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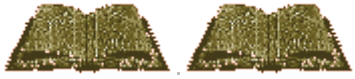
Book Reviews: Technical Books Section



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FEATURED BOOK : REVIEW 1

COMPREHENSIVE AND AUTHORITATIVE

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A Physician's Guide to Clinical Forensic Medicine, 1st Edition, *Edited by* Margaret M. Stark. Hard Bound, 6" x 9".
(A Book from *Forensic Science and Medicine* Series by Humana Press)
Humana Press Inc., 999 Riverview Drive, Suite 208, Totowa, New Jersey 07512; Publication Date 31 January, 2000. xxv + 326 pages, ISBN 0-89603-742-8. Price $79.50

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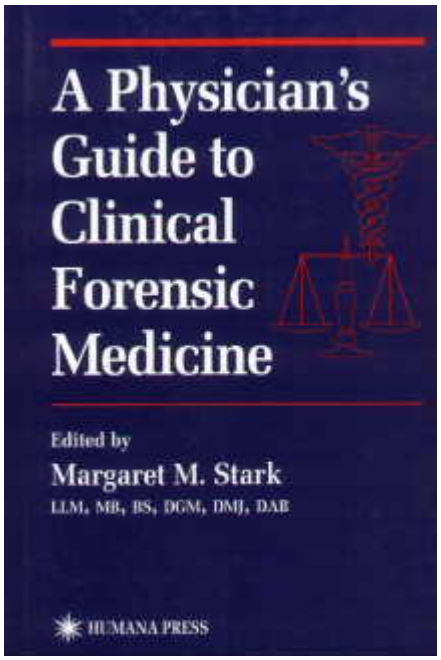


A Physicians Guide to Clinical Forensic Medicine is part of the *Forensic Science and Medicine series* of the *Humana Press* and edited by Steven B. Karch of Oakland, California. This volume is edited by Margaret M. Stark of the Forensic Medicine Unit at St. George's Hospital Medical School, London UK. Margaret is a well known and experienced Forensic Medical Examiner (FME) and is currently the President of the Association of Police Surgeons (of Great Britain).

View this book on Amazon

As one expects from this series the book is a multi-author effort with a panel of twelve contributors: Two from the USA and the rest from the UK. Three of the contributors are Forensic Pathologists.

Marget Stark. For her interview, click on the picture.



With this impressive line up what has this book got to offer?

The stated aim of the book is to bring together and present the increasing amount of published research of the last decade in the field of clinical forensic medicine. There have been many advances in clinical forensic medicine in the last decade or so. Cross-contamination issues, DNA profiling, routine use of the colposcope and the unfortunate deaths in custody are some of these.

As would be expected the book concentrates on the clinical aspects of Forensic Medicine, as opposed to the pathological, by looking at various issues from fundamental principles and including recent research developments.

The book is aimed at workers in the field of clinical forensic medicine i.e. FMEs, accident and emergency room physicians, gynaecologists and forensic and psychiatry nurses. The editor hopes that the book would also be of use to police and social workers.

...There are very few good books on clinical forensic medicine. This is one of them...

It goes without saying that the primary clinical assessment of complainants and those suspected of sexual assault should only be conducted by those doctors and nurses who have acquired specialist knowledge, skills and attitudes. Having said that the vast majority of victims of assault in Britain are treated by young accident and emergency doctors with little or no forensic training. This is a sad reflection of the fact that there is little or no teaching of forensic medicine in most medical schools in the UK. Unfortunately, it is often the young, inexperienced accident and emergency doctors who are at the front-line and are expected to examine victims of ordinary assault. They are then expected to give evidence in courts. This of course is a very unsatisfactory state of affairs and the reviewer in his daily practice is often called upon to provide expert backing on the basis of hastily scrawled clinical notes and Polaroid photographs. It is to be hoped that young doctors in training will benefit from this book and make them more comfortable with injury interpretation and forensic issues as well as presenting their evidence in court.

Another important aspect of clinical forensic medicine that is stressed in the preface of this book is the avoidance of those unfortunate deaths in custody. This of course is a timely addition judging by the number of unfortunate and high profile cases of death in custody that have occurred in Britain in recent times. Assault by custody officers has not entirely disappeared in the so-called civilised part of the world and there is a tendency for the general public to regard all custody deaths as foul play on the part of the custodians. This is of course not helped by the media frenzy that follows deaths in custody.

The book opens with the chapter on the **History and Development of Clinical Forensic Medicine World-wide**. This chapter is written by Jason Payne - James, an experienced UK based FME and the present editor of the Journal of Clinical Forensic Medicine. Table 1 of this chapter lists the typical roles of the Forensic Physician in the United Kingdom. There are obvious variations according to geographic location as one would expect. Students of history would be interested to note that the specific terms *forensic medicine and medical jurisprudence* in the English language date back to the early 19th century. Rules and regulations for examining injuries were apparently found on a number of bamboo pieces in China and dating back to 220 BC! The chapter concludes with an assessment of clinical forensic medicine around the world. Amongst other things this chapter is thoroughly entertaining as any book should be!

Forensic Science and Medicine Series of Humana Press

This book is just one of seven books published by Humana Press in their excellent *Forensic Science and Medicine* series. Steven B. Karch, MD, is the series editor of this series. This journal has already reviewed six books of this series in its earlier issues. These were John H. Trestrail, III's *Criminal Poisoning*, Salvatore J. Salamone's *Benzodiazepines and GHB: Detection and Pharmacology*, Amanda J. Jenkins and Bruce A. Goldberger's *On-Site Drug Testing*, Pascal Kintz and Pierre Marquet's *Buprenorphine Therapy of Opiate Addiction* and Marc J. Kaufman's *Brain*

Imaging In Substance Abuse: Research, Clinical and Forensic Applications. Here is the full listing of the books in this series:

1. Buprenorphine therapy of Opiate Addiction, edited by **Pascal Kintz** and **Pierre Marquet**, 2002 (Already Reviewed in Vol.3, No.1 [January - July 2002] of this journal) at page 15)
2. On-site drug testing, edited by **Amanda J. Jenkins** and **Bruce A. Goldberger**, 2001 (Already Reviewed in Vol.3, No.1 [January - July 2002] of this journal) at page 10)
3. Benzodiazepines and GHB: Detection and Pharmacology, edited by **Salvatore J. Salamone**, 2001 (Already Reviewed in Vol.2, No.2 [July - December 2001] of this journal at page 21)
4. Toxicology and Clinical Pharmacology of Herbal Products, edited by **Melanie Johns Cupp**, 2000 (Already Reviewed in the Current issue of this journal)
5. Criminal Poisoning: Investigational Guide for law enforcement, toxicologists, forensic scientists, and attorneys, by **John H. Trestrail, III**, 2000 (Already Reviewed in Vol.1, No.2 [July - December 2000] of this journal)
6. A Physician's guide to clinical Forensic Medicine, edited by **Margaret M. Stark**, 2000
7. Brain Imaging In Substance Abuse: Research, Clinical and Forensic Applications, edited by **Marc J. Kaufman**, 2000 (Already Reviewed in the current issue (Vol.3, No.1 [July - December 2002] of this journal at page 3)

Visit the series by Clicking here

Chapter two is entitled **Fundamental Principles**. Topics such as Consent, Intimate Samples, Recordings, Confidentiality, Court Attendance and The Duties of Expert Witnesses are discussed in considerable depth. This is the legal basis of forensic medicine. Section 9 entitled pitfalls documents the case where an FME was sued by the victim for not attending courts to give evidence on her behalf, causing the trial to collapse and resulting in psychological trauma to her (the victim). The plaintiffs case against the victim was dismissed by the Court of Appeal which of course confirmed that there was no duty of care owed by the FME to the victim to attend the trial as a prosecution witness when required. (This of course does not give a medical witness immunity from the charge of contempt of court for failing to attend.)

Chapter 3 is a practical approach to **Sexual Assault Examination** and is a joint effort between an FME (Deborah Rogers) and a forensic scientist (Mary Newton of the Forensic Science Service, UK). The involvement of a forensic scientist in writing this chapter is quite appropriate given that a number of cases flounder on the unsuitability of collected samples. This chapter is particularly well written and discusses not only the actual collection of evidence but goes on to explain the laboratory aspects of analysis. A knowledge of the laboratory aspects of course helps one understand the need for certain specimens such as control swabs. The role of the colposcope in the examination of genitalia is discussed as is the use of Toluidine Blue in visualising lacerations. These are relatively new procedures in the examination of victims of sexual assault.

Chapter four is about **Injury Interpretation** and quite appropriately is written by a forensic pathologist (Jack Crane, Belfast). For this reviewer, a forensic pathologist, there is nothing new in this chapter but for the accident and emergency physician there is a wealth of information. The different types of injuries including firearm injuries are described and one of the most controversial aspects of injury interpretation-that of ageing of wounds-is lucidly discussed. It is to

be hoped that A&E department physicians will at least learn the use of correct terminology in describing wounds and in particular not to refer to knife injuries as lacerations! This chapter is illustrated with line drawings which are quite informative.

The chapter on **Non-accidental injury in Children** (chapter 5) is written by a paediatrician (Amanda Thomas of Leeds). To cover all aspects of NAI this chapter had had to resort to a checklist style in places but is well written and readable. All aspects of NAI including Munchausen Syndrome By Proxy (MSPB) are adequately discussed. One of the references of this chapter is the controversial but pioneering covert video surveillance work of David Southall in suspected cases of MSPB. (Southall, D.P., Plunkett, M. C., Bank, M., et al. 1997, *Paediatrics*.**100,** 735-760)

A timely and important aspect of clinical forensic medicine that of the effects of **Crowd Control Agents** is covered in chapter 6. This chapter mostly discuses the use of Oleum Capsicum and CS gas.There is increasing use of CS gas and Oleum Capsicum by British Police forces with the occasional high profile case where the police end up by being sued. The effects of these agents are not well known by ordinary physicians let alone the police. There is therefore a need for this informative chapter. Collectors of historical trivia would be interested to know that chemical restraints were first used as early as 423 BC in the Peloponnesian war but the modern use of tear gas dates from World War 1 when the French launched tear gas grenades at the German army!

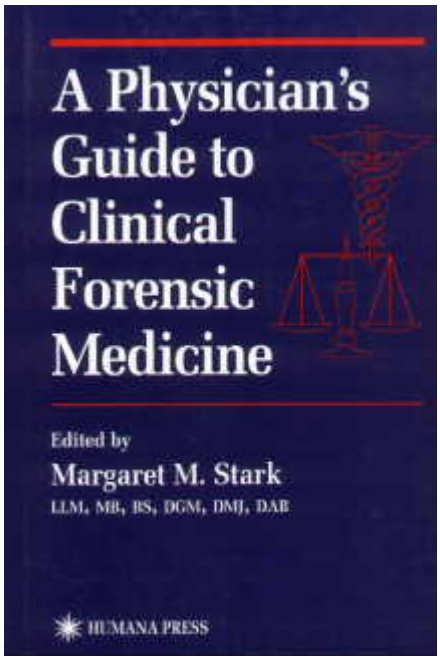
The Care of Detainees is covered in chapter 7 and includes Drug searches, Fitness for Interview and medical conditions such as asthma, diabetes and heart disease in detainees. There is also mention of sickle-cell disease which is quite appropriate in a multi-cultural society such as Britain and the USA. The reviewer has personal experience of one high profile case of a death in custody which was complicated by the sickle-cell trait. This chapter is followed by the chapter on **Substance Misuse**. All the major misused substances including alcohol are discussed and considerable space has been devoted to the treatment of opiate withdrawal. Alcohol intoxication and head injuries which is one of the common pitfalls in clinical forensic medicine as well as in accident and emergency medicine is discussed. The section on alcohol is quite comprehensive and informative and most importantly, discusses the problem of alcohol withdrawal in custody.

Chapter nine follows logically and is about **Death in Custody**. This chapter is written by a fellow British forensic pathologist - Richard Shepherd of St. Thomas's, London who has considerable experience of these unfortunate and highly publicised deaths. Neck holds, baton blows, excited delirium and hanging are all discussed. Section 11 of this chapter is however on rather controversial grounds: Rapid Unexplained Deaths During Restraint (RUDDR). In the reviewers personal opinion (and that of a few other British pathologists) such deaths should be labelled as Restraint Asphyxia or Restraint Deaths rather than the pseudo-scientific RUDDR.

The final chapter (chapter 10) is devoted to **Traffic Medicine**. The chapter opens with Medical Aspects of Fitness to Drive and touches upon conditions such as cardiovascular disease, epilepsy, diabetes and eye disorders. This is followed by Alcohol and Driving. After a standard discussion on alcohol metabolism and road traffic legislation procedural issues are discussed.

QUICK NOTES

Some major highlights of *A Physician's Guide to Clinical Forensic Medicine* at a glance:



& Summarizes the basic rules for managing the medical aspects of criminal investigations
& Provides many actual examples of currently used forensic methods and procedures
& Discusses a medical definition of fitness-to-be-interviewed
& Detailed standards for the care of detainees and avoidance of death in police custody
& Defines principles for the management of sexual assault cases
& Reviews the medical aspects of fitness-to-drive and the effects of drugs on driving
& Outlines the history and development of clinical forensic medicine worldwide

A very welcome section in this chapter is section 3.8 **Complex Defences**. Over the years a number of complex , innovative and convincing defences have been put forward in cases of "drink driving". These range from the inability to blow into the intoximeter because of respiratory problems to the well known so-called "hip flask defence". The hip flask defense is based on the fact that whilst it is unlawful to have an excessive blood alcohol level at the time of driving, it is not unlawful to have an elevated blood alcohol level at the time of being tested. Other defenses put forward include laced (spiked) drinks, inhalation of ethanol vapour at the place of work, post-samplng formation of alcohols and the consumptions of elixirs containing alcohol (the cough mixture defense). Perhaps technical defenses such as failure to calibrate the intoximeter, wrong date on the print out etc. should have been mentioned at least in passing. At least one case that the reviewer has knowledge of came to grief on the basis of the wrong date on the intoximeter print out.

The last dozen or so pages are taken up by appendices: Ethical Documents, Statutory Provisions, Management of Head-Injured Detainees as well as Alcohol Assessment Questionnaires and Drink/ Drugs Driving Impairment Assessment Forms are included.

Each chapter is followed by comprehensive references. One chapter is illustrated with black and white photographs (Chapter 6 Crowd, Control Agents) whilst the chapter on Injury Interpretations is illustrated with line drawings. Other chapters contain tables.

In addition to a standard index, there is a comprehensive section on the contents at the front of the book which acts as an index. The tables and figures are also listed.

As is to be expected of publications from the Human Press the quality of printing and binding is excellent.

I would recommend this book to all accident and emergency doctors and nurses, FMEs, forensic pathologists (especially those in training), police custody personnel and police Victim Liaison Officers.

There are very few good books on clinical forensic medicine. This is one of them.



-Gyan Fernando
Gyan Fernando is a forensic pathologist in Devon UK and has experience of clinical forensic medicine in his younger days having once worked as an FME for a Scottish police force. Dr. Gyan Fernando may be contacted via Email by clicking here

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Interview with Margaret Stark, the author

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