood on any of these. Knife had rounded tip, and had a stain about its middle — chemically and microscopically showing no evidence of blood.

Examination of Chemise. This garment shows dark stains in several parts — especially marked in that portion corresponding with the left breast. About 2½ inches below the upper border of it on the left side I

find a cleanly-cut hole, different in appearance from those which have rotted away or result from tearing. The opening is 1 inch in length, and the parts of the garment in its immediate proximity are entire. (I mean that the opening is distinct from any other near.) Close to it is another, less distinct, cut — the material being only partially divided. Near it, and more to the outer side, is a rounded hole with irregular edges, which appears to be due to a burn. Subsequent examination by chemical tests proved the staining to be due to blood.

Examination of the Cask. The cask I have examined carefully within. In addition to the hair already mentioned as clinging to the bottom end of it, the wood presents at this part a sodden dark appearance. Chemically, the presence of blood is demonstrated on examining a portion of the woody fibre. Within the cask are 3 or 4 patches of lime, some of them giving the reaction of chloride of lime. These patches are of small extent and resemble smears, as though they resulted from a body coming in contact with and smearing the sides, but it is no part of the interior of the cask, nor do I find any lime filling up cracks or interstices in the wood.

The conclusions I draw from the foregoing facts are these:

That the body is that of a woman in the lower station of life. The condition of the clothing guides me in this view.

That her probable height was about 4ft. 9in. (in estimating this I am allowing for the spinal curvature and the shrinkage of the tissues).

That her age might be about 40 to 45, although she may have been younger.

That she was of moderate bulk, with dark brown hair, interspersed with grey.

That the body had been, where found, about 2 years, but possibly more.

That the curvature of the spine is purely due to the forced position in which the body had been placed, and is not due to disease.

That the fracture of the neck occurred at the time or soon after death — probably the latter.

That the wound in the left breast was the cause of death, and this was inflicted by a knife, dagger, or some instrument with a sharp cutting edge. The knife found could have inflicted such a wound.

In regard to the time after death, at which the body was placed in the cask, I cannot disabuse my mind of a possibility, if not a strong probability, that — prior to being so placed — it was for a time (certainly in that case after post mortem rigidity had disappeared) either buried in or covered over with chloride of lime. This conclusion I have arrived at from the fact that the body — especially about the lower extremities — was somewhat closely covered with portions of chloride of lime, which was embedded in the tissues, and had to be picked off in places — that is, that the lime was closely adherent to the body — while the interior of the cask, although containing some little lumps of lime, certainly contained only a very small quantity, none of the cracks or interstices were filled with it, there was nothing to suggest that it had been filled with lime at any time. The smears on the sides of the cask were consistent with the placing in or removal of a lime-covered body.

Henry Smith's Examination

A young man in a soldier's uniform was then brought forwad as a witness. He deposed: My name is Henry Smith, and I am in the 3rd Surrey (whether the Line or Militia was not stated). I am a married man, and was married when I was in service as butler. I do not know when that was, but it is about three years ago. (It is in evidence that he left in November, 1878.) I was there about eighteen months.

I cannot give any explanation of this mystery of the cask with the body under the cistern in the inner cellar. I seldom went there. I was discharged by my employer for being found the worse for drink.

I used to sleep in the servants' hall. A footman named Tinapp was there while I was butler, and he used to sleep in the pantry. My wife is alive now, but I do not live with her. I knew of no one being brought to the house of a night — no supper parties there. I knew of a case of disorderly conduct on the part of a footman while I was there — his coming home intoxicated. He used to stop out of a night, and I have let him in. The area gate was supposed to be closed at night, and I was responsible for the closing of it. I have known it not to have been closed. The footman who used to come home drunk has not brought anyone home with him.

In reply to Mr. Wontner, the witness said: I was responsible for locking the gate at night, but it used to be left unlocked three or four times a week. I used to be out at night about three times a week — I used so to be out for some months. The footman, when I was thus away, was the only servant in that part of the house. I was discharged for allowing the footman to be out at night.

Mr. Wontner: You see that cask; when did you first see that in the cellar?

Witness: I do not remember seeing it at all.

Mr. Wontner: Now, do you not know something about an attempt to dig a hole in the cellar?

Witness: Well, I did have a man to dig a hole in one of the cellars.

Mr. Wontner: When?

Witness: Well this, was about three months before I left, about the autumn or August of 1878.

Mr. Wontner: What was your purpose in having a hole dug in the cellar?

Witness: I had a great accumulation of stale bread at the time, and I thought I should get into trouble, so I thought I would have a hole dug to bury it.

Mr. Wontner: Was the hole dug?

Witness: No, the man, who was an old stableman, named Green, came upon some concrete under the bricks, and he replaced the bricks. The man was an "odd man" about. I am certain I never saw the tub before.

Evidence of John Green, the "Odd Man", regarding the Hole in the Cellar

The next witness was this "odd man", John Green, Weymouth Mews, who deposed: I am living as jobbing man or coachman. I am seventy-three years of age, and have lived forty years in Marylebone. I knew Harley Street, and I knew Smith, formerly butler. One day he asked me if I was a paviour, as he had seen my laying some stones in the stable. About three years ago — I cannot remember the date exactly — I went to the house, on being asked by Smith, the butler, and I saw bricks in the cellar all taken up, the hole being about a yard across.

I did not dig any hole. I relaid the bricks. I did not ask Smith what he took them up for. The hole I had to fill was in the middle cellar, next to the one where the rubbish was — in one of the coal cellars as now used. The next morning Smith said to me:

"Come and tidy up a cellar", and I went down to the outer cellar, leading to that in which the cask was found. I tidied up the outer cellar, and put what I cleared into the dust-bin. Another day Smith asked me to carry mould out of the back of the house, and I told him that I was not strong enough to carry it away, and that I had nowhere to take it — that he had better get the scavengers to do it. I never went beyond the pantry of the house.

By Mr. Wontner: I did not dig the hole; I only put the bricks down. Smith never said he wanted to bury bread. I thought someone had been digging for a drain. I had to level the stuff about the hole. I hinted to Smith to pay me; but he only gave me a glass of ale, and said he would make it "all right" with me. I made the inner cellar clean. There were no broken pokers there, nor this knife; but there were packing-cases. I made

a clean sweep of the cellar, but I did not sweep under the cistern. (There was some confusion as to the various cellars, and the Coroner suggested that the witness should go to the house and point out the spots indicated to Inspector King, who accordingly went with the witness.)

William Tinapp, a German Footman, Deposed

I went into service as footman, at Harley Street, in August, 1878. Smith was the butler there then, and I believe the barrel was in the cellar when I first went. I remember the bad smell when I first went. When I first went the bricks in the middle cellar had been removed and replaced. This had been done just before I went, for Green told me, soon after I went into the service, that Smith had had him early one morning to replace the bricks. The dusthole was emptied by the butler's order. The refuse of the kitchen was thrown into the dust-hole. I never saw any large quantity of waste bread in the house.

Spendlove, the Butler, Recalled

The present butler, Spendlove (who found the dead body), was recalled, and said that there never was any such waste of bread in the house as to render it necessary for a man to try and bury it under bricks in the cellar.

Evidence of the Cook and Servants

Mrs. Jewry, who was cook at the house from 1874 to 1879, and knew Smith as butler there, said she was not aware of his sleeping away from the house for a period, and, with regard to the alleged accumulation of waste bread, she denied that there was ever any waste bread, and in the most emphatic terms denied that it could have been necessary for Smith to have had holes dug to bury it. Moreover, if there had been a waste, the dustman would gladly have taken it. With regard to the mould which Green stated that Smith had desired him to take away, she said that as there was no garden to the house there could be no mould. The only mould there could be would be under paved stones in the yard between the back of the house and the stables, except a small quantity in boxes, in which some ivy grew.

George Campbell, servant, who had lived for five months in the house in 1876-7, deposed that there was no cask in the cellar when he lived there, and there was no smell in the place at the time.

John Bortham, a butler, and George Minton, a footman, were called to depose that in 1877 there was no cask in the cellar, and no bad smell, when they were in service at the house.

The witness Green, recalled, said: It was in the middle cellar where I put down the bricks. I now remember there was a heavy box, a packing box, in the inner cellar, and some old chairs. I never saw the mould Smith spoke about my moving.

The Inspector Speaks

Inspector King, who went with Green, said the place Green had pointed out as the spot where the attempt to dig the hole had been made had been opened, and it was found that two stones had been let in to cover the place where a cesspool had formerly been.

Inspector King also gave evidence showing that after Smith left the fact of his having the bricks up had been talked of, and as there was a valuable piece of jewellery missing the bricks were again taken up to see whether it was concealed there. The barrel, with its contents, was pushed under the cistern at that time, and the way to it was blocked up by a champagne-case. There were marks of burning on the wall, accounted for by the footman, Tinapp, burning some paper to overcome the stench.

The Caretaker's Testimony

Mr. Woodroffee, who was the caretaker of the house, deposed: For the last six years I have taken care of this house in the autumn and my wife and son with me. In the autumn of 1878 I went into the cellar to hunt out a rat, and saw the barrel, for I knocked a stick

against it. Bottles were on it. Smith was butler at the time, but was with the family in the country. I always kept the area gate locked to prevent hawkers coming down. I saw that bricks had been moved in the cellar.

Verdict of the Jury

Dr. Hardwicke then said it was for the jury to say what course they would pursue — whether they would hear all the evidence the police could lay before them, or whether they would adjourn, or whether they would come to a verdict. Their duty was simply to find "the cause of death". This duty performed, if they could add names they were empowered to do so; but he took it from the views which some had expressed that the jury were ready to leave the further investigation in the hands of the police.

The jury at once agreed to a verdict that the body of the woman, name unknown, found in the cellar, was the body of a murdered woman, the criminal being also unknown.

The foregoing case has many remarkable points of interest, and its conclusion is unsatisfactory — in that, in spite of prolonged police inquiries, no one was ever brought to justice, and another unsolved crime was added to the list; for that crime it was, I think, we can have no doubt.

Who was the woman? Why was she killed, or did she stab herself? (You will note that the wound was in the left breast.)

Was she buried for some time before being exhumed and forced into the cask or had the body been merely covered over with chloride of lime and left unburied? How came the cask to be in the cellar of this highly respectable house and when was it placed there?

And, finally, if she was murdered, who was the murderer?

These are questions which, I fear, will never be answered.

One other point before I close. The use of a powerful preservative such as chloride of lime was a mistake on the criminal's part — the idea probably was to use quick lime, with a view to destruction of the remains, but, owing to want of chemical knowledge, the chloride was obtained instead.

Discussion

Mr. BERNARD CAMPION: We are all very much indebted to Dr. Spurgin for an interesting "thriller". It is the first time since I have been connected with this Society that we have had the opportunity of being crime investigators in the police sense of the term. The challenge that is thrown out by Dr. Spurgin for discussion is (I think he agrees it was a woman), *who* was the woman? *Why* was she in a cask in this condition? *Why* was there a knife wound? *Why* use chloride of lime? *Why*, in a respectable house, is there found a cask in which a woman's body has been mislaid for two years, people thinking the drains were wrong. A very thrilling story, worthy of Edgar Wallace. I became imbued with the idea it was going to be a thrilling affair, but one does not connect a mystery with Harley Street, somehow or other.

I suppose the police investigated it, and found insufficient evidence, and that, in spite of the main feature of the episode revealed by this paper — that is, the extraordinarily able and careful report of Dr. Spurgin's father, the Police Surgeon. The details and observations conveyed in that report can best be appreciated by people like ourselves, interested in medico-legal questions. The report is most painstaking. It shows that there were able and thorough observers, who took care to see that the Court had before them meticulous details from the teeth down to the toenails. It is a most necessary thing to have complete records, but the end of it leaves me as much amazed as is Dr. Spurgin. There is nothing in the doctor's report to point to any particular person. One could wish that Dr. Spurgin could have added his own suggestion as to who the murderer was. I rather suspect he indicated in those last words, when he talked about a reputable butler in a highly respectable house, a cask and chloride of lime. He very properly did not mention names. But when you get

Harley Street, chloride of lime, a highly respectable house and smells, it looks as though a doctor had something to do with it. One thing you can be quite sure of. Fortunately for the legal section of this Society, I think they can be eliminated from the investigation. Of course, if a clever romancer was at work on it with the brain of a Sherlock Holmes, I daresay you might find that even a coroner had done it, to provide material for the exercise of his office. Merely as a layman and an amateur, I would suggest that it is really necessary to send the papers to a crime novelist, and get him to suggest something. But although the problem raised is rather one of police investigation than strictly of medico-legal import, we are grateful to Dr. Spurgin for enlivening us with this interesting, though gruesome, episode of Harley Street. I trust some members, or any visitors of criminal tendencies, will answer Dr. Spurgin by suggesting who the murderer may be. The matter is open for discussion.

Dr. MORGAN FINUCANE: Presumably the police made enquiries and followed them up, but of the lines and scope of that evidence and its results we have heard nothing, as there is no police evidence, with no history of "team" work by them, or what I call the modern "team" work of medico-legal enquiry and reconstruction, such as in these days we see and expect of investigators. We know these can be so effective as carried out in modern times, of which Sir Bernard Spilsbury is so able an exponent. "Team" work of medico-legal investigators is required even before the police are called in, and this should be carried on *pari passu* with the police investigations.

Apparently in those now distant days, and in this case the police investigations must have been of a very superficial character, and the medico-legal evidence, such as it was, consisted of the ordinary observations of a single doctor called in after the discovery and the performance of the post mortem, and we have heard not a tittle of what I call legal evidence that can carry the case further and accounts for the non-discovery.

On the exhibits, I would remark: First of all, the victim was a young woman, possibly in the 30 to 35 years period. I should gather this from the condition of her teeth, their number, and their strength. She was sturdy, and strong, and probably a good looking woman, although there is no direct evidence of this, except her light brown hair of a wavy texture.

I suggest further that such evidence as there is points to her being an attractive woman, and possibly in a very good social position of life, which is indicated by the character of her underclothing.

Are not the specimens handed round that of Madeira work? I think they were, you cannot imagine a woman of indifferent type or taste possessing such finery, but you might find it on the body of one of a cultured, refined, and socially good position?

She might have been a daughter of the house, or she might have been a young bride, or young woman friend or visitor of a fashionable surgeon or physician?

I think most cases of crime can be linked up with very serious and important medico-legal considerations relevant to the State and Society. Effect is not given sufficiently to these considerations in courts of law. I think some medico-legal experts and medico-legal examination are very necessary, and this subject should be taught to students of all classes.

Sir BERNARD SPILSBURY: I do not know quite what type of criminal this is. I think the association of dead bodies in a house in Harley Street leads to an almost irresistible inference of criminal abortion. It is a very difficult problem for a doctor who has a death on his hands. A very crafty, a very cunning individual might have hit on the plan which was adopted as you see here, who had no means of disposing of the body. The investigations made, having failed to account for death, the examiner would have to look at the genital organs. With skill and cunning he had inflicted a wound on the body after death which might easily have been mistaken for

injury inflicted during life, and I beg to suggest that this is a possibility which ought to be taken into account here. It is a well known fact that injury inflicted shortly after death will cause a certain amount of blood to escape, but if the body is putrified afterwards it might very well be concluded that that was an injury which had been inflicted during life, and, of course, the cause of death. I should suggest, therefore, that you are faced with a really rather simple and almost flimsy problem of criminal abortion, and a very clever attempt to disguise the cause of death. One curious feature in the case, if I understood the report aright, and that is a stab wound in the chest — which is a comparatively short one — three rib cartilages had been divided, which means that the wound must have been an extraordinarily deep one. If that person was lying on the ground dead when the wound was inflicted you can see what might happen. I would suggest, therefore, that from the evidence that has been offered, that was a likely explanation of death in this case.

Dr. JOBSON HORNE considered that an all important point had been overlooked. Fifty years ago Harley Street was not occupied by physicians and surgeons to the extent it is in the present day. Several of the houses were used exclusively for private residence. The observations and the theories that had been advanced by some of the previous speakers in explanation of the mystery were based upon the assumption that the tenant of the house at that time was a physician or a surgeon. So far there was no evidence in support of that assumption. On the contrary, it was improbable that in the eighties, as in the present day, a physician or surgeon would require, or could afford, to employ such a large staff of servants as had been mentioned. Perhaps Dr. Spurgin would be able to state in his reply whether the house during the years concerned was in professional or private occupation. If it were in private occupation then some of the theories advanced could not be sustained. But whether the house was in private or professional occupation, Dr. Jobson Horne considered the theory that the crime was committed by the tenant could be at once excluded.

Mr. F.G. VESEY FITZGERALD: There is one point with reference to the exhibits which Dr. Spurgin passed round — the three casts of teeth, two of them showing the upper jaw. Now in one of them, although I do not remember which it was, there were considerably more teeth than in the other. Do I understand that the teeth were loosened and had dropped out? Is there anything to show why they had dropped out, such as by the result of a blow or old age, or can it be said exactly what was the reason for that? Possibly, referring to Sir Bernard Spilsbury's explanation, the man who was busy in creating evidence might have done something, and that is, to attempt to create just a little bit too much evidence, and suggest that the woman had been knocked out with a blow on the jaw and then knifed in the breast?

Mr. B.A. LEVINSON: One word on the subject of the smell. People who can live in a house with such an unsavoury odour for about two years do not deserve to have a mystery. Then the smell comes into consideration in another way. One would expect whoever had committed the ghastly deed would not stand that smell for long. I suggest that the doer of it would go away promptly, knowing that the smell was about to happen. The natural interference we draw is that a surgeon had something to do with it. Speaking as a layman, it occurred to me that probably someone had hit upon a novel method of delivery. It might have been an early attempt at an operation for appendicitis — thirty years ago. One observation has been made, that it could not have been a surgeon, for no surgeon could have afforded such a large staff. It is my privilege to pay fees to the medical profession, and I do not agree with that.

Mr. C.G. MORGAN: What strikes one as remarkable in this case is that the body was never identified. No one appears to have noticed the gap in

society, and this woman shared the fate of the victim for whose murder Rouse was convicted. It seems strange indeed that in a civilised society a person to whatever stratum of society he or she belongs can disappear without such comment or remark as would filter through to the notice of an inquiring police. If the identity of the victim is unknown the chances of a prosecution are slight. For in his circle will be found the murderer, and in his relationship to one of that circle, the motive. But a remedy is not easy to suggest. The soldier's identity disc would be useless, for the murderer's first task would be to remove it. The provision of a medical dossier and yearly finger-print registration would be invaluable in many ways, but society would not suffer it gladly. I can think of no facile remedy.

On the facts of this case one would have expected that both coroner and police would have shown more interest in the cellar floor.

Dr. LETITIA FAIRFIELD: The fact mentioned by Sir Bernard Spilsbury that the stab wound was so oblique raises a suspicion in one's mind. Does it not suggest that possibly a woman was stabbed with her clothes on? The heavy busk corset of the eighties would have made exactly the kind of obstacle that would have deflected a knife thrust, and would have driven it through three cartilages. As to what has been said about the difficulty in tracing the woman, that does seem to exclude some of Dr. Finucane's suggestions, for even an absent-minded doctor in Harley Street, or his friends, would surely notice if his wife was missing. Short of that it leaves an enormous margin of investigation, for the number of untraced people is even now very large, and was even more in the eighties. An investigation made in connection with alleged White Slave Traffic scandals some twenty years ago, showed that the number of boys and men who disappeared permanently was much larger than the number of girls, and was far greater than the public supposed. I hope it will always be possible for people to disappear. Personally, I would much rather end up in a cask in Harley Street than be followed from the cradle to the grave by medical officers or other officials with a right to be informed of all my movements.

Mr. BARRY O'BRIEN: I unfortunately only heard the latter part of the main address, but I gather from what I did hear, and the few words of information I have obtained from neighbours around me, that although the medical inquiries in this case were extraordinarily complete, the police inquiries do not appear to have been quite so exhaustive. As to the victim herself not being identified, that does not seem to me so very difficult to understand. She might have been a poor woman of the "unfortunate" class. I rather gather, however, that no information was given to-night as to what inquiries were made by the police to find out who had been the landlord, owner or occupier of that particular house during the material period, and I should imagine that inquiries directed in that way might have secured information which would have led to the apprehension of the possible criminal.

Dr. WOODWARK: Could we be told what kind of barrel it was and anything more about it. Is there any other possible way of getting into the house in Harley Street?

Dr. PERCY B. SPURGIN: Firstly, as I think I told you in the paper I read, I did not want to bore you by unnecessary detail, and therefore I tried to condense my paper as much as I could, merely covering the salient facts and leaving out what I considered might be boresome. Our Chairman mentioned the fact that perhaps a medical man — physician or surgeon — or an abortionist, had lived in that house. I thought I mentioned that the house had been occupied for 19 or 20 years by a very well-known man, as a private residence, and not by a medical man, either physician or surgeon. He was absolutely and entirely above suspicion in any shape or form.

Dr. Finucane mentions something which goes entirely opposite to what I read as observations of my father. He infers that the clothing on this body sug-

gested that this woman was one of the upper classes, "sweet and twenty" perhaps — but that I leave to your imagination. As a matter of fact, the clothes, portions of which were shown you, were of the roughest and coarsest materials, and the embroidery was of the cheapest kind — artificial machine-made embroidery. There were other things which pointed to the woman being of common stock.

Sir Bernard Spilsbury asked about the oblique wound in the chest and severance of three ribs instead of one, as might have been expected.

Dr. Fairfield has also touched upon the diversion of the wound, and suggests that it might have been due to wearing of the old steel corsets which our mothers used to wear. The wound was an oblique one, and I still would suggest that it was possible for that to have been a self-inflicted one, because the wound came from above downwards into the left breast. I do not say it was, but I suggest it might have been.

Dr. Jobson Horne, I think, has been answered by the reply I gave to our Chairman, namely, that the resident was a private individual, and not connected with the medical profession.

Mr. Vesey Fitzgerald asked about the casts of the teeth. I ought to have explained in showing them round that the two casts showing the larger number of teeth, were those which were originally taken by the dentist, and a further one was taken, and meanwhile perhaps one or two teeth dropped out. It was mentioned that the anterior margin of the alveolus was broken away shortly before or at the time of death, and that it was possibly due to a severe blow.

Mr. Levinson mentioned something about a smell in the house. All I can say to this is that medical men are presumably supposed to have a certain amount of chemical knowledge, and I do not think they (if connected criminally with the case) would have used chloride of lime for the purpose for which it was used, when they might have used quick lime, which would have saved most of the traces of the crime. Then once again, one notes that the house was inhabited by a private individual.

Another remark was made about the class of person, and whether efforts had been made to trace the friends and so on, and the question of methods of identification. I daresay there are those of us who, when we are not very busy, find sufficient time to listen to the wireless, and occasionally hear, even frequently hear, S.O.S.'s: "John Smith, last heard of in 1877; Mrs. Jones, last heard of in 1884 — and various other people like that — would they kindly report to so and so". Why is it they cannot be traced? Because there is no dossier? Do we want dossiers of all individuals in this country? Such a system is more or less carried out in France, and certain other European countries, and I do not know that it is always of advantage to the community. It is perfectly easy for anyone coming in from abroad, or a woman of the unfortunate class (as this woman possibly was) to take every possible means of hiding her identity. Ever her fast friends might only know her by the name of "Flossie", without knowing who she really was. That is only a suggestion.

One speaker mentioned about the hole in the cellar. I think it came out in my paper that when the "odd man" who had been asked to repave the cellar went back to the house to identify it, he identified the middle cellar, and not the one in which the body was found. On the other hand, the hole may have been dug in the middle cellar for the purpose of disposing the body which was in the inner cellar. That, of course, I cannot say.

Dr. Woodward asked what kind of barrel it was. I am afraid I am unable to answer that question. From what I could read between the lines in this case, it appeared to be an old wine barrel. Anyhow the stains on the wood were not wine but blood.

The Spurgen's, father and son, both became President of the Metropolitan Police Surgeon's Association.

DATES FOR YOUR DIARY

UNITED KINGDOM MEETINGS

26th-28th April, 1985
Crime Writers Symposium "Crime Investigation: Fact and Fiction". Organised by the Forensic Science Society, this meeting will be held at The Old Swan Hotel, Swan Road, Harrogate, North Yorkshire. Further details from:— Forensic Science Society, 18A Mount Parade, Harrogate, North Yorkshire HG1 1BX, England. See page 55.

13th-17th May, 1985.
A.P.S.G.B. Annual Conference, Golden Valley Hotel, Cheltenham. Further details from:— Dr. Tim Manser, Whitelears, Bridgetown Hill, Totnes, Devon. See page 52.

7th June, 1985
One day course for North of England Police Surgeons, to be held in Leeds. Further details from:— Professor David Gee, Dept Forensic Medicine, Clinical Sciences Building, St. James University Hospital, Beckett Street, Leeds LS9 7TF. See page 52.

4th-6th October, 1985
A.P.S.G.B. Autumn Symposium, Burrant House Hotel, Northam, Bideford, North Devon. Further details from:— Dr. Roger Hunt, Brownscombe Farm, Huntshaw, Torrington, North Devon. See page 52.

12th-17th May, 1986
A.P.S.G.B. Annual Conference and 2nd Cross Channel Conference. Kensington Close Hotel, London. Further details from:— Dr. Tim Manser, Whitlears, Bridgetown Hill, Totnes, Devon. See page 52.

September, 1986
A.P.S.G.B. Autumn Symposium Belfast, Northern Ireland.

INTERNATIONAL MEETINGS

22nd-24th May, 1985 — JAPAN
69th Conference of the Medico-Legal Society of Japan, to be held in Morioka. Further details from:— Professor S. Katsura, Dept. of Legal Medicine, Iwate Medical School, 19-1 Uchimaru, Morioka, Iwate 020, Japan.

23rd-24th May, 1985 — U.S.A.
Western Conference on Criminal and Civil Problems to be held at the Holiday Inn Plaza, Wichita, Kansas. Further details from:— WCCCP, P.O. Box 8282, Wichita, Kansas 67208, U.S.A.

27th-31st May, 1985 — JAPAN
10th Congress of the International Association of Accident and Traffic Medicine, to be held at the Takanawa Prince Hotel, Tokyo. Further details from:— Secretariat, International Congress Serv. Chikusen Building 5F, Nhonbashi 2-7-4 Chuo-ku, Tokyo 103.

10th-13th June, 1985 — U.S.A.
First International Conference on Forensic Paediatric Pathology. To be held at Brown University, Providence, Rhode Island, U.S.A. Further information from:— Dr. W.G. Sturner, 48 Orms Street, Providence, Rhode Island 02904, U.S.A. See page

16th-20th June, 1985 — ISRAEL
Second International Congress on Nursing Law and Ethics, to be held in Tel-Aviv, Israel. Further details from:— Judge A. Carmi, Board of Governors, World Association for Medical Law, P.O. Box 6451, Haifa, Israel.

DATES FOR YOUR DIARY

7th-10th August 1985 — DENMARK
International Congress of Forensic Serology, to be held in Copenhagen. Further details from:— Dr. K. Henningsen, University Institute of Forensic Genetics, Fred. den Femtes Vej 11, Copenhagen 2100, Denmark.

7th-10th September, 1985 — WEST GERMANY
Annual Meeting, German Society of Rechtsmedizin. Further details from:— Professor W. Janssen, Butenfeld 34, Hamburg 2000, West Germany.

8th-12th September, 1985 — ISRAEL
First International Congress on Hospital Laws, Procedures and Ethics. Carlton Hotel, Tel-Aviv, Israel. Further details from:— Congress Secretariat, Hospitalaw, P.O. Box 394, Tel-Aviv 61003, Israel.

16th-20th September, 1985 — HUNGARY
XIII Congress of the International Academy of Forensic Medicine and Social Medicine, to be held in Budapest, Hungary. Congress Languages — English, French and German. Papers welcome. There will be many social activities in this truly beautiful city. Further information from:— Professor Somogyni, Semmelweis Medical School, Department of Forensic Medicine, Budapest 9, Ulloi Ut 93, Hungary. See page 53.

20th-27th September 1985 — CANADA
Canadian Society of Forensic Sciences. Further details from:— CSFS, 171, Nepean Street, Ottawa, Ontario, K2P 0B4, Canada.

3rd-4th October, 1985 — U.S.A.
The Western Conference on Criminal and Civil Problems, to be held at the Holiday Inn Plaza, Wichita, Kansas. Further details from:— WCCP, P.O. Box 8282, Wichita, Kansas 67208, U.S.A.

15th-19th December, 1985 — ISRAEL
First World Congress on Drugs and Alcohol, to be held in Tel Aviv, Israel. Further details from:— Congress Secretariat, 1st World Congress on Drugs and Alcohol, P.O. Box 394, Tel Aviv 61003, Israel.

3rd-7th February, 1986 — AUSTRALIA
9th Australian International Forensic Science Symposium, organised by the Melbourne Branch of the Australian Forensic Science Society. To be held in Melbourne, Victoria, Australia. Further details from:— Mr. D.N. Gidley, State Forensic Science Laboratory, 193, Spring Street, Melbourne, Victoria 3000, Australia.

9th-14th February, 1986 — AUSTRALIA
Fifth Biennial Meeting of the Association of Australasian and Pacific Area Police Medical Officers. Sydney, New South Wales, Australia. Further details from The Honorary Secretary, AAPAPMO, Baronia Medical Centre, 152, Baronia Road, Baronia, Victoria, Australia.

Blood is a red liquid material often found in the alcohol stream of certain recidivists.

DATES FOR YOUR DIARY

16th-21st February, 1986 — ISRAEL
Second International Congress on Psychiatry, Law and Ethics. Further information from:— Organising Secretariat, International Congress on Psychiatry, Law and Ethics, P.O. Box 394, Tel Aviv 61003, Israel.

7th-11th April 1986 — ISRAEL
International Congress on Rape, to be held in Israel. Further details from:— Society for Medicine and Law in Israel, P.O. Box 394, Tel Aviv 61003, Israel.

14th-18th August 1986 — SRI LANKA
2nd Indo-Pacific Congress of Forensic Medicine (previously called Asian Pacific Congress). To be held in Colombo, Sri Lanka. Further details from:— Dr. Ravindra Fernando, P.O. Box 869, 111 Frances Road, Colombo 10, Sri Lanka. See page 53.

September 1986 — NETHERLANDS
10th International Conference on Alcohol, Drugs and Road Safety. Further details from:— Dr. Johan de Gier, Subfaculteit der farmacie, Toxicologish centrum, 3521 GE Utrecht, Holland.

28th-31st July, 1987 — CANADA
24th International Meeting of the International Association of Forensic Toxicology, to be held in Banff, Alberta, Canada. Inquiries to — Dr. Graham Jones, Office of the Medical Examiner, P.O. Box 2257, Edmonton, Alberta, Canada T5J 2PW. Telephone 403 427 4987

3rd-7th August, 1987 — CANADA
11th Meeting of the International Association of Forensic Sciences. To be held in the Hotel Vancouver, Vancouver, Canada. Further details from:— Professor James A.J. Ferris, Department of Pathology, University of Vancouver, Vancouver, British Columbia, Canada V5Z 1M9. Telephone 604 738 4445.

10th-14th August 1987 — U.S.A.
Third International Meeting of the Pan American Association of Forensic Science. To be held at the Holiday Inn Plaza, Wichita, Kansas, Canada. The First World Meeting of Police Surgeons will be part of this programme. Further details from:— Dr. William G. Eckert, P.O. Box 8282, Wichita, Kansas 67208 U.S.A. Telephone (316) 685-7612.

10th-14th August, 1987 — U.S.A.
First World Meeting of Police Surgeons and Medical Officers (Medicos Forenses). To be held at the Holiday Innaza, :Wichita, Kansas. Further inquiries to:— Dr. Ivor E. Doney, "Hazeldene", Hazel Avenue, Chapel Lane Green, Bristol, England BS6 6UD or to Secretariat, Dr. William G. Eckert, P.O. Box 8282, Wichita, Kansas, U.S.A. 67208. See page 54.

In January, a woman's body was found in a 30 inch by 50 inch unclaimed suitcase at Los Angeles international airport. A customs official said that it looked as though she was a stowaway who had died on an aircraft of hypothermia or asphyxia.

Going to a Conference?

CORRESPONDENCE

The forgotten service

My congratulations to all those officers named in the New Year's honours list. I am sure they were well deserving of recognition.

While conceding that there are many who, when comparing their worth to those named, feel that they have been unforgivingly omitted, I submit that there is one group that provides vital back-up services to the forces of law and order, yet are rarely mentioned when honours are bestowed. I refer to forensic scientists, forensic pathologists and police surgeons. I would not expect Home Office officials to have much idea of what goes on at the sharp end, but surely there are some chief officers who, on their way up the pyramid of promotion, must have witnessed and perhaps shared, the anti-social and stressful conditions regarded as normal by many of those working in the medico-scientific field.

Lacking any other patronage, it is only chief officers who whom these cinderellas of law enforcement may look to make the appropriate recommendations. Not for performing work expected of them — and paid for — but for tasks undertaken well beyond the normal course of duty and over very many years.

Name and address supplied.

This letter first appeared in 'Police Review' and is reproduced by kind permission of the Editor.

Bristol

Dear Sir,

10th I.A.F.S. Congress, Oxford

May I please point out one omission in your otherwise excellent reports of the Oxford Congress — an acknowledgement of the part played by a member of the APSGB who was the Press Officer of the Congress, Dr. David Filer.

I have never seen such press coverage at any other Conference. He even kept the Times and the Daily Telegraph reporting for the whole week with dogged persistance and good organisation.

He brought great credit on the APSGB.

Yours faithfully,

IVOR DONEY

The Editor apologises for the ommission of David Filer's name in the article on the Oxford meeting. David's efforts ensured first class coverage of the Congress.

From Dr. Faika Jappie

Dear Sir,

I wonder if you could advise me as to the best means of securing employment suitable for attempting the D.M.J.

At present I am full-time assistant police surgeon to Dr. J. Peter Bush in Melbourne, a post I have now held for 2 years. It is my intention to attempt the first part in October 1985, and to this end I would like to find a position in England or Wales, as of July 1985 for 6 or 12 months.

My basic degree (M.B., Ch.B.) is from the University of Cape Town, South Africa and I also hold the Australian Royal College of General Practitioners' Fellowship. In addition I have the first part of the Diploma in Psychological Medicine from Melbourne University. I therefore could consider a post in psychiatry, should a suitable one in Forensic Medicine not be available.

Thank you for your help,

Yours sincerely,

FAIKA JAPPIE

If anyone can assist Dr. Jappie obtain a post, he may be contacted at the Police Surgeon's Office, Police Offices, 376, Russell Street, Melbourne, Victoria 3000, Australia.

DR. ALAN CLIFT

From Dr. David Patterson and Others

Sir

The recent adjournment debate in the House of Commons, led by Mr. Jack Ashley, highlights the fact that Dr. Alan Clift, in the seven years since his suspension from the Home Office Forensic Science Service, has been given no opportunity to present his side of the matter, to call witnesses or to be represented before an independent tribunal.

At the Preece appeal in the High Court of Justiciary, Edinburgh (19 June 1981) before the Lord Justice General, Dr. Clift was first referred to as "discredited". He was unrepresented there and at all the subsequent appeals in which further calumny has been heaped upon his name. He has been given no opportunity to defend himself or to argue for his scientific views, despite the fact that the Home Office, who instigated the whole affair, has been permitted to produce witnesses of their own choice, who have condemned Dr. Clift solely on the basis of reading his personal case notes, his reports and court transcripts of evidence.

We have even seen one appeal (Machin 18 December 1981) where the sole ground for allowing the appeal was a press report of the Preece appeal. Even the Parliamentary Commissioner for Administration, that ultimate resort of the injured citizen, has referred to Dr. Clift's work as "an unprecedented pollution of justice as its source" (26 January 1984) without giving Dr. Clift an opportunity to speak for himself.

The time has surely come to call a halt to this complete negation of natural justice and we the undersigned, independent practitioners in law and the forensic sciences, appeal for a tribunal, totally independent of the Civil Service, to be set up to review the whole Clift Affair.

We also ask those who wish to see justice done to Dr. Clift to write expressing their support to Mr. Jack Ashley MP at the House of Commons.

Yours faithfully

J.G. Benstead
Henry H. Bland, BSc CChem FRSC
UK Forensic Science Services
Alistair R. Brownlie, MA LLB SSC
Solicitor
K. Borer, MA BSc DPhil CChem FRSC ATSC
Independent Forensic Scientist
Stanley H. Burges, MB BS FRCGP DMJ
Past President, Association of Police Surgeons of Great Britain
W.B. Cartmell, BVSc MRCVS
M. Clarke
Police Surgeon, Merseyside Police; Editor, Police Surgeon Supplement
G. Garrett, MD FRCPath DPath
Consultant Pathologist
Wilson R. Harrison, MSc PhD
former Director, Home Office Forensic Science Laboratory South Wales and Monmouthshire Area
Carol A. Goodwin Jones, PhD
Research Fellow, University of Edinburgh
Stuart S. Kind
former Director, Home Office Central Research Establishment
David Patterson, JP MSc PhD
Senior Fellow, University of Leeds
A. Keith Mant
Professor Emeritus of Forensic Medicine, University of London
Charles C.A. St. Hill, MB ChB FRCPath
retired Home Office Pathologist (Liverpool)
Keith Simpson, CBE MD, FRCPath
Alan Thompson, BSc FRSC
C.J. Waters
Solicitor
R.C. Woodcock
former lecturer in Forensic Medicine University of Manchester and Home Office Pathologist

The adjournment debate referred to took place in the House of Commons on 15th November 1984, and a shortened version of the above letter appeared in "The Times" of 24th December 1984; the names of half the signatories were omitted.

This is the last Will and T

Trafford & Manchester and my Nephew Thomas Wood Heaton of Park Hill
hands it is my wish that they pay all my just debts and th
as much as circumstances will permit the details of which are
expences in proving and carrying out this my Will I also give
at the corner of Bradshawgate Bolton that in as short time as
Private Contract for the best price that can be got for the same
be disposed of privately at a time that is fixed upon by my Executo
will that the receipt of my Executors alone shall be a good and
that such purchaser shall not be answerable for the application
my said Executors to call in all the money I have out at Interest
bequeath to my Sister Mary Ingler the sum of One hundred pou
Lane Bolton the sum of Fifteen Guineas I also give and beque
as a small mark of my great regard. To my brother Eli Spencer I
and direct that my Executors divide all the residue of my prope
that is to say I give and bequeath to my Nephew Joseph Spen
one part or share. Also to my Nephew Edmund Spencer of Ellenton
of Southport one part or share. Also to my Nephew John Ellam
late Niece Emma the Wife of Benjamin Woolcock of Hartington in the
he attains the age of twenty one years I also give and beque
of John Wilson of Perytown Canada West one share or part. Also
one part or share. Also to my Nephew Thomas Wilson one part or
Liverpool five shares or shares but if he dies before five or before this d
shares shall be retained by my Nephew Joseph Spencer of Old Trafford
advantage either all or part or kept for him when he arrives at the
Each of the other children of my Brother Eli as shall be known to
after my decease I give and bequeath to my Nephew Thomas W
or shares Also to my Nephew Joseph Cook of Edgworth one part or
or share. Also to my Niece Ann Cook of South Shore one part or
the benefit of the children of my late Niece Esther the wife of Thomas
them at his discretion It is also my will and mind that if any
place leaving issue such issue shall take the respective parents sh
fewer by the number of deaths that shall so happen Dated this
sixty eight Joseph Spencer Signed Pub
written named Joseph Spencer in the presence of us who have at
Robert Bubler, Farmer, Inskip George Houghton, Far

Testator died 29th August 1871. Will proved
the Executors. Sworn under £300 =