
Welcome to our new 2014-15 Committee members Dr Shari Forbes, Dr Scott Chadwick & Dr Greta Frankham.

Life Members are acknowledged with profiles now published on the NSW Branch website here.

New Society Members:

The NSW Branch of ANZFSS warmly welcomes the following new and returning members:

- Sarah CAPOLUPO
- Sienna COLLINS
- Jonathan CITRALOREN
- Debbie DRYBURGH
- Emily DUNCAN
- Carole FIELD
- Greta FRANKHAM
- Jasmin GLOVER
- Eva GOCK
- Catherine HITCHCOCK
- Vesna KAMILIC
- BJ JONES
- Megan LANAGHAN
- Selina LEOW
- Tim MAHONEY
- Todd McBRIAR
- Sharon NEVILLE
- Pattya PHANTHHAVONG
- Morgan PHILP

Editors note: an apology is made to Belinda Jones who was incorrectly referred to as BJ BONES in the previous newsletter. Albeit aptly humorous, correction is made here. Also note that if you joined or returned in June or July, your name will appear in the next edition.
Presidents Message:

Dear members,

Since the last newsletter, we’ve held the AGM and I would like to thank the membership for their support of my nomination as President of the NSW Branch for the coming year. I would also like to welcome the Committee, especially the new people joining us this year. I look forward to working with the Committee to bring you another year of exciting presentations and branch events.

There have been a few recent changes within the ANZFSS, notably our new membership database and the ability for you to access and update your own details online. If you are having any trouble with access, please contact us via email (nswbranch@anzfss.org). It is also possible to search the whole membership database for fellow members’ names (please note this allows for the identity of fellow members throughout Australia and New Zealand by name only. No other information is available through this portal). You may also have noticed that renewals are a little easier this year and that our AGM was later in the year than usual, the renewals also came out later than in previous years. All NSW branch memberships have been given an extra few months membership for free! As part of bringing all branches to a common renewal date under the new association rules, our membership year has been moved to coincide with the financial year. You should have received your renewal email last month, please contact us if you did not. If you didn’t financially renew your membership and check your member details by 30th June 2014, you’ll be classed as ‘non-financial’. As such, you will miss out on any notifications and news of the Society. It may also interrupt your continuous membership of the society, which is taken into consideration when offering our travel scholarships and awards such as the Allan Hodda Award. I take this opportunity also to flag a review of our existing branch rules over the next few months so they are more reflective of our current practices. The proposed changes will be forwarded to all members soon – please keep an eye out for them. These changes are all part of becoming a more integrated International Society – yes International! The Society is Australia-wide as well as New Zealand-wide – in fact NZ have just formed a third branch in Christchurch, adding to the established Auckland and Wellington Branches.

Whilst on general matters of the Society, we have a total combined membership of over 1000, with over 200 of those belonging to our NSW Branch, which is fantastic. I would like to thank our members and the Committee for making us one of the largest and more active branches of the ANZFSS!

Talking of active, there has been some interesting meetings over the last 12 months – last year’s Night At The Museum visit in June with guest speaker Dr Linzi Wilson-Wilde OAM who intrigued us with a presentation on wildlife forensics; Professor Naren Gunja took us on an entertaining tour of the Art Of Poisoning, looking at how art through the ages has reflected (masked?) acts of poisoning; Dr John Hugel showed us Breaking Bad NSW Style! With an added international perspective Dr Jo Duflou from the Department of Forensic Medicine presented on Caffeinated Soft Beverages; Silent Killers, this was a fascinating case history of alleged death by a certain soft drink with a distinctive ribbon logo! (For those who weren’t there, it wasn’t found to be the cause of death).

Our 2013 Annual Dinner combined with the executive AGM in November. The guest presenter for this evening was Hugh Selby. His talk was a little provocative with him not afraid to speak out and impart his perspective on expert witness testimony and the associated problems in the system. A fairly comprehensive run-down of this meeting can be found in an earlier newsletter. As an aside, this year’s Annual Dinner is going to be somewhat different – we will be having a Forensic Trivia Night with questions related to all matters of forensics. Start reading up on your forensic knowledge, and forming your teams – there will be prizes and interesting short presentations throughout the night. One not to miss, keep an eye out for promotions in the coming months.

Another large event on our calendar last year involved our Inside the Forensic World education day for students and educators. This was very well attended again and we are fortunate we could draw on the expertise and generosity of many of our members to put this day together, to give future students and teachers a taste of how the world of forensics operates. We did it a little differently this time around, introducing real practical experiences as well as presentations – feedback was fantastic. Special thanks also goes to UTS and NSW FASS/NSW Health Pathology for sponsorship of the day.

This year started with a bang, with a visit to the Police and Justice Museum, to see the exhibition City of Shadows. This showcased some extremely old and amazing histories of crime and criminal behaviour around the Sydney CBD including some absolutely amazing photographs and narratives by Curators. This was so popular a second evening was added for our members!

March saw a different venue again, the Museum of Human Disease at UNSW. We had a fascinating presentation on psychotic disorders by Dr Matthew Large on Major Self-Mutilation, looking at intracranial and ocular self-harm and injury. Following the talk, the Museum opened its doors to our members to peruse the many gross human pathology specimens housed there. Most recently, Retired Police Officer Clive Small gave a wonderful presentation on the Milat case and others covered in his new book, out later than in previous years.

Looking to the future, of course we can’t ignore that it is a Symposium year, in fact we’re just one month away. Adelaide is hosting what is shaping up to be a superb conference in the City of Churches. Those who are fortunate enough to be going will be treated to a great technical and social program I am sure. For those who cannot make it, there will be an opportunity to hear a little more about the research projects our scholarship winners will be presenting at our Symposium Awards Night to be held at the Australian Museum on 27 August. I take this opportunity to congratulate again our Executive travel scholarship recipients whose names are listed on our website, and our local Branch scholarship winners; Dr David Bruce received the Rebecca Kendrew Award, Dr Jennifer Raymond the Michael Dawson Award, and Laura McGrath the Eric Murray Student Award. A special highly commended award was given to Regina Tadde as her submission narrowly missed out on the Eric Murray Award but was judged to be of exemplary quality. Please note the 27 August in your diary as our next branch meeting.
 Presidents Message continued:

We had planned to bring you a public evening with Prof Gordian Fulde, Director of St Vincent’s Accident & Emergency Department who will talk on the alcohol and drug fuelled violence problem within the CBD – this is something that he has first-hand experience with being in the heart of the city. The same evening, an interesting talk was also being presented by Dr Judy Perl of the NSW Police Force, on the presentation of toxicological evidence and the perils of testing and presenting this evidence in court. This was unfortunately postponed due to illness, though we hope to bring this branch event to you early in the new year. Keep an eye on our website for further news on this exciting night!

Lastly, I would like to thank the outgoing Committee for their hard work during the last 12 months, notably the Secretary and the Treasurer. There is a huge amount of work that goes on in the background especially with the changes being made, I could not have got through the year without their support and assistance. I would like to make special mention of one of our Committee members and Newsletter Editor Annalise Wrzeczycki, who has been responsible for our fantastic newsletter over the past few years. Unfortunately, she has stepped down for the coming year. This in fact is the last edition she will put together. I would like to thank Annalise for her commitment and hard work during her time on the Committee. I hope to see you back soon Annalise. But fear not readers, new Committee member Scott Chadwick will take over the Newsletter role and any content ideas or submissions can be made to him via our secretary.

Enjoy this edition of our Newsletter. I look forward to seeing you at our next branch meeting or in Adelaide for what is set to be a fantastic Symposium on the Forensic Sciences.

- Alison Sears, President, NSW Branch ANZFSS

NEXT Branch Meeting; Symposium Cheese & Wine Awards Night

This year the NSW Branch are delighted to showcase our branch and executive award recipients in the week prior to the Symposium. That way those of you not attending can be exposed to a sample of the high calibre work which is representative of the advancement in forensic science that the NSW Branch members are involved with. Presentations will be made by those students and practitioners who have received branch or executive awards and will cover topics including: evidence recovery, improved DNA technology supporting cold cases, detector dogs, drug intelligence, assessing the expert (fingermark detection), advancement in the detection of decomposition odour in soil, forensic evidence case studies, degradation of textiles on remains, intelligence based fire investigation and more. Please join us to celebrate the great research that is happening in NSW. Kevin Forward, Director of NSW FASS, will open the evening. Details of the presenters and abstracts of their research will be coming out soon. See you at the Australian Museum!

WHERE: Australian Museum. 6 College Street, Sydney.
WHEN: Wednesday 27th August, 6pm refreshments for a 7pm start.
COST: FREE or $5 for non-members.


The Police & Justice Museum kindly opened its doors to our members during the City of Shadows exhibition earlier this year. Members were shown through the various rooms and displays and provided stories of intrigue and crime by the friendly curators. Consisting of three separate buildings, the Museum features a Magistrates Court, a Police Charge room and Remand cells. There is a gallery of mug shots of Sydney’s early criminals and a variety of weapons used is also on display. The Museum has been a Water Police Court (1856), Water Police Station (1858) and old Police Court (1886). A restored Court of Petty Sessions with its communal dock that could hold 15 prisoners at a time was shown to our members. The Court Room was designed by James Bennet in 1886. The buildings were constructed from Sydney sandstone quarried from Bennelong Point where the Opera House is now situated.

The Water Police Court (1856) was tasked with preventing smuggling and escapes of convicts who stowed away on ships visiting the ports. The Court dealt with petty crimes, offensive language, drunkenness, theft and break and enters. By 1880 the Court was dealing with 17,000 cases per year. One of the most infamous cases was that of Henry Louise Bertrand in 1865. He had murdered the husband of his lover, making it look like suicide. Police who occupied the buildings thought it was a terrible place to work with complaints about the structures. Hearing evidence was difficult with witnesses often asked to speak up. There were also complaints about the odours from prisoners due to the primitive air conditioning system. In 1886 a new Court opened to ease the workload of the original Water Police Court. It had better acoustics with windows set high in the roof for better lighting. This Court had seven air vents and air conditioning. The Water Police Station closed in 1985 when The Rocks Police Station opened. The Police Court was used as a Magistrates Court and later became known as Traffic Centre No. 2 (Water Police Court being Traffic Court No. 1).

The Museum has a vast negative and collection archive covering 1912 to 1964, documenting police investigation records with over 9000 objects and examines the social history of law, policing and crime in NSW. Artefacts of corporal punishment such as leather lashes, whips (1900), a hangman’s noose with hoods (1880 to 1930), an isolation mask, manacles, padlocks and keys (1900 to 1960), handcuffs and physical restraints were on display. Collections were stored in warehouses in tea chests retrieved by Sydney Living Museum in late 1980’s that were damaged by flood, heat and humidity. The Museum had recovered 4 tonnes of negatives making this collection the largest and most intact collection of police photographs archived anywhere in the world. A Graflex camera from the 1930’s was also on display; this was a robust lightweight camera ‘speed graphic’ and was the camera of choice for newspaper and police photographers of that era.
A large number of police photos were taken within a few miles of the Criminal Investigation Branch in the Sydney CBD. Police photographers of that time attended motor vehicle accidents, industrial accidents and fires. Photos on display illustrated deserted back alleys, yards, dead end streets, vacant lots and urban ‘badlands’. Many photos illustrated unintended details. Museum curators and researchers since 2008 have been investigating leads and following up tips from the public and obtaining histories from families and members of the Police Force. Interestingly, this research has solved many of the mysteries surrounding people and places in police photographs and the stories behind the images. Visitors to the Museum had seen photographs and subsequently informed staff that they were relatives. Some families are happy to learn about the ‘black sheep’ in their families’ histories and sometimes families request to have images withdrawn from public view. Entering the Museum, visitors were introduced to the area of inner Sydney known as The Horseshoe, an area consisting of Darlinghurst, Redfern, Haymarket and Newtown. Photographs on display showed motor vehicle accidents, views of streets and bedrooms. Many members, during the tours which took place over two nights (due to popularity) sat and watched the intriguing short films, consisting of photographs with narration by Peter Doyle, that ran in one of the exhibition rooms.

One film showed streets and premises of various crime scenes, with another film depicting a rogues gallery of suspects and criminals. Mug shots were shown with the usual profiles front and side-on but changes were evident where criminals adopted their own poses. There were photographs of criminals assembled like casually-standing groups. An explanation by staff for the poses in these photographs was that it was probably the only time these criminals were ever photographed. Many appeared to be well dressed in suits and ties of the time.

A favourite in the collection of the Curator Peter Doyle is Barbara Taylor. Barbara was a female criminal operating in Sydney, Newcastle, Brisbane and Perth from the 1890’s until the 1920’s. Her mug shot was taken when she was arrested for defrauding a Sydney man, Henry Placings, of 106 pounds by borrowing against a forged cheque. She was known to be one of the most successful con artists of the times.

- Review by Glenn Wilcher. Edited by Annalise Wrzeczycki.

Acknowledgements:
Nerida, our fantastic host at the Museum Alice Livingstone, the Museums’ Rights and Permission Officer, for granting permission to reproduce images and photographs from the exhibition here.

Curator Caleb Williams and Author/ Curator Peter Doyle for donating their book ‘City of Shadows Sydney Police Photographs 1912-1948’ to our members’ prize draw. Well done Melanie Holt!

Left: A vintage Museum photo depicting rather dapper criminals in a candid style of mug shot, taken in the 1920s.
In March, members and guests were treated to a fascinating evening at the UNSW Museum of Human Disease with a presentation by Dr Matthew Large, Psychiatrist and Researcher at the University of New South Wales. Dr Large's presentation titled “Major Self-Mutilation; Oedipus Revisited” covered disturbing acts of major self-mutilation (MSM) specifically self-ocular enucleation of the eye, and intracranial self-stabbing with the relationship to schizophrenia spectrum psychosis. Psychiatric aspects of the phenomenon of intracranial self-stabbing have received little attention in psychiatric journals. These MSMs are not always motivated by a desire to commit suicide and appear to have an association with psychotic illness.

The Museum of Human Disease opened in 1960 and was established by Professor Donald Wilheim, Foundation Professor of Pathology. In 1996 the museum was expanded to include education of senior high school and biology students as well as community interest groups. Visiting the museum, there are rooms for presentations and bays of pathology specimens labelled and catalogued. There is also an interactive Medical Computer Discovery Laboratory. The museum is geared for students with nearly 10,000 visitors each year. It is the only museum of its kind to be open to the public. Interestingly, the museum is listed as one of the world’s ten weirdest museums (and is proud of this title!). Among the specimens are a 19th Century tuberculosis lung, an ovarian tumour with teeth and hair and a brain infected with mad cows disease. Some specimens are rare, such as a 60 year old specimen of the larynx showing macroscopic changes due to diphtheria.

Specimens are provided both from organs removed surgically and from tissue obtained at autopsy. The museum houses a collection of over 2,700 human tissue specimens contained in thirty areas, including one specific to forensic science (check out the photo of some of our student members on page 9). Each specimen is numbered and accompanied by a clinical history where appropriate, with a macroscopic description of abnormalities and, where relevant, a histological description at the microscopic level.

Volunteers assist at the museum, helping with a wide range of activities such as explaining the specimens to visiting students who come from regional and rural areas. Some volunteers also prepare and present talks and demonstrations via the virtual classroom programs and others help with office support or marketing and social media activities. We were lucky to have a few wonderful volunteers on site to assist with our members’ enquiries.

An interesting specimen tour includes a rare ovarian teratoma, a wound ulcer caused by radiation, torsion of the testes, pulmonary emphysema, myocardial infarction (heart attack), diseases related to diabetes and HIV, cirrhosis, appendicitis, goitre, polycystic kidneys and gangrene to mention a few. Our members were especially interested in not-usually-shown specimens of congenital abnormalities and ectopic pregnancies with an example of a foetus with anencephaly (no brain or skull, brainstem only) not viable for survival.
Major Self – Mutilation; Oedipus Revisited
And if thy right eye offend thee, pluck it out, and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell. (Matthew 5:29 King James version).

Dr Large reviewed briefly the Freudian concept known as the Oedipus Complex being a state of psychosexual development, in which a male child desires his mother and grows envious and hostile toward the father. The concept is based on behaviours exhibited in Sophocles’ myth, Oedipus Rex. In Sophocles play, Oedipus unwittingly kills his father and marries his mother, Jocaster. After Jocaster kills herself, Oedipus blinds himself by sticking her golden brooches through his eyes while crying “Wicked, wicked eyes! — you shall not see me or my shame…”

In 1846 a case report on self-mutilation by Bergman was published describing a guilt-ridden widow who enucleated both of her eyes. Other cases have been reported in the medical literature with most reviewed by Kraus et al who reported on 33 cases with over half involving young women, with two thirds having religious delusions and 6 cases having quoted the biblical passage of Matthew 5:29. Mention was made of the fact that the right eye is the predominant eye removed with the left remaining intact probably due to the person taking the biblical quote literally, and this actually saving the left eye and preventing total blindness. Dr Large went on to state that Davidson’s first case report of a patient receiving antipsychotic treatment after self-enucleation. The patient was a young Israeli with delusions about his eyes and was a first-episode psychosis (FEP). The patient was treated with Largactil (Chlorpromazine) and later had a lobotomy.

Dr Large defined self-mutilation as the direct and deliberate self-destruction of a part of a person’s own body without the intention of suicide. He stated there were two classes of self-mutilation; minor and major, with minor self-mutilation being common and not causing significant disability and in some cases is considered a cultural practice. Dr Large mentioned that self-enucleation and self-inflicted eye injuries are not limited to Christians of European origin, with cases occurring in people of Japanese and Chinese origin, as well as those of the Jewish and Muslim faiths.
Major self-mutilation (MSM) is rare with Dr Large differentiating it from the minor category as being associated with serious mental illness, often resulting in permanent loss of an organ or its function. Dr Large mentioned three main forms of organ mutilation being ocular, genital and limb mutilation. He showed images of self-enucleations and orbital injuries secondary to suicide attempts and described an example of a pen through the eye, mentioning also that published cases usually depicting rather dramatic images and amazing radiographs. Dr Large mentioned the distress caused to staff and counselling required for staff exposed to cases of self-mutilation especially self-enucleation of the eyes. All cases of MSM require urgent medical attention because genital and limb MSM can cause massive exsanguination, and sub-arachnoid haemorrhage, meningitis or pituitary dysfunction / failure in the case of ocular injuries. Dr Large said replantation of genitals and limbs can be performed with a degree of function and testicular replantation may avoid the necessity for long term testosterone treatment.

Dr Large mentioned the number of cases of MSM in NSW between 1990 and 2007. He described an acquaintance chain method to enable the location of clinicians in every mental health service in NSW. A total of 38 clinicians were contacted with corroborated accounts of six enucleations and three complete upper limb amputations over this 17 year period. There were six cases which were thought to have occurred in the First Episode of Psychosis (FEP). The incident in NSW of MSM is to be at least 1 per 4 million of population in the period of the review based on 28 reported cases.

Dr Large discussed psychosis and causation of MSM and in response to questions from our members. There is a strong association between psychosis and MSM, with published reports coming from all parts of the world with increasing frequency since the first case reported in the 19th century, and MSM is specifically reported in association with schizophrenia spectrum psychoses. Some patients Dr Large described were so mentally ill they were indifferent to pain and to the loss of their own organs. Most had religious delusions and also often patients reported hearing auditory hallucinations directing them to remove their organs. Dr Large stated there was a predominance of male patients with schizophrenia with an average age in the early 30’s. A lower incidence of MSM in patients after treatment may be explained by antipsychotic treatment and a reduction in the intensity of the delusional beliefs and possibly hormonal changes in the brain post medication. Dr Large stated that when patients are stable and had been given explanations to their symptoms they are less likely to self-harm if symptoms return.
Intracranial Self-Stabbing

Dr. Large discussed research conducted for cases of intracranial self-stabbing in NSW. Five cases were located in NSW in the last 10 years with 47 published case reports of intracranial self-stabbing since 1960. Intracranial self-stabbing was defined as self-inflicted penetrating injury to the intracranial contents caused by the application of direct force rather than force inflicted through a trigger mechanism. In the published cases, the majority were males with average age of 37 years, with depression and without reported psychosis the most common diagnosis. Patients stabbed themselves through the orbital space, the nasal cavity, and through the foramen magnum as well as using sharp instruments to pierce the bone of the cranium. The most common implements used were writing implements, nails, knives and spectacle frames. Other reported implements included drills, ice picks, chopsticks, keys, scissors and a toothbrush. Patients presented with retained foreign body penetrating multiple and deep intracranial structures. Brain injuries consisted of parietal, and frontal lobe damage, as well as damage to the corpus callosum, cerebellum and temporal lobe. Injuries were inflicted in institutions and jail. A number of patients injured themselves in the course of suicide attempts. Motives for non-suicidal patients included attempts to rid themselves of evil and commanding auditory hallucinations. Some patients felt injuring the brain would eliminate their depression.

Confinement in jail or hospital appears to be associated with both types of self-injurious behaviour being self-intracranial stabbing and enucleations. Psychotic episodes appear to be more common among those who stab themselves in the brain than shoot themselves. Patients who stab themselves in the brain inflict a variety of injuries with complications including post-traumatic aneurysms, CSF leakage, venous thrombosis, intracerebral haematomas, hypopituitarism and arterial fistulae. The majority of patients require craniotomies due to traction causing a tamponade vessel.

- Review by Glenn Wilcher. Edited by Annalise Wrzeczycki.

References


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If you have any query, comment, suggestion or content idea for this newsletter or any Branch events, please do not hesitate to contact us. All correspondence regarding general enquiries, membership renewal, payment etc, can be addressed to:

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Save this new email address in your contacts so branch correspondence doesn’t end up in your spam folder. Specific recipients (e.g. President, Treasurer, Newsletter Editor) can be reached c/o these details.

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