

BOOK REVIEW

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Review of: *Clinical Forensic Medicine: A Physician's Guide (2nd Edition)*

REFERENCE: Stark MM, editor. *Clinical forensic medicine: a physician's guide*, 2nd ed. Totowa, NJ: Humana Press; 2005.

Clinical forensic medicine involves the examination of nonfatally injured humans, whether they are victims of crime or detainees under police custody. This medical specialty emphasizes examination and documentation over treatment, because the "patients" are likely to become involved in the judicial system. This is the second edition of this book and runs 438 pages, 112 more pages than the first edition. This second edition also includes a complete eBook version (in portable document format (PDF) on a CD-ROM found on the inside of the back cover. This eBook can be viewed on a handheld device. This is a nice addition for those who don't want to carry the book around with them in the field.

This book is written almost exclusively by British physicians and the book's content covers those topics that are likely to be encountered by forensic practitioners in the United Kingdom. If you are a clinical forensic examiner in the U.K., then this book is for you. Those working outside this geographic region will still find most of this book helpful.

Chapter 1 reviews the history and development of clinical forensic medicine with a large proportion of the chapter devoted to a 2003 survey of clinical forensic practice in 16 countries worldwide. Surprisingly, countries with well-established forensic systems such as the United States and Japan were not included in the survey results.

Chapter 2 is titled "Fundamental Principles" and covers a number of medicolegal issues and hot topics, including informed consent, confidentiality, video and audio recording, intimate searches, and access to health records. The author discusses more prosaic subjects as note keeping, report preparation, and court demeanor. Again, much of the medicolegal discussions pertain to the United Kingdom and may not apply to other countries.

Chapter 3 is a detailed and comprehensive discussion of the sexual assault examination. This chapter is also the best referenced in the book with over 200 citations.

Chapter 4 covers injury assessment, documentation and interpretation with brief summaries of blunt and sharp force injuries, gunshot wounds, and bite marks. Although bite marks are the least common injuries, they receive the most coverage in this chapter because of their evidentiary importance.

Chapter 5 discusses nonaccidental injury in children, covers all the usual topics in child abuse, and makes liberal use of bulleted lists. After defining child abuse and discussing its risk factors, the authors outline the assessment of an abused child and injuries they receive. The chapter ends with a brief summary of fabricated illness. This chapter has no photographs.

Chapter 6 reviews "crowd-control agents" including Oleum Capsicum (OC) or "pepper-spray," chlorobenzylidene (CS) or "tear gas," and finally chloracetophenone (CN) or "mace." The author covers all three agents in detail, including treatment options after exposure to these compounds. The chapter includes four photographs and is well written.

Chapter 7 is a well-written and up-to-date review of restraint devices, such as handcuffs, batons, and tasers and the injuries they produce. The author falters only when he writes that taser use is decreasing in the U.S. because OC and mace are more effective. Wrong!

Chapter 8 covers the care and assessment of detainees in police custody. The authors not only cover, albeit briefly, medical and mental health conditions that may impact detainees, but also discuss voluntary and false confessions in regard to a detainee's fitness for police interrogation.

Chapter 9 reviews commonly encountered infectious diseases in both detainees and assault victims who may be exposed to blood-borne diseases including HIV and infectious hepatitis. The author discusses various afflictions from the common (lice) to the unusual (SARS). This chapter has one of the rare typographic errors (p. 278) found in the book.

Chapter 10 covers substance misuse or what we yanks call "drug abuse." This chapter is fairly comprehensive, covering the usual drugs of abuse as well as anabolic steroids, GHB, and ecstasy. Only methamphetamine, a new scourge in the U.S., gets minimal discussion. This chapter is well referenced with 180 citations and has a nice lengthy review of the metabolism and medical effects of alcohol.

Chapter 11 discusses death in police custody. This chapter covers natural deaths, suicides, as well as the more suspicious deaths involving physical restraint and neck holds. The next edition should include the taser and its controversial role in these deaths.

Chapter 12 is titled "Traffic Medicine," but it discusses the assessment of a driver's ability to operate a moving vehicle rather than the injuries sustained in a motor vehicle collision. Various medical conditions, alcohol, and drugs are summarized with

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regard to their ability to impair driving. Alcohol testing in suspected impaired drivers and the applicable laws fill out this final chapter.

The book ends with several appendices including ethical documents, notes on U.K. statutory provisions governing health record access, management of head-injured detainees, the mini-

mental status exam, alcohol assessment questionnaires, driving impairment assessment forms, and useful Web sites.

In summary, the 2nd edition of *Clinical Forensic Medicine* is a worthy successor of the original book and both short enough to read and comprehensive enough to return to later. Forensic physicians in the U.K. will benefit most from this updated edition.