

The Government of Rajasthan's Instructions Regarding Medico Legal Work (1960)

RAJASTHAN

India

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Rule

THE-GOVERNMENT-OF-RAJASTHAN-S-INSTRUCTIONS-REGARDING of 1960

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The Government of Rajasthan's Instructions Regarding Medico Legal Work (1960) Notification No. D 97/F.2(5) Judicial 51, dated 12.2.1960 (Published in Rajasthan Gazette Part 4-C 18.8.1960.RJ89) The Government of Rajasthan is pleased to issue for the guidance of all concerned the following instructions in respect of and for the conduct of Medico Legal work arising in the State :-Instructions Regarding Medico-Legal Work Sections 291, 292 and 293 of the Code of Criminal Procedure, 1973 envisages evidence of medical officers, Mint Authorities, Scientific experts such as chemical analysts, forensic experts, and other similar branch of sciences who can aid the administration of justice by their expertise opinion in the matter. These are the general. instructions to that effect issued by the State Government under the law and judicial department to eradicate doubts and maintain uniformity of procedure. The instructions have thus mandatory force though termed as instruction and not the rules.

Part A – Post-Mortem Examinations

1. Medical Officer to grant receipt for corpse etc. received for Medical Examination

- The Medical Officer shall, immediately, on receiving from any person for examination a corpse or any other substance, inquired and note down the name and residence of such person, and if he is a district Police Officer, his number and rank, and shall without delay grant to such person a receipt for the corpse or other substance delivered by him. The receipt so granted shall contain a list of the articles or substances received by the Medical officer and the name of the person from whom they

were received and to whom the receipt is given. It shall be the duty of the Medical Officer to examine all bodies sent to him as soon as practicable after arrival].

2. Particulars to be noted in respect of corpses brought to Medical Office

- In cases where the dead body is sent to him, the Medical officer should note the time of its arrival, the date and hour of the post-mortem examination, and sex, and height and apparent age of the deceased, the state of the body, whether well nourished or otherwise, the existence or absence, of any caste or other marks not of receipt origin, such as cicatrices and deformities and the like; and whether the marks upon it correspond with those mentioned in police reports.

3. Further particulars to be noted when taken to the place where corpse is lying

- In case where a Medical Jurist or Officer has been taken to the place where' the body lies, besides the above, he should note the place and nature of the soil (if out in the open country) where he found the body, also its position and the state of its clothes, if any. He should also note in cases of death from violence the position of the body in reference to surrounding objects, such as sharp stones and the like, contact with which it may be alleged, has produced the injury, also whether any blood stains are visible on such objects or any where near the corpse, and whether any weapons are lying near it. In cases of suspected death from poisoning, he should note whether any appearance as if of vomited matters, etc, is present in the neighbourhood of the body.

4. Description of the condition of the corpse

- In every case he should describe the condition in which he found the body, noting the degree of coldness, warmth, rigidity, and putrefaction and the amount and nature of clothing, or covering on it.

5. Examination of bones etc

- Commencing at the skull and terminating at the feet, he should examine the bones to determine whether any of them fractured or dislocated, and inspect the vertebrae column throughout, also the teeth, hair, orifices of the body and general surface, and also note the state of the pupils whether contracted or otherwise, and whether any substances are grasped in the hands.

6. Description of wounds etc. on the body

- If there be any wound or contusion on the body, he should describe its position, length and breadth. He should note the depth and direction of all wounds, whether there are any cuts on the clothes corresponding to them, and examine the wounds carefully for the presence of foreign bodies, preserving, such as are found. He should also state whether in his opinion the wound was mortal, giving his reasons for such opinion and he should be specially careful to examine the neck for marks

of compression.

7. Opinion as to wounds

- He should state his opinion as to whether the wounds, if any, could have been self inflicted, or whether they might have been the result of accidents, giving reasons for his opinion.

8. Examination of weapons of offence

- He should carefully examine any gun, sword, blood stained instrument, stick or stone, by which the wounds may have been inflicted, and mark such instrument, so as to be able to recognise it if asked to do so. He should also compare the weapon with the wound alleged to have been caused by it, and state whether, in his opinion, it was possible for the wound to have been produced by it.

9. Organs not to be disturbed while making examination

- In making his examination he should disturb as little as possible any organ which may communicate with an external wound, if he has reason to think that the body may be re-examined by another medical man.

10. Dissection of body

- He should commence his dissection of the body by removing the top of the skull the usual way with a saw and note any thing that may appear unusual.

11. Examination of wind pipe, heart etc

- He should make an incision from the chin down to the pubes so as to be able to examine the wind pipe, heart, lungs, liver, stomach, spleen kidneys, and intestines, also the urinary bladder and note whether any of these organs appeared diseased, and whether any wound on the outside of the body communicates with the contents of the chest or abdomen.

12. Examination of ovaries and uterus in case of females

- In the case of females, he should examine the ovaries and uterus, bearing in mind that abortion is sometimes caused by the introduction in the uterus of pointed instruments which may cause death. he should note the presence or absence of pregnancy, the probable period to which pregnancy had advanced, and examine the external generative organs for marks of violence.

13. Examination of umbilicus and cord in case of infants

- In case of infants, he should note the condition of the umbilicus and cord, if any of the latter remains, he should also remove the lungs and try whether they sink in or float in water.

14. Causes of death

- He should bear in mind that death may possibly have been the results of starvation, exposure to cold or heart, smothering, drowning, lightning, strangulation, poisoning or diseases, and see whether death was due to any of these causes, giving his reasons.

15. Examination of body to be through

- In all cases the examination of the body should be thorough and the notes of antemortem or post mortem appearances discovered should be as minute as possible.

16. Perusal of Police Report relating to discovery and condition of body

- Before commencing the examination, the Medical officer should carefully read the police report on the appearance and situation of the body when it was first discovered, and the cause of death as far as could have been ascertained. (Moth's Medical Jurisprudence).

17. Complete details observed should be noted

- All the details observed by the Medical officer should be carefully entered on the spot by himself in the post-mortem-report or in a note book, which can be used as evidence in a legal inquiry.

18. Delay in holding post-mortem Examination should be avoided

- There should be no unnecessary delay in holding the post-mortem examination. It should be made soon as the papers are brought, and the excuse of attending upon a midwifery case or any other similar reason should not prevent him from performing this most important, though too, frequently unpleasant duty. (Modi's Medical Jurisprudence).

19. Post-mortem Examination not to be held otherwise than on proper requisition

- The medico Legal Post-mortem Examination should never be undertaken unless there is a written requisition from the Police Officer or the Magistrate.

20. Post-mortem Report

- After completion of the examination, the Medical Officer must, before taking any further step, report the result of his examination along with a duplicate copy of the post-mortem report to a Magistrate or to the Police Officer at whose requisition the post-mortem was held.

21. Outsiders other than Police Officers not to be present during Post-mortem Examination

- No outsider other than the Police Officer or the identifying witnesses should be allowed to be present at the autopsy.

22. Identity of body to be proved

- In all cases of homicide, 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.

23. Effect of composition

- The question to be determined by a post-mortem examination varies 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.

24. 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 or whenever the medical officer is so required by a Magistrate or a Police Officer not below the rank of an Inspector it is his duty to make as full an examination as possible. In cases in which the Medical Officer may not be able to ascertain the cause of death even upon a post-mortem examination, he shall preserve the viscera and inform the Police of its preservation so that in case of necessity it may be sent to the Chemical Examiner. The viscera so preserved shall not be destroyed except upon instructions in writing from the Police in that behalf.

25. Exhumation of body when advisable for examination

- These considerations should guide a Magistrate in determining on the propriety or otherwise of exercising the power given to 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.

26. Officers authorised to conduct post-mortem examination

- The Government of Rajasthan has under section 174 of the Code of Criminal procedure, 1898, authorised the following officers to conduct post-mortem examination under that section :- (1) Medico-legal Officers or Medical Jurists where they are appointed; (2) Where there is no Medico-Legal Officer or Medical Jurist but there is a Principal Medical Officer as the head of the institution any Medical Officer deputed by him; (3) District Medical and Health Officers and Civil Assistant Surgeons, Class I, in charge of hospitals or dispensaries. (4) Civil Assistant Surgeons, Class II, in charge of dispensaries in cases in which the distance from the place of the occurrence of death to the nearest hospital or dispensary in charge of a Civil Assistant Surgeon Class I is so great as to involve the risk of decomposition likely to set in during the time required for taking the corpse to the later hospital or dispensary. The Government of Rajasthan has been further released to direct that bodies for post-mortem examination shall be forwarded to the nearest medical officer authorised as aforesaid: Provided that such bodies of soldiers, camp followers or other persons entitled to the professional attendance of military medical staff shall be forwarded to staff Surgeons.

27. Rules about the deposition of medical witnesses and reports of Chemical Examiners

- Attention is invited to the special rules of evidence regarding the deposition of medical witnesses and the reports of Chemical Examiners contained in sections 509 and 510 of the Code of Criminal Procedure, 1898.

Part B – References to the Chemical Examiner

1. Medical officer to be consulted about articles to be sent to Chemical Examiner - (1) 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 concerned who should, however, attend to any requisition made by the Magistrate or the Police in this matter.

(2) In cases where human subjects are not concerned, the Police may send articles to and correspond direct with the Chemical Examiner. (3) 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 other Medical Officer before doing so is obvious. Every thing

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 contents of Appendix A.

3. Statement to accompany articles sent - Whenever any article is sent to the Chemical Examiner, whether by a Magistrate, Medical Officer or the Police it should be accompanied by a 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 particles 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 or 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 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. Precaution in packing bottles - (1) The several bottles 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, they be securely fastened and covered with wax-cloth.

(2) 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 box 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 by the forwarding officer, and numbered by him, should be packed in his presence and under his immediate supervision, and 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 of the hospital or dispensary concerned and should be 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 dispatched 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. Miscellaneous Instructions - The articles of clothing etc. should be thoroughly dried in air by the forwarding Medical or Police Officer for transmission to the Chemical Examiner (drying before a fire may be necessary during the rains but when so doing care should be taken that the clothes are not scorched). Unless the clothing is thoroughly dried putrefaction may set in and render the recognition of the source of stains either difficult or impossible. In case of rape or unnatural offences swabs are more reliable exhibits to send than slides. For detection of gonococci two films on slides (prepared from the materials for examination) for testing for gonococci only should also be sent. The films should be forwarded unstained.

10. Blood Stained Articles - In the case of blood stains of mudfloors, earth etc. the piece containing the suspected stains should be cut out and wrapped in cotton wool, before packing in a box.

11. Clothings - Articles of clothing etc. of suspected blood and semen should be sent in one instalment and under one convening letter.

The articles may either be packed in a box in a suitable packing material or they may be sewn up in a cloth parcel.

12. Fingerprint articles - An article for finger prints etc., i. e. examination not undertaken could be examined by a respective expert when possible, prior to its despatch to the Chemical Examiner.

13. Viscers - The viscers and other articles are retained by the Chemical Examiner for a period of six months from the date of report after which they may be destroyed.

14. Evidence should be taken to prove that Chemical Examiner's report refers to the subject connected with the inquiry - 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 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 appearances, will be supplied to the Chemical Examiner; such copies being made at the expense of Government as a special charge.

15. Rules for forwarding suspected blood stains - Articles requiring examination for the presence of blood stains may, if desirable, be forwarded direct to the Chemical Examiner, the following rules being strictly attended to:-

(1)When clothes are sent up, any stains considered to be suspicious should be indicated by means of pencil marks or pins. Stains on walls, floors, the ground, or articles of furniture, etc. are not to be scraped off. But the stained area is to be carefully cut and when the material is brittle, as in the case of earth or chunam it should be carefully wrapped in cotton wool and packed in a box, so that the surface may be preserved from injury.(2)All articles requiring examination should be carefully labelled, and each label should bear the signature of the forwarding officer and the number and date of the letter or advice addressed to the Chemical Examiner. All parcels should be carefully sealed by the Dispatching Officer and packed in such a manner that they cannot be opened without destroying the seal. The seal used should be the same throughout & should be kept in safe custody. A letter of

advice should be separately forwarded to the Chemical Examiner. This letter should contain-(a)An impression of the seal used in closing the packets and description hereof.(b)A list of the articles forwarded and a statement as to how the articles have been forwarded.(c)Information as to whether any of the weapons, cloths, etc., are to be returned after examination.

16. 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 or persons 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 be special article referred to.

17. Kinds of tests to be mentioned - The Chemical Examiner's report should mention kinds of test and grounds of opinion (vide 1952 RLW p. 269 Law Journal).

18. Evidence of non-professional witnesses i.e. 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.

Part C – Rules for the Guidance of Police Officers regarding the Submission of Blood-Stain Cases to the Serologist of the Government of India, Calcutta.

1. Serologist of the Government of India, appointed to distinguish human blood from other blood - The Government of India have appointed a Chemical Examiner on special serological duty at Calcutta to carry on there, this special branch of medical legal work for the whole of India. This officer has been designated the Serologist of the Government of India.

2. Articles to be sent to the Serologist and when - As it would not be possible for the Serologist of the Government of India to cope with his work expeditiously if all articles suspected of having bloodstains were sent direct to him, it has been decided to issue the following instructions for the guidance of Police Officers in dealing with blood stains articles-

(a) Cases in which articles shall be sent to the Chemical Examiner Jaipur - 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 Jaipur 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 blood-stains 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 articles shall be sent direct to the Chemical Examiner, who will determine which of such articles he will forward to the Government Serologist with the necessary sketches etc. In sending articles for the serological test, the Superintendent of Police shall specifically ask for examination to test the source of the blood. The Government 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 the blood. In the case of weapons and other solid articles the entire should be sent. (d) Blood stained clothes of the deceased and incriminating articles found with the accused may be sent to the Chemical Examiner - At times it may be necessary to obtain the Serologist report on blood grouping. In such cases, the blood stained clothes of the deceased should be seized and sealed separately and the incriminating articles found with the accused should be sealed separately and should be sent to the Chemical Examiner for being sent to the Government Serologist for blood grouping test. (e) Transmission of articles by Chemical Examiner to the Government Serologist - In all cases of transmission of articles by a Chemical Examiner to the Government Serologist, a letter of invoice giving a full description of the articles sent, should be despatched by post, together with the statement of any test he had carried out. 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 of the Chemical Examiner. (f) Name of the messenger be entered in the statement - If however, any article is sent through a messenger, to the Serologist of the Government of India his name is to be entered in the statement of the Chemical Examiner to the Serologist and the messenger is to be examined at the enquiry or trial that the articles were delivered to the Serologist without being tampered by any body. (g) Medico-legal history of the case should be sent along with the articles - All articles sent should be accompanied by a complete medico-legal history of the case. (h) Articles to be sent direct only under the order of Police Superintendent - No articles should be forwarded direct except under the express order of the Superintendent of Police.

Part D – General

1. Appendix "B" deals with Medico-Legal questions - With a view assisting Magistrates and Police Officers in conducting inquiries into cases of suspected murder and other cases in which Medico-Legal questions are involved, an Appendix "B" is hereto 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 rapture of spleen.Appendix A(See para 2 of Part-B References to the Chemical Examiner)Statement of the Conditions of Medico Legal Inquiry in India

1. 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 systems or of death that is, it rests principally on scientific evidence. Of this evidence there are three parts the systems, 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.

2. Police to obtain advice of Medical Officer, Vaid or Hakim - In all possible cases the Police should have the assistance or advice of Medical officer, and the evidence of attendant v aids or hakims, who often show considerable acuteness in observation, should be taken down and signed by them.

3. Post-Mortem Examination invariably necessary - In all cases it is distinctly to be understood that the Post-Mortem Examination should be made, as even in such cases many causes of death may-be established or negated. Also in all cases a complete and not a partial examination is more necessary 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.

4. 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 the 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.

5. 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 to the poison he was led to examine for and whose absence he demonstrated.

6. Chemical Examiner to restrict himself to a statement of observed or demonstrated facts and not to make mention of probabilities or opinions - 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 any 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.

7. Medical Officers' to maintain supply of unmethyated spirit and suitable bottles - Medical Officers incharge of Hospitals and Dispensaries are required to maintain a supply of unmethyated spirit and suitable bottles, etc., in readiness for the transmission of viscera and other matters to the Chemical Examiner when occasion may arise. In cases of suspected poisoning, it is exceedingly important that viscera and other suspected matters liable to rapid decomposition should be placed in spirit as soon as practicable. And every care should be taken lest doubt may be raised in court as to the identity of articles likely to require examination, or as to the possibility of their having been accidentally contaminated or improperly interfered with .

8. Contents of the stomach how secured for transmission - On marking a Post-mortem Examination whenever there is any suspicion of poisoning, the stomach should be tied at both ends (a double-ligature being applied at the pyloric extremity, so that the contents of the intestines may not escape) and removed from the body in such a manner that its contents may be retained, after removal it should be opened, the contents received into a perfectly clean bottle and the mucous surface of the stomach carefully examined, its

appearance noted, and any suspicious particles found adherent thereto should be picked off with a pair of forceps and placed in a separate small phial for transmission, And the mucous membrane of the mouth, pharynx and esophagus should be examined, and any unusual appearance of marks of corrosion thereon carefully noted.

9. Articles to be forwarded in case of death from presumed poisoning - In all cases of death from presumed poisoning, the following articles should be forwarded for analysis each in a separate bottle, unless otherwise indicated, it will, however, be understood that other matters should be forwarded, if in the opinion of Medical officer, the special circumstances of any case render such a proceeding advisable :-

(a) Stomach. (b) Contents of the stomach, which may, if it be convenient, be put in the same bottle with the stomach. (c) Suspicious particles (if any have been found) removed from the mucous membrane of the stomach. (d) A portion of the liver, not less, than 16 Oz. in weight, or the whole liver if it weigh less than 16 OZ. and one kidney. (e) The vomited matter, if any, the earlier and the later vomits should when practicable, be sent up in different bottles. And the labels should state at what period the matters were vomited. Special directions are given in paragraph 6 for the disposal of vomited matters mixed with earth, etc. (f) A specimen of the spirit used 4 Oz, is sufficient. (g) The contents of the small intestines. (h) Which may have been separately collected after the commencement of symptoms or found in the bladder after death.

10. Strong unmethylated spirit to be added - Strong unmethylated spirit should in all cases be added, as laid down in the rules for the transmission of articles for analysis, detailed in paragraph 11 to the contents of bottles A, D, G, H, and also to the contents of bottles B and E, unless it be suspected that alcoholic poisoning has been the cause Of death. No spirit need be added to the contents of bottle C. Care should be taken that no vessel containing fluid matters is quite filled.

11. Packing of vomited and purged matters in metallic poisoning - Vomited and purged matters are frequently received by Medical Officers mixed with earth, etc. If the admixture of earth be sufficient to render the evacuated matters dry and inoffensive, they may be packed without spirit in any convenient manner, otherwise they must be packed with spirit. Vomited and purged matters if they have, as frequently happens, been allowed to fall on the ground, should be carefully scraped up, not taking more earth than is necessary. The superficial scrapings should be packed separately. It is rarely

necessary to remove the earth to a depth greater than half inch, even in cases of suspected metallic poisoning, unless the soil be of a very loose character. Except when a metallic poison is suspected, it is very rarely necessary to forward purged matters.

12. Poisonous food, medicine and fruits how preserved and sent up - in articles of food, medicine, etc. suspected to have been the vehicle by which poison has been admitted, require examination, they should each be packed up separately and spirit invariably, added, as in case of viscera, to such as are liable to decomposition. Fruits, such as plantain and custard apple, if suspected to contain poison, should be carefully inspected, and it should appear that some foreign substance has been inserted, this should be picked out and sent up for examination. if one suspicious can be discovered, the fruit should be forwarded.

13. Letters of advice by Medical Officer to Chemical Examination what to contain - When on receipt of necessary orders a Medical Officer forwards articles to the Chemical Examiner for examination, he should address at the same time a letter to the Chemical Examiner advising him of their despatch. This letter should contain:-

(a)An impression of the seal used in closing in the bottles and a description thereof.(b)A list of the articles forwarded, and a statement as to how the articles have been forwarded.(c)The name of officer from whom the order has been received to forward the articles, and the number and date of such order.(d)A detailed account of the Post-mortem appearances observed.(e)If he has seen the case during life, on account of the symptoms and a statement of the treatment, if any, adopted.

14. Packets to be carefully sealed - All bottles and packets should carefully sealed by the Medical Officer, and closed in such a manner that they cannot be opened without destroying the seal. The seal used should be the same throughout and a private seal, or an official seal should be kept always in safe keeping. Each bottle or packet should be labelled and each label should bear the number and date of the letter of advice to the Chemical Examiner relative to the case as well as a short description of the contents, and should be signed by the Medical Officer.

15. 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 poisons. If the letter 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 the country is due to the ignorance of the natives, and that, as intelligence speaks, uncommon poison will be used more frequently.

16. 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 test;

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 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 composition.

5th. - In the case of most organic poisons it is only the part left in the stomach after death 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 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(See Part D General)(a)A short Memorandum by the Chemical Examiner Punjab, of the symptoms produced some of the more common poisons

Poison	Usual Symptoms
Arsenic—	Vomiting, burning pain in the stomach;
Native name Satnnial-far Sankhya—	Great thirst, purging, sometimes cold skin;cramps in the limbs and sleepiness.
Hartal and Mansil—	Sleepiness, pupils small, complete insensibility,skin sweating, vomiting seldom occurs.
Opium, Afium, Afim—	Numbness and tingling in the mouth and throat,afterwards in the limbs, frothing at the mouth, sleepiness.
Aconite Bish—	Occasionally convulsion or delirium or paralysis.
Dhatura—	Sleepiness, Pupils enlarged, deliriuminsensibility, vomiting rare.
Nux Vomica Kuchila—	Twitching in the limbs followed by violent spasmsand often lock jaw. The spasm ceases for a time and then againreturns often without evident cause; it usually affects the wholebody.Shortest time before symptoms, 5 minutes.Shortesttime before death, 1 hour.
Note—Anyoneof the above symptoms may be absent, though the poison by whichthey are usually caused has been administered.	
Arsenic—	Ordinary interval between taking the poison andthe appearance of symptoms, 1/2 to 1 hour.Ordinary timebefore death, 6 to 12 hours.
Opium—	Ordinary interval before symptoms 1/2 to 1hour.Ordinary interval before death 6 to 12 hours.
Aconite—	Ordinary interval before symptoms 14minutes.Ordinary interval before death 1 to 8 hours
Dhatura—	Ordinary interval before symptoms, 5 to 10minutes.Ordinary interval before death 6 to 12 hours
Nux-Vomium—	Ordinary interval before symptoms 1/4 to 1hour.Ordinary interval before death 6 to 12 hoursOrdinaryinterval before

death, 6 to 12 hours

(b) Questions that may be put to Medical and Other witnesses in certain cases. No. 1 Questions which may be put to a medical witness 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 appearance 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 appearance 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 matter) 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 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? XIV. 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? [This is with reference to Nux-Vomica] XXIV. Did he complain of burning or tingling in the mouth and the throat, or of numbness and tingling in the limb? [This is with reference to aconite] No. III Questions that may be put to a medical witness in 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 alter death ? Give your 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. alter 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 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. IVQuestions that may be put to a medical witness in 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 ?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 age of the child ? Give reasons,VI. Did you find any marks of violence or other unusual appearances 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 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, or at all ?XII. Did you examine the person of.....the alleged mother of the infant ?If so, have you reason to suppose that she recently delivered of a child ? Can you state approximately the date of her delivery ? Give reasons.No. VQuestions that may be put to a medical witness in 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 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. Were 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 a medical witness in a case of alleged rape.I. Did you examine the person of Mussammat.....? 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 ?N.B. - 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 women ?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 this 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 a rape has been committed or not ? State your reasons.No. VIII Questions that may be put to a medical witness in case of suspected insanity.I. Have you examined.....?II. Have you done so on several different occasions so as to preclude the possibility of your examinations having been made during lucid interval 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 reasons 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 sign 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 (Section 312, 316 Indian Penal Code). I. Did you examine the person of Mussamat..... If so, when ? What did you observe ? II. Are you of opinion that 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 vaginal, 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 your 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. It is 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 you reasons. The Magistrate in putting this question will show the Indian penal Code to the witness, or the Magistrate may vary the form of a 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 weapon, clothes, etc.) now before you (No..... in the police charge sheet) ? XI. Do you believe the injuries being gun-shot wounds questions XXI to XXIV under the head of No. III (Death by wound) 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 straining, 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 that 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 affect 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 5 1/2 inches long 3 or 4 wide; and 1 to 1/2 thick, and it weighs 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 a 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 en 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 diseases, especially typhoid fever scurvy and purpura. The part of the spleen which is usually ruptured is 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 case 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. - It is 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 ?