

CHAPTER 18

Medico-Legal Work

Part A POST-MORTEM EXAMINATIONS

1. Effect of decomposition—The questions to be determined by a *post-mortem* examination vary in different cases, and the possibility of determining them effectually is not in every case equally dependent on the stage which the process of putrefaction has reached.

Thus, in death from drowning, strangulation and various diseases, questions respecting the appearance of flesh tissues, and the amount of blood in parts require to be considered, and these can only be determined soon after death and before putrefaction has made much progress.

But it would be quite possible to determine the existence or absence of a wound or severe bruises of soft parts, even if decomposition were considerably advanced; and injuries of bones, pregnancy, presence of foreign bodies, metallic poisoning, and some profound organic diseases, are ascertainable long after death.

2. Duty of Medical Officer to conduct post-mortem examination when nothing is known about causes of death—In each case the circumstances, so far as they are known, respecting the death and the discovery of the body, which are communicated by the Police, will enable the Medical officer to form an opinion as to whether it would be possible by a post-mortem examination to throw any light on the cause of death; and wherever such possibility exists, or whenever nothing is known, it is his duty to make as full an examination as possible.

3. Exhumation of body when advisable for examination—These considerations should guide a Magistrate in determining on the propriety or otherwise of exerting the power given him by law of ordering the exhumation of a body. In cases of doubt the Magistrate should, if possible, consult a Medical Officer before passing such an order.

4. Officer authorised to conduct post-mortem examination—The following notification of the Punjab Government is published for information:—

Punjab Government Notification No. 332, dated the 3rd April, 1905.

The following notification is issued regarding the Medical Officers authorised to conduct post-mortem examinations, in supersession of Notification No. 1067, dated 14th September, 1904:—

1. In exercise of the powers conferred by Section 174 of the Criminal Procedure Code the Lieutenant-Governor (Governor) is pleased to appoint the Medical Officer hereinafter named to conduct post-mortem examinations under that section, and to rule that, except as provided in clauses 3 and 4, bodies for such examinations shall be forwarded to the authorised officer employed within the district where the case arises, to whom they can be brought by rail or otherwise in the shortest time.

2. The authorised officers appointed under this notification are—

(1) all Civil Surgeons;

(2) all Medical Officers holding collateral Civil charges;

(3) all staff Surgeons;

(4) all Assistant Surgeons.

3. Bodies for post-mortem examinations shall be forwarded to Staff Surgeons (a) when they are those of soldiers, camp followers or other persons entitled to the professional attendance of the Military Medical Staff; and (b) when they do not come under clause (a), but the death occurs within the jurisdiction of the Court of the Cantonment Magistrate and there is no Civil Surgeon or Assistant Surgeon residing in the Cantonment, or within 3 miles of it.

4. For rules *re* fees, *see* Chapter 9 “Witnesses—Criminal Courts.”

5. Attention is invited to the special rules of evidence regarding the depositions of medical witnesses and the reports of Chemical Examiners contained in Sections 509 and 510 of the Code of Criminal Procedure [Section 291 and 292 of new Code].

Part B REFERENCES TO THE CHEMICAL EXAMINER

1. Medical Officer to be consulted about articles to Chemical Examiner—(i) The question as to whether any, and, if so, what articles should be sent for chemical analysis, and the transmission of such articles to the Chemical Examiner will rest ordinarily with the Medical Officer (usually the Civil Surgeon), who should, however, attend to any requisition made by the Magistrate or the Police in this matter.

(ii) In cases where human subjects are not concerned the Police may send articles to, and correspond direct with the Chemical Examiner.

(iii) All Magistrates are at liberty to forward any articles connected with any Criminal case before them to the Chemical Examiner, but the desirability of their consulting the Civil Surgeon or their Medical Officer before doing so is obvious.

Everything upon which the Chemical Examiner's opinion is necessary, should be forwarded to him with the least possible delay.

2. Condition of medico-legal inquiry in India—On the subject of the Chemical Examiner's work in India, the careful attention of Magistrates, Medical Officers and the police is directed to the statement of the conditions of medico-legal inquiry in India as compared with such inquiry in England, prepared by the Chemical Examiner for the Punjab, and annexed hereto as Appendix A.

3. Statement to accompany articles sent—Whenever any article is sent to the Chemical Examiner, whether by Magistrates, Medical Officers or the Police it should be accompanied by statement containing all possible information that may serve to guide the Chemical Examiner in his investigation.

4. Mode of packing of articles to be sent—All articles should be forwarded in separate bottles, the stomach in one, its contents in another, the liver in a third, dry parties in small phials; and when any articles liable to decomposition are sent, they should always, whether the season be hot or cold, be immersed in methylated spirits of wine, which should be used in the proportion of one third of the bulk of the articles.

The cork of each bottle should be tied down and sealed and each bottle should be numbered. To ascertain that it has been securely closed, the bottle should be placed for some minutes with its mouth down.

5. Weight of articles sent to be noted—The weight of each article sent, and, where the portion of an organ is sent, the weight of the whole organ, as well as of the part sent, and, in the case of fluids the total quantity of the fluid and the quantity sent should be stated on a ticket attached to the bottle, and also in the letter of invoice prescribed in paragraph 8 below.

6. Precautions in packing bottles—(i) This several bottle containing the articles sent should be enclosed in a tin or wooden box, which should be large enough to allow of a layer of raw cotton, at least three-fourths of an inch thick, being put between the bottle and the box; the box should be securely fastened and covered with wax-cloth.

(ii) In cases where any of the contents of the bottles might prove offensive, the box must be of tin, and Macdougall's powder or charcoal should be dusted between the box and wax-cloth.

7. Articles to be packed and sealed in the presence of the forwarding officer—All articles on being put up the forwarding officer, and sealed and numbered by him, should be packed in his presence and under his immediate supervision, the package should then be sealed by him, in accordance with the usual rules of the Post Office as to parcels, in such a manner that it cannot be opened without destroying the seal. The seal used should be a private seal, and the same throughout.

8. Invoice of articles and post-mortem report or statement to accompany articles—In all cases of transmission of articles to the Chemical Examiner, whether by a Magistrate, Medical Officer, or the Police, a letter of invoice, giving a full description of the articles sent, should be

despatched by post, together with the statement or post-mortem report. A duplicate of the invoice should also be placed between the wax-cloth and the box to accompany the package. Both copies of the invoice should be stamped with an impression of the seal referred to in paragraph 7.

The Chemical Examiner should be requested to return, if possible, any articles sent to him for examination which is likely to be required at the trial.

9. Evidence should be taken to prove that Chemical Examiner's report refers to the subject connected with the inquiry—In inquiries or trials, where reference has been made to the Chemical Examiner, it will be the duty of the Magistrate to examine the official who despatched the articles for analysis with regard to the identity of the invoice and seal, and thereby establish the identity of the subjects reported on with those sent for analysis, and prove that the Chemical Examiner's report refers to the subject connected with the case under inquiry. If the decision of the case turns on the results of the chemical examination, a copy of the judgment, and of the evidence regarding symptoms and post-mortem appearance, will be supplied to the Chemical Examiner; such copies being made at the expense of Government as a special charge.

10. Identity of body to be proved—In all cases of homicidal, where the body is found, the identity of the body with the person said to be deceased must be fully established before the Magistrate trying or inquiring into the case.

In such cases, where there has been a post-mortem examination, evidence must be recorded by the Magistrate to prove the custody of the body of the deceased after death, and its delivery for the purpose of post-mortem examination to the Medical Officer.

11. Proper custody of articles to be proved—In all cases in which articles are brought up in evidence, the custody of such articles, throughout the various stages of the inquiry must be clearly traced and established. Evidence must be recorded on this point, and the evidence should never leave it doubtful as to what person have had charge of the articles at any stage of the proceedings. All such articles must be distinctively marked, and any reference to them in the record must be so clear as to leave no room for doubt as to the special article referred to.

COMMENTS

According to High Court Rules and Orders Chapter 18 (Part-B) Clause 8 and 3 in all cases of transmission of articles to the Chemical Examiner a letter of invoice giving full description of articles sent should be despatched. According to Clause 11 proper custody of articles throughout the various stages of inquiry must be established and traced. But in the present case ASI appearing as P.W. 7 does not say anything about the filing of the CFSL form but says that he deposited those sealed parcels in the Malkhana at Police Station Mehrauli. Moharrar Malkhana appearing in Court nowhere stated that he sent the article to the Chemical Examiner along with the CFSL form. This aspect assumes importance particularly when the seal used was not handed over to an independent witness. The seal after use were kept by the police officials themselves therefore the possibility of tempering with the contents of the sealed parcel cannot be ruled out. It was very essential for the prosecution to have established from stage the fact that the sample was not tempered with. The prosecution could have proved from the CFSL form itself and from the road certificate as to what articles were taken from the Malkhana. Once a doubt is created in the preservation of the sample the benefit of the same should go to the accused. *Safiullah vs. State (Delhi Admn.)*, 1993 (25) DRJ 248 : 1993 (49) DLT 193 : 1993 (1) Crimes 204. (See also *Pradeep Kumar vs. State*, 1989 (2) Chand L. R. 702.)

12. Evidence of non-professional witnesses re blood and human hair should be accepted with caution—Magistrates are warned that the evidence of non-professional witnesses on the subject of blood and of human hairs must be accepted with the utmost caution, and that, where

the case rests materially on the proof of such matters, the evidence of a professional witness must be taken, and reference made, if necessary, to the Chemical Examiner.

13. Chemical Examiners attached to Custom Departments are Chemical Examiners for the purpose of Section 510 Criminal Procedure Code—The Chemical Examiners and Assistant Chemical Examiners attached to the Customs Departments at Madras, Bombay, and Calcutta are ‘Chemical Examiners to Government’, for the purpose of Section 510, Criminal Procedure Code.

14. F.D. (CR) No. 67, Simla the 17th August 1943—With reference to Section 510 of the Code of Criminal Procedure, 1898, (Act V of 1898) [Section 291 of new Code] the Central Government is pleased to declare that the Chemical Examiners in the Custom Houses at Bombay, Calcutta and Madras in the Central Revenue Control Laboratory, New Delhi, the Central Excises and Salt Revenue Department, North-Western and North-Eastern India and in the Opium Factory, Ghazipur, are Chemical Examiners to Government.

Part C

RULES FOR THE GUIDANCE OF POLICE OFFICERS REGARDING THE SUBMISSION OF BLOOD-STAIN CASES TO THE SEROLOGIST AT CALCUTTA

1. Serologist appointed to distinguish human blood from other blood—As a result of the success attained by Lieutenant-Colonel W.D. Sutherland in his researches in regard to the differentiation of human blood-stains from those of the blood of other animals the Government of India have appointed a Chemical Examiner on special serological duty at Calcutta to carry on there this special branch of medico-legal work for the whole of India. This officer has been designated “the Serologist and Chemical Examiner to the Government of India, at Calcutta.”

2. Articles to be sent to Chemical Examiner and when—As it would not be possible for the Serologist to copy with his work expeditiously if all articles suspected of having blood-stains were sent direct to him, it has been denied to issue the following instructions for the guidance of Police Officers in dealing with blood-stained articles:—

(a) *Cases in which articles shall be sent to the Chemical Examiner, Kasauli*—In cases in which the evidence of the blood-stained articles is, relatively to the whole body of the evidence, of small importance, the articles shall be sent direct to the Chemical Examiner at Kasauli for examination.

(b) *In cases where blood-stained articles from important piece of evidence the Chemical Examiner will select articles to be sent to the Serologist*—In cases in which the establishment of the fact that bloodstains are of human blood, as distinct from the general classification of “Mammalian,” is material to the prosecution and has a really important bearing on the case, the blood-stained article shall be sent direct to the Chemical Examiner, who will determine which of such articles he will forward to the Serologist with the necessary sketches, etc, in sending articles for the serological test, the Superintendent of Police shall specially ask for examination to test the source of the blood. The Serologist will, after examining the articles sent to him by the

Chemical Examiner, return them with a copy of his report direct to the Superintendent of Police concerned.

(c) *In some cases only stained portion of the articles may be sent*—In cases of articles of blood-stained clothing, etc, the stained portion only should be cut out and forwarded for determination of the source of blood. In the case of weapons and other solid articles the entire articles should be sent.

(d) *Medico-legal history of the case should be sent along with the articles*—All article sent should be accompanied by a complete medico-legal history of the case.

(e) *Article to be sent direct only under the order of Police Superintendent*—No articles should be forwarded direct except under the express orders of the Superintendent of Police.

Notes—(1) As vegetable poisons cannot be detected in ashes it has accordingly been held useless to forward such poisons to the Chemical Examiner for detection,—*vide Punjab Government Letter No. 16781-Medl, dated 5th June, 1923.*

(2) The Serologist has been appointed to be a Chemical Examiner, to Government—*vide Government of India Notification No. 1168-Health, dated 14th October 1924.*

Part D GENERAL

Appendix B deal with medico-legal questions—With a view to assisting Magistrates and Police Officers to conducting inquiries into cases of suspected murder and other cases in which medico-legal questions are involved, and Appendix B is here to annexed, which contains the following:

- (a) symptoms produced by some of the more common poisons;
- (b) Questions that may be put to medical and other witnesses in certain cases ;
- (c) Points to be inquired into in case of death from rupture of spleen.

APPENDIX A

Statement of the conditions of medico-legal inquiry in India as compares with such inquiry in Europe

Extract from the Report of the Chemical Examiner, Punjab, for 1873

Conditions in India different from Europe—The investigation and proof of medico-legal cases in India are generally conducted under very different conditions and by very different means from those in most countries of Europe, and it is very necessary for the officers engaged in this country to understand the value and the significance of the various parts of this investigation that

each has to perform, and especially for the Magistrate to know how his decision is to be modified by the way in which the investigation has been conducted.

Proof of poisoning mainly depends on scientific evidence. Poisoning has to be inferred from certain symptoms and chemical evidence—The proof of poisoning, though it may be clear by other evidence, depends mainly on establishing the cause of certain symptoms, or of death, that is, it rests principally on scientific evidence. Of this evidence there are three parts—the symptoms, the post-mortem appearances, if death occurred, and the chemical evidence from the proper investigation and co-relation of which the unknown cause may be established.

In Europe medical practitioners skilled in diagnosis are diffused all over and there is generally a medical attendant to recognise symptoms and certify the causes of death—In Europe there is a class of qualified medical practitioners, diffused almost universally, who certify to the causes of death, the public registration of which is compulsory. When a person is seized with sudden illness followed or not by death, there is almost always a medical attendant sufficiently skilled in diagnosis to recognise the symptoms as those of some known disease, or, if not, he is able in one class of cases to give an opinion that these symptoms are not those of any known disease but that they are those of a certain injury, or poison, or class of poison; while in another class of cases he may only be able to say that they may possibly be those of a certain disease, but that they suspiciously resemble those of some poison or injury.

In India a medical attendant is generally not present to certify the cause of death or recognise the symptoms. Police have to get an account of symptoms from ignorant people who are not even inclined to speak the truth—In India, qualified practitioners not being generally diffused among the people the causes of sudden illness or death are not recognised by the ignorant relatives and attendants. In this way many cases of disease may be attributed to poison, or injury, or witchcraft, and from ignorance, doubt or enmity be reported to the Police. On the other hand, cases of real poisoning may be passed over as cases of disease. This part of the investigation has generally to be conducted by the Police who cannot be supposed to be skilled in the observation and estimation of symptoms. In addition, they have to get an account of the symptoms after they have occurred and from ignorant witnesses, and they have to contend with a difficulty in getting them to speak the truth unknown in Europe. The evidence so far is, therefore, generally defective, and must be so till there be a class of practitioners spread among the people sufficiently skilled to certify to the causes of deaths. In all possible cases the Police should have the assistance or advice of a Medical Officer, and the evidence of attendant *hakims*, who often show considerable acuteness in observation, should be taken down and signed by them.

Post-mortem examination in Europe is more definite—The second part of the investigation the post-mortem examination, is generally made in Europe by the medical attendant along with another doctor. In one class of cases an opinion can be affirmed that the post-mortem appearances are, or are not, those of the suspected disease, that they are not, or are those of the suspected injury, poison or class of poisons. In other class, in which the post-mortem appearances are not so diagnostic an opinion can only be given expressing probability or uncertainty.

In India evidence from post-mortem examination is less definite due to various causes—In India the evidence from post-mortem examinations is also generally less definite from various causes. Not only is the evidence regarding symptoms, which ought to guide in distinguishing suspected and possible causes of death, more imperfect, but very often the autopsy has to be performed without any information at all. The number of possible causes of death being very numerous, it is in such cases only possible to give an opinion of certainty or probability when marked and profound lesions are left by disease, injury and poison and there is a chance of uncommon lesions or slight appearances which might prove important in evidence being overlooked. Again, the body often reaches the Medical Officer advanced in decomposition, when the slighter appearances left by disease, injury or poison, may not be recognisable. But in all cases it is distinctly to be understood that the examination should be made, as even in such cases many causes of death may be established or negatived. Also, in all cases a complete and not a partial examination is more necessary, in this country on account of the imperfectness of the preliminary evidence as to the possible causes of death. Different causes may afterwards be suggested in the evidence regarding which judicial inquiries may be made.

Police to supply to the Medical Officer an account of the suspicious circumstances of death—In order to render this part of the evidence more definite and valuable, it is necessary that the Police, in handing over the body for examination, should at the same time hand over an account of all that is known as to suspicious circumstances of death, and it should be noted by the Medical Officer whether he was in possession of this information or not when making the post-mortem examination.

In Europe chemical evidence is more definite as the preceding evidence is perfect—In Europe the third part of the evidence—the chemical—is one of the most definite in its results. The symptoms and post-mortem appearances recorded by duly qualified and informed observers are laid before the Chemical Examiner, and the question asked is whether one poison, or at most one of a class of poisons, be present in the substances sent; and he certifies to the presence or absence of those of the poisons indicated, which can be identified by Chemistry.

This is not so in India, the preceding evidence being imperfect—In India, from the imperfectness of the preceding evidence, the problem proposed is more indeterminate and often insoluble. As a general rule, substances have hitherto been sent for analysis with no information as to what poisons might possibly have been used. This problem, which is seldom met with in a lifetime by an expert in Europe, resolves itself into a search for the poisons commonly used in the country, unless some suspicious appearances or particles lead to a conjecture in another direction. The number of substances that may cause death being practically indefinite, it would be impossible with a limited amount of material and time to attempt anything else.

Chemical Examiner should certify as to poison he was led to examine—In order that the Chemical Examiner's evidence may be as definite as possible, if no poison is found, he should distinctly certify as the poison he was led to examine for and whose absence he demonstrated.

In England scientific witnesses are cross-examined both as to the facts observed and the opinions formed by them—The position of the Magistrate as regards the scientific witness differs in India and England. In England, the scientific witnesses are really cross-examined by the

defence both as to the facts they have observed and the opinions they bring forward and similar witnesses may be brought forward to challenge their statements.

*This is not so in India. The Chemical Examiner should therefore restrict himself to statement of observed or demonstrated facts and should not make mention of probabilities or opinions—*In India, this is very seldom possible. The Civil Medical Officer has practically function rather resembling those entrusted to him in some countries of Europe. He is a Government official charged with the investigation of facts, regarding which he has to give evidence in the same way as the Police Officer. In addition, he has to interpret to the Court the precise value, significance and limits of the scientific evidence; and it is his duty to bring forward with judicial carefulness any conclusions or opinions connected with the facts.

The Chemical Examiner should restrict himself to a statement of observed or demonstrated facts, and should on no account make mention of probabilities or opinions, unless specially asked; but it is his duty to reply to a question regarding the meaning or limits of the scientific evidence which the local Medical Officer may wish to be referred or which the Court may choose to propose.

*Magistrate should consider how far the scientific evidence proves or disproves anything—*If the cause of death be not satisfactorily proved by the scientific evidence, the Magistrate has to consider to what extent it proves or disproves anything. It is purely negative in value in the case of poisons not detectable by Chemistry which do not produce symptoms and *post-mortem* appearances distinguishable with certainty from those of disease or injury. It is also negative in the case of detectable poisons of which the symptoms and post-mortem appearances alone are not decisive, when the Chemical Examiner has not been led to examine for those poisons. In this class of cases the proof principally depends on whether the Medical Officer was in possession of the suspicious circumstances of death when making the post-mortem examination and whether the Chemical Examiner knew both these when examining for poison. If the latter had no information he could only certify to the absence of common poison; and it is to be remarked that the large number of poisoning cases proved in this country is due to the ignorance of the natives, and that, as intelligence spreads, uncommon poisons will be used more frequently.

*A poison may be given in various ways and yet be not detected—*If no poison has been found, it should be noted that it may have been administered in the following cases:—

*1st—*If a poison has been given for which there are no chemical tests;

*2nd—*If a detectable poison were used for which the Chemical Examiner was not led to examine;

*3rd—*If a volatile poison has been used which has been placed in circumstances in which it might have volatilized;

*4th—*If certain organic poisons have been used, and a sufficient time has elapsed for their decomposition;

5th—In the case of most organic poisons it is only the part left in the stomach after death that can be discovered, that which is absorbed into the system becomes chemically changed; so that it is really the part that does not cause death that is detected. Consequently, if the stomach has been well cleared out by the stomach pump or vomiting, or if sufficient time has elapsed before death to allow the poison to be absorbed, none may be detected;

6th—Even in the case of metallic poisons, which can be detected after absorption, if sufficient time (three weeks to a month) elapse before death the whole of the poison may be eliminated from the system by the kidneys, etc., and the patient may die from the lesions caused by the poison.

APPENDIX B

(a) A Short Memorandum by the Chemical Examiner, Punjab, of the Symptoms Produced by some of the more Common Poisons

Poisons and their Usual Symptoms

Arsenic (Sammal-far, Sankhya Hartal and Mansil)—Vomiting ; burning pain in the stomach; great thirst; purging; sometimes cold skin; cramps in the limbs and sleepiness.

Opium (Afiun, Afim)—Sleepiness; pupils small; complete insensibility, skin sweating; vomiting seldom occurs.

Aconite (Bish)—Numbness and tingling in the mouth and throat, afterwards in the limbs; fothing at the mouth; sleepiness; occasionally convulsion or delirium or paralysis.

Datura (Dhatura)—Sleepiness; pupils enlarged; delirium; insensibility; vomiting rare.

Nux-vomica—(Kuchlla)—Twitching in the limbs followed by violent spasms and often lockjaw. The spasm ceases for a time and then again returns, often without evident cause ; it usually affects the whole body.

Shortest time before symptoms, 5 minutes.

Shortest time before death 1 hour.

Note—Any one of the above symptoms may be absent, though the poison by which they are usually caused has been administered.

Arsenic—Ordinary interval between taking the poison and the appearance of symptoms, 1/2 to 1 hour.

Ordinary time before death, 6 to 12 hours.

Opium—Ordinary interval before symptoms, 1/2 to 1 hour. Ordinary interval before death, 6 to 12 hours.

Aconite—Ordinary interval before symptoms, 15 minutes. Ordinary interval before death, 1 to 8 hours.

Dhatura—Ordinary interval before symptoms, 5 to 10 minutes. Ordinary interval before death, 6 to 12 hours.

Nux-Vomica—Ordinary interval before symptoms, 1/4 to 1 hour. Ordinary interval before death, 6 to 12 hours.

**(b) Questions that may be put to Medical and other
Witnesses in certain cases**

No. I

*Questions which may be put to medical witnesses in a case of suspected
poisoning after post-mortem examination of the body*

(i) Did you examine the body of late a resident of and, if so, what did you observe?

(ii) What do you consider to have been the cause of death ? State your reasons.

(iii) Did you find any external marks of violence on the body ? If so, describe them.

(iv) Did you observe any unusual appearances on further examination of the body ? If so, describe them.

(v) To what do you attribute these appearances; to disease, poison or other cause ?

(vi) If to poison, then to what class of poisons ?

(vii) Have you formed an opinion as to what particular poison was used ?

(viii) Did you find any morbid appearances in the body besides those which are usually found in cases of poisoning by ? If so, describe them.

(ix) Do you know of any disease in which the *post-mortem* appearances resemble those which you observed in this case ?

(x) In what respect do the post-mortem appearances of that disease differ from those which you observed in the present case ?

(xi) What are the symptoms of that disease in the living ?

(xii) Are there any post-mortem appearances usual in cases of poisoning by , but which you did not discover in this instance ?

(xiii) Might not the appearances you mention have been the result of spontaneous changes in the stomach after death ?

(xiv) Was the state of the stomach and bowels compatible or incompatible with vomiting and purging ?

(xv) What are the usual symptoms of poisoning by ?

(xvi) What is the usual interval between the time of taking the poison and the commencement of the symptoms ?

(xvii) In what time does generally prove fatal ?

(xviii) Did you send the contents of the stomach and bowels (or other matters) to the Chemical Examiner ?

(xix) Were the contents of the stomach (or other matters) sealed up in your presence, immediately on removal from the body ?

(xx) Describe the vessel in which they were sealed up and what impression did the seal bear ?

(xxi) Have you received a reply from the Chemical Examiner; if so, is the report now produced that which you received ?

(xxii) (If a female adult), what was the state of the uterus ?

No. II

Questions that may be put to a non-professional witness in a case of suspected poisoning

(i) Did you know, late a resident of ? If so, did you see him during his last illness and previously ?

(ii) What were the symptoms from which he suffered ?

(iii) Was he in good health previous to the attack ?

(iv) Did the symptoms appear suddenly?

(v) What was the interval between the last time of eating or drinking and the commencement of the symptoms ?

(vi) What was the interval between the commencement of the symptoms and death ? (if death occurred).

(vii) What did the last meal consist of ?

(viii) Did anyone partake of this meal with

(ix) Were any of them affected in the same way ?

(x) Had ever suffered from a similar attack before ?

(If any of the following symptoms have been omitted in answer to question I, special questions may be asked regarding them as follows).

(xi) Did vomiting occur ?

(xii) Was there any purging ?

(xiii) Was there any pain in the stomach ?

(xvi) Was very thirsty ?

(xv) Did he become faint ?

(xvi) Did he complain of headache or giddiness ?

(xvii) Did he appear to have lost the use of his limbs ?

(xviii) Did he sleep heavily ?

(xix) Had he any delirium ?

(xx) Did convulsions occur ?

(xxi) Did he complain of any peculiar taste in the mouth ?

(xxii) Did he notice any peculiar taste in his food or water ?

⌘(xxiii) Was he sensible in the intervals between the convulsions ?

⌘(xxiv) Did he complain of burning or tingling in the mouth and the throat, or of numbness and tingling in the limbs ?

No. III

Questions which may be put to medical witness in a case of supposed death by wounds or blows, after post-mortem examination of the body

- (i) Did you examine the body of late a resident of; and, if so, what did you observe ?
- (ii) What do you consider to have been the cause of death ? State your reasons.
- (iii) Did you find any external marks of violence on the body ? If so, describe them.
- (iv) Are you of opinion, that these injuries were inflicted before or after death ? Give reasons.
- (v) Did you examine the body internally ? Describe any unnatural appearance which you observed ?
- (vi) You say that in your opinion was the cause of death; in what immediate way did it prove fatal ?
- (vii) Did you find any appearance of disease in the body ?
- (viii) If so, do you consider that, if the deceased had been free from this disease, the injuries would still have proved fatal ?
- (ix) Do you believe that the fact of the suffering from this disease lessened his chance of recovery from the injuries sustained ?
- (x) Are these injuries taken collectively or is any one of them ordinarily and directly dangerous to life ?
- (xi) Have they been caused by manual force or with a weapon ?
- (xii) Did you find any foreign substance in the wound ?
- (xiii) By what sort of weapon has the wound been inflicted ?
- (xiv) Could the injuries have been inflicted by the weapon now before you (No. in the Police charge sheet)?
- (xv) Could the deceased have walked so far, or spoken, etc., after the receipt of such an injury ?
- (xvi) Have you chemically, or otherwise, examined the stains on the weapon, clothes, etc, now before you (No. in the Police charge sheet) ?

(xvii) Do you believe the stains to be those of blood ?

(xviii) What time do you think elapsed between the receipt of the injuries and death ?

(xix) What was the direction of the wound, and can you form an opinion as to the position of the person inflicting such a wound with respect to the person receiving it?

(xx) Is it possible for such a wound to have been inflicted by any one on his own person ? Give your reasons.

(xxi) Give precise direction of the wound (in gun shot wounds).

(xxii) Did the appearance of the wound indicate that the gun had been discharged close to the body or at some distance from it ?

(xxiii) Did you find any slug, bullet, wadding, etc., in the body ?

(xxiv) Do you think it possible that you could have mistaken the aperture of entrance for that of exit ?

No. IV

*Questions that may be put to a medical witness in a case of supposed
infanticide after post-mortem examination of the body*

(i) Did you examine the body of a male/female child sent to you by the District Superintendent of Police on the of 19.? And, if so, what did you observe ?

(ii) Can you state whether the child was completely born alive or born dead ? State the reasons for your opinion.

(iii) What do you consider to have been the cause of death ? Give your reasons.

(iv) What do you believe to have been the uterine age of the child ? State your reasons.

(v) What do you believe to have been the extra-uterine of the child ? Give reasons.

(vi) Did you find any marks of violence or other unusual appearance externally ? If so, describe them accurately.

(vii) Did you find any morbid or unusual appearances on examination of the body internally ? If so, describe them accurately.

(viii) Do you believe the injuries you observed to have been inflicted before or after death ? Give reasons.

(ix) Can you state how they were inflicted ? Give reasons.

(x) Do you consider that they were accidental or not ? Give reasons.

(xi) Had the infant respired fully, partially, or not at all ?

(xii) Did you examine the person of.the alleged mother of the infant ?

If so, have you reason to suppose that she was recently delivered of a child ? Can you state approximately the date of her delivery ? Give reasons.

No. V

Questions that may be put to a medical witness in a case of supposed death by hanging or strangulation

(i) Did you examine the body of. late a resident of.? And if so, what did you observe ?

(ii) What do you consider to have been the cause of death ? State the reasons for your opinion.

(iii) Did you observe any external mark of violence upon the body ?

(iv) Did you observe any unnatural appearances on examination of the body internally ?

(v) Was there any rope or other such article round the neck when you saw the body?

(vi) Can you state whether the mark (or marks) you observed were caused before or after death ?

(vii) By what sort of articles do you consider the deceased to have been hanged (or strangled) ?

(viii) Could the marks you observed have been caused by the rope or other article now before you (No. of the Police charge sheet) ?

(ix) Do you think that this rope could have supported the weight of the body ?

(x) Would great violence be necessary to produce the injuries you describe ? (If strangulation).

No. VI

Questions that may be put to a medical witness in a case of supposed death by drowning, after post-mortem examination of the body

- (i) Did you examine the body of late a resident of? And, if so, what did you observe ?
- (ii) What did you consider to have been the cause of death ? State your reasons.
- (iii) Where there any external marks of violence upon the body ? If so, describe them.
- (iv) Describe any unnatural appearances which you observed on further examination of the body.
- (v) Did you find any foreign matters, such as weeds, straw, etc., in the hair, or clenched in the hands, of the deceased or in the air passages, or attached to any other part of the body ?
- (vi) Did you find any water in the stomach ?

No. VII

Questions that may be put to medical witness in a case of alleged rape

- (i) Did you examine the person of? If so, how many days-after the alleged rape did you make the examination, and what did you observe ?
 - (ii) Did you observe any marks of violence about the vulva or adjacent parts ?
 - (iii) Are these injuries such as might have been occasioned by the commission of rape ?
 - (iv) Was the hymen ruptured ?
- Note*—This question only to be asked in the case of the rape of a girl of tender years.
- (v) Did you observe any further marks of violence upon the person of the woman ?
 - (vi) Had she passed the age of puberty ?
 - (vii) Can you state approximately what her age was ?
 - (viii) Did you find her to be a strong, healthy woman, or so weakly as to be unable to resist an attempt at rape ?

- (ix) Did you examine the person of the accused ?
- (x) Did you observe any marks of violence upon his body ?
- (xi) Was he suffering from any venereal disease ?
- (xii) Did you find the woman to be suffering from a similar or other venereal disease ?
- (xiii) Had a sufficient time elapsed, when you examined the person of the woman, for venereal disease to have made its appearance, in case of her having been infected ?
- (xiv) Can you state, approximately, how long the accused had been suffering from the complaint ?
- (xv) Can you state, approximately how long the woman had been suffering from this (venereal) complaint ?
- (xvi) Have you examined the stained articles forwarded to you, and now in Court (No. of Police charge sheet) ?
- (xvii) What is the result of your examination ?
- (xviii) Do you believe that rape has been committed or not ? State your reasons.

No. VIII^a

Questions that may be put to a medical witness in case of suspected insanity

- (i) Have your examined ?
- (ii) Have you done so on several different occasions so as to preclude the possibility of your examinations having been made during lucid intervals of insanity ?
- (iii) Do you consider him to be capable of managing himself and his personal affairs ?
- (iv) Do you consider him to be of '*unsound mind*', in other words, *intellectually insane* ?
- (v) If so, do you consider his mental disorder to be complete or partial ?
- (vi) Do you think he understands the obligation, of an oath ?
- (vii) Do you consider him, in his present condition, competent to give evidence in a Court of Law ?

(viii) Do you consider that he is capable of pleading to the offence of which he now stands accused ?

(ix) Do you happen to know how he was treated by his friends (whether as a lunatic, an imbecile or otherwise) prior to the present investigation and the occurrences that have led to it ?

(x) What, so far as you can ascertain, were the general characteristics of his previous disposition ?

(xi) Does he appear to have had any *previous* attacks of insanity ?

(xii) Is he subject to insane *delusions*.

(xiii) If so, what is the general character of these ? Are they harmless or dangerous ? How do they manifest themselves ?

(xiv) Might such delusion or delusions have led to the criminal act of which he is accused ?

(xv) Can you discover the *cause* of his reason having become affected ? In your opinion was it *congenital* or *accidental* ?

(xvi) If the latter, does it appear to have come on suddenly, or by slow degrees ?

(xvii) Have you any reason for believing that his insanity is of *hereditary* origin ? If so, specify the grounds for such an opinion; and all the particulars bearing on it as to the insane parents or relatives of the accused; the exciting cause of his attack; his age when it set in; and the type which it assumed.

(xviii) Have you any reason to suspect that he is, in any degree, *feigning* insanity ? If so, what are the grounds for this belief ?

(xix) Is it possible, in your opinion, that his insanity may have followed the actual commission of his offence, or been caused by it ?

(xx) Have you any reason to suppose that the offence could have been committed during a *lucid interval*, during which he could be held responsible for his act ? If so, what appears to you to have been the duration of such lucid interval ? Or, on the contrary, do you believe his condition to have been such as altogether to absolve him from legal responsibility?

(xxi) Does he now display any signs of *homicidal* or of *suicidal* mania, or has he ever done so to your knowledge ?

(xxii) Do you consider it absolutely necessary, from his present condition, that he should be confined in a lunatic asylum ? or again :

(xxiii) Do you think that judicious and unremitting supervision, *out of an asylum*, might be sufficient to prevent him from endangering his own life or the lives or property of others?

No. IX

*Questions that may be put to a medical witness in a case
of alleged causing miscarriage
(Sections 312-316, Indian Penal Code)*

- (i) Did you examine the person of. If so, when What did you observe?
- (ii) Are you of opinion that a miscarriage has occurred or not ? Give your reasons.
- (iii) In what mode do you consider the miscarriage to have been produced, whether by violence *per vaginam*, or by external violence or by the use of irritants *internally* ? Give your reasons.
- (iv) It is alleged that a drug called. was used, state the symptoms and effects which the administration internally of this drug would produce. Do you consider that it would produce miscarriage ?
- (v) Can you state whether the woman was quick with child when the miscarriage was produced ? State you reasons.
- (vi) Did you see the foetus ? If so, at what period of gestation do you consider the woman to have arrived ?

No. X

Questions that may be put to a medical witness in a case of grievous hurt

- (i) Have you examined.? If so, state what you have observed.
- (ii) Describe carefully the marks of violence which you observed.
- (iii) In what way do you consider the injuries to have been inflicted; If by a weapon, what sort of a weapon do you think was used ?
- (iv) Do you consider that the injuries inflicted could have been caused by the weapon now shown to you (No. of Police charge-sheet) ?
- (v) What was the direction of the wound, and can you form an opinion as to the position of the person inflicting such a wound with respect to the person receiving it?

(vi) Is it possible for such a wound to have been inflicted by any one on his own person ? Give your reasons.

(vii) Do you consider that the injuries inflicted constitute any of the forms of “grievous hurt” defined in Section 320 of the Indian Penal Code ? If so, which of them ? Give your reasons.

The Magistrate in putting this question will show the Indian Penal Code to the witness, or the Magistrate may vary the form of the question so as to elicit the required information without calling the witness’s attention to the Code.

(viii) Do you consider that the person injured is now out of danger ?

(ix) It is alleged that the injuries were caused by. Could they have been caused in the manner indicated ?

(x) Have you chemically or otherwise examined the stains (on the weapon, clothes, etc), now before you (No. in the Police charge-sheet) ?

(xi) Do you believe the stains to be those of blood ?

Note—In case of the injuries being gun-shot wounds, questions XXI to XXIV under the head of No. III (Death by wounds) may be put to the witness.

**(c) Points to be inquired into in a case of death from
rupture of the spleen**

*Report on rupture of the spleen, by Dr. Burton-Brown, late Principal
of the Lahore Medical College*

Rupture of the spleen usually occurs from violence affecting the spleen when it is already diseased, but it may occur when the structure is quite healthy if the violence is very great, or it can happen without violence if the spleen is in a very diseased state; rupture has been known to have occurred either from muscular efforts, or staining, coughing or vomiting or even, it is stated, spontaneously in intermittent fever; but these cases are very rare. It is therefore, of great importance to determine what was the condition of the spleen in all cases in which death has been caused by rupture of this substance.

When the spleen is ruptured by violence the marks of that violence can sometimes be seen on the body but not in all cases, since rupture of the spleen often produces death so rapidly that no effusion of blood can occur, and also sometimes the violence appears only to effect the spleen, and not to injure other parts.

It is, therefore, quite possible that the spleen should be ruptured by violence and yet no evidence of the injury be seen on the skin or other parts of the body.

The condition of the spleen previous to rupture can generally be determined by its size and consistency after death. A healthy spleen measures about 5 or 5½ inches long, 3 or 4 inches

wide, and 1 to 1½ thick, and it weights about 6 ounces—varying from 4 to 8. When the spleen is so diseased as to render a rupture from slight violence probable, it will often weigh from 10 to 30 ounces, and measures from 7 to 12 inches in length. The healthy spleen does not project beyond the ribs but the diseased spleen does so,—often to considerable distance.

The consistency of the spleen, when healthy, is moderately firm, so that it may be cut with ease, leaving a sharp edge and smooth surface when divided, but in disease the spleen may become quite soft and pulpy or even diffluent, so as to fall away like a thick liquid when the capsule is divided. The condition, however, may also occur from putrefaction of the body if kept long after death or if the weather is very warm; and therefore these circumstances should also be ascertained.

The enlargement and softening of the spleen from disease is usually a result of previous attacks of intermittent fever or ague; it may also occur in other disease, especially typhoid fever, scurvy and purpura.

The part of the spleen which is usually ruptured in the concave or inner surface and the extent of the rupture varies greatly; but death usually occurs more rapidly in proportion as the rupture is larger and deeper. When the rupture is small, the patient may live several days, or may even recover entirely.

If the rupture is extensive, the person is usually incapable of moving from the place where the rupture occurred.

Lastly, in some instances, the spleen is covered with a layer or membrane caused by previous attacks of inflammation; this may delay or even prevent death by limiting the rupture or preventing excessive bleeding.

The questions, therefore, which appear necessary to ask in cases of death from rupture of the spleen are—

1st—What appearances of external violence were perceptible on the body ?

2nd—What was the size and weight of the spleen after death ?

3rd—How far did it project beyond the ribs ?

4th—What was the consistency of the spleen—hard, firm, soft, pulpy or diffluent ?

5th—How long after death was the body examined and what was the temperature of the air ?

6th—Was the body much putrefied ?

7th—What was the position of the rupture ?

8th—What was the length and breadth of the rupture ?

9th—Is it your opinion that the rupture was caused by external violence or not ? State your reasons for your opinion.

10th—Were there any adhesions about the spleen; if so, were they older than the rupture or not ?

1. This is with reference to Nux-Vomica.

2. This is with reference to Aconite.

3. With regard to lunatics, see Chapter 17.