

VIOLENCE GROWING

A long-serving AFP doctor who has seen more than his share of cracked heads says the formerly un-Australian practice of "putting the boot in" is becoming increasingly common.

'The types of injuries I'm seeing these days are clearly indicative of the growing trend to violence in the community,' he said.

'It used to be the case that you didn't kick a man when he was down but there don't appear to be any rules any more.'

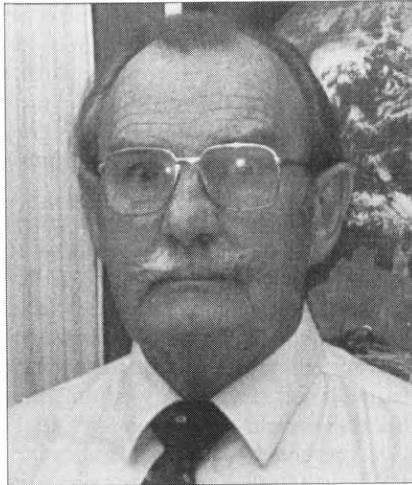
Dr Don Smyth has been a forensic medical officer, based at the city police station in Canberra, since 1979.

He came to the AFP after a long career in private practice and with the RAAF.

'When I first joined the AFP the types of injuries I'm now seeing were rare,' Dr Smyth said.

'What I can only describe as cruel and vicious injuries are being inflicted now by kicking.

'In the old days somebody knocked down in a fight was allowed to get up before hostilities resumed, but now the other party just puts the boot in.



Dr Don Smyth

'It's no longer just a case of a broken nose or a black eye.

'I'm getting people involved in what used to be ordinary assaults suffering from kick wounds to the stomach and chest and broken ribs.

'Those sorts of injuries now occur in more than half the common assault cases I'm involved in,' he said.

It was becoming increasingly common to have cases of one person being set upon by several others and kicked senseless.

'It's only a matter of time before somebody is killed in this way.

'Canberra, despite its outward calm as a planned city, isn't escaping the growing level of violence seen elsewhere in Australia.

'I'm increasingly getting reports, from police who attend assaults, of crowds gathering to watch fights outside entertainment venues and cheering when one or several people knock somebody down and start kicking him.'

Dr. Smyth said there has been an increase in the last two years in the number of people he had to treat for knife wounds.

'The use of knives has been growing in cases of domestic violence as well as other assaults. Knives are certainly being used a lot more than they were in the past, and a lot more people seem to be carrying weapons, knives in particular,' he said.

Forensic Pathologist Needed

The AFP is anxious to see the appointment of a forensic pathologist in the ACT.

The Director of Medical Services, Dr. Mike Dwyer, said that on a recent visit to the United States he had been told that the Cook County area of Chicago, with a population of about four million people, had about 17,000 sudden or unexplained deaths a year.

It could be predicted that the ACT and region might have in the vicinity of 400 deaths a year in the same category.

He said on that basis the appointment of a pathologist trained in forensic science would be desirable.

DISEASE MEASURES

A working party set up to examine communicable diseases recommended Dr Mike Dwyer, the AFP's Director Medical Services, set out how this issue should be handled.

The approach, within the AFP, applied to any communicable diseases, is as outlined in the handbook 'Control of Communicable Diseases in Man' (Ed. Abram. S. Berenson).

- (a) Preventive measures: Applicable generally to individuals and groups when and where the particular disease may occur in sporadic, endemic or epidemic form, and whether or not the disease is an active threat at the moment, e.g., chlorination of water supplies, pasteurization of milk, control of rodents and insects, animal management, immunization procedures, and health education of the public.
- (b) Control of patient contacts and the immediate environment: Those measures designed to prevent infectious matter present in the body and the environment of the infected individual from spreading the disease to other persons, insects or animals; and recommendations on the appropriate management of contacts to assure earliest possible treatment, to prevent disease dis-

- semination during the incubation period, and to detect any carriers and their management to minimize disease spread. Specific treatment, if available, is outlined to minimize the period of communicability and to reduce morbidity and mortality.
- (c) Epidemic measures: Those procedures of emergency character designed to limit the spread of a communicable disease which has developed widely in a group or community, or within an area, state or nation. These measures are not applicable when the disease occurs sporadically among widely separated individuals or separated by considerable intervals of time.
- (d) Disaster implications: The likelihood that the disease might constitute a major problem in a disaster or catastrophe and whether it would be necessary to take preventive actions.
- (e) International measures: Such controls of international travellers, immigrants, goods, animals and animal products and their means of transport based on provisions of

international health regulations, conventions, intergovernmental agreements or national laws; also any controls that may protect populations of one country against the known risk of infection from another country where a disease may be present in endemic or epidemic form.

These general principles of control of communicable diseases apply to the conditions Acquired Immune Deficiency Syndrome (AIDS).

The emphasis will vary depending on whether the Disease is manifest as Stage 1, 2 or 3.

If the AIDS virus infection is contracted as a result of police duty, it will be dealt with like any other infection contracted as a result of duty, as a compensable condition.

If the AIDS virus infection is contracted not as a result of duty, then the normal conditions of sick leave, or invalidity retirement, will apply.